

Texas Department of State Health Services January/February 2013

Texas EMS

M a g a z i n e

Serving Texas Emergency Care Professionals



Texan named NREMT executive director page 6
Texas EMS Conference page 26
CE: Lightning injuries page 30

Texas EMS

M a g a z i n e

\$25 for 2 Years

Your point of contact with the agency regulating Texas EMS-covering state and national EMS issues and emergency medical services professionals serving in every capacity across Texas.

New subscription or Renewal subscription
 \$25 for 2 years or \$45 for 4 years

(Please print or write clearly)

First name _____

Last name _____

Address _____

City _____ State _____

Zip+4 _____

Area code _____ Phone number _____

Gift Subscription
Fill in gift information above and put **your** name below

First name _____

Last name _____

Make check or money order to:
Texas Department of State Health Services

Send subscriptions to:
Cash Receipts Branch, MC 2003
Texas Department of State Health Services-EMS
P.O. Box 149347
Austin, TX 78714-9347

Amount enclosed \$ _____
ZZ100 – Fund 008

Additional EMS Publications

EMS and Trauma Systems Overview

This guide provides an overview and brief history of the Texas Emergency Medical Services/Trauma System, including how EMS and trauma systems are funded. Available only as a downloadable PDF at www.dshs.state.tx.us/emstraumasystems/publications.shtm.

When Minutes Count: A Citizen's Guide to Medical Emergencies

A guide that outlines simple first aid that can be performed prior to the arrival of emergency medical services. Available for free as a downloadable PDF (at www.dshs.state.tx.us/emstraumasystems/publications.shtm) or as a hard-copy brochure. (EMS-014)

Ready Teddy "I'm an EMS Friend" stickers

Ready Teddy, the Texas bearamedic, on a round 2½-inch, 3-color sticker; 500 per roll; free. Fax or mail an order form to the Office of EMS/Trauma Systems Coordination.

Certification and licensure documents can be found at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm.

The Out-of-Hospital Do-Not-Resuscitate Order can be found at www.dshs.state.tx.us/emstraumasystems/dnr.shtm.

No longer available

Ready Teddy Coloring Book; final printing will fulfill current backorders only.

For additional information, call the Office of EMS/Trauma Systems Coordination at (512) 834-6700 or email emsinfo@dshs.state.tx.us.

EMS Publications Order Form

Shipping information

Contact _____

Organization _____

Shipping address _____

City/State/Zip _____

Telephone _____

Quantity _____

_____ **When Minutes Count: A Citizen's Guide to Medical Emergencies**

_____ **Ready Teddy "I'm an EMS Friend" stickers**

Fax order form to
(512) 834-6736

Mail order form to
Office of EMS/Trauma Systems
Coordination, MC 1876
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

ADDRESS/NAME CHANGE FORM

- Address/Name change for magazine
 Address/Name change for certification
 Address/Name change for both

MAIL OR FAX TO: Office of EMS/Trauma Systems MC 1876
Texas Dept. of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
FAX (512) 834-6736

New information:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please fill in current information already in our records: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____



FEATURES

- 5 **GETAC committee appointments and reappointments** were announced in November, and the **quarterly GETAC meeting** was held in Austin in conjunction with Texas EMS Conference.
- 6 Texas EMS Magazine interviews Texan **Severo “Tré” Rodriguez III**, the new executive director of the NREMT.
- 8 Honor guards added Michael Hatley, EMT, and Michael Steffen, ECA, to the **Texas EMS Hall of Honor** during a ceremony at the Texas EMS Awards Luncheon.
- 12 The best in Texas EMS and trauma systems were honored at the **Texas EMS Awards Luncheon** in Austin in November.

- 17 See the **National Registry exam pass rates** for Texas ECA, EMT and paramedic programs.
- 26 The EMS and trauma communities came together once again at **Texas EMS Conference** to make the most of four days of exhibits, classes and camaraderie.
- 28 The **Texas EMS Photography Contest** winners include Wayne Dennis (grand prize), Christopher J. Chomel (first place) and Will Petit (second place).
- 30 Lightning is this month’s topic in a **Continuing education** article presented by Daniel J. Griffin, AS, CCEMT-P.

DEPARTMENTS

- 8 **Obituaries**
- 9 **On Duty** by *Kelly Harrell*
- 22 **Local and Regional News** by *Kathy Clayton*
- 40 **Did you read?**
- 42 **Disciplinary Actions** by *Terri Vernon*
- 46 **Meetings and Notices** by *Adrienne Kitchen*
- 48 **EMS Profile: Northern Hudspeth County EMS** by *Glennnda Merritt-Alcorn, Administrator*

Above, at Texas EMS Conference even the exhibitors were having a good time. *Photo by Matt Bowman.*

On the cover, the cave rescue class attendees found themselves deep under the streets of Austin as they practiced packaging a “victim” and getting him out of the cave. Cave Rescue was one of the 16 preconference classes held at Texas EMS Conference 2012.

EMS compliance offices by group

North group

Physical: 300 Victory Drive
 Mailing: PO Box 60968 WTAMU Station
 MC 5750
 Canyon, TX 79016-0968
 (806) 655-7151
 Fax (806) 655-7159

1301 South Bowen Road, Suite 200
 MC 1905
 Arlington, TX 76013
 (817) 264-4720
 Fax (817) 264-4725

Physical: 6515 Kemp Blvd.
 Mailing: PO Box 300 MC 4547
 Wichita Falls, TX 76307-0300
 (904) 689-5930
 Fax (940) 689-5925

4601 South First St., Suite L MC 5676
 Abilene, TX 79605
 (325) 795-5859
 Fax (325) 795-5853

1517 West Front St. MC 1901
 Tyler, TX 75702-7854
 (903) 595-3585
 Fax (903) 533-5394

South group

5155 Flynn Pkwy., Ste. 100 MC 5695
 Corpus Christi, TX 78411
 (361) 888-7837
 Fax (361) 883-9942

401 E. Franklin, Suite 210 MC 1903
 El Paso, TX 79901-1206
 (915) 834-7709
 Fax (915) 834-7800

601 West Sesame Dr. MC 1907
 Harlingen, TX 78550
 (956) 423-0130
 Fax (956) 421-5506

2301 North Big Spring MC 4534
 Midland, TX 79705
 (432) 683-9492
 Fax (432) 684-3932

7430 Louis Pasteur MC 5716
 San Antonio, TX 78229
 (210) 949-2050
 Fax (210) 949-2056

Central group

Physical: 8407 Wall St., N-410
 Mailing: DSHS-EMS
 P.O. Box 149347 MC 2822
 Austin, TX 78714-9347
 (512) 834-6700
 Fax (512) 834-6713

East group

5425 Polk Ave., Suite J MC 1906
 Houston, TX 77023-1497
 (713) 767-3333
 Fax (713) 767-3330

285 Liberty Street, 14th Floor MC 0281
 Beaumont, TX 77701
 (409) 951-3090
 Fax (409) 951-3029

A bimonthly publication of
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID LAKEY, MD
 COMMISSIONER OF HEALTH

DIVISION OF REGULATORY SERVICES
 KATHY PERKINS, RN, MBA
 ASSISTANT COMMISSIONER

HEALTH CARE QUALITY SECTION
 RENEE CLACK, DIRECTOR

OFFICE OF EMS AND TRAUMA SYSTEMS COORDINATION
 JANE G. GUERRERO, RN, DIRECTOR

PATIENT QUALITY CARE
 DEREK JAKOVICH, DIRECTOR

REGULATORY LICENSING
 AMY HARPER, DIRECTOR

MAXIE BISHOP, LP, RN, STATE EMS DIRECTOR

GROUP MANAGERS
 KELLY HARRELL FERNANDO POSADA
 BRETT HART EMILY PARSONS
 JAIME VALLEJO MARILYN TALLEY

Texas EMS Magazine

KELLY D. HARRELL.....EDITOR
 KATHY CLAYTON.....MANAGING EDITOR
 SUSAN JACKSON.....DESIGNER
 ADRIENNE KITCHEN.....PRODUCTION ASSISTANT/WEB
 NANCY ROSAS.....EDITORIAL ASSISTANT

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

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

Subscriptions to Texas EMS Magazine are available for \$25 for two years. Sample copies on request. Subscriptions are free to volunteer provider firms. To order a subscription or to request a change of address in a current subscription, write to Texas EMS Magazine at the address above or call (512) 834-6700 or FAX (512) 834-6736.

We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request.

Periodicals Postage Paid at Austin, Texas. POSTMASTER: Send address changes to Texas EMS Magazine, Office of EMS Trauma Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347.

Contributors:

Maxie Bishop, Anthony Gilchrest, John Green,
 Daniel J. Griffin, Indra Hernandez, Roy L. Hunter,
 Glendda Merritt-Alcorn, Severo Rodriguez, Rob Vanya,
 Terri Vernon, Bradley Wilson

Action items from GETAC's November meeting

The Governor's EMS and Trauma Advisory Council (GETAC) met on Monday, November 12, 2012, in Austin. Following are the motions put forward after the chair, staff, standing committees and other groups reported on their most recent activities. Once approved, draft minutes from the meeting will be posted at www.dshs.state.tx.us/emstraumasystems/governor.shtm.

Action Items

A motion was made by Jodie Harbert, LP, to remove the discussion of suggested changes to the GETAC meeting schedule from the current agenda, so that the GETAC executive council could further discuss possible changes with committee chairs. Nora Castañeda seconded the motion. The motion passed unanimously.

A motion was made by Robert Vezzetti, MD, to request GETAC endorse a position paper regarding pediatric radiological exposure during CT imaging. Upon further discussion, an amendment to the motion was made by Robert Greenburg, MD, to recommend that GETAC endorse this position and forward the paper to appropriate departments for consideration. Donald Phillips, DO, seconded the amended motion. The motion passed unanimously.

A motion was made by Jodie Harbert, LP, to request GETAC endorsement of the recommended course hours needed to transition to meet the 2009 NHTSA National EMS Standards guidelines and qualify for current NREMT paramedic certification. Mike DeLoach seconded the motion. The motion passed unanimously.

A motion was made by Mike DeLoach to provide the GETAC Medical Directors Committee position statement on a medical director's responsibility for students operating within an EMS system to the GETAC Education and EMS Committees as an agenda item for review and discussion at the next scheduled meetings. Jodie Harbert, LP, seconded the motion. The motion passed unanimously.

Members appointed to GETAC committees

Prior to the November meeting, committee chairs chose new members or reappointed members to replace those whose terms had expired. Committees are set up so that a number of members cycle off each year. A complete list of all the committees is on our website at www.dshs.state.tx.us/emstraumasystems/governor.htm.

Air Medical

Karen Jan Cody, RN, LP
CareFlite, Grand Prairie

Traci Fox, RN, LP
St. David's Healthcare,
Austin

Cardiac Care

Craig Cooley, MD, EMT-P
University of Texas Health
Sciences Center, San
Antonio

Loni Denne, RN, BSN
South Central Affiliate,
American Heart
Association, Austin

Todd Haugen, NREMT-P
Las Palmas Del Sol
Healthcare, El Paso

Christine Yuhas, NREMT-B
Air Evac EMS, Inc., Corpus
Christi

Disaster/Emergency Preparedness

Gwen Campbell, RN
Northwest Texas Healthcare
System, Amarillo

Brad Allen Goudie, EMT-P
League City Fire
Department

Mitch R. Moriber, MD
Rolling Plains Memorial
Hospital, Sweetwater

Ira Nemeth, MD
Baylor College of Medicine,
Houston

Ricky Lynn Reeves, EMT-P
City of Lewisville Fire
Department

Nick Sloan, CEM, CBCP,
CHS-I, HEM
Baylor Health Care System,
Dallas

Edwin Smith, RN, EMT-P
University of Texas Medical
Branch, Galveston

Micah Wilson, EMT-P, FP-C
Air Evac Lifeteam, Sherman

Education

Gary Bonewald, LP
Houston Community
College, Houston

EMS

Juan Adame, Master
Firefighter, EMT
City of Sugar Land Fire
Department

Brian Petrilla, FF, EMT-P
Northwest Rural EMS,
Tomball
City of Houston Fire
Department

Jorge Ruiz Sr., LVN, LP
Gemini EMS, Falfurrias

Injury Prevention

Courtney Edwards, RN
Parkland Health and
Hospital System, Dallas

Deborah Nichols, RN
Texas Health Resources,
Fort Worth

Shelli Stephens-Stidham
Parkland Health & Hospital
System, Dallas

Stewart Williams
Dell Children's Medical
Center of Central Texas,
Austin

Medical Directors

Craig Alan Manifold, DO
San Antonio Fire
Department
University of Texas Health
Science Center, San
Antonio

Donald G. Phillips, DO,
FACOEP, FACEP
Graham Regional Medical
Center

Dave Spear, MD
Texas Health, Harris
Methodist Hospital, Fort
Worth

Pediatric

Bonnie Hartstein, MD
Brooke Army Medical
Center, San Antonio

Charles Jaquith, LP
Waco Police Department
McLennan Community
College, Waco

Juan Juarez Jr., MD
Baylor College of Medicine/
Texas Children's
Hospital, Houston

William Verne Walker, RN,
LP
Granbury/Hood County
EMS, Inc., Granbury

Stroke

Timothy Lynn Smith, RN,
EMT-P
Covenant Health System,
Lubbock
West Carlisle Fire/EMS

Warren Porter, LP
American Medical
Response, Arlington

Johanna Morton, MD
St. David's Healthcare,
Austin

Trauma Systems

Christi Reeves, RN
Clear Lake Regional
Medical Center, Webster

Janeen Rawlings, RN,
EMT-I, CEN
St. David's Healthcare,
Austin

Jose Alejandro Ramos, RN
University Medical Center
of El Paso

Karla Hosick, RN
St. David's Round Rock
Medical Center, Round
Rock

Lori Boyett, RN
Hillcrest Baptist Medical
Center, Waco

Lori Vinson, RN
Children's Medical Center,
Dallas



Native Texan Severo "Tré" Rodriguez III begins his tenure as executive director of NREMT in January. Rodriguez replaces William Brown Jr., who is retiring from NREMT.

NREMT names new executive director — a native Texan

The National Registry of EMTs has selected a new executive director— born right here in Texas. Severo (Se-VER-oh) "Tré" Rodriguez III, MS, NREMT-P, will assume the reins at NREMT in January when longtime director William Brown Jr. retires. The selection was made after a 14-month national search led by a Search Committee made up of NREMT board members, staff and legal counsel.

Rodriguez, who has worked for EMS and hospital systems in Texas, Florida and Canada, was first certified as a paramedic in 1993 in Texas and as a nationally registered paramedic in 1994. He has since held jobs of increasing responsibility as a clinical provider, and educator and administrator. Along the way, he completed bachelor's and master's degrees and is finishing his doctoral studies in Learning Management. He currently lives in Ontario, Canada, with his wife and children.

Rodriguez recently answered a few questions for Texas EMS Magazine.

EMS: Let's start with the important stuff. You were born in Texas. Where did you grow up?

SR: I was born at Methodist Hospital in San Antonio. I grew up on the southwest side of San Antonio in an area called Valley Hi. I attended Holy Cross of San Antonio for grades 7 to 12, graduating in 1987. I completed my EMT and paramedic training at the University of Texas at San Antonio Health Science Center (UTHSCSA) in 1992. I earned a degree in sociology from St. Mary's University in 1998 and graduated from the University of Texas in San Antonio with a master's degree in 2002.

EMS: How did you get involved in EMS?

SR: I took an EMT course with my best friend and never looked back. I went on to complete my EMS training though the paramedic level, including advanced-level instructor and examiner.

EMS: What was your first job in EMS?

SR: I worked as a paramedic for a small community just outside of Houston. I worked a 24/48 split with a kit full of medications for \$8 per hour and no benefits.

EMS: What year were you certified in Texas?

SR: I was certified as an EMT in 1992, EMT-Paramedic in 1993, LP in 2000.

EMS: Where else have you worked in Texas?

SR: I worked as a paramedic on a

24/48 split for an ambulance service in San Antonio. On my days off, I worked for Fiesta Texas EMS. I also taught at San Antonio College EMS program at varying levels. I took a full-time position at UTHSCSA EMS Department in 1997.

EMS: You've stayed in EMS, but have lived outside Texas. Where else have you worked?

SR: I've held positions in education and administration in Florida and Ontario.

EMS: What has kept you interested in EMS all these years?

SR: A passion and commitment for improving patient outcomes through excellence in emergency medical care. My lens has changed from my field days preparing to provide optimal care for my next patient to where I stand today in optimizing systems of care for hundreds of thousands of patients. As executive director, I hope to positively influence care for millions of patients across our great nation.

EMS: I hear there is an interesting story about how you met your wife.

SR: Yes, it's actually pretty cool. I was on shift and brought a patient into the hospital (University Hospital in San Antonio) where she worked (she is an

RN) and I transferred the patient to her. Somehow I talked her into giving me her number, which I wrote on my hand. Next call — guess what? The number got washed off. I spent the next few shifts looking for her and when I finally found her, I had to



Rodriguez began in EMS as a medic in a small community in South Texas. He met his wife, a nurse, while he was working as a medic in San Antonio.

convince her I'd been trying to find her. Fortunately, one of her colleagues walked by and confirmed it. That was 18 years ago. I knew when I met her that she was the one.

EMS: How did you end up in Canada?

