

Texas EMS

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EMS compliance offices by group

A bimonthly publication of
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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

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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.

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FEATURES

- 5 Could **fixing a data-entry error** increase an EMS provider's funding? Yes, if that error happens to be in the "County of Origin" field in the Texas EMS/Trauma Registry.
- 6 The **Texas EMS/Trauma Registry** continues to roll-out the new version and has implemented updates and process improvements to minimize data-entry errors.
- 14 Texas EMS Conference 2013 will offer a wide variety of in-depth **preconference classes**, including two cadaver-based lab classes, industrial rope rescue and ACLS for EMTs.
- 21 Is your **MOA up to date?** If you want to be part of the state team

- that responds to disasters, it's time to fill out a new Memorandum of Agreement. By Victor Wells, EMT-P
- 22 Heavy fog brought on a **series of wrecks on Interstate-10** near Beaumont on Thanksgiving Day 2012, putting area first responder systems to the test. They passed with flying colors. By Barbara Perkins
- 24 Adrenal insufficiency is addressed in the **continuing education article** written by Chris Postiglione, MPH, BSN, RN, NREMT-B.

Above, the morning sun rises over Granbury, Texas, as Air Evac Lifeteam crews change shifts. *Photograph by Andrew Raines.*

DEPARTMENTS

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On the cover, Friendswood Fire/EMS and an air medical crew respond at the home of an eight-year-old boy who had fallen from a tree and was suffering from the effects of head trauma. *Photograph by Ethan Grossman.*

EMS Obituaries



Fire services from around Texas formed a funeral procession for fallen firefighters Greg Pickard and Eric Wallace, who died responding to a fire. Photograph by Andrew Haire.

Lylia Randy Berry, 42, of Fort Worth, died March 11, 2013, as a result of injuries sustained in a motorcycle crash. Berry, a firefighter and EMT, joined the Fort Worth Fire Department in 2006 and was part of the swift-water rescue team.

Audrey N. Collins, 85, of Crowell, died February 22, 2013. Collins, a certified paramedic at the

time of her death, had been with Three Rivers Ambulance Service for decades and was an inspiring instructor to medics in the Foard County area.

Ronnie Ferguson, 49, of Fort Worth, died February 9, 2013, following a lengthy treatment for colon cancer. Ferguson was a paramedic who served for more than 25 years with MedStar EMS in Fort Worth.

Lt. Greg Pickard, EMT, 54, of College Station, died February 16, 2013, as a result of injuries sustained while responding to a fire at the Knights of Columbus Hall in Bryan, Texas. Pickard was a former member of the Texas Task Force 1, an original member of the Bryan Fire Department Rescue Team, and became Bryan Fire Department USAR team manager. He served in a leadership role as rescue division commander after the Texas A&M University Bonfire collapse and was a battalion chief from 1999 through 2005.

Lt. Eric Wallace, EMT-P, 36, of Marlin, died February 16, 2013, as a result of injuries sustained while responding to a fire at the Knights of Columbus Hall in Bryan, Texas. Wallace served with the Bryan Fire Department for more than 12 years. He was honored as a 100 Club (Houston) Firefighter of the Year in 2010 for his off-duty actions while rescuing a citizen from a burning home.

Texas EMS Hall of Honor Annual Golf Tournament

Hosted by Texas Association of Air Medical Services

**Friday, November 22
12:00 pm, shotgun start**

**Texas Star Golf Course
1400 Texas Star Pkwy.
Euless, TX 76040
www.texasstargolf.com**

Awards dinner to follow. For more information, contact Brock Miller at brock@air-medical.com or 361-765-0695. All proceeds raised benefit the Texas EMS Hall of Honor.

TEXAS EMS CERTIFICATIONS AS OF APRIL 11, 2013

ECA	2,827
EMT	32,338
EMT-I	3,837
EMT-P	16,460
LP	6,311
TOTAL	61,773
BASIC COORDINATOR	108
ADVANCED COORDINATOR	229
INSTRUCTOR	2,266

EMS Local Projects Grant application deadline is May 28, 2013

The application for fiscal year (FY) 2014 Local Projects Grant (LPG) funding is now available. You can download the application (called a Request for Proposal, or RFP) from the Texas Electronic State Business Daily (ESBD). Go to www.dshs.state.tx.us/emstraumasystems/LPGannouncement.shtm for information and the link to the ESBD site.

- Application deadline is **May 28, 2013, at 2:00 P.M. C.D.T.** Applications received after the deadline will not be considered. Applications received by email or fax will not be considered.
- Eligible applicants: Department-licensed EMS providers, department-registered first responder organizations, Regional EMS/Trauma Advisory Councils (RACs), EMS education organizations and prehospital injury prevention organizations. Organizations must be a legal entity under state statutes

and maintain good standing with DSHS and other state and federal programs. Detailed requirements are listed in the RFP.

- Projects funded through LPGs include EMS personnel certification training; specialty training related to prehospital health care management; communication equipment; patient care equipment, including ambulances and non-disposable supplies; injury-prevention projects; and continuing education programs. We recently began funding accreditation fees

paid to CoAEMSP and CAAHEP for department-approved paramedic education programs seeking initial CoAEMSP accreditation. Accreditation fees paid prior to the LPG contract start date or after the contract end date will not be eligible for reimbursement. Refer to the RFP for details.

- Frequently asked questions from previous years are included on the RFP in Appendix G. The deadline to ask new questions concerning the RFP has passed; however, all new questions and answers submitted before the deadline are posted on the Electronic State Business Daily website. Go to www.dshs.state.tx.us/emstraumasystems/LPGannouncement.shtm for information and the link to the ESBD site.

Maximize your funding through data submission

Attention EMS providers: Ever wonder why some of your EMS runs are not counted toward the number of “emergency health care runs” used for funding calculations? The answer may be a simple data-entry error. Reports generated from the Texas EMS/Trauma Registry are used to help calculate funding totals. A common problem happens when “unknown” is chosen for the “county of occurrence” field. Although “unknown” is an allowable response in the registry software, it creates an unusable record for that particular run. Why? The answer is based in funding rules.

Texas Administrative code §157.130 and §157.131 require EMS allotment and allocation of funds to be calculated by county. So, if the county is not listed for an emergency run, then it cannot be properly allotted and allocated. How often does this happen? Enough to make a significant difference in funding: in fiscal year 2013, 284,958 emergency care runs

were excluded from the total emergency care run count. Certainly many of those exclusions were the result of “unknown” counties of origin.

Your next question might be how can this happen? The answer to that question is found in the intricacies of any large database system. Answers can be used in different ways for different reports, so although “unknown” is an acceptable answer to the question of “county of occurrence,” it creates a record that cannot be used in the funding counts. Because an acceptable answer was entered, the database will report that the entry is “ACCEPTED”, but that does not mean the same as “APPROVED”. A record is accepted when data is entered, but the record may not contain sufficient data elements (e.g., county of occurrence) to determine if the run meets approval to count toward funding. In the future, the database will be able to generate a report that identifies data elements that have a “null” value, such as when unknown is entered for the county of occurrence. But

for now, just be sure to enter the county whenever possible—your funding totals depend on it.

Currently and in past years, DSHS has allowed EMS providers to submit an affidavit for reporting emergency health care runs. That affidavit has been used in place of or to correct EMS/Trauma Registry run counts. However, the Office of EMS/Trauma Systems expects to eventually discontinue the use of affidavits for funding purposes. The timeline for the discontinuation of affidavits has not been determined. Look for additional information soon.

The new Texas EMS/Trauma Registry expects full functionality, including NEMSIS version 3 compliance, by 2014. For questions regarding the Texas EMS/Trauma Registry, contact staff at www.dshs.state.tx.us/injury/contacts.shtm. For information regarding funding requirements see the OEMS/TS website at www.dshs.state.tx.us/emstraumasystems/SB102Elig.shtm. You can also contact Linda Reyes at linda.reyes@dshs.state.tx.us for questions regarding funding.