SR: This is a great story. My wife is from St. Thomas, Ontario, Canada. When I asked her to marry me I promised her that our kids would be able to grow up in her home town. So some nine years later she reminded me of my promise (really had to remind me) and we moved to St. Thomas.

EMS: Why did you want to apply for the position as the executive director of the National Registry?

SR: I am looking forward to the opportunity to work at a national level to protect the public by optimizing patient care through national

certification provided by the NREMT. I hope to affirm existing relationships and create new relationships with stakeholders from the EMTs in the field to state directors.

EMS: What do you bring to this position?

SR: Broad experience and perspective as a field paramedic, educator, administrator and researcher developed over twenty years in EMS. This includes key facets of international EMS systems experience. I

am not unlike EMTs and paramedics across our nation who work their way through the ranks.

EMS: What do you see as the most exciting aspect of your new job?

SR: As I mentioned, I'm excited to be building relationships with EMS stakeholders across our nation to improve care and protect the public through national certification provided by the NREMT. Also, after being in EMS for so many years, the prospect of influencing the shape and direction of EMS into the next two decades is exciting.



Honor guards pay tribute to those lost in line of duty

The Department of State Health Services honors emergency services personnel who die in the line of duty by placing their names into the Texas EMS Hall of Honor. The ceremony takes place every year at Texas EMS Conference during the Awards Luncheon. This year's ceremony featured a presentation by honor guards from Austin-Travis County EMS, Lubbock EMS, Williamson County EMS and MedStar, and included a snare drum and bagpipe detail from Lubbock Pipe and Drums. The Texas Hall of Honor plaques hang at the Office of EMS/Trauma Systems Coordination, DSHS, 8407 Wall Street, in Austin.

During the luncheon, the Hall of Honor plaques were placed on stands next to a table with white roses. Honor guards presented a memorial obelisk and Texas flag to the family members. The bagpiper and drummer played "Amazing Grace" as the honor guards marched out.

Honored this year were:

Michael Hatley, EMT
December 29, 2011

Michael Steffen, ECA
March 12, 2012



EMS Obituaries

Joe Lee Perez, 42, of Eagle Lake, died October 14, 2012. Perez was a licensed paramedic with Colorado County EMS.

Randall "Randy" Trinkle, 46, of Fredericksburg, died from injuries sustained in an automobile crash on December 1, 2012. Trinkle, a captain and licensed paramedic, was with Austin-Travis County EMS for 15 years and was a trainer for the special operations team.

TEXAS EMS CERTIFICATIONS AS OF DECEMBER 7, 2012

ECA	2,900
EMT	32,485
EMT-I	3,857
EMT-P	16,201
LP	6,245
TOTAL	61,688

BASIC COORDINATOR	120
ADVANCED COORDINATOR	235
INSTRUCTOR	2,384

Did you know?

DSHS relies on the EMS and trauma community to tell us if there is a death that may qualify as line of duty. We now have a form on the website at www.dshs.state.tx.us/emstraumasystems/emshon.shtm. It is not a requirement to fill out this form, but it might help us in case a person is not listed in our database under the name given in newspaper reports. Remember, to qualify for the Texas EMS Hall of Honor, a LODD must have occurred to an EMS-certified person while on duty or responding as medical personnel.

Rural health office awards EMS conference scholarships



The Texas Department of Agriculture's State Office of Rural Health (SORH) awarded 57 scholarships for rural EMS personnel to attend the 2012 Texas EMS Conference held November 11–14 in Austin. Recipients were selected from 120 applicants based on service in a rural or frontier county, volunteer status and length of time since last attendance at Texas EMS Conference. The recipients, who serve 33 rural Texas counties, had the chance to attend more than 150 different continuing education sessions. The Texas Department of Agriculture understands the difficulty rural EMS providers have in obtaining continuing education for recertification. The annual EMS conference is a major source of CE for EMS providers around the state. SORH provided scholarships to increase the number of attendees able to attend from rural and frontier counties. The unique needs of Texas' rural constituents make the knowledge, skills, and leadership development opportunities offered by Texas EMS Conference invaluable.

SORH knows EMS services are an important component of collaborative regional and local health delivery systems and serve a pivotal role in regional and state trauma systems. SORH encourages the development and improvement of rural EMS response, delivery and service capacity by providing assistance through various grant opportunities throughout the year. Check the website for current grant opportunities at www.texasagriculture.gov/GrantsServices/RuralEconomicDevelopment/StateOfficeofRuralHealth/RuralHealthGrants.aspx.

AHRQ releases 2011 state snapshots

Texas pulled a below-average report card on health care quality in many of the categories reported in a recent report by the Agency for Healthcare Quality and Research, a part of the U.S. Department of Health and Human Services. The report, found in AHRQ's 2011 State Snapshots, provides an in-depth analysis of the quality of care provided in each state by type of condition, level of care, treatment setting, race and income, and insurance status. While Texas did not do well in many of the categories overall, among the 150 different quality measures, there were bright spots, such as palliative care nursing homes and vaccination rates for children. To find state snapshots, featuring easy-to-read charts and individual state performance summaries, go to <http://statesnapshots.ahrq.gov> and click on State Snapshots as it becomes available under the pictured topics in the middle of the page.

Feds release ambulance provider costs in report

The Government Accountability Office (GAO) has released a report on ground ambulance provider costs and Medicare margins, as required by the Middle Class Tax Relief and Job Creation Act of 2012. This report updates the GAO's 2007 report and examines three themes: 2010 ground ambulance providers' costs for furnishing transports, the relationship between 2010 Medicare payments and ground ambulance providers' costs, and Medicare beneficiaries' use of ground ambulance transports in 2010. For more information or to view the entire report, go to www.gao.gov/products/GAO-13-6.

Report: Seat belt use at record high

A recent poll by the National Highway Traffic Safety Administration shows 86 percent of all motorists now buckling up, a dramatic increase in seat belt use from 58 percent in 1994. The most dramatic increase was seen in southern states, which went from a rate of 80 percent in 2011 to 85 percent in 2012. New NHTSA research shows that in states with primary enforcement (vehicle occupants can be pulled over solely for not wearing seat belts), the rate rises to 90 percent. The highest usage is in the West, with a 94 percent rate of seat belt use.



On Duty



Hurricane relief funds provide aid to responders

For those wishing to make donations to assist EMS colleagues in New York City impacted by Hurricane Sandy, the NYC EMS Blacksheep Hurricane Sandy Disaster Relief Project is assisting EMS colleagues who lost all their possessions as a result of Hurricane Sandy. Donations can be made to Blacksheep Relief Effort for Emergency Personnel at www.workingsaintsusa.org. Click on the donate button complete the PayPal form and write "Relief Effort" in the special instructions area. You also may send a check or money order to Working Saints USA, P.O. Box 51084, Fort Myers, Florida 33994.

Report details impact of drug shortage on emergency care

The Emergency Care Coordination Center (ECCC) has issued a report titled "The Impact of the National Drug Shortage on Emergency Care." Over the last six years, drug shortages of medications have nearly quadrupled from a peak of approximately 70 drugs in shortage during 2006 to 267 today. It is estimated that nearly 40 percent of drugs in shortage impact the delivery of emergency care. The national drug shortage is so acute that at times the only way health care administrators have known a drug is in shortage is when it was missing from a manufacturer's shipment. A meeting of stakeholders held in April 2012 and hosted by the ECCC gathered input from private medical and pharmaceutical organizations on what they considered to be the factors and effects of the national drug shortage and on the coping strategies they have employed. For additional information, go to www.nasemso.org/documents/ImpactOfTheNationalDrugShortageOnEmergencyCareApril2012.pdf.



Feds clarify patient data question

After hearing that some EMS providers are having difficulty getting patient outcome data from hospitals, the U.S. Department of Health and Human Services has released an "information sheet" to clarify the circumstances under which the federal HIPAA Privacy rule permits hospitals to share patient data with an EMS agency for quality improvement activities. In short, if both the hospital and EMS provider are HIPAA covered entities, the hospital may share patient health outcome information for certain health care operations activities of the EMS provider, such as quality improvement activities, as long as both entities have (or have had) a relationship with the patient in question. The hospital may share the information without the patient's authorization, but must make reasonable efforts to disclose only the minimum amount of individually identifiable health information needed for the activity. However, it is best to read the entire letter and information sheet before making a decision to ask for information, as feds have listed exclusions and definitions in the information. The HHS letter and information sheet are posted on the DSHS website at www.dshs.state.tx.us/emstraumasystems. Click on "Guidance for EMS and Hospital Data Sharing" under News/Features.

Bed bug cure could be worse than bite

According to the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC), an increase in the misuse of pesticides to treat infestations of bed bugs and other indoor insects has been reported. Some pesticides are being applied indoors even though they are approved only for outdoor use. Even pesticides that are approved for indoor use can cause harm if over-applied or not used as instructed on the product label. Of the 169 related calls from January 2006 through December 2010, the National Pesticide Information Center reports that 129 resulted in mild or serious health effects (including one death) for persons living in affected residences. Consumers should also be aware of recent cases where pest control companies illegally sprayed outdoor pesticides indoors to control bed bugs. In some cases, these pesticides were found at levels that harmed or could have harmed people's health. In some cases, residents were relocated until their homes could be decontaminated. Children and pets are particularly affected.

Information on how to treat indoor pests can be found through the Environmental Protection Agency (www.epa.gov/bedbugs) and the National Pesticide Information Center (www.npic.orst.edu/pest/bedbug.html). Or call your local poison control center at 1-800-222-1222 or the National Pesticide Information Center at 1-800-858-7378. You can also call the Centers for Disease Control and Prevention Information Line at 1-800-CDC-INFO for information about pesticides.



January 15 deadline for uncompensated care application

The deadline for the Uncompensated Trauma Care funding application is fast approaching. The notarized application for fiscal year (FY) 2013 application must be emailed, and the email must be dated no later than January 15, 2013. To be eligible for the allocation, a hospital must be a designated trauma facility by the application due date or meet "in active pursuit of trauma designation" requirements by the application due date. Late applications cannot be accepted.

Group produces trauma system video and booklet

The National Conference of State Legislatures has produced a short educational video on trauma systems that provides a good overview of what an EMS/trauma system is and what it can do. Called "The Right Patient, The Right Place, The Right Time," the video is available online at www.ncsl.org/issues-research/health/trauma-ems-overview.aspx.

On Duty

2013 GETAC meeting dates

February 27-March 1

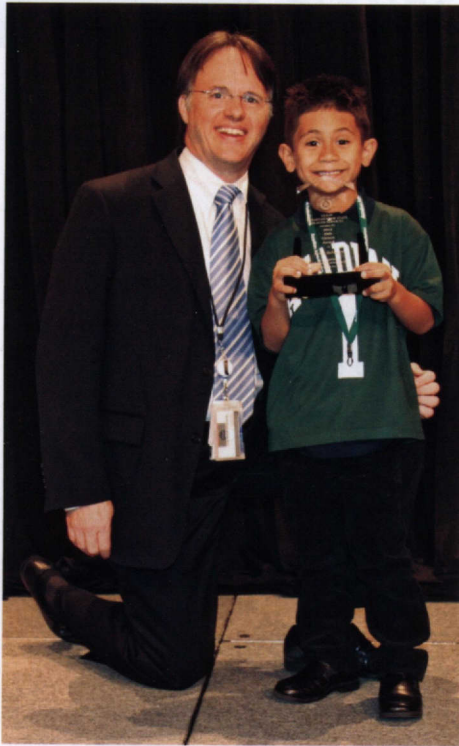
May 15-17

August 21-23

November 23-25

(in conjunction with Texas EMS Conference)

EMS/Trauma award



Texas Commissioner of Health David Lakey, MD, presented EMS Citizen of the Year to Jasiah Rubalcava, who used the Heimlich maneuver on his best friend to stop him from choking on a nacho chip. The six-year-old has now added paramedic to his list of possible occupations when he grows up.

all at no charge to the senior citizen thanks to grants from Capital Area Trauma RAC. After the assessment, any changes that can be made immediately are taken care of, with crews returning later if necessary to install—again at no charge—fall-prevention equipment, such as grab bars, shower seats, non-slip rugs and walkers. Education includes fall-prevention materials and training on proper medical history documentation and record-keeping. HIPP has already helped seniors improve their safety and decrease the likelihood of a fall injury in more than 60 residences.

EMS Citizen — Six-year-old **Jasiah Rubalcava** for performing the Heimlich maneuver on his best friend, Nicholas Carvajal, when Nicholas choked during lunch at San Antonio's West Avenue Elementary School. Although Jasiah has a hard

time pronouncing the Heimlich maneuver, he performed it well, loosening the nacho chip enough for Nicholas' to cough—and breathe. Jaisah says he learned the "heini-per" by watching shows on the Disney Channel. Acadian Ambulance personnel heard about Jasiah's feat and honored him with Outstanding Samaritan, the youngest person ever to receive it from the private EMS provider. According to an article in the San Antonio Express-News, Jasiah and Nicholas have added "paramedic" to the list of possible future occupations, right behind aircraft manufacturer, karate teacher and ninja.

EMS Educator — **Ronna Miller, MD**, for her unflagging efforts to educate Dallas Fire-Rescue personnel and city staffers about the most current resuscitative and CPR skills. The training paid off, causing

The Texas EMS and trauma community honored its best during Texas EMS Conference in November. The awards were announced at the Tuesday luncheon. Congratulations to the 2012 winners!

EMS Public Information and Injury Prevention Award — **Fayette County EMS** for the development of a fall-prevention program for senior citizens. Because falls are the provider's second most-common EMS call, Fayette County designed the Home Injury Prevention Program (HIPP) to assess residences for fall hazards, make recommendations for improvement, provide equipment and do fall prevention education—



Fayette County EMS won the Public information/Injury Prevention Award for HIPP—the Home Injury Prevention Program—they designed to reduce falls, one of the most common injuries among senior citizens.

winners announced

the survival-to-discharge rate for cardiac arrest to rise to 9.4 percent from 3.9 percent that it was when Miller began training crews three years ago. Despite being board-certified in surgery and an associate professor at UT Southwestern, Miller still personally trains city employees, meticulously preparing for the classes by reviewing the literature to make sure she has the most current information. She finds inventive ways to help staff and students, including printing wallet cards, producing videos using DFR staff and devising a system to help first responders get patient information to ambulance crews. She also provides feedback and patient follow-ups when asked, and helped rewrite internal policies.



Ronna Miller, MD, won EMS Educator of the Year for keeping Dallas Fire-Rescue and other city employees trained in the most current resuscitative and CPR skills. Survival to discharge rate has increased to 9.4 percent in Dallas.

Designated Trauma Facility — Citizens Medical Center, a Level III trauma facility in Victoria, is a 364-bed acute-care non-profit hospital providing Victoria and South Texas with the technology and medical advantages of an urban city and the personal care of a small rural town. A teaching hospital for EMT and nursing students attending Victoria College, Citizens has participated in the RAC since 1998. Citizens became designated 2004 under the watchful eyes of Stephen Hougen, MD, and Carolyn Knox, RN. Hougen, a trauma physician at Citizens since 2002, is a recognized leader in the community and at Citizens, and is active in the County Medical Society and GETAC committees. He is board-certified in general surgery. Knox has been at Citizens for more than 20 years, serving as trauma nurse coordinator since 2003 and as the current RAC



Citizens Medical Center in Victoria took home honors for Designated Trauma Facility. The Level III facility's latest survey found no deficiencies. From left, Texas Commissioner of Health David Lakey, MD; Carolyn Knox, RN, of Citizens; Assistant Commissioner for the Division of Regulatory Services Kathy Perkins; Darlene Lewis of Citizens; and Robbie Kirk of Citizens.



EMS Telecommunicator Award went to Patricia Ancelet, EMT-I, second from left, for her years of helping callers in South Texas. From left, Texas Commissioner of Health David Lakey, MD; Patricia Ancelet; Joey Ancelet; and Assistant Commissioner for the Division of Regulatory Services Kathy Perkins.

chair. Together Knox and Hougen have grown and nurtured the trauma program with a well-defined performance improvement process. Their last survey review found they had no deficiencies and a 99 percent loop closure rate, indicating an excellent PI program.

EMS Telecommunicator — Patricia Ancelet, EMT-I, for her years of coaching bystanders through CPR, taking full-arrest calls, reaching out to families of suicide victims and countless other calls. As an EMT-I, Ancelet is skilled not only in emergency medical response, she possesses an empathy and a calm demeanor that can help upset callers do what they can to improve the situation, acting as Ancelet's eyes as she assesses the scene and guides EMS crews to the patient. Ancelet has been certified in EMS for 19 years; she has been with Acadian Ambulance for six years.

EMS Administrator — Bryan Taylor, EMT-P, for the passion he brings to his job as administrator of Seminole EMS and the enthusiasm he still has for EMS after 24 years on the job. Taylor leads his staff by example, not afraid to get in and work a call beside his crews. Taylor also is a leader in the community, creating a morning call service for people who live alone. EMS crews check on the people on the list each morning to make sure they are okay. Each November, Seminole EMS sponsors a turkey dinner for all the people on the morning call list, with crews providing transportation to the dinner.

EMS Medical Director — Henry Boehm, MD, for his community leadership and unflagging advocacy for patients in Washington County. Boehm was born and raised in Brenham, graduating from the University of Texas Medical Branch in Galveston. He began serving as medical director in 1979 for Washington County EMS, forging the organization's foundation of commitment to patient care. One of



Henry Boehm, MD, (second from left) won EMS Medical Director for his years of service to Washington County. With him on the podium were, from left, Katie Podeszwa, EMT-P; Texas Commissioner of Health David Lakey, MD; and Kevin Deramus, LP.