Texas EMS/Trauma Registry Update

The Texas EMS/Trauma Registry continues to evolve and respond to stakeholder requests for troubleshooting and system improvements. The updates provided in this report are current as of April 15, 2013.

File-upload processing

DSHS has identified three possible sources for providers experiencing problems uploading files:

1. The file is named incorrectly. Providers should review the document distributed by DSHS (www.dshs.state.tx.us/injury/registry/Training.shtm) that outlines the steps needed to rename files to match the system requirements.
2. The file does not contain the *mandatory* data elements. As indicated by the data dictionaries, certain data elements, such as the patient's first and last name, are mandatory to create a record. If any of the mandatory data elements are missing, the system will not create a record for that case. Providers can consult the data dictionaries to determine which elements are mandatory; the dictionaries can be found at www.dshs.state.tx.us/injury/registry/datadict.shtm.
3. Some data elements do not meet the 2002 data dictionary specifications and fail validation. For example, if a field, such as the Trauma

Registry Number (TRNO), is nine characters in length and specified as numeric, then a file with seven numbers and two spaces will not process properly.

DSHS is assisting providers with interpreting error messages and resolving problems with the file validation report counts for complete and incomplete records. For providers who upload files, discrepancies may exist between the number of records created in the validation report and the number of records created in the submission question package. For providers who perform web-based data entry, discrepancies exist between the number of required questions and the number of unanswered required questions. DSHS realizes having an accurate count of the number of records reported and the number of incomplete versus complete records is crucial. Resolving the discrepancies is a top priority for DSHS and our vendor.

April 1, 2013, reporting deadline

DSHS acknowledges the Registry transition may have impeded some reporting processes. By rule, an EMS provider has 90 days from the date of the run and a hospital provider has 90 days from the date of discharge to report to the Texas EMS/Trauma Registry. Therefore, all patients who were transported by EMS or discharged from the hospital on or before

December 31, 2012, should have been reported to the system by April 1, 2013.

To obtain access to the new system, all providers must have taken training and be issued a password; in addition, providers using a third party to submit data must establish a business associate agreement (BAA) for the third party to submit data on behalf of the provider. Although DSHS provided more than 80 training classes (including account manager training for attaching the business associate agreement to the entity's EMS/Trauma Registry account) between August 2012 and February 2013, there were many challenges to distributing the passwords that delayed access for some providers. We continue to work with providers to ensure they are able to access the system and submit data.

What providers need to know about the deadline

- DSHS will continue to accept 2012 data (beyond the original April 1, 2013, deadline). We want your data!
- If a provider had access to TRAC-IT but did not submit *any* records (zero) for 2012, that provider should have been notified in April, via a letter from DSHS, that they are not in compliance with reporting requirements.
- If a provider had access to TRAC-IT and to the new system by January 1, 2013,

and did not submit data for *all* 12 months of 2012, those providers will be notified in May, via a letter from DSHS, that they are not in compliance with reporting requirements.

- Providers who were newly licensed during 2012 are expected to report data beginning with the date of their license and therefore may not have data representing all 12 months of 2012.

If you have extenuating circumstances affecting your data submission, contact Tammy Sajak at 512-776-7220 or tammy.sajak@dshs.state.tx.us.

Plans for implementing NTDB- and NEMSIS-compliant data

DSHS and the Registry team are meeting with vendors to discuss the new file-extract requirements. Once vendors are able to provide a date for updating their products to produce the new file, the Registry team will work with providers to determine the schedule for implementing reporting using the new file. It is anticipated that the NTDB hospital file may be ready as early as July 2013, and pilot testing could be conducted as early as August. The NEMSIS file will take longer because of ongoing debate among the National Association of State EMS Officials (NASEMSO) data directors regarding clarifications for the new NEMSIS 3.3.1 reference lists.

The EMS/Trauma Registry will

be able to accept either the current or the new file formats. Providers who are not ready to send the new file format will be allowed more time to prepare to report.

Requesting data

The DSHS Injury Program is able to give providers, upon request to the Injury Program, a “raw” file containing the data that has been submitted by that provider. The file will not be “cleaned” of invalid data, but it can be used to analyze data and create reports.

Long-term acute care and rehabilitation reporting

DSHS, through the EMS/Trauma Registry, began collecting data from LTAC/Rehab facilities on March 1, 2013. Patients with a traumatic brain injury or spinal cord injury (TBI/SCI) diagnosis code and who receive treatment at a LTAC/Rehab facility within 30 days of discharge from the acute care hospital are required to be reported.

Future system enhancements

DSHS is planning additional enhancements to the EMS/Trauma Registry, including availability of the full set of ICD 9 and ICD 10 codes for diagnoses (in conjunction with the NTDB format) and possibly the option of creating ISS/AIS calculation tools. The Registry team distributed a

survey to hospitals that perform web-based data entry to collect information about access to trauma scoring training. The survey should give DSHS a better understanding of the tool before implementation. DSHS is also gathering information on what data validation training will be needed.

Communication

Although a telephone call to the Registry team at DSHS may seem the quickest method of communication, providers are instead strongly encouraged to submit a customer service request form, which can be accessed at www.dshs.state.tx.us/injury/default.shtm. The completed form should be sent by email to injury.web@dshs.state.tx.us. Using the form will allow the Registry team to process all service requests in a fair and efficient manner.

Providers can also access a new source of information: the webpage for the Trauma Systems Committee and EMS/Trauma Registry Workgroup. Please visit this page to learn more about the workgroup’s goals and how to communicate questions, suggestions and concerns to the workgroup members. The new webpage can be found at www.dshs.state.tx.us/emstraumasystems/TraumaCommRegWorkgroup.shtm or visit the Registry website at www.dshs.state.tx.us/injury.



Ambulance owner convicted for fraud

Olusola Elliott, the owner of the Double Daniels, an ambulance provider in the Houston area, was convicted of six counts of health care fraud for billing Medicare for more than \$1.7 million. The charges carry a maximum potential penalty of ten years in prison each, along with a \$250,000 fine. Elliott, 44, was one of four EMS providers arrested last May for alleged fraudulent Medicare billing. The others were Grace Anassi, owner, and her husband Thomas Anassi, driver, at Touching Hearts EMS of Houston, who billed \$886,688 in claims; and Okechukwu Ofoegbu, owner of Cardiomax EMS, who billed \$1.73 million. A fourth operator, Gwendolyn Climmons-Johnson, a lawyer and owner of Urgent Response EMS of Houston, was accused of nearly a million dollars in false billings. The Anassis have not been tried. Ofoegbu pleaded guilty last fall and awaits sentencing. A trial for Climmons-Johnson was scheduled for April.

On Duty

2013 Texas EMS Hall of Honor Annual Golf Tournament & Silent Auction

The Texas EMS Hall of Honor Annual Golf Tournament and Silent Auction, hosted by the Texas Association of Air Medical Services (TAAMS) has been held for the last two years in conjunction with Texas EMS Conference. All proceeds raised go to benefit the Texas EMS Hall of Honor. The Texas Department of State Health Services (DSHS) honors emergency medical services personnel who lost their lives while on EMS duty with the Texas EMS Hall of Honor memorial. The plaques permanently hang at the DSHS EMS Central Office in Austin, 8407 Wall Street.



Individuals are inducted into the Texas EMS Hall of Honor at the annual Texas EMS Conference in November; however in the past, families had to pay for their own travel expenses to attend this event. This fundraiser's only goal is to collect funds to pay for all travel expenses for those families that have already suffered a hardship by losing their loved one.

To date, TAAMS has raised over \$14,000 from the annual golf tournament and silent auction. The funds are held in a separate account within the TAAMS organization and, when requested by DSHS, are released for distribution to the families for travel expenses. This year we hope to raise even more money for the Hall of Honor. Here are a few ways you can participate:

- Register a foursome for the Texas EMS Hall of Honor Annual Golf Tournament
- Be a sponsor
- Donate to the silent auction (i.e., gift baskets, company promotional items, guns, airline tickets, hotel stays, sports memorabilia, etc.)