GETAC Chair Vance Riley, left, and Texas Commissioner of Health David Lakey, MD, present the EMS Administrator of the year to Bryan Taylor of Seminole EMS for his leadership in the organization and the community.

his primary beliefs was that every patient deserves to know that the medics care. Because Boehm always made time for WCEMS personnel over the years, he taught crews that time should always be made for the patient, too. Boehm continued to teach paramedic programs throughout his career, never missed a CQI meeting and was always willing to show up and assist medics on scene. In addition to his EMS career, Boehm has been active in many community and educational organizations in Washington County.

EMS First Responder — Kemah Fire Department for 16 years of dedication and service to EMS in Galveston County, including the cities of Kemah, Clear Lake Shores and unincorporated areas of Lazy Bend. The 32 employees, with certifications ranging from ECA to paramedic, respond to all extrication and rescue calls in their service area and provide a vital first response role in the Clear Lake Emergency Medical Corps EMS system. They have not only provided care that



Brett Hahn, EMT-P, accepted the award for Kemah Fire Department, which took home the EMS First Responder Award. With him are Texas Commissioner of Health David Lakey, MD, and Assistant Commissioner for the Division of Regulatory Services Kathy Perkins.

saved many patients' lives, but they are praised by patients for their caring attitudes. In 2005, KFD was able to upgrade from BLS to ALS, investing in training and equipment until the goal was achieved.

EMS Provider Award — Austin County EMS for its passion and commitment in providing emergency medical services to the citizens of Austin County. Created in 1994 by the Commissioners Court, the service now has fifty full- and part-time employees using advanced protocols for injured and ill Texans and travelers. What began as two BLS units has grown to seven BLS/MICU-capable units and two paramedic response units, all strategically located throughout Austin County. The service area includes 653 square miles and more than 28,000 residents in six municipalities (Sealy, Bellville, Industry, Wallis, San Felipe and Brazos Country) and five communities (New Ulm, Cat Spring, Shelby, Kenny and Cochran). Units are dispatched from five stations.

ACEMS sponsors CPR classes, community blood drives, AED/CPR training for local police and fire departments, first aid classes to community groups and assists in the Community Emergency Response Team (CERT). ACEMS has been active in injury prevention as well, leading Shattered Dreams demonstrations throughout Austin County in an effort to decrease teen drinking and driving. ACEMS won the DSHS Public Information and Injury Prevention Award in 2006.

EMS Person of the Year — Phillip Rogers, EMT, for an off-duty response that saved a man's life. On March 1, 2012, while fishing in a creek in Grand Prairie, Rogers saw a woman frantically giving her husband CPR on the bank of the creek. The 60-year-old victim had suddenly collapsed while fishing and was in full arrest. Rogers began CPR and continued until Grand Prairie Fire Department personnel arrived—

an extended response because of the distance through a wooded area from the parking area to the scene. Firefighters found Rogers doing "textbook" compressions but the patient was still pulseless. GPFD personnel defibrillated, eventually getting a pulse, and transported the patient to Methodist Mansfield. The patient survived and was discharged. No doubt Rogers' quick action saved the life of the patient.

GETAC's Journey of Excellence — Ronnie Stewart, MD, for

his unwavering passion for the Texas EMS/trauma system and its providers and patients. Stewart has been a member of GETAC since its inception in 1999. Stewart passionately believes Texas can build the best trauma system in the nation, and he'll bend the ear of anyone who will listen, traveling far and wide on behalf of EMS and trauma, advocating for patients and providers alike. His frequent contributions to



Austin County EMS won EMS Provider of the Year for their service and community involvement. Members of the service and county officials joined EMS Director Ron Dille, EMTP, (holding the award) at the awards luncheon.

the GETAC meetings pushes and pulls Texas toward the vision of an EMS/trauma system that gets the right patient to the right hospital in the right amount of time, and has the data to examine how the system can continue to improve. Stewart is chair of the department of surgery of the University of Texas Health Science Center San Antonio, a trauma surgeon and the recipient of countless awards and accolades.

Texas EMS Hall of Fame — Van Williams for his vision and 43 years of service to EMS in South Texas. In the 1960s and 1970s, Williams had a vision of what modern EMS should

become after a child was killed in an auto-pedestrian wreck and it took 30 minutes for an ambulance to arrive. Williams took a Red Cross first aid course to be able to help, then realized that the greater goal was to create an ambulance service. He tirelessly petitioned community groups and local governments until Friendswood Emergency Ambulance Service (later Friendswood EMS), Pearland EMS and Clear Lake Emergency Medical Corps were created. In 1972, Williams attended the first EMT class in the Clear Lake Area. Through the years, Williams remained active in EMS, serving in many positions of responsibility, all

the while still working several shifts a week and teaching continuing education classes. He retired from EMS in 2012.



Phillip Rogers, EMT, won EMS Person of the Year for an off-duty response to a victim in cardiac arrest after he saw the man collapse on a riverbank. Rogers stands with Texas Commissioner of Health David Lakey, MD, and Assistant Commissioner for the Division of Regulatory Services Kathy Perkins.



Van Williams was inducted into the Texas EMS Hall of Fame for his countless contributions to EMS over 40 years in the Friendswood area. From left, GETAC Chair Vance Riley, Texas Commissioner of Health David Lakey, MD, Van Williams and Assistant Commissioner for the Division of Regulatory Services Kathy Perkins.



Ronnie Stewart, MD, second from left, was presented with GETAC's Journey of Excellence award for his passion for the Texas EMS/trauma system, its patients and its health providers. Congratulating him, from left, are GETAC Chair Vance Riley, Texas Commissioner of Health David Lakey, MD, and Assistant Commissioner for the Division of Regulatory Services Kathy Perkins.

National Registry—Texas Pass Percentage

December 1, 2011 to November 30, 2012

The statistics below include the 2012 Texas EMS program pass rates and compare overall Texas scores to the national average. The data is from December 1, 2011, through November 30, 2012. A pass rate with a low number of students may not be indicative of a program's capabilities.

The state EMS director and DSHS EMS compliance managers for your region are available to discuss different avenues of improvement for Texas EMS education programs.

State EMS Director, Maxie Bishop, (512) 834-6700; maxie.bishop@dshs.state.tx.us

EMS Manager North, Jaime Vallejo (817) 264-4721

EMS Manager South, Fernando Posada (210) 949-2052

EMS Manager Central, Brett Hart (512) 834-6700

EMS Manager East, Marilyn Talley (713) 767-3331

EMS Certification Level	2011 National Average Pass Percentage	2012 National Average Pass Percentage	Texas 2011 First Opportunity Pass Percentage	Texas 2012 First Opportunity Pass Percentage	Texas 2011 Overall Pass Percentage	Texas 2012 Overall Pass Percentage
ECA (FR)	80	80	74	71	78	76
EMT-B	78	84	67	69	77	78
EMT-I	85	79	76	81	83	86
EMT-P	82	82	62	66	76	78

ECA (FR)

Program Name	Attempted the Exam	First Attempt Pass Percentage	Final Attempt Pass Percentage
Amarillo College	8	75 (6/8)	88 (7/8)
Annaville Volunteer Fire Department	2	100 (2/2)	100 (2/2)
College of the Mainland	5	80 (4/5)	80 (4/5)
Crockett County EMS Education Program	13	77 (10/13)	77 (10/13)
Del Mar College	1	100 (1/1)	100 (1/1)
East Texas Medical Center	8	75 (6/8)	88 (7/8)
Emergency Consultants, Inc.	34	59 (20/34)	68 (23/34)
Emergency Management Training & Services	16	88 (14/16)	88 (14/16)
Emergency Medical Training Service-El Paso	6	83 (5/6)	83 (5/6)
Garner Environmental Services, Inc.	8	75 (6/8)	75 (6/8)
Guardian EMS Training Academy	9	33 (3/9)	33 (3/9)
Guardian EMS Training Academy - Dallas	5	100 (5/5)	100 (5/5)
HALO Flight EMS Training Academy	4	100 (4/4)	100 (4/4)
Healthwebce.com, LLC.	5	40 (2/5)	40 (2/5)
Hill College	10	80 (8/10)	90 (9/10)
Kilgore College	7	71 (5/7)	71 (5/7)
Kyle Fire Department	17	88 (15/17)	88 (15/17)
Methodist Dallas Medical Center	10	40 (4/10)	50 (5/10)
Nacogdoches Memorial Hospital	1	100 (1/1)	100 (1/1)
Northeast Texas Community College	3	0 (0/3)	0 (0/3)
Palo Alto College	1	100 (1/1)	100 (1/1)
Pineland EMS Educators	7	71 (5/7)	86 (6/7)
Plainview Fire EMS	3	33 (1/3)	33 (1/3)
Possum Kingdom Lake EMS Training	10	50 (5/10)	50 (5/10)
Safety First	1	100 (1/1)	100 (1/1)

Southeast Texas EMS Instructors	6	67 (4/6)	67 (4/6)
Southwest Texas EMS Training	7	71 (5/7)	71 (5/7)
Tarrant County College	14	57 (8/14)	86 (12/14)
Temple College	6	67 (4/6)	100 (6/6)
Texarkana College	1	100 (1/1)	100 (1/1)
Texas Engineering Extension Service	46	74 (34/46)	80 (37/46)
TrainingDivision.com	32	88 (28/32)	88 (28/32)
Trinity Valley Community College	1	0 (0/1)	0 (0/1)
Vernon College	4	75 (3/4)	75 (3/4)
Victoria College	11	73 (8/11)	73 (8/11)
Waller County EMS	8	75 (6/8)	75 (6/8)
West Texas Emergency Services Training	4	75 (3/4)	75 (3/4)
Western Texas College	1	100 (1/1)	100 (1/1)

EMT

Program Name	Attempted the Exam	First Attempt Pass Percentage	Final Attempt Pass Percentage
911 Training Concepts	74	70 (52/74)	82 (61/74)
ABC Resources	18	50 (9/18)	56 (10/18)
Alert Academy	24	83 (20/24)	88 (21/24)
Alvin Community College	26	62 (16/26)	69 (18/26)
Amarillo College	103	63 (65/103)	76 (78/103)
Angelina College	29	72 (21/29)	76 (22/29)
Aransas County EMS	5	60 (3/5)	60 (3/5)
Atascosa County EMS Training Program	2	0 (0/2)	0 (0/2)
Austin Community College	90	100 (90/90)	100 (90/90)
Austin Fire Department EMT Academy	28	86 (24/28)	89 (25/28)
Austin-Travis County EMS	7	86 (6/7)	86 (6/7)
Blinn College	101	81 (82/101)	86 (87/101)
Bowie Fire Department	25	36 (9/25)	36 (9/25)
Brazosport College	12	67 (8/12)	67 (8/12)
Brookhaven College	102	75 (76/102)	78 (80/102)
Bulverde-Spring Branch EMS	29	93 (27/29)	93 (27/29)
Central Texas College	25	60 (15/25)	64 (16/25)
City of Laredo Fire Department	23	87 (20/23)	87 (20/23)
Code 3 Educational Services	11	36 (4/11)	45 (5/11)
College of the Mainland	24	67 (16/24)	79 (19/24)
Collin County Community College	72	75 (54/72)	83 (60/72)
Crockett County EMS Education Program	9	67 (6/9)	67 (6/9)
Cypress Creek EMS	56	71 (40/56)	80 (45/56)
Dalhart EMS Education Department	4	50 (2/4)	75 (3/4)
Del Mar College	55	45 (25/55)	65 (36/55)
DeSoto Fire Academy EMS	33	70 (23/33)	85 (28/33)
Eagle Pass EMS Training Program	7	43 (3/7)	43 (3/7)
East Texas Medical Center	26	54 (14/26)	58 (15/26)
El Paso Community College	100	59 (59/100)	69 (69/100)
El Paso Fire Department Training Academy	10	90 (9/10)	100 (10/10)
Emergency Consultants, Inc.	35	60 (21/35)	77 (27/35)
Emergency Management Training & Services	56	57 (32/56)	70 (39/56)
Emergency Medical Services Education	30	50 (15/30)	70 (21/30)
Emergency Medical Training, Inc.	13	69 (9/13)	77 (10/13)
Emergency Medical Training Services EMTS	88	81 (71/88)	92 (81/88)

Emergency Training Enterprises	15	27	(4/15)	27	(4/15)
EMS Online Training Plus	12	83	(10/12)	92	(11/12)
EMS Unlimited Educators	6	67	(4/6)	100	(6/6)
Fort Worth Fire Department	14	93	(13/14)	100	(14/14)
Fort Worth Independent School District	1	0	(0/1)	0	(0/1)
Frank Phillips College	21	71	(15/21)	71	(15/21)
Galveston College	26	54	(14/26)	77	(20/26)
GEM Training Center	10	80	(8/10)	80	(8/10)
Goldenwest EMS	5	60	(3/5)	60	(3/5)
Grayson County College	31	81	(25/31)	90	(28/31)
Guardian EMS Training Academy - Dallas	2	50	(1/2)	50	(1/2)
HALO Flight EMS Training Academy	5	100	(5/5)	100	(5/5)
Healthwebce.com, LLC.	34	68	(23/34)	74	(25/34)
Hill College	55	58	(32/55)	69	(38/55)
Houston Community College	141	72	(102/141)	85	(120/141)
Howard College	23	96	(22/23)	96	(22/23)
Integrated Training Services, Inc.	12	67	(8/12)	75	(9/12)
International Academy of EMT	12	67	(8/12)	67	(8/12)
Kilgore College	30	47	(14/30)	67	(20/30)
Killeen Fire Department Academy	33	82	(27/33)	91	(30/33)
Kimble County Emergency Services Academy	2	50	(1/2)	50	(1/2)
Kyle Fire Department	9	78	(7/9)	78	(7/9)
Lamar Institute of Technology	42	33	(14/42)	40	(17/42)
Lamar State College-Orange	15	40	(6/15)	47	(7/15)
Laredo Community College	16	50	(8/16)	75	(12/16)
Life Ambulance EMS Academy	21	76	(16/21)	86	(18/21)
Lifesaver Education Courses	6	83	(5/6)	100	(6/6)
LifeSource Educational Services	4	75	(3/4)	75	(3/4)
Lone Star College-Cy Fair	79	59	(47/79)	73	(58/79)
Lone Star College-Montgomery	70	87	(61/70)	94	(66/70)
Lone Star College-North Harris	99	78	(77/99)	86	(85/99)
Longhorn Student EMS Education Program	16	81	(13/16)	94	(15/16)
McLennan Community College	22	73	(16/22)	77	(17/22)
Medina County EMS Training Center	7	43	(3/7)	43	(3/7)
Mesquite ISD	1	0	(0/1)	0	(0/1)
Methodist Dallas Medical Center	70	69	(48/70)	73	(51/70)
Mexia Training Associates	8	38	(3/8)	38	(3/8)
Midland College	17	47	(8/17)	59	(10/17)
Nacogdoches Memorial Hospital	6	50	(3/6)	67	(4/6)
National College of Tech Instruction	18	50	(9/18)	72	(13/18)
Navarro College	77	66	(51/77)	78	(60/77)
North Central Texas College	10	80	(8/10)	80	(8/10)
Northeast Texas Community College	15	33	(5/15)	53	(8/15)
Northeast Texas Fire/EMS Training Academy	23	61	(14/23)	70	(16/23)
Odessa College	24	58	(14/24)	63	(15/24)
Olton EMS Training Program	11	36	(4/11)	36	(4/11)
Palo Alto College	7	57	(4/7)	57	(4/7)
Panola College	10	40	(4/10)	50	(5/10)
Parachute Consulting EMS Education Program	7	57	(4/7)	71	(5/7)
Paris Junior College	32	81	(26/32)	84	(27/32)
Plainview Fire EMS	48	42	(20/48)	50	(24/48)

Possum Kingdom Lake EMS Training	15	73	(11/15)	87	(13/15)
Pro Action Emergency Services Training	29	24	(7/29)	41	(12/29)
Professional Education and Resources Company	32	94	(30/32)	94	(30/32)
Rice University EMS	26	96	(25/26)	96	(25/26)
Safety First	5	40	(2/5)	40	(2/5)
San Antonio College EMS Academy	26	73	(19/26)	85	(22/26)
San Antonio EMS Degree Program	70	74	(52/70)	77	(54/70)
San Jacinto Community College	106	68	(72/106)	87	(92/106)
Schertz EMS Training Academy	42	98	(41/42)	98	(41/42)
Seminole EMS	2	50	(1/2)	50	(1/2)
South Plains College	96	46	(44/96)	63	(60/96)
South Texas College	98	66	(65/98)	76	(74/98)
Southeast Texas EMS Instructors	27	41	(11/27)	56	(15/27)
Southwest Texas EMS Training	38	89	(34/38)	95	(36/38)
Tarrant County College	140	74	(103/140)	84	(117/140)
Temple College	36	81	(29/36)	83	(30/36)
Texas Engineering Extension Service	135	50	(67/135)	62	(84/135)
Texas State Technical College-Harlingen	38	53	(20/38)	74	(28/38)
Texas State Technical College-West Texas	26	81	(21/26)	88	(23/26)
Texas Tech School of Medicine	10	100	(10/10)	100	(10/10)
Timpson Community EMS Training Program	8	50	(4/8)	50	(4/8)
TrainingDivision.com	116	79	(92/116)	89	(103/116)
Travis County ESD #3	20	85	(17/20)	95	(19/20)
Trinity Valley Community College	36	67	(24/36)	75	(27/36)
Tyler Junior College	105	57	(60/105)	70	(74/105)
UT Southwestern Medical Center	195	89	(174/195)	96	(188/195)
University of Texas at Brownsville	35	57	(20/35)	66	(23/35)
University of Texas Health Science Center	123	68	(84/123)	79	(97/123)
Vernon College	24	63	(15/24)	75	(18/24)
Victoria College	32	53	(17/32)	66	(21/32)
Weatherford College	46	87	(40/46)	93	(43/46)
Weslaco Fire Department EMS	1	0	(0/1)	0	(0/1)
West Texas Emergency Services Training	4	0	(0/4)	0	(0/4)
West Texas EMS Resources	22	77	(17/22)	77	(17/22)
Western Texas College	3	67	(2/3)	67	(2/3)
Westlake VFD EMS Education	13	46	(6/13)	69	(9/13)
Wharton County Junior College	33	79	(26/33)	88	(29/33)