For golf registration, sponsorship or silent auction opportunities, please visit www.taams.org. Or for more information on the golf tournament, contact Brock Miller, RN, at brock@air-medical.com or 361-765-0695. For the silent auction, contact Jim Speier, NREMT-P, at jspeier@etmc.org or 903-596-3351. Also look for information on the Texas Association of Air Medical Services website, www.taams.org.

Oklahoma medical helicopter crashes

A medical helicopter crashed in Oklahoma City February 22, killing the pilot and flight nurse and severely injuring paramedic Billy Wynne, 31. Wynne is certified as a paramedic in Oklahoma and Texas. Another man aiding rescue efforts was also injured. There were no patients on board. The EagleMed helicopter, a Eurocopter AS-350, had just taken off from Baptist Hospital and was en route to Watonga. A large storm system had blanketed much of the Midwest and Plains in snow, but it wasn't immediately clear if authorities believe weather played a role in the crash.

Grants available for ECA training

Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: A minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county; and the course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 60 days for an ECAT grant to work its way through the DSHS approval process. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Haramain Shaikh at haramain.shaikh@dshs.state.tx.us or call 512-834-67000, ext. 2377.



Public safety broadband newsletter available

Over the next few years, public safety responders, information technology experts, government officials and private sector partners will be working together to build a new network for public safety responders. The Texas Safety Broadband Program (TxPSBP) has a free e-newsletter that will keep you up to date on the progress of the network, which will bring greater speeds and a dedicated, private bandwidth that will allow greater use of real-time video, public safety apps and other capabilities. All areas of public safety will be included. To subscribe, go to <http://survey.constantcontact.com/survey/a07e6phk39iha2zmiw8/start>. For more information, contact Lesia Dickson at Lesia.Dickson@dps.texas.gov.

On Duty

Emergency funding available

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. For information, contact Haramain Shaikh at haramain.shaikh@dshs.state.tx.us or call 512-834-67000, ext. 2377.



Recently awarded:

Clear Lake Emergency Medical Corps, \$30,000 for ambulance replacement
Bandera County EMS, \$138,995 for ambulance and equipment replacement

GETAC meeting dates

May 15-17
in Austin

August 21-23
in Austin

November 23-25
in Fort Worth
in conjunction
with Texas EMS
Conference

The EMS Experience

Saluting those with 20 years or more in EMS

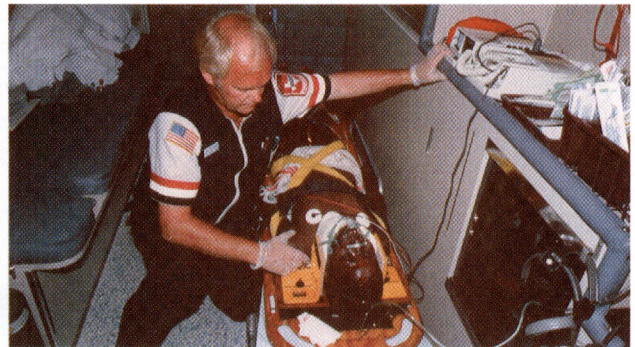
Leon Charpentier, EMT-P



Leon Charpentier, EMT-P



Top and below: Charpentier became an ECA in 1973 and never looked back. He went to paramedic school before paramedics were even certified at the Texas Department of Health. In October of 1978, he did what he thought he'd never do – start an ambulance service in Harker Heights.



How did your career in EMS get started?