EMT-Intermediate

Program Name	Attempted the Exam	First Attempt Pass Percentage	Final Attempt Pass Percentage
Alvin Community College	1	100 (1/1)	100 (1/1)
Amarillo College	18	83 (15/18)	89 (16/18)
Angelina College	14	86 (12/14)	100 (14/14)
Austin Community College	20	100 (20/20)	100 (20/20)
College of the Mainland	9	100 (9/9)	100 (9/9)
El Paso Community College	4	100 (4/4)	100 (4/4)
Emergency Consultants, Inc.	31	71 (22/31)	84 (26/31)
Houston Community College	44	80 (35/44)	80 (35/44)
Howard College	9	100 (9/9)	100 (9/9)
Kilgore College	5	20 (1/5)	60 (3/5)
Lone Star College-Cy Fair	26	77 (20/26)	85 (22/26)

Lone Star College-Montgomery	9	78	(7/9)	78	(7/9)
Lone Star College-North Harris	24	92	(22/24)	96	(23/24)
Midland College	1	100	(1/1)	100	(1/1)
Professional Education and Resources Company	6	83	(5/6)	83	(5/6)
San Antonio College EMS Academy	2	50	(1/2)	50	(1/2)
San Jacinto Community College	43	77	(33/43)	79	(34/43)
South Texas College	47	77	(36/47)	81	(38/47)
Southwest Texas EMS Training	11	91	(10/11)	91	(10/11)
Tarrant County College	2	100	(2/2)	100	(2/2)
Texas State Technical College-West Texas	1	100	(1/1)	100	(1/1)
Tyler Junior College	1	100	(1/1)	100	(1/1)
University of Texas Health Science Center	12	83	(10/12)	92	(11/12)
Victoria College	10	90	(9/10)	90	(9/10)
West Texas Emergency Services Training	18	67	(12/18)	72	(13/18)
West Texas EMS Resources	4	100	(4/4)	100	(4/4)
Wharton County Junior College	1	100	(1/1)	100	(1/1)

Paramedic

Program Name	Attempted the Exam	First Attempt Pass Percentage	Final Attempt Pass Percentage
Abilene Fire Department	19	84 (16/19)	84 (16/19)
Alert Academy	12	75 (9/12)	100 (12/12)
Alvin Community College	4	75 (3/4)	75 (3/4)
Amarillo College	13	62 (8/13)	69 (9/13)
Angelina College	3	33 (1/3)	100 (3/3)
Austin Community College	33	94 (31/33)	100 (33/33)
Blinn College	26	69 (18/26)	81 (21/26)
Brazosport College	3	67 (2/3)	67 (2/3)
Brookhaven College	55	82 (45/55)	91 (50/55)
Central Texas College	28	61 (17/28)	64 (18/28)
City of Laredo Fire Department	28	46 (13/28)	86 (24/28)
College of the Mainland	6	67 (4/6)	83 (5/6)
Collin County Community College	31	77 (24/31)	87 (27/31)
Cypress Creek EMS	21	29 (6/21)	57 (12/21)
Dalhart EMS Education Department	16	25 (4/16)	31 (5/16)
Del Mar College	19	58 (11/19)	74 (14/19)
East Texas Medical Center	14	86 (12/14)	93 (13/14)
El Paso Community College	30	83 (25/30)	93 (28/30)
Emergency Consultants, Inc.	59	46 (27/59)	59 (35/59)
Emergency Medical Training Services EMTS	83	69 (57/83)	87 (72/83)
EMS Online Training Plus	5	80 (4/5)	80 (4/5)
Galveston College	4	100 (4/4)	100 (4/4)
Grayson County College	17	53 (9/17)	76 (13/17)
Healthwebce.com, LLC.	5	20 (1/5)	60 (3/5)
Hill College	22	50 (11/22)	59 (13/22)
Houston Community College	33	88 (29/33)	97 (32/33)
Integrated Training Services, Inc.	11	82 (9/11)	82 (9/11)
Kilgore College	10	50 (5/10)	70 (7/10)
Lamar Institute of Technology	7	57 (4/7)	100 (7/7)
Laredo Community College	1	0 (0/1)	0 (0/1)

continued on page 39

Local & Regional EMS News

by Kathy Clayton

Hotter 'N Hell Hundred medical care



Medics from AMR prepare patient Rob Stork for transport during the Hotter 'N Hell Hundred in Wichita Falls. Photo by Bradley Wilson.

Even at the starting line, it is evident that providing prehospital health care is not a goal of organizers of the Hotter 'N Hell Hundred race in Wichita Falls, the largest sanctioned century bicycle ride in the United States. For the nearly 14,000 riders, Executive Director Ben "Chip" Filer said the goal is to eliminate the need for any hospital care at all.

"One of our primary goals is to ensure that everyone who comes to the race goes home vertical," he said. With more than 1,000 medical volunteers at 15 stops along the 100-mile route, he said the medical staff, doctors, EMS personnel, nurses and others "can do a lot of stuff out there that would normally send people to the hospital."

Their efforts paid off. Although medical staff saw many people

throughout the August day in 2012, only 14 ended up in local emergency departments.

This year it wasn't the heat that caused problems for riders, it was the wind. Kim Stringfellow, a nurse working at the final rest stop before the finish, said, "The temperature is milder than in past years, but the wind is worse. (The bikers) are coming in more tired."

Despite the wind and heat, the medical team, including doctors, nurses, paramedics, EMTs, physician assistants, nurse practitioners and others, staffing the medical tents all along the route, was prepared. The on-site staff, along with American Medical Response ambulances that provide prehospital care in Wichita Falls and Air Evac Lifeteam that provides

helicopter support, provided routine medical care including suturing wounds, IV fluid therapy and massages for muscle cramps. But they worried most about the potential for life-threatening, heat-related injuries.

Keith Williamson, university physician at Midwestern State University and medical director for the race, said the race was a tremendous learning opportunity. He said the medical staff members would see illnesses and injuries that they had not seen before.

While the bruises, broken bones and scrapes occupy most of the medical staff's time on race day, Williamson and the other medical staff members, all volunteers, spent most of their time prior to the race discussing how to treat heat-related injuries. Kenny Hoffman, operations supervisor for AMR, said he began watching the weather forecast a couple weeks before the race.

Despite temperatures on race day that average 95°F and have reached 109°F, this year it cooled down—down to a high of 96°F, fully 10 degrees lower than in 2011.

Medical staff members were on the look out not only for dehydration but also for hyponatremia, also called water intoxication, which results from drinking excess amounts of plain water, causing the blood serum level of sodium to go down. Hyponatremia is becoming more prevalent as participation in endurance races such as the Hotter 'N Hell Hundred increases, particularly by inexperienced or unacclimated athletes. As part of the medical protocols for the race, Williamson has a specific protocol for hyponatremia. In contrast to the protocol for dehydration and overheated riders, both of which call for which call for IV therapy, "hyponatremia can be worsened by hydration," Williamson states even in the IV protocol.

Submitted by Bradley Wilson, PhD, EMT-I

Former student becomes medical director at San Jacinto College



Dr. Mark Escott attended San Jacinto College in 1993 and now serves as medical director of the North Campus' Emergency Medical Technology program. Submitted photo by Agapito Sanchez.

San Jacinto College alumni Dr. Mark Escott says he is “coming full circle” as he returns to his alma mater to serve as the medical director of the North Campus' Emergency Medical Technology (EMT) program.

Escott attended San Jacinto College in 1993 as an EMT student and went on to attend Rice University, where he earned a bachelor's degree in religious studies. He holds a master's in public health from the University of Texas Health Science Center at

Houston School of Public Health and an MD from Flinders University. He served his emergency medicine residency at Penn State University, where he was also an assistant professor of emergency medicine.

Escott is currently an assistant professor of emergency medicine at Baylor College of Medicine's Houston campus. He also serves as the medical director for Rice University EMS, the Montgomery County Hospital District and as the associate medical director for Cypress Creek EMS. He serves on the board of directors of the EMS section of the American College of Emergency Physicians.

In his new role as the medical director at San Jacinto College North, Escott will provide curriculum evaluation, quality improvement, classroom instruction and clinical evaluation of students.

When he attended San Jacinto College in 1993, Escott never imagined he would some day return to serve as medical director at the College. “I knew that I would be an emergency medicine physician, but had no idea that I would come full circle,” he said. “But such has been the case in other areas of my career. I started as an EMT volunteer at Cypress Creek EMS, and now I am one of the medical directors. I founded the EMS service at Rice, and now I am the medical director there as well.”

New station for Azle fire department

The City of Azle hosted an Open House and statue unveiling for Azle Fire Station No. 52 in December. The city constructed a new, 17,000 square-foot fire station at the corner of Denver Trail and Lakeview Drive. The new station will house all current fire and ambulance services as well as the fire administration. The location was chosen because it provides quick access to Highway 199 as well as immediate access to some of the more densely populated areas of the city. A sizable green space will remain between the station and the near-by homes. The more than \$4 million construction budget was funded using bonds that were issued in 2011 and 2012.

Currently, the Azle Fire Department protects about 30,000 people and covers 8.2 square miles of city limits and approximately 20 square miles in unincorporated Tarrant County and additional response area in Parker County. Under the direction of Chief T. (Will) Scott, the Azle Fire Department has 16 paid professionals on staff, 10 volunteer professionals, and 15 part-time professionals for a total of 41 personnel. Fire crews consist of four personnel per day that work a 24 hour on/48 hour off shift. Their duties include fire suppression, rescue, hazmat, fire prevention, inspection services, Fire Code enforcement, investigation and safety training.

Dallas Fire-Rescue paramedic division celebrates 40 years of service

In November 1972, the Dallas Fire Department made its first ambulance rescue call, leaving Station 6 in south Dallas to assist an assault victim. That was the

first of 12,000 calls for that fiscal year. By fiscal 2012, the number had climbed to 182,000 total rescue calls.

In 1972 there were 12 fire department ambulances and today

there are 46 available for use; 83 percent of Dallas Fire-Rescue calls are now EMS related; and there are currently 800 Dallas Fire-Rescue paramedics.

Friendswood VFD EMS receives national award

Friendswood Volunteer Fire Department EMS was recently named Volunteer EMS Service of the Year as part of the National EMS Awards of Excellence program established by the National Association of Emergency Medical Technicians (NAEMT) and EMS World, in conjunction with the National EMS Management Association (NEMSMA) and the National Association of EMS Educators (NAEMSE).

Founded in 1972, Friendswood Volunteer Fire Department Emergency Medical Service has always been a true community enterprise. Local EMS Hall of Famer Van Williams convinced the city council an ambulance was needed and a used Ford Fairlane station wagon was purchased and outfitted. In 1974, with trained EMT volunteers working shifts on evenings and weekends, the ambulance was sitting idle by day. So the women

of Friendswood—mainly the wives of volunteer firefighters—went to school, got trained and took over the day shift until the men finished their jobs and could take over the night shifts, according to EMS Chief Lisa Camp. From that point, the service has continued to innovate and stay at the forefront of emergency medicine.

Friendswood VFD EMS provides service to the city of Friendswood and its 38,000 residents. The service responds to approximately 2,600 calls—primarily medical—per year in a 27.5-square-mile service area. Out of about 105 total fire department volunteers, there are 58 volunteer EMS providers, as well as about 12 paid part-time staff who help cover day shifts while the regular volunteers are at work. Friendswood is licensed as a mobile intensive care unit (MICU) with BLS capabilities and operates three Chevy C4500 ambulances.

Established to recognize outstanding achievement in the EMS profession, other recipients of the EMS World awards included NAEMT Paramedic of the Year, Kenneth Davenport of Marion, Kentucky; NAEMT EMT of the Year, Dean Darling, EMT-I, of Sauk City, Wisconsin; Dick Ferneau Paid EMS Service of the Year, New Orleans EMS; and National EMS Management Association EMS Executive of the Year, Tim Hearn, Executive Director, Fort Smith Emergency Medical Services, Fort Smith, Arkansas.

Award recipients received \$1,000, three conference registrations, plus \$1,000 for travel and lodging at the EMS World Expo/NAEMT Annual Meeting in New Orleans. They were recognized at the opening ceremony and at the corresponding association meeting at EMS World Expo/NAEMT Annual Meeting.

Pedi-STEPPs a giant step for pediatric prehospital emergency care training

Pediatric emergencies in the prehospital setting are relatively rare, making up about 10 percent of all EMS calls. Providing care for the most critically ill or injured children among them is rarer still. Therefore, EMS providers have few opportunities to practice high-risk/high impact skills between such calls. With this in mind, Dr. Paul Sirbaugh, Assistant Medical Director for the Houston Fire Department (HFD) and Section Head of Pediatric Emergency Medicine at Baylor College of Medicine, teamed up with Dr. Jennifer Arnold, Medical Director of the Simulation Center

at Texas Children's Hospital, and emergency medicine physicians Drs. Manish Shah, Cara Doughty and Nadia Pearson to create Pediatric Simulation Training for Emergency Prehospital Providers (Pedi-STEPPs). Using state-of-the-art simulation equipment, the Pedi-STEPPs team developed a curriculum focusing on high-risk/low frequency pediatric emergency scenarios and communication/team skills training. This gives EMS providers the opportunity to practice rarely used skills in a realistic yet safe simulated environment. What makes simulation training effective is not

simply the use of life-like manikins to run through critical scenarios or practice rarely used skills. The key is effective scenario debriefing, which is facilitated by HFD and pediatric instructors. Using video of the team's performance, the team discusses each scenario, reinforcing what is done well and highlighting areas of potential improvement. Scenarios incorporate a wide range of technical skills. Through a grant from the Cullen Trust for Healthcare, Pedi-STEPPs will be provided to 500 members of Houston Fire Department over two years at the Simulation Center at Texas Children's Hospital.

National Pediatric Readiness Project needs participation

In January the Texas EMSC State Partnership at Baylor College of Medicine began coordinating the National Pediatric Readiness Project, a multi-phase quality-improvement initiative aiming to ensure that all U. S. emergency departments have essential guidelines and resources in place to provide effective emergency care to children. The primary purpose of the National Pediatric Readiness Project (NPRP) is to establish a composite baseline of the nation's capacity to provide care to children in the ED, create a foundation for EDs to engage in an ongoing quality improvement process that includes implementation of the *Guidelines for Care of Children in the Emergency Department*, and establish a benchmark that measures an ED's improvement over time. The assessment phase of the project is expected to continue through March.

This project is a partnership between the National Emergency Medical Services for Children Program, the American Academy of Pediatrics, the American College of Emergency Physicians and the Emergency Nurses Association. Nationally, NPRP has also received the support of the Joint Commission and the Healthcare Corporation of America. In Texas, the project has received the endorsement of the Children's Hospital Association of Texas, Texas College of Emergency Physicians, Texas Emergency Nurses Association, Texas Hospital Association and Texas Pediatric Society.

Approximately 5000 U.S. hospitals will be included in the assessment, making it the largest collaborative effort to date to benchmark pediatric readiness in emergency departments. With about



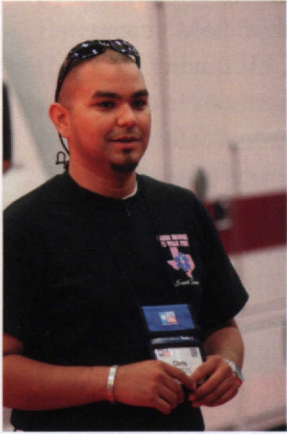
450 hospitals, Texas has the most hospitals of any state in the nation, including 78 critical access hospitals and hundreds of rural and community hospitals. Military-based hospitals and free-standing emergency departments will also be included in the project. Assuring that every hospital with an emergency department participates in the project is important because, in an emergency, most children will be brought to the closest facility in their community.

Participation in the NPRP assessment will have several advantages for hospitals. Facilities will receive immediate feedback on their current capacity to provide emergency care for children in the form of a pediatric

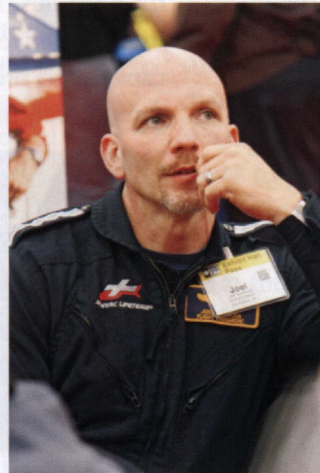
readiness score that they can compare to the average scores of other hospitals with similar pediatric volume and all hospitals nationwide. The readiness score is based on a scale from 0–100 and reflects six key areas of the *Joint Policy Statement: Guidelines for Care of Children in the Emergency Department*, including (1) administration and coordination, (2) physicians, nurses and other ED staff, (3) quality/performance improvement in the ED, (4) pediatric patient safety, (5) policies, procedures and protocols, (6) equipment, supplies and medications. Participants will also receive an immediate “Pediatric Readiness Gap Analysis Report” that summarizes the facilities strengths and weaknesses within the key areas of the assessment and will direct facility staff to specific components of the Pediatric Readiness Toolkit, which the NPRP has created to provide the most up-to-date information and resources to help facilities improve their capabilities to provide appropriate pediatric emergency care. Additionally, each facility completing the assessment will receive a free one-year subscription to PEMSsoft, an online pediatric decision support tool designed for rapid clinical decision making at the point-of-care.

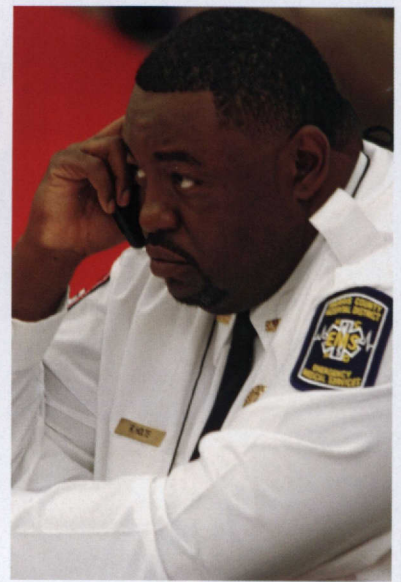
For more information or to help with NPRP in your community or hospital, contact the EMSC State Partnership office at (832) 824-6028 or email Tony Gilchrest at anthony.gilchrest@bcm.edu.

Interested in participating in the National Pediatric Readiness Project? Contact the Texas EMSC State Partnership at Baylor College (832) 824-6028 or email Tony Gilchrest at anthony.gilchrest@bcm.edu.



Texas EMS Conference 2012 WOW — WHAT A RIDE!





All conference photographs by Matt Bowman.

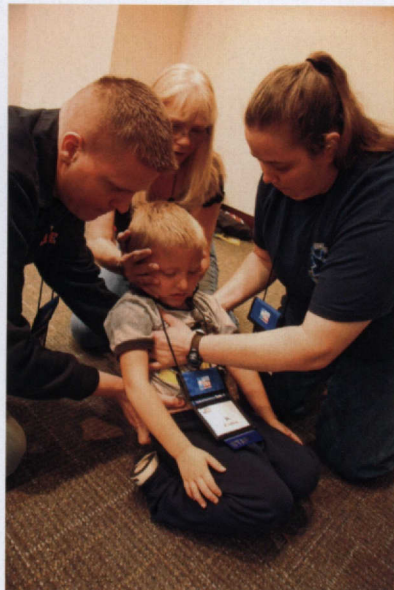


PHOTO CONTEST 2012

Grand Prize

Wayne Dennis, photographer

This photograph was taken at the funeral of a local firefighter who died in the line of duty last year. The subjects are coworkers of the fallen firefighter.



Honorable Mention

Will Petit, photographer,
Americare Polk County EMS,
Lufkin, Texas

This photograph was made at a
local fire school.



Honorable Mention

Ryche Guerrero, photographer,
Houston, Texas

A nurse and paramedic are giving an
injured patient a mid-flight ultrasound
during transport to the hospital.





First Place

Christopher J. Chomel, photographer
Lockhart EMS; Texas Fire Academy

The photograph captures a garbage truck rollover that pinned-in the patient.



Second Place

Will Petit, photographer,
Americare Polk County EMS
Lufkin, Texas

This photograph was made at a local fire school.

Third Place

Wayne Dennis, photographer

This photograph was taken at the funeral for a local firefighter who died in the line of duty last year. The pallbearers are coworkers of the fallen firefighter.





Continuing Education

Lightning injuries: It's all about safety!

By Daniel J. Griffin, AS, CCEMT-P



Photo by Mary Ellen Vinson.

Objectives

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

1. Discuss how lightning is created.
2. Define five types of lightning strikes that commonly cause injury.
3. Create a treatment plan for victims of lightning injuries.
4. Identify the proper triage steps for lightning injury for a group of patients.
5. Identify lightning scene hazards to responders.

Living in the South has provided me with many entertaining expressions from my grandparents and other wise mentors. One of my favorites was “that person is too dumb to come in out of the rain” or “common sense is not common.” While many of the expressions were considered prudent rules to live by, others have proven to be total folklore or superstitions.

Some of the weather-related folklore addresses the mysteries of lightning. Mythology is also full of stories about lightning, such as the Greek god Zeus, who used lightning bolts as a weapon. Other stories include the scheduling of battles or the predication of good fortune that were based on the observations of lightning by kings and priests of the day. Even in my childhood, I can remember my grandmother saying that when lightning struck nearby it meant someone was sick or had died. Those days are long gone, yet many people still don't know the difference between the facts

and myths of lightning and how to avoid becoming a victim of a lightning strike.

What is lightning?

Lightning is created by strong electrostatic discharges in thunderstorm clouds. Most lightning strikes occur within the thunderstorm clouds—only 10 percent of lightning strikes travel from cloud to ground. A lightning strike begins with a short burst of 30 to 50 meter streams of energy called *step leaders*. These electrical charges move down the leader, then retreat, and then move back to the end of the original channel before branching off in another direction.

The electrostatic energy from the base of the cloud is saturated with strong negatively charged ions. As step leaders move closer to the surface of the earth, a pool of positively charged ions forms under the cloud on the surface of the earth. The size of this pool can be anywhere from 30 to 50 meters in diameter.

Positive and negatively charged ions are attracted to each other. The positive charges on the ground are pulled up in the form of leaders or “streamers”, as they move toward the incoming negative step leaders from the clouds. The positive leaders often extend up from structures, towers, fences, the human body, and even something as small as a leaf on a bush or a blade of grass. When a negative and a positive leader connect, a channel is formed, and the negative charges rush down to fill the channel. When the channel is filled the energy moves back to the cloud, and that return creates the light of the lightning strike. Most people do not realize that lightning strikes seen with the naked eye are actually flashing up, not down.

What is thunder?

When a lightning strike occurs, the air around it is rapidly heated to extreme temperatures and then rapidly cools down. The super-heated air quickly expands and causes vibrations in the atmosphere that we hear as thunder. We see the lightning before we hear the thunder because light moves faster than sound! This point is important in the prevention of lightning injuries, which will be addressed in another section.

Lightning behavior

Lightning strikes within a 30 to 50 meter radius of the last leader’s branch. In that 50-meter radius, lightning will strike the tallest, pointed, isolated object. This fact should heighten your sense of awareness at any scene during a storm. If an object or person is alone in the middle of an open field and the last leader branch is within a 50 meter radius, chances are high that the object or person will be struck by lightning. The “pointedness” of the object may not pertain to responders unless they are carrying upright objects such as metal ladders or other tools. For responders, the safest place to be is inside an enclosed vehicle (windows up) or a solid enclosed structure (not under a shelter). Taking cover in open shelters can actually

increase the chance of becoming a victim of a lightning strike. The shelter acts to increase the height of the victim and has no side cover from lightning strikes.

Lightning has an incredible amount of energy in each strike, an equivalent estimated at 100 million volts of electricity, and a strike can reach temperatures as high as 50,000 degrees (F). Because lightning is not the same type of energy as electricity in your home or car (AC or DC), it does not produce entrance and exit wounds, like high voltage electrical or gunshot wounds. The terms *entrance* and *exit* wounds are not used when referencing lightning strikes. With all of its energy, however, you would think most victims of a lightning strike would suffer massive burns. Instead, the duration of contact is usually less than 1/1000th of a second, and when contact does occur, the lightning more often flashes over the surface of the body rather than through the victim, so burns are less severe.

Risk factors

Knowing the range of risk factors can help identify patients who are potential lightning strike victims and will aid in being prepared for a lightning strike call.

Men are five times more likely to be injured or killed than women. This is directly related to outdoor occupations and recreation activities. Children under the age of 16 and adults from age 25 to 35 are the most common victims. Acknowledging the potential for injury, the NCAA recommends outdoor sports activities be stopped when lightning enters a 10-mile radius of the area; activities may resume 30 minutes after the last lightning strike.

The frequency of injuries is highest on Saturdays, Sundays and from 12 pm to 6 pm on Wednesdays. This is again related to an increase in outdoor activities during those times. As might be expected, injuries occur most frequently in the spring and summer months—during the typical storm seasons; however, lightning in snow storms has been observed.

Lack of knowledge of the dangers of lightning and how to avoid them, simple denial and distractions (cell phones, MP3 players) can also contribute to an increased risk of injury from lightning. The most effective method of avoiding injury is to seek shelter when lightning is present. Individuals who ignore weather predictions and warnings, who believe “lightning won’t really strike me” or who do not understand what constitutes a proper shelter, are at an increased risk of being injured by lightning strikes.

Lightning injuries

About 55 deaths in the United States occur each year as a result of lightning strikes. I live in north central Florida, which is known as the lightning capital of the United States. Texas also has one of the highest rates of lightning injuries. Data collected for lightning fatalities from 1990 to 2003 by the National Weather Service ranked Texas second highest, with 52 people killed, and Florida ranked number one with 126 fatalities in that time period. Lightning injury numbers are probably three times higher than fatality statistics, but they are often not reported or coded correctly. Lightning strikes are second only to floods as the most frequent cause of fatalities during storms.

The following are the primary ways that lightning injures people.

- *Ground current spread*—occurs when lightning strikes the ground and the current spreads outward in all directions as far as 60 feet. This may often be the mechanism for lightning-related multi-casualty incidents. It accounts for approximately 50 to 55 percent of lightning injuries.
- *“Side splash”*—occurs when lightning “splashes” from another object onto a person. This results in approximately 30 to 35 percent of lightning injuries. This type of injury happens often when people seek shelter under a tree. When the tree is struck by lightning, the

energy jumps or “splashes” from the tree to the victim.

- *Upward streamer*—the upward movement of charged streamers may contain hundreds of amperes of current and the danger is often underestimated. The strong charge may move through or around the victim. They are associated with approximately 10 to 15 percent of lightning injuries.
- *Direct strike*—The victim receives a direct strike. This occurs when the lightning strike comes in direct contact with the victim’s body. It results in approximately 3 to 5 percent of lightning injuries. Although you may hear reports that a person was “struck by lightning”, the direct strike is relatively rare compared to other types of lightning injuries.
- *Contact potential*—a person is injured by touching an object that is struck or while touching an object that is directly connected to another object that is struck, such as a corded telephone or household plumbing. This type of activity is associated with approximately 3 to 5 percent of lightning injuries.

Two secondary causes of injury can be the result of lightning strikes: A person can suffer blunt trauma from being thrown by the force of the strike and can suffer barotrauma from being in close proximity to the explosive pressure of the lightning strike. The barotrauma results in eardrum perforation due to pressure changes in the air outside of the ear. The perforated eardrum is found in more than 50 percent of victims of a lightning strike.

The fatality rate from lightning injuries is approximately 8 to 10 percent; however, the collection of lightning injury data is problematic because

reports are often based on anecdotal stories, news media reports or autopsies.

Physiological effects on the body systems

Cardiovascular and respiratory system

Cardiac arrest is the most common cause of death in a lightning strike scenario. Lightning will act as a massive defibrillation, resulting in asystole. As is often seen in the field, the heart may recover if the primary pacemaker of the heart (the SA node) begins depolarization.

Unfortunately, the respiratory system fails as well because of simultaneous neurological injury from the lightning strike. When this occurs, the patient remains in respiratory arrest until ventilations are provided. Prolonged respiratory arrest will lead to hypoxia, resulting in ventricular fibrillation. Respiratory system support through ventilation and oxygenation may be required for long periods of time after circulation is restored during resuscitation. This scenario illustrates the importance of “reverse triage,” which will be discussed in detail in another section.

Additional cardiac problems such as bradycardia, tachycardia and hypertension have also been observed in a small percentage of patients. Prolonged ECG changes in T wave and ST segments are seen in approximately 10 percent of patients. Elevated cardiac enzymes (CK-MB, myoglobin and troponin) have also been documented.

Vascular spasms may occur, as well as instability of vasomotor control. This can produce cool, pale or cyanotic extremities with weak or no palpable pulses.

Neurological system

Lightning injuries are primarily neurological, affecting the brain and autonomic and peripheral nervous systems.

Effects on the brain/central nervous system: A loss of consciousness, anterograde amnesia and confusion are common findings.

You may also find other symptoms that mimic head injuries, including seizures, dizziness, nausea, vomiting, headaches and repeated questions about the incident.

For assessment purposes, it is important to realize that victims will often have cognitive and memory problems. It may become difficult for them to process new information and recall older information. Think of the injury as a loss of the ability to multitask.

When multiple first responders are on scene, it is paramount that only one person interviews the patient. Give the patient plenty of time to understand and respond to your questions.

Effects on the autonomic nervous system: Pulse rate, blood pressure regulation, respiratory rate, pupillary response and sexual arousal issues have been observed in victims of lightning injuries. Dilated pupils in this patient may not represent head injury or death, but more likely injury to the autonomic nervous system.

Effects on peripheral nervous system: Patients often present with upper (69 percent) and lower (30 percent) extremity paralysis or paresthesia (aka: keraunoparalysis) which may prove to be transient in nature. Chronic pain and sensory problems often persist after the injury as well.

Other physical effects

Integumentary system: Burns are usually superficial and can be related to an object the victim was holding or jewelry that is heated during the exposure. You may also see unusual markings on the patient’s skin known as a *Lichtenberg figure*. This unique marking is red and creates a fern-like pattern on the skin. They are indicative of a lightning injury. Images of the Lichtenberg figure can be found at http://en.wikipedia.org/wiki/Lichtenberg_figure.

A patient may also present with

traumatic injuries. A lightning strike can produce intense muscle contractions (similar to being hit by a Taser gun) or the force of the current itself can knock victims to the ground or throw them some distance. Be aware of the increased risk of secondary injuries to anyone working outdoors, such as construction workers. A possible scenario is a roofing contractor who was struck by lightning and then suffered additional trauma as a result of falling from the roof. Looking for occult traumatic injuries when responding to a reported victim of a lightning strike should be part of your assessment process.

Penetrating trauma should be considered when a patient is found near a tree that has been struck. Lightning can cause the sap and moisture inside the tree to become super-heated, resulting in an explosion. The wood fragments from the tree then become dangerous projectiles. Some fragments have been documented as large as 200 pounds and six feet in length!

The patient may suffer a rupture of the tympanic membrane (ear drum), resulting in hearing loss. These perforations occur in more than 50 percent of lightning injuries. Injury to the retina, resulting in visual disturbances and severe pain, is also possible.

Psychological/lifestyle problems: Survivors' reports also include sleep disturbances, attention and memory deficits, cognitive problems, hyperirritability, fatigue, high anxiety and post-traumatic stress disorder. As a result of these issues many survivors often become depressed and isolated. They may be unable to return to work or perform the tasks associated with their employment.

Triage

In the event of a mass casualty incident (MCI) created by a lightning strike, responders should perform *reverse triage*. In reverse triage, the pulseless and

apneic patients are treated *first*, due to the high likelihood of survival with simple compressions and ventilations. Aggressive resuscitation of respiratory arrest is the key to survival in this type of patient. The amount of resources on the scene may limit how many patients can be treated before permanent injury or death occurs. The first arriving responder should try to quickly separate the patients who are awake, breathing and walking around the scene, in order to reveal the patients who are unresponsive and in need of immediate support.

In July 2009, a group of 100 people were gathered outside for a 4th of July celebration in central Florida. A lightning strike injured 18 people and resulted in one fatality. A total of 19 people were transported for evaluation and ten more treated on scene. The most common complaint was chest pain/tightness, headache, numbness and confusion. Witnesses reported a drizzle of rain overhead, but no lightning or thunder in the area. Local TV news confirmed a thunder storm was located several miles to the south at the time of the incident. Ironically, I had just presented the lightning injury lecture the day before at a Florida EMS conference less than 20 miles away.

Treatments

As always, in the case of responding to an individual patient, local medical protocols will dictate how you treat and transport the patient. Standard BLS and ALS treatments are utilized to address the types of injuries outlined in earlier sections. While there are no special treatments for lightning victims, the following actions are paramount to survival of your patient:

- Ventilation and airway management (especially for patients with facial burns)
- Prompt, high-quality CPR and defibrillation when indicated
- Fluid resuscitation for hypovolemic shock

- Immobilize as indicated by mechanism of injury

Responder safety

As the old saying goes: A dead rescuer will save no one!

Our industry is finally beginning to get serious about safety, and I saved this section for last to emphasize the message of staying safe during your response to a lightning injury.

Prevention and awareness are the keys to staying safe at any scene, especially in the outdoor settings. An awareness campaign for children organized by the National Weather Service, teaches children these simple words: "When thunder roars, go indoors!" Unfortunately, in our business we cannot always go indoors, but we *can* become informed about lightning safety. Every department should develop a safety policy for lightning on scene and for outside training exercises when lightning is in the area.