It all started in the late '60s when I went into the wrecker business. In those days wreckers were the only rescue services around. For years we used wreckers to pry cars apart to get the injured and trapped people out. Once in a while you had to do some patient care. In *October* of 1973 I heard about an ECA (emergency care attendant) course at the Temple Fire Department. I attended the course and became an ECA in *November* of 1973. I knew enough to almost be dangerous. I purchased a 10-ton porta-power, an air chisel, and various other tools to help people who were trapped in cars. In the summer

of 1975 I attended an EMT school at Central Texas College and in September of '75 I became an EMT. About this time I became so interested in extrication that the guys who were running Region 7 of the Texas Health Department and I made several trips to Austin and designed an eight-hour hands-on tools vehicle rescue course. For the next three years we travelled all over Texas teaching that course. When the Jaws of Life came out, we decided to do competitions with hands-on tools versus the Jaws of Life. In 1976 this course called "paramedic" became available through the Health Department and Scott and White hospital in Temple. I wanted to go to paramedic school. They said I didn't qualify

because you were required to work for an EMS service to fulfill the grant. So I joined Nolanville Volunteer Fire department to qualify and started paramedic school in January 1978. Twenty-three of us started the course, and all 23 of us finished. The whole course was taught by one man—Dr. Don Mackey. What a great instructor he was. He taught every hour and really made us learn. When we graduated in July of 1978 the State of Texas was not sure what to do with us since Texas didn't have paramedic certifications. So my first paramedic certificate says, of all things, Advanced Emergency Medical Technician. Go figure. Now there really is such a thing as Advanced Emergency Medical Technician. A month after I graduated from



Charpentier estimates he's run about 30,000 9-1-1 calls in the 40 years he's been in EMS. He's also certified as an EMS advanced instructor, advanced coordinator, TCLEOSE instructor and fire service instructor.

paramedic school, I did something I never thought I would do.

Who did you work for?

The City of Harker Heights came to me and said the city of Killeen would no longer provide our ambulance service. Then they said, we want you to start an ambulance service and go to work for the city. Also, you must be in operation by October 1, 1978. So it happened—they gave us an approved budget of \$50,000. We had to buy an ambulance, all the equipment, and staff it for the first fiscal year. That's where it all started. I'm pretty sure I worked 24 hours a day, 7 days a week for the first 10 years. For the first five years my partner was Don Smith, and for the rest of the five-plus years my partner was Scott Lindsley. In 1984 after legislation finally created the thing called "paramedic," I kept pace and updated my certification to EMT-Paramedic. In 1988 Harker Heights asked me to take over the fire department. So now I was in charge of two city departments. In 1991 I combined the two together to create Harker Heights Fire and EMS, which gave me additional crew members.

Over the years I also achieved master fire and master police certifications, and I got EMS Instructor,

Advanced Coordinator, TCLEOSE Instructor and Fire Service Instructor certifications as well.

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

The difference between EMS when I started and what it is today is like a completely different world. When we started there was no legislation, and so very few rules. "Protocols"? "Medical Director"? What's that? However, we were well trained and well critiqued by the physicians in all the emergency rooms. Looking back, I sure want to thank all the doctors at Darnall Army Hospital who took the time to keep on training us even though it wasn't part of their job.

Is there a particular moment or call that stands out?

There are so many things, moments, and calls that stand out over my career that it would be hard to choose something from the 30,000+ 9-1-1 calls that I have been on. Of course, there is the Luby's shooting. I was one of the first three officers who went in and did the triage. It was a very tragic time for the city of Killeen and all the families involved. For EMS it highlighted the stress we live with every day. That

incident led me to design a lecture on stress in EMS. The first time I gave the lecture was in Reno, Nevada, at the International Trauma Conference, where I also received the BTLIS Instructor of the Year award. That first speaking engagement caught on quick. All of a sudden I had ten more speaking engagements all over the country and Canada. I feel like I have helped many EMS personnel throughout the country learn how to handle stress.

Another thing that stands out—and really makes me proud—is the men and women of Harker Heights Fire and EMS being honored as EMS Providers of the Year at the 1998 Texas EMS Conference. Also, Harker Heights Fire and EMS was one of only three services in Texas to pilot the Comprehensive Clinical Management Program (CCMP). We went all the way through the self study and the site visit, and, because of everyone's great work, we did very well. I guess one more thing that stands out is that in 1994 the city asked me to step in and be the interim city manager for six months. Yes—that was a big job.

In 2006 I decided to retire with 28 years of service to Harker Heights. Still staying in EMS, I am now the CEO of Integrated Training Services, Inc., where we train students to be the best in EMS.

Texas EMS Conference

Fort Worth

November 24-27, 2013



Exhibit Hall Hours

Sunday 2–7 pm
Monday 11 am–6 pm
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Exhibit Hall passes can be purchased for non-attendees—\$6 online and \$10 at the door

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Omni Fort Worth Hotel

1300 Houston Street
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The Omni Fort Worth Hotel, adjacent to the convention center, is the host hotel for Texas EMS Conference 2013.

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Hilton Fort Worth

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\$99 single/double occupancy
This historic hotel is near the north side of the convention center.

The Worthington Renaissance Fort Worth Hotel

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817-870-1000
\$110 single/double occupancy
This four-diamond hotel, a long-time favorite in Fort Worth, is seven blocks north of the convention center.

Schedule



Conference 2013

Saturday, November 23

- 7:00 am - 6:00 pm Exhibitor registration
- 3:00 pm - 6:00 pm Attendee registration

Sunday, November 24

- 7:00 am - 7:00 pm Registration
- 2:00 pm - 7:00 pm Exhibit Hall open
- 4:00 pm - 6:00 pm Welcome Reception

Monday, November 25

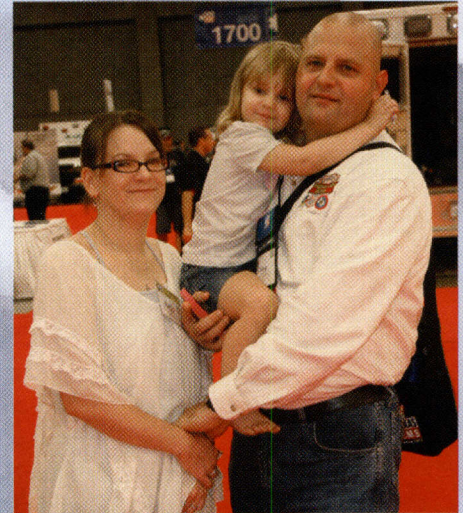
- 7:00 am - 6:00 pm Registration
- 8:15 am - 9:30 am Opening Session
- 9:45 am - Noon Education sessions
- 11:00 am - 6:00 pm Exhibit Hall open
- 11:30 am - 1:00 pm Lunch
- 1:30 pm - 5:30 pm Education sessions
- 2:30 pm - 3:45 pm Snack break in Exhibit Hall

Tuesday, November 26

- 7:00 am - 3:00 pm Registration
- 8:00 am - 11:30 am Education sessions
- 8:00 am - 11:30 am Exhibit Hall open
- 11:45 am - 1:30 pm Awards Luncheon
- 2:00 pm - 5:30 pm Education sessions

Wednesday, November 27

- 8:30 am - 10:45 am Education sessions
- 11:00 am - Noon Closing Session
- Conference adjourns



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Deadline for entry is November 10, 2013.

November 22, 23 and 24

Registration deadline October 17 — prices increase October 18

For registration information or to find out whether a class is full, call 512-759-1720.

For information on class content, contact the person indicated in the class description.

Friday–Saturday–Sunday National Registry Transition Course for Paramedics

\$550; Friday, 11/22, 1 pm to 5 pm; Saturday, 11/23, 8 am to 5:30 pm; and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: multiple categories. This 20-hour class is designed to teach information identified in the National Association of State EMS Officials Gap Analysis to paramedics who wish to maintain National Registry certification. Fourteen didactic areas are addressed in the class. Material presented during this two-and-a-half day program will build on existing knowledge and transition the NREMT-P to be in line with the EMS Agenda for the Future and the new EMS Education Standards. This class will also benefit non-National Registry certificants. National Registry continuing education credits will be issued to all participants. For more information on class content, contact Leslie Hernandez at hernandezlp@uthscsa.edu or 210-567-7576.