Knowing when to seek shelter and knowing what constitutes an appropriate shelter are vital to maintaining scene safety any time there are storms in the area.

How close is the lightning?

If you are outside and see lightning flash in the distance, count the number of seconds between the flash and the sound of thunder, divide that number by five, and that will give you a rough idea of how many miles away the strike occurred. For example, you see a lightning strike and count 30 seconds before you hear thunder. Thirty seconds divided by five equals six miles. You should seek shelter when lightning is this close. Lightning has been documented to strike as far as eight miles from the center of a storm in what appeared as a clear blue sky. The NCAA policy for lightning states that if there is 30 seconds between the lightning strike and thunder, all individuals should have *already* left the athletics site and reached a safer structure or location.

Where is the safest place to be?

You should be inside your metal roof-top vehicle (with the windows up) or in an enclosed significant structure when lightning is a threat. A "pole barn," carport, bus stop, or other open shelter will not provide adequate protection. You are safe inside your vehicle because of the *faraday cage effect*. When lightning strikes a metal-roofed vehicle, the metallic surface will conduct the energy to the ground; the rubber tires are not what protects you from lightning. If you are inside your EMS or fire vehicle, and it has a radio attached to an external antenna, consider using a portable radio instead of the vehicle-mounted radio. In May of 1998, Sgt. Mark Pearson of the Prince George Police Department was struck while sitting in his vehicle during a routine traffic stop. Fortunately, Officer Pearson survived the injury, but the radio antenna wiring was a direct link to the inside of the vehicle and exposure to lightning.

The faraday cage effect also applies to solid structures, where wiring and/or plumbing will direct the energy to the ground. However, taking a shower or talking on a corded telephone during a storm are *not* considered safe activities because the pipes and cord can carry the electrical current directly to a person.

Should I use an AED or manual defibrillator in a storm?

There is potential for injury in this situation when a defibrillator is being used while treating a patient outside during a storm. I can tell you from experience, using a defibrillator while on a golf course during a storm is not safe and should be avoided! If you are treating a patient outside during a storm, the safest procedure would be to continue CPR and move the patient and crew into an ambulance or a safe structure. A defibrillator will not attract lightning; rather, lightning will strike the tallest, most isolated, pointed object in a 30 to 50 meter radius.

Lightning never strikes in the same place twice.

This is a total myth. A video recording of the CN Tower in Toronto, Canada, shows the tower being struck eight times during a single storm. It normally receives an average of 75 strikes per year. For humans, the record goes to forest ranger Roy Sullivan, who was struck seven times in his 35-year career, including once when both he and his wife were injured at the same time!

While lightning can be one of nature's greatest light shows, it can be very dangerous, too. Be informed about lightning safety and your local weather status, be aware of your surroundings, *stay safe* and help others in your community do the same thing.

This article is provided for education only. Always consult with your medical director and follow your local protocols in making treatment decisions.

References

- Mary Ann Cooper, MD; Chief Editor: Rick Kulkarni, MD; Lightning Injuries, Nov 2011. <http://emedicine.medscape.com>.
- Cooper MA, Andrews CJ, Holle RL: Lightning Injuries in Wilderness Medicine. Auerbach, Mosby, 5th ed. 2007.
- Cooper MA, Andrews CJ, Lightning: The Mythology Persists. Lightning Injury: Electrical, Medical, and Legal Aspects. CRC Press, Ed. Andrews CJ, Cooper MA, Darvenzia M, Mackerras D, 1995.
- Cooper MA, Parkes R, Mayer M, et al, Treatment of Lightning Injury. Lightning Injury: Electrical, Medical, and Legal Aspects. CRC Press, Ed. Andrews CJ, Cooper MA, Darvenzia M, Mackerras D, 1995.
- Cooper, MA: Myths, Miracles, and Mirages. Adapted from Seminars in Neurology, Volume 15, Number 4, December 1995.
- Walsh K, Bennett B, Cooper MA, Holle R, Kithil R, Lopez R: National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation. Journal of Athletic Training, 35(4):471-77, Oct-Dec 2000.
- Cooper MA: Disability Not Death is the Main Problem. National Weather Digest, 25:1,2:43-47, June 2001.

Internet resources

- www.lightningsafety.com/nlsi_ills/fatalities_us.html
- www.struckbylightning.org/index.cfm
- www.nws.noaa.gov/

Lightning Injuries Quiz

- Most lightning strikes occur from
 - Cloud to ground
 - Cloud to water
 - Cloud to cloud
 - Cloud to metal objects
- Lightning will strike the tallest, pointed, most isolated object in a ____ radius.
 - 5-10 meter
 - 30-50 meter
 - 90-100 meter
 - 150-200 meter
- A lightning strike starts as a short burst of energy called a
 - Step ladder
 - Upward streamer
 - Downward streamer
 - Step leader
- Thunder is the result of sound waves created from the rapid heating of air.
 - True
 - False
- The most frequent type of lightning strike injury is caused by
 - Ground current
 - Upward leader
 - Direct strike
 - Contact potential
- Women are injured by lightning more frequently than men.
 - True
 - False
- Which activity greatly increases the chances of becoming a victim of a lightning strike?

- A. Watching TV in a mobile home
- B. Cooking indoors with a gas stove
- C. Playing on a soccer field during a storm
- D. Working in a hospital emergency department

8. Your BLS unit is responding to a reported lightning strike. There is an active thunderstorm overhead, and you see frequent lightning strikes in the area. You arrive to find a 31-year-old female lying on the ground in a mall parking lot. Bystanders are correctly performing CPR on the patient. You find she is in cardiopulmonary arrest. You should perform all of the following actions except:

- A. Direct bystanders to seek immediate shelter
- B. Hyperventilate the patient
- C. Take over CPR and move the patient inside the ambulance
- D. Apply your AED and assess for a shockable rhythm

Use this scenario to answer questions 9–11.

You are responding to a high school football field where the team was practicing. You note that a severe thunder storm is quickly moving through the area. On scene, you find 25 to 30 teenage boys and adults on the field. There are several victims on the ground, with other players waving frantically for you to help them. You radio for additional units to respond, establish scene command and begin triage. You are told by a coach that there are three unconscious victims, five players who are awake, complaining of headaches and “can’t move their legs,” and one player with asthma who complains of shortness of breath. All others are complaining of “tingling” feeling in their arms and

legs. There are five coaches on the scene who are CPR trained and not injured.

9. Which victims are the least likely to need immediate treatment?

- A. The five players with who can’t move their legs
- B. The one player with asthma
- C. The three unconscious players
- D. The remaining players with tingling in the extremities

10. Your partner is performing triage; he yells to you “the first unconscious victim is dead.” What should you direct him to do?

- A. Triage him dead, place a black triage tag on the body and continue to other victims.
- B. Give the victim two breaths, if no response, pronounce him dead.
- C. Ask other students to watch the victim for signs of breathing.
- D. Assign two of the coaches to start CPR.

11. You arrive at the side of the second unconscious victim, who has a pulse, but is not breathing. What should you do?

- A. Assign a coach to provide rescue breathing.
- B. Begin assisting ventilations with a BVM.
- C. Ask other students to administer O₂ to the victim while you continue triage.
- D. Declare the victim as dead.

12. Common signs of a lighting injury include all of the following except

- A. Confusion
- B. Rapid heart rate
- C. Full thickness burns to arms and legs
- D. Dilated pupils

13. Which of the following is *not* a common risk factor for lightning injuries?

- A. Ignorance about lightning safety
- B. Wearing rubber soled shoes
- C. Ignoring weather warnings for storms
- D. Denial

14. You are attending a picnic with family members at a local lake/recreational area. A storm is approaching and you can see several lighting strikes on the horizon. When should you move your family to shelter?

- A. Immediately
- B. When lightning strikes within three miles of your location
- C. When the time between a lightning strike and the sound of thunder is greater than 90 seconds
- D. When the time between the sound of thunder and a lightning strike is less than 90 seconds

15. You are called to a scene where bystanders report seeing a flash of light and hearing an explosion. Your patient was using a riding lawn mower and had parked under a tree while waiting for a storm to pass. He was found unconscious with no pulse. You begin CPR and apply the AED pads. A loud clap of thunder is heard overhead. Your partner tells you to continue to treat the patient, since “lightning never strikes twice in the same place.” What should you do?

- A. Continue to treat the patient
- B. Move the patient into the ambulance while continuing CPR
- C. Stop using the AED, as it will attract the lightning
- D. Administer only one shock from the AED, and then stop resuscitation

This answer sheet must be postmarked by February 20, 2013

CE Answer Sheet Texas EMS Magazine
Lightning Injuries
CE: Medical

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

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

Answer Form

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

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

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

Galveston College	4	100	(4/4)	100	(4/4)
Grayson County College	17	53	(9/17)	76	(13/17)
Healthwebee.com, LLC.	5	20	(1/5)	60	(3/5)
Hill College	22	50	(11/22)	59	(13/22)
Houston Community College	33	88	(29/33)	97	(32/33)
Integrated Training Services, Inc.	11	82	(9/11)	82	(9/11)
Kilgore College	10	50	(5/10)	70	(7/10)
Lamar Institute of Technology	7	57	(4/7)	100	(7/7)
Laredo Community College	1	0	(0/1)	0	(0/1)
Life Ambulance EMS Academy	14	64	(9/14)	79	(11/14)
Lifesaver Education Courses	7	57	(4/7)	86	(6/7)
Lone Star College-Cy Fair	27	70	(19/27)	74	(20/27)
Lone Star College-North Harris	18	89	(16/18)	94	(17/18)
McLennan Community College	10	40	(4/10)	50	(5/10)
Methodist Dallas Medical Center	49	53	(26/49)	59	(29/49)
Midland College	12	42	(5/12)	50	(6/12)
Nacogdoches Memorial Hospital	3	67	(2/3)	67	(2/3)
National College of Tech Instruction	10	80	(8/10)	90	(9/10)
Navarro College	16	88	(14/16)	88	(14/16)
North Central Texas College	30	43	(13/30)	77	(23/30)
Northeast Texas Community College	2	100	(2/2)	100	(2/2)
Odessa College	21	52	(11/21)	71	(15/21)
Panola College	4	50	(2/4)	50	(2/4)
Paris Junior College	19	74	(14/19)	84	(16/19)
Possum Kingdom Lake EMS Training	10	60	(6/10)	70	(7/10)
Pro Action Emergency Services Training	6	67	(4/6)	83	(5/6)
Professional Education and Resources Company	15	73	(11/15)	73	(11/15)
San Antonio College EMS Academy	21	52	(11/21)	71	(15/21)
San Antonio EMS Degree Program	24	54	(13/24)	71	(17/24)
San Jacinto Community College	31	45	(14/31)	61	(19/31)
South Plains College	41	46	(19/41)	63	(26/41)
South Texas College	27	33	(9/27)	44	(12/27)
Southwest Texas EMS Training	14	64	(9/14)	79	(11/14)
Tarrant County College	31	94	(29/31)	100	(31/31)
Temple College	8	100	(8/8)	100	(8/8)
Texarkana College	3	100	(3/3)	100	(3/3)
Texas Engineering Extension Service	127	52	(66/127)	64	(81/127)
Texas State Technical College-Harlingen	4	25	(1/4)	50	(2/4)
Texas State Technical College-West Texas	12	67	(8/12)	92	(11/12)
TrainingDivision.com	159	69	(110/159)	77	(122/159)
Trinity Valley Community College	9	44	(4/9)	67	(6/9)
Tyler Junior College	19	37	(7/19)	53	(10/19)
UT Southwestern Medical Center	131	85	(112/131)	96	(126/131)
University of Texas at Brownsville	6	67	(4/6)	100	(6/6)
University of Texas Health Science Center	117	85	(99/117)	92	(108/117)
Vernon College	7	57	(4/7)	71	(5/7)
Victoria College	12	83	(10/12)	100	(12/12)
Washington County EMS	3	67	(2/3)	67	(2/3)
Weatherford College	6	83	(5/6)	100	(6/6)
Wharton County Junior College	10	40	(4/10)	50	(5/10)



Did you read?

Bounce houses are popping up more and more—at picnics, fairs, birthday and “bounce house” parties, and at indoor playgrounds. However, the fun from these devices comes with a risk of injuries.

Wondering whether the increase was a local phenomenon, Dr. Gary Smith, a pediatric emergency physician at Nationwide Children’s Hospital in Columbus, Ohio, launched the first study to find out how many inflatable bouncer-related injuries occurred in the United States.

Smith and his team analyzed records from the National Electronic Injury Surveillance System, which is operated by the Consumer Product Safety Commission (CPSC). NEISS collects patient information for every emergency visit involving an injury associated with consumer products. According to its data, **the number of inflatable bouncer-related injuries rose 1,500 percent between 1995 and 2010.**

In the last two years of the study, from 2008 to 2010, the rate of injuries more than doubled, according to the study published in November in the journal *Pediatrics*. In 2010 alone, 31 children were treated in emergency departments each day on average, according to the report. Of the nearly 65,000 children treated in U.S. emergency departments over a 20-year period, 55 percent of these injuries occurred between 2005 and 2010, according to the study. More than half of the injured children were in the 6- to 12-year-old age group; more than a third were under the age of five.

Arm and leg injuries were the most common injuries. The youngest children, those under five, were more likely to have fractures, and teenagers were more likely to sustain sprains and strains. Nearly one in five children had head and neck injuries. However, only three percent of children required hospitalization, according to the study.

Smith says there are no good data to explain why the number of injuries is going up, but increased use could be to blame. The number of injuries may be higher than the figures cited in the study, the research suggests, since they don’t include children who were injured and treated somewhere besides an emergency room.

Smith says the pattern of injuries from inflatable bounce houses is similar to injuries sustained from trampoline use. But while there are national safety guidelines for trampolines, there are none for inflatable bouncers. Smith is not calling for a ban. Instead he wants parents to be aware that there are risks with this type of activity, as with any other physical activity.

The CPSC investigates accidents and in the past has issued hazard alerts. It recommends all bounce houses be anchored and that children of different age groups should not be allowed to play at the same time. There is no one industry group that represents vendors for inflatable bouncers, probably because some are used in fairs, others are in permanent indoor facilities and amusement parks and there are rentals for home use. According to the CPSC, these bouncing playgrounds

fall under an organization called ASTM International, which develops international voluntary standards. ASTM says it is working on standards for “Constant Air Inflatable Play Devices.”

From CNN.com, “Bounce house” injuries skyrocketing, by Miriam Falco, November 26, 2012.

The Food and Drug Administration has approved a new flu vaccine for adults that is not egg-based, although it hasn’t yet been tested on people with egg allergies. The manufacturing process for the vaccine, called Flucelvax, is similar to the egg-based production method, but the virus strains included in the new vaccine are “grown in animal cells of mammalian origin instead of in eggs,” the FDA says.

It is, however, only approved for adults 18 and older, according to the FDA. The vaccine will not only add to the number of ways to prevent getting the seasonal flu, but provide a weapon should a new flu pandemic emerge.

Even though Flucelvax is the first cell-based flu vaccine approved in the United States, it’s already been around for five years. The European Medicines Agency approved the same vaccine, called Optaflu, in 2007.

The benefit of using the cell-based production method is that vaccines can be produced much more quickly, within weeks, according to the manufacturer Novartis. Traditional flu vaccine production takes months using specialized eggs.

Having a faster way to manufacture the flu vaccine is especially important when a brand new virus appears that can quickly develop into a pandemic, as seen in 2009 when the H1N1 influenza virus emerged. In 2009, a division of HHS joined forces with Novartis to build a state-of-the-art vaccine production facility in Holly Springs, North Carolina, so this cell-based flu vaccine can eventually be manufactured in the United States.

While Flucelvax is not produced in eggs, it doesn’t automatically mean that it’s suited for people with egg allergies. According to the FDA, the influenza virus reference strains that are adapted for use in manufacturing Flucelvax are obtained from the WHO Collaborating Center, which are grown in eggs.

From CNN.com, FDA approves new type of flu shot, by Miriam Falco, CNN Medical Managing Editor, November 21, 2012.

Spidery blood vessels, seen in an X-ray of 13-year-old Maribel Ramos’ brain, represent an effort by the girl’s body to compensate for a pinched section of her major cerebral artery. The name of Maribel’s disorder is “moyamoya,” Japanese for “puff of smoke”—the researchers who named it thought that’s what it looked like on X-rays.

The disorder is one of many conditions that can make a child more prone to strokes. **One in 10,000**

kids will suffer a stroke, causing disability or death. But surgeons can now prevent strokes in some of these children.

Moyamoya is not Maribel's only health condition. She also suffers from sickle cell disease, which causes the blood to be prone to form clots in the dangerously narrow blood vessels of her brain. Sickle cell disease is the most common cause of strokes in children. Ed Smith, who works at Children's Hospital in Boston, says the combination gives Maribel a 95 percent chance of suffering a disabling or possibly fatal stroke.

During a recent surgery, Smith worked to give Maribel's brain a new blood supply. A fat, healthy blood vessel that ran up the outside of Maribel's skull was rerouted so it's next to the section of her brain that's chronically starved for blood.

Once Maribel is asleep, Smith used a pencil-like wand that emits ultrasound waves to locate the blood vessel. He then traced the vessel's path on her scalp with a marker so he knows exactly where it runs from her ear to the top of her head. Smith and surgeon Sarah Jernigan then use a microscope to slice through scalp and muscle, exposing a five-inch section of the vessel, and leaving it attached at the ends.

Smith next removed a section of Maribel's skull the diameter of a hockey puck. The brain's innermost protective layer, a cobwebby membrane called the arachnoid, is also removed. Smith then sewed the blood vessel to the surface of the brain. Once the artery is in contact with the brain, it will start putting down new blood vessels, like roots from a tree.

After the new blood vessel is sewn in place, the surgeons reverse course, carefully replacing layers of tissue one by one. Smith replaced the circle of bone, using tiny screws to fix it in place. He left two small holes so the rerouted artery can dive under Maribel's skull and exit on the other side. Finally, the soft tissue is replaced and the incision neatly sutured up.

Just a few weeks later, her father says a recent MRI scan brought good news. "You could already see the new veins growing into the brain," Luis Ramos says. "Everything looks good."

And now, instead of an almost 100 percent chance of a major stroke, Smith says Maribel's risk has been reduced drastically, to around 5 percent.

From NPR.com, As childhood strokes increase, surgeons aim to reduce risks, by Richard Knox, December 10, 2012.

You're meticulous about monitoring the expiration dates on milk cartons. You carefully check sell-by dates before putting meat in your shopping cart. You take a moment to scan cans, bottles and jars for their "best before" dates. **But have you checked the expiration dates on the contents of your first-aid kit? Do you even have a first-aid kit?**

If you're like the rest of us, you are probably missing items that you or your loved ones will need in case of an injury that falls short of requiring a visit to the emergency room. And, like the rest of us, your bathroom cabinets are probably filled with items that have outlived their "use by" dates, potentially making them less potent or perhaps even dangerous. Although a recent study by the California Poison Control System suggested that many drugs past the expiration date are still effective, the U.S. Food and Drug Administration does not mince words on its website: "Once the expiration date has passed, there is no guarantee that an expired medicine will be safe and effective. If your medicine has expired, do not use it."

Consider this your nudge to take stock and see what might need replacing. You could even spring for a trauma kit (they are often better-stocked than a routine first-aid kit), and then buy a few more items to round out your supplies.

Here is what a well-stocked medicine cabinet should contain, plus items you'll be happy to have on hand.

Bandages and gauze in a variety of shapes and sizes

Anti-bacterial spray or ointment

Hydrocortisone cream

Tweezers and scissors (it's worth springing for precision tools)

An instant-read thermometer. Shop around, read reviews and consider what might work best for your situation. A thermometer with an ear-scan feature, for example, might be helpful when you want to take a temperature without waking up a sick child.

Cough drops and cough syrup

An over-the-counter allergy medication

A cold reliever and sleep enhancer, such as NyQuil

Rubbing alcohol

Cold pack. In a pinch, a bag of frozen peas will do. But it's helpful to have something a bit more durable. Keep this in the freezer, of course, so it's ready to go.

Heating pad. Probably not standard fare for an emergency kit, but it might be soothing for an aching back or flu-induced chills.

A first-aid guide. You can find these online or perhaps at your doctor's office. You probably *can* look an answer up online, but when faced with a minor emergency, it's nice to have a primer at your fingertips.

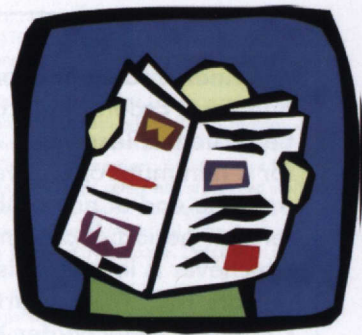
Also keep a laminated list of phone numbers and addresses and perhaps even a map including directions to your doctor and the nearest emergency room. (Also consider adding the same information for your veterinarian and a 24-hour emergency vet.)

Eyewash

Gloves, eye protection and a mouth guard you can use in case you need to perform CPR.

Speaking of CPR: Get certified, if you aren't already. Many community centers offer classes, or contact the Red Cross for a class list. It takes just a few hours, and you'll never regret it.

From DallasNews.com, by Rene Lynch, November 26, 2012.



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.

A-Blessed EMS, LLC, dba A-Blessed EMS, Nacogdoches, TX. February 9, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Alsaleh, Inc., dba National Care EMS, Houston, TX. June 10, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Amana Care, Inc., Houston, TX. June 3, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify department of a change in medical director and failure to respond to department request for information.

Ambu-Care EMS, LLC, dba Ambu-Care EMS, Richmond, TX. May 28, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Ambulance Transportation Services, LLC, McAllen, TX. December 30, 2011, reprimanded for violating EMS Rules

§157.11(j)(2), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have crew members properly identified by name, certification level and / or provider name.

AMR-Dallas, Farmers Branch, TX. February 9, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Anders, Scott W., Euless, TX. September 26, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving deferred adjudication for misdemeanor false report to police officer/ law enforcement employee and failure to respond to the Department's request for information.

Anointed EMS Inc., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify the department of a change of its medical director and failure to respond to the department's request for information.

Anson General Hospital EMS, dba Anson EMS, Anson, TX. August 6, 2012, assessed a \$800.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Arnold, Jeffrey W., San Antonio, TX. June 10, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(24), 157.36(b)(28) and 157.36(b)(29) related to receiving deferred adjudication for the state fail felony offense of theft-welfare fraud, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Arteaga, Eliseo, Houston, TX. June 29, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failure to properly assess, document patient care on PCR, obtain refusal form and contact supervisor or medical control for non-transport.

Bamburg, Johnny D., Dallas, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(21), 157.36(b)(22), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to causing bodily injury to a person by impeding normal breathing and circulation by applying pressure to the throat and neck, receiving deferred adjudication for 3rd degree felony offense of assault, failure to notify the department within 30 days of court order and failure to respond to the department's request for information.

Barr, Robert P., Forney, TX. November 16, 2012, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols.

Bates, Jodee S., Odessa, TX. May 13, 2012, reprimanded for violating EMS Rule §157.36(b)(7) related to failing to follow medical director's protocols.

Bell, Lisa R., Friendswood, TX. September 26, 2012, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(15), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(27), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to receiving deferred adjudication for misdemeanor interference with public duties, failure to notify the Department within 10 days and failure to disclose criminal history on a renewal application; two arrests for misdemeanor driving while intoxicated and failure to notify the Department within 10 days; one arrest for failure to stop/give information and possession of dangerous drug, failure to notify the Department within 10 days and failure to respond to the Department's request for information.

Boleyn, John C., Port Arthur, TX. November 5, 2012, reprimanded for violating EMS Rules §157.36(b)(3) and 157.36(b)(4) related to falsifying and/or failing to accurately and/or completely note on the patient care report patient's treatment.

Bruton, Jeffery B., Kerrville, TX. July 31, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(7), 157.36(b)(9) and 157.36(b)(28) related to falsifying a patient care report and allowing an EMT to perform advanced level skills.

Bulloch, David L., Round Rock, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(5), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23)

and 157.36(b)(24) related to a conviction of theft of service by check, failure to notify the department within 30 days of conviction, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Bryan, Larry P., Little Rock, AR. September 26, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(28) related to misdemeanor conviction of shoplifting, misdemeanor conviction of theft of property, failure to notify the Department about change in criminal history and failure to respond to the Department's request for information.

Bryson Volunteer EMS, Inc., Bryson, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Cardiomax EMS, LLC, Houston, TX. April 17, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, EMS crew failing to be properly identified by last name, certification or license level and provider name, and failing to display vehicle authorizations.

Carr, Joe D., Austin, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(21), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to receiving deferred adjudication for misdemeanor assault causing bodily injury-family violence, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Causby, Ronald L., Tulsa, OK. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to misappropriating and/or adulterating while on duty several vials of Ativan (Lorazepam), Fentanyl, Zofran and Benadryl, and injecting into his body Ativan (Lorazepam) without authorization from a physician or his employer's medical director.

Chavarría, Hugo A., El Paso, TX. July 26, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to falsifying ambulance internship documents while attending an EMT-paramedic program.

CJB Enterprises, LLC, dba Life Med, Mansfield, TX. September 25, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Clinicare EMS, Inc., Alvin, TX. September 12, 2012, assessed a \$7,500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Colorado County EMS, Columbus, TX. May 4, 2012, assessed a \$2,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Coppell Fire Department, Coppell, TX. May 4, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Cox, James M., North Richland Hills, TX. December 21, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/ or certificate.

Cox, Robert E., Anson, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(28) and 157.36(b)(30) related to three counts of for felony deferred adjudication for fraudulently obtaining quantities of

DISCIPLINARY ACTIONS

the prescription drug hydrocodone from various physicians on numerous occasions.

Crosbyton Clinic Hospital EMS, Crosbyton, TX. June 29, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have provider license number displayed on vehicle, failing to have current protocols, equipment, supply and medication list maintained on vehicle, and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Diamex EMS, Inc., dba Diamex EMS, Richmond, TX. May 9, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(4), 157.11(i)(3), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure protocols, equipment, supply and medication lists are maintained on EMS vehicles.

DeSoto Fire Rescue, DeSoto, TX. September 19, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(3) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to have current protocols, equipment, supply and medication list maintained on vehicle.

Double Daniels, LLC, dba Double Daniels Ambulance Service, Houston, TX. April 17, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

DuraCare Emergency Medical Services, Inc., Houston, TX. July 31, 2012, assessed a \$1,200.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Eagle Mountain Fire Department, Fort Worth, TX. February 9, 2012, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

Ed-Star Ambulance Service, Inc., dba Ed-Star EMS, Houston, TX. October 23, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

ESHNA, Inc., dba Lake Whitney Medical Center EMS, Whitney, TX. March 21, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(g)(3), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have crew members properly identified by name, certification level, and/or provider name and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Espinosa, Paul Jr., San Antonio, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Fiszer, Saul A., Houston, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for three counts of possession of child pornography and failure to notify the department within 10 days of arrest.

Follett Hospital District, dba Follett EMS, Follett, TX. July 23, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and

supplied at all times; failing to have provider license number displayed on vehicle; and failing to have current protocols, equipment, supply and medication list maintained on each vehicle.

Forbes, Lindell R., Lubbock, TX. October 20, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(7), 157.36(b)(28) and 157.36(b)(30) related to failing to follow medical director's protocols and failing to accurately and/or completely note on the patient care report patient's condition.

Foster, Jeffery D., Fruitvale, TX. October 15, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to falsifying preceptor evaluation forms and patient care records regarding clinical rotations for students.

Future EMS, Inc., dba Vanguard EMS, Houston, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(m)(20) and 157.16(d)(19) related to failing to notify the department within one business day of a change in medical director.

Garay Vidal, Gustavo, El Paso, TX. March 23, 2011, one-month suspension and 23-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(21), 157.36(b)(25), 157.36(b)(27), 157.36(b)(29) and 157.37(a) related to an arrest for possession of the controlled substance cocaine, an arrest for driving while intoxicated, failure to notify the department and receiving deferred adjudication misdemeanor possession of the controlled substance cocaine.

Garcia, Alfredo L., Weslaco, TX. March 16, 2012, Twelve (12) month probation with conditions for violating EMS Rules §157.36(c)(1) and 157.36(c)(3) related to two convictions for the state jail felony offense of driving while intoxicated with a child passenger under 15 years of age and conviction of the misdemeanor offense of driving while intoxicated.

Gonzalez, Francisco, Brownsville, TX. July 4, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxication assault and failure to stop and render aid.

Grider, Hans, Humble, TX. October 20, 2012, reprimanded for violating EMS Rules §157.36(b)(28) and 157.36(b)(30) related to administering tuberculosis test without proper training or supervision and jeopardizing the health and safety of a student when injecting a student with a previously used syringe.

Hart, Leslie K., Longview, TX. June 12, 2012, reprimand for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to falsifying clinical documents.

Hartley VFD, Inc., dba Hartley Volunteer EMS, Hartley, TX. May 4, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Haskell County Ambulance Service, Inc., Haskell, TX. July 31, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Henry, Virginia L., Tahoka, TX. September 22, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(22), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(29) related to a third-degree felony conviction and five (5) years community supervision for theft by a public servant.

Higgins, Gregory T., Fort Worth, TX. February 22, 2012, reprimand for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Hillsboro Fire Rescue, Hillsboro, TX. July 26, 2012, assessed a \$5,900.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that did not hold a DSHS-issued license and/or certificate.

Hillcrest EMS, Inc., San Antonio, TX. September 21, 2012, assessed a \$24,000.00 administrative penalty for violating EMS

Rules §157.11(c)(2), 157.16(d)(14), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1), 157.11(j)(7)(I), 157.11(m)(1), 157.11(m)(4), 157.11(m)(5) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate; failing to display the vehicle authorization in the patient compartment of each vehicle; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Hinze, Marilyn S., Weimar, TX. September 14, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Irving Fire Department, Irving, TX. September 24, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

James, Alan C., Buda, TX. July 17, 2012, reprimanded for violating EMS Rules §157.36(b)(22), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to receiving deferred adjudication and a conviction for two misdemeanor obstruction of a highway and failure to notify the within 10 days of being arrested for driving while intoxicated on two occasions.

JCSD Emergency Medical Group, Inc., dba Medic One Medical Response, Farmers Branch, TX. July 25, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Jennings, Brenda, dba Cotulla EMS, Cotulla, TX. January 27, 2012, reprimanded for violating EMS Rules §157.11(m)(2)(A), 157.11(m)(2)(E) and 157.16(d)(8) related to allowing a minor to ride out on EMS ambulance, failing to monitor the quality of patient care and failing to take appropriate corrective action on personnel after personnel performed advanced level of care without calling for online medical control.

Keefer, Javier, Alamo, TX. August 23, 2011, twenty-four (24) month probation for violating EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(3), 157.36(b)(1), 157.36(b)(2), 157.36(b)(4), 157.36(b)(14), 157.36(b)(19), 157.36(b)(23), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to two (2) convictions for DWI and previous conduct during the performance of duties relating to EMS personnel that is contrary to accepted standards of conduct.

La Marque Fire/Rescue, La Marque, TX. June 21, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Lake Tanglewood EMS, Amarillo, TX. November 16, 2012, assessed a \$900.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and 773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Lancaster Fire Department, Lancaster, TX. August 2, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Lone Star Ambulance, Inc., Richardson, TX. May 22, 2012, assessed a \$300.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Longview Fire Department, Longview, TX. November 12,

DISCIPLINARY ACTIONS

2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Marak, Brenda L., Hungerford, TX. April 1, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving a state jail felony deferred adjudication for theft and failing to disclose said criminal history on a renewal application; and failing to give the department true and complete information when requested.

Martinez, Brittany R., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for the felony offense of solicitation of capital murder and failure to notify the department within 10 days of arrest.

Martinez, Mariza, Dallas, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxicated manslaughter with vehicle and intoxicated assault with vehicle causing serious bodily injury.

Med-Care EMS, Inc., McAllen, TX. February 17, 2012, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(h)(2), 157.11(i)(2), 157.11(j)(5)(A), 157.11(m)(1), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to display provider name and license number on ambulance, and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Medex Transportation Services, Inc., McAllen, TX. January 19, 2012, reprimanded for violating EMS Rules §157.11(h)(2), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Medical and Trauma Specialist, LP, McAllen, TX. December 19, 2011, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(4), 157.11(j)(5), 157.11(m)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failure to properly identify crew by name, certification level and/or provider name.

Medico Enterprises, Inc., dba Medi Swat EMS, Houston, TX. July 31, 2012, assessed a \$1,001.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Miller, Jennifer J., Tyler, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(27) and 157.36(b)(30) related to receiving a deferred adjudication for misdemeanor theft of property, failing to disclose the criminal history on recertification application and failing to give the department true and complete information when asked.

Mims Volunteer Fire Department, dba Mims VFD & Ambulance, Avinger, TX. August 2, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Motley County Ambulance Service, Matador, TX. June 5, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have provider license number displayed on vehicle.

Mullen, Sean P., Lavon, TX. June 3, 2012, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failure to follow protocols by obtaining medical direction to authorize removal of Foley catheter.

Murray, Justin W., Lufkin, TX. August 2, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Mustapha, Raifu, dba Alpha EMS Ambulance Service, Garland, TX. May 11, 2012, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) 157.11(m)(5) and 157.16(d)(12) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied

at all times, EMS crew failing to be properly identified by last name, certification or license level and provider name, and failing to give the Department information when requested.

Nichols, James J., Lavon, TX. November 2, 2010, eight (8) month suspension followed by a forty (40) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to utilizing fraudulent prescriptions for controlled substances while on duty and pleading guilty to a felony deferred adjudication for fraudulent possession of a controlled substance/prescription.

Noletubby, Rusty, Colorado City, TX. June 14, 2011, three (3) month suspension followed by twenty-one (21) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for alcohol while on duty.

Nuoci, Patrick A., Argyle, TX. November 12, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols and failing to accurately and/or completely note on the patient care report the patient's condition.

O'Hara Flying Service II LP, dba Air Ambulance Stat, Amarillo, TX. February 24, 2012, assessed a \$3,751.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists and the correct original vehicle authorization.

Oji, Ike, dba Deluxe EMS, Houston, TX. May 22, 2012, reprimanded for violating EMS Rules §157.11(m)(25), 157.11(m)(26), 157.16(d)(19) and TTC §601.051 related to failure to maintain motor vehicle liability insurance and professional liability insurance.

Pantuso, Patrick D., Arlington, TX. July 4, 2012, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for 2nd degree felony offense of arson and failure to notify the department within 10 days of arrest.