Saturday–Sunday Coordinator Course

\$600; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; lunch included on Saturday and Sunday; Exam at 9:45 am Monday, 11/25; Ft. Worth Convention Center; class limited to 25 participants; No CE. This 16-hour class is intended to train Texas EMS course coordinators. Participants will be selected through a competitive application process. To apply, complete and mail the course application along with the required documentation and a letter detailing justification for your enrollment. Do not complete a state certification application at this time. The course application and screening criteria can be found at www.dshs.state.tx.us/emstraumasystems/coordinatorcourse.shtm. Course applications must be postmarked on or before July 16. Do not submit a fee until you receive an invoice for payment and an acceptance letter detailing additional steps of the process. Mail the completed course application, *without payment*, to Phil Lockwood, Texas EMS

Conference, PO Box 142694, Austin, TX 78714. Attendees will be selected by September 2, and notified by U.S. mail shortly afterward. Upon receipt of an acceptance letter, you will have until September 30, to submit payments for the preconference coordinator course and the state coordinator certification application and fees. For more information on class content, contact DSHS at phil.lockwood@dshs.state.tx.us or 512-834-6700.

Emergency Pediatric Care (EPC)

\$425; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations. Emergency Pediatric Care (EPC) is a comprehensive education program for EMS practitioners that focuses on the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that an EMS practitioner might encounter. Discussions will focus on anatomical, physiological and developmental differences between adults and children and how these differences affect the child's physiological responses during a medical or traumatic event. We will also discuss the child's social responses during a medical or traumatic event and the importance of first impressions in assessing children. Textbook included. For more information on class content, contact Macara Trusty at mtrusty@medstar911.org or 817-840-2061.

NAEMSE Instructor Course, Level II

\$435; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: additional. Ready to become the next level of instructor? This class is representative of the 2002 National Guidelines for EMS Educators and will provide educators and program directors with the tools and information needed to further build their leadership skills and better evaluate programs, students and faculty. A mandatory online portion will be used to enhance the two-day in-person sessions. Topics covered will include mentoring, student-centered

learning, lesson plans, program evaluation, social intelligence, research, presentation technologies, leadership and administrative issues. For more information on class content, contact Laurie Davin at laurie.davin@NAEMSE.org or 412-343-4775 ext. 24.

National Registry Transition Course for EMTs

\$325; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: multiple categories. This 16-hour class is designed to teach information identified in the National Association of State EMS Officials Gap Analysis to EMTs who wish to maintain National Registry certification. Fourteen didactic areas are addressed in this course. Material presented during this two-day program will build on existing knowledge and transition the EMT to be in line with the EMS Agenda for the Future and the new EMS Education Standards. This course will also benefit non-National Registry certificants. National Registry continuing education credits will be issued to all participants. Topics will include evidence-based decision making, EMS interface with public health, age-related variations for pediatric and geriatric airway considerations and causes of ventilation-perfusion mismatch. For more information on class content, contact Leslie Hernandez at hernandezlp@uthscsa.edu or 210-567-7576.

SABA: Self Aid/Buddy Aid (A TCLEOSE course)

\$425; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations, clinically related operations, trauma. This 16-hour block of instruction is the same class provided to law enforcement for self and/or buddy care subsequent to penetrating trauma. It is presented by the author of the TCLEOSE SABA CE program, providing scientific justification for equipment choices and policies, as well as hands-on training in tourniquet, hemostatic agent and pressure bandage application, along with the specific drags, pulls and carries inherent to a care-under-fire event. Attendees will be able to return to their agencies and disperse the knowledge of what is being taught to the law enforcement community within their jurisdiction, allowing them to better respond and develop policies commensurate with the emerging standard of care. It is a physically demanding class,

combining lecture and skills-based instruction and practice. TCLEOSE licensed attendees can receive 16 hours of CE credit. For more information on class content, contact Roger Turner at rogerturner@pertacinc.com or 817-691-8965.

Wilderness Medicine For EMS Providers

\$375; Saturday, 11/23, and Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: special considerations, clinically