Pargas, Joe M., Cotulla, TX. February 18, 2012, reprimanded for violating EMS Rules §157.36(b)(5), 157.36(b)(7), 157.36(b)(28) and 157.36(b)(30) related to allowing his minor son to ride out on ambulance calls and performing advanced level treatment without proper medical direction.

Patriot EMS Group, Inc., dba Patriot EMS, Houston, TX. February 11, 2012, assessed a \$7,600.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

Paul K. Ozoigbo, dba County Ambulances, Garland, TX. February 3, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Pena, Jason, dba South Point EMS, Elsa, TX. May 9, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Perez, Judith A., San Antonio, TX. October 15, 2012, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Phillips, Lawrence C., Odessa, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting untruthful and/or inaccurate statements and/or information during an official investigation.

Portillo, Jaime H., Donna, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for conspiracy to possess, with intent to distribute, 161.98 kilograms of marijuana and 26.94 kilograms of cocaine.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 11, 2012, assessed a \$1,600.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5), 157.11(j)(7)(I) and 157.11(m)(5) related to failing

to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 9, 2012, reprimanded for violating EMS Rules §157.11(m)(3), 157.11(m)(12) and 157.11(m)(32) related to failing to monitor the quality of patient care provided, take corrective action and enforce compliance with SOP's and/or policies.

Powers, Jacob D., Clute, TX. November 5, 2011, reprimanded for violating EMS Rules §157.36(b)(9) and 157.36(b)(26) related to allowing an EMT-Basic to perform advanced levels of care.

Pro-Med EMS, LLC, San Juan, TX. January 17, 2012, assessed a \$22,500.00 administrative penalty for violating EMS Rules §157.11(m)(2), 157.11(m)(2)(A), 157.11(m)(3), 157.11(m)(8), 157.11(m)(9), 157.11(m)(10), 157.11(m)(12), 157.16(c), 157.16(d)(12) and 157.16(d)(19) related to failing to monitor staff by not adhering to a continuous quality improvement plan and/or not reviewing patient care reports and failure to give the department information upon request.

PVC EMS, Inc., dba Synergy Ambulance Service, Houston, TX. August 2, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(4), 157.11(j)(1) and 157.11(m)(11) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have an environmental system capable of cooling the patient compartment at all times; and failing to have current protocols, equipment, supply and medication list maintained on vehicle.

Pyse, Christopher J., Houston, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(28) related to receiving a deferred adjudication for a Class B misdemeanor offense of theft and failing to give the department true and complete information when requested.

Quitae Volunteer Ambulance Service, Quitae, TX. April 17, 2012, assessed a \$2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure protocols, equipment, supply and medications list are maintained on each vehicle.

Ramirez, Enrique, Weslaco, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(9), 157.36(b)(21), 157.36(b)(26) and 157.36(b)(28) related to failing to provide appropriate level of patient care and failing to give the department true and complete information when requested.

Ramos, Rodney., Weslaco, TX. October 6, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(18), 157.36(b)(26) and 157.36(b)(28) related to a conviction of conspiracy to commit health care fraud, falsifying patient care reports and falsifying Medicare/Medicaid reimbursement claims.

Reid, Misty S., Abilene, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(27) and 157.36(b)(30) related to pleading guilty to misdemeanor assault, conviction for misdemeanor disorderly conduct, deferred adjudication for felony possession of a controlled substance – methamphetamine, deferred adjudication for state jail felony theft and failure to respond to the department's request for information.

Rhodes, Lashanthi T., Houston, TX. April 17, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(29) related to receiving a misdemeanor deferred adjudication for theft.

Rodriguez, Thomas, Houston, TX. July 4, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to a conviction for misdemeanor offense of driving while intoxicated, failure to notify the department within 10 days of arrest, and conviction for class A misdemeanor offense of driving while intoxicated second offender.

Rojas, Pablo M., San Benito, TX. January 20, 2012, reprimanded for violating EMS Rule §157.36(b)(21) related to failure to give the department information upon request.

Royalty Ambulance Service Inc., Pharr, TX. November 5, 2011, assessed a \$500.00 administrative penalty for violating

DISCIPLINARY ACTIONS

EMS Rules §157.11(d)(1), 157.11(j)(4) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Safe Response Medical Transportation, Pearland, TX.

March 22, 2012, assessed a \$10,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director had occurred and failing to give the department true and complete information when asked.

Saldana, David, McAllen, TX. November 20, 2011, eighteen (18) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for cocaine and marijuana after causing a motor vehicle accident while driving an ambulance.

Sauceda, Randy, Rio Grande City, TX. December 21, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25) 157.36(b)(26) and 157.36(b)(30) related to receiving a deferred adjudication for a second degree felony offense of possession of marijuana.

Schafer, Chad W., Del Rio, TX. June 5, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14) and 157.36(b)(30) related to illegally possessing a patient record without authorization.

Schriber, Shirley, Floresville, TX. November 5, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.43(h)(2), 157.43(h)(9), 157.43(h)(12) and 157.43(h)(15) related to failing to perform course coordinator responsibilities by failing to properly maintain oversight over students, using non-approved internship facilities, failing to properly maintain course records, failing to maintain integrity of the course and falsifying student course completions.

Select EMS, Inc., Houston, TX. July 19, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have current protocols, equipment, supply and medication list maintained on vehicle; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Sepulveda, Joseph A., El Paso, TX. July 26, 2012, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to falsifying ambulance internship documents while attending an EMT-paramedic program.

ShurMedic Training Institute, LLC, San Antonio, TX. November 12, 2012, six (6) month probated suspension of EMS education program and course approval for violating EMS Rules §157.32(o)(1), (2), (11), (14), (17) and (18); 157.32(o)(20)(E); and 157.32(t)(2)(E), (I), (S), and (U) related to failing to maintain EMS education program by failing to properly maintain oversight over students, using non-approved internship facilities, failing to properly maintain course records, failing to maintain integrity of the course and falsifying student course completions.

Silvas, Lisa, Corpus Christi, TX. June 14, 2012, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(16), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to a misdemeanor conviction for driving while intoxicated, conviction for felony burglary of a habitation, failure to notify the department within 30 days of said conviction, failure to disclose said conviction on a renewal application and failing to respond to the department's request for information.

Simmons, Rhoda D., Valley Mills, TX. November 19, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(4), 157.36(b)(7), 157.36(b)(9) and 157.36(b)(28) related to failing to follow medical director's protocols, failing to accurately and/or completely note on the patient care report patient's condition, falsifying an EMS record, and delegating and/or allowing EMT-Basic to perform advanced-level care.

Sorenson, Christopher G., Bedia, TX. July 9, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for indecency with a child.

South Wheeler County Hospital District, dba Wheeler County EMS Shamrock, Shamrock, TX. July 31, 2012, assessed a \$350.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped

and supplied at all times and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Southlake DPS, Southlake, TX. May 13, 2012, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Star Med EMS, Inc., Houston, TX. May 29, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

Starlight EMS, Inc., Houston, TX. July 31, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(7), 157.11(i)(2) and 157.11(j)(1) related to failing to display the vehicle authorization in the patient compartment of each vehicle; failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; failing to have current protocols, current equipment, supply and medication lists; and failing to prominently display the EMS provider license on both sides of the vehicle.

St Joseph's Ambulance Service, Inc., Houston, TX. August 22, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

St. Jude Ambulance, LLC, Sugarland, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(4), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have an environmental system capable of cooling the patient compartment at all times; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

Stonewall County Ambulance Service, Aspermont, TX. February 16, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Sundown EMS, Sundown, TX. September 19, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Sylla Corporation, dba Trans American EMS, Dallas, TX. May 9, 2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to display vehicle authorization, failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

TC Care Ambulance Services, Inc., dba TC Care EMS, Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(1), 157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failure to notify the department of a change of its medical director, failure to respond to the department's request for information and violating any local, state, or national code or regulation.

Tiger EMS, Inc., dba Tiger EMS, Longview, TX. March 16, 2012, assessed a \$250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to have crew members properly identified by name, certification level, and/or provider name.

Tiger EMS, Longview, TX. August 2, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have EMS crew properly

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).

identified by last name, certification or license level and provider name.

Tinkler, Emerson W., Fort Stockton, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Turkey EMS, Turkey, TX. May 4, 2012, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Union EMS, LLC, dba All Life EMS, Houston, TX. July 17, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

Uvalde EMS, Inc., Uvalde, TX. September 10, 2012, assessed a \$2,650.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Veliz, Juan G., Mission, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(30) related to using an ambulance to illegally possess and/or transport approximately 237 pounds of marijuana.

Vera, Kevin A., Raymondville, TX. April 1, 2012, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b), based on a felony conviction for sexual assault of a child.

Ward, Tonia D., dba Ward's Emergency Service, Houston, TX. March 19, 2012, assessed a \$45,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director has occurred and failing to give the department true and complete information when asked.

Westlake VFD, Inc., Katy, TX. July 31, 2012, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Williams, Emily M., Corpus Christi, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(27), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to an arrest for intoxication manslaughter with a vehicle, arrest for assault causing bodily injury, failure to notify the department with 10 days of arrests, and failure to respond to the department's request for information.

Wilson, Danielle, Houston, TX. October 15, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failing to properly assess a patient, failing to document patient care on a patient care report and failing to obtain a signed patient refusal for non-transport.

Woods, Terry W., Odessa, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Meetings & Notices

Calendar

Methodist West Houston

Hospital: Adjuncts to Cardiac Care: Bridging Care from Symptom Onset to Hospital Admission EMS Conference, February 19, 2013. Conference topics will include therapeutic hypothermia treatment in the post-arrest patient, common cardiac assist devices and their implications for care in the field and advances in STEMI care. Earn three (3) CE hours upon conference completion. For more information contact Denise McCall at (832) 522-0043 or dymccall@tmhs.org. To register for this free conference, call (713) 790-3333 by February 15, 2013. +

EMS Symposium: January 12-13, 2013, Central Texas College campus in the Anderson Campus Center. Partnering with CTC Continuing Education this

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, MC0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

program will provide a variety of recertification programs to meet your individual needs. Participants must choose from one of four tracks: National Registry Refresher, National Registry Transition, National Registry Additional EMS Related Continuing Education, or TDSHS Continuing Education. The \$75 registration fee includes food and beverages. For more information or to register, call Continuing Education at (254) 526-1586 or email continue.education@ctcd.edu. +

Texas EMS Rodeo: Come to Arlington, Texas, February 27 through March 2 to recertify your National Registry. This program is designed to meet the needs of students seeking to maintain their NR status by completing a refresher program and will be taught by state and national faculty including Jon Politis and Deena Brecher. There will also be ACLS and BCLS re-certification optional course components for an additional fee. To register go to www.consurgo.org/refresher.pdf or contact Christopher Suprun at csuprun@consurgo.org or 972-697-8941. +

Jobs

Faculty Instructor: The Division of Emergency Medicine Education at UT Southwestern Medical Center at Dallas has a full-time instructor position available for initial paramedic, EMT and CE classes. RN or paramedic with associate or bachelor degree in nursing or EMS-related field, minimum two years' experience with one year emergency experience. Email resume to debracason@utsouthwestern.edu or

fax to (214) 648-5245. For more information call (214) 648-5246. EOE.+

Allegiance Ambulance: is seeking qualified EMT and paramedic applicants for both full- and part-time positions. We provide emergency (9-1-1) and non-emergency services in Dallas, Texoma, Bryan/College Station, San Jacinto County and Buffalo. Learn more about us and download an application at www.allegiance-ambulance.com. +

Cuero Community Hospital: Now hiring full- and part-time paramedics. We offer competitive wages, retirement, insurance and much more. For more information contact human resources at (361) 275-0522 or visit www.cuerohospital.org/employ.shtml for an application. *

Miscellaneous

24 Hour EMT refresher: Bell County EMS Training in Killeen will host NREMT recertification courses January 11-13, February 4-6 or March 8-10. Cost is \$300, books included. For more information email bcemstraining@yahoo.com or call 254-368-9199/ 254-702-9919. Visit our website at www.BellCountyEMSTraining.com. +

ABLE1 Rescue Training: We offer training for emergency service providers, including wilderness emergency care, rope rescue, search and rescue, man tracking and incident command. Contact ABLE1 Rescue Solutions for all your back-country and/or wilderness rescue training needs. Visit www.able1rs.com or email training@able1rs.com+
Formal refresher/recertification

Meetings & Notices

courses: EMR (ECA) and EMT-B National Registry and Texas DSHS courses available. LifeStart Training & Consulting, LLC, offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In just a few days of class you can meet all the requirements for either Texas or National Registry recertification. Classes include lecture, skills, scenarios and discussion. Sample the Austin night-life while meeting your certification requirements. Visit www.lifefirst.us for more details or call (512) 614-7556. +

Specialized Billing and Collection Systems of Texas: Provides EMS and fire billing services throughout the state of Texas. With over 25 years' experience, we are able to approach any situation and reach a viable solution to your specific problem areas. We keep you informed on state and federal reporting and filing requirements and utilize the latest computer hardware and software technologies, providing higher rates of returns. For more information contact Bruce Glover at (800) 999-2417 ext. 214 or visit www.specializedbilling.com+

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

Firefighter continuing education: is 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 today or call toll free at (888) 447-1993. +

Audio-Visual Training Materials: The Texas Commission on Fire provides materials for fire protection professionals, as well as EMS professionals. Topics include airway management, spinal injuries, triage and more. They can be borrowed for free by any Texas resident. Visit the TCFP library website for more information at www.tcfp.state.tx.us/library.asp +

Looking for an EMS billing company? Health Claims Plus is an EMS/fire billing company located in Liberty, Texas. Health Claims Plus performs all levels of EMS/fire billing from the small to the large. Excellent rates, unmatched service and training to enhance revenue and build sound business practices. ePCR and manual PCR accepted. Contact Rodney Reed at (888) 483-9893 ext. 234 or Rodney@healthclaimsplus.com. Visit our website at www.HealthClaimsPlus.com. +

Reimbursements not what they should be? Gold letters got you down? Call C&L Billing. 20+ years in EMS and private ambulance billing. We can help! Great rates. Call Lisa at (210) 990-3744. +

National Registry skills testing: TEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99 and Paramedic exams. For more information about exams or to register, please contact Donna McGee at (979) 458-2998 or email at Donna.McGee@teex.tamu.edu. +

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. +

TEEX Training: TEEX offers training for EMS responders and management, especially for those in rural areas; training for WMD/EMS operations and planning; as well as training for natural disaster and terrorist incidents. For more information visit www.teex.org/ems. +

+ This listing is new to the issue.

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

Placing an ad? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC0285, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

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

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

EMS Profile by Glenda Merritt-Alcorn, Administrator

EMS Profile: Northern Hudspeth County EMS

About us: Northern Hudspeth County EMS is a not-for-profit 501(c)(3) organization that has been in business since 2008. Our service has a board of directors that seats seven members from all parts of our coverage area. Prior to the creation of our service, we were under the direction of the Hudspeth County Sheriff's Office (Sheriff Arvin West), which carried both Dell City and Sierra Blanca EMS services on the provider license for eight years. This past year Hudspeth County ESD #2 was created, for both fire and EMS. Robert Phelan III, MD, is our medical director.

Number of personnel: Since the changeover we have grown so much. At this time we have 15 Texas-certified personnel, from ECA to paramedic, one EMS coordinator, two EMS instructors, four non-certificate holders (drivers/volunteers) and one full-time administrator. It has taken a lot of work and dedication, and we especially appreciate the variance DSHS granted for one of our ambulances, allowing us to function and remain in service during the transition. Our coverage area is large, and we have people stationed in each community who could be up to 65 miles away from each other. But our service remains 24/7 capable and responds to every 9-1-1 call. We are very proud of our response times, especially considering personnel typically respond from their homes or jobs.

Number of units: Our area of coverage area is roughly 4,000 square miles, and we have two substations: Dell City substation and Sierra Blanca substation. Each substation has one full-time in-service ready unit, for a total of just two ambulances. How do we manage a large service area with limited resources? It is through pure love and dedication to our community, and the drive to lend helping hands in times of need.

Number of calls: Our call volume



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

Periodical
Rate Paid
At Austin, Texas



has dramatically increased in the past year as a result of adding Sierra Blanca and the surrounding communities to our coverage area. We are projected to be at 350 calls this year. The last five months of last year we averaged 150. Two major highways come through our county, I-10 and Highway 62/180, which account for increased trauma calls. Transports may be up to 90 miles from either Dell City or Sierra Blanca. Our closest receiving hospital, Culberson Hospital, is 32 miles away, but it is in the opposite direction from the closest Level 1 and 2 trauma centers in El Paso. Transports can be four to five hours from start to finish on calls. Omni Flight (serving El Paso, Alamogordo, Las Cruces and Lubbock) is the air transport service for our area, and they are always there to help with training and transfers.

Current activities: The growth of Northern Hudspeth County EMS has allowed us to participate in many activities throughout the year. We are active with the Hudspeth County Fair, Border RAC (TSA-1), high school football games for Dell City ISD and Sierra Blanca ISD, health and prevention booths, standbys for DSHS vaccine clinics, community blood pressure and glucose screenings, the American Red Cross (El Paso chapter) and disaster planning and Hudspeth County emergency management partnerships. We also offer individual CERT teams, CSI demonstrations with the Hudspeth County Sheriff's Office, fire standbys for the local fire departments and mutual aid for Culberson EMS and Fort Hancock EMS. We actively promote training and exercises throughout our area to encourage more people to attend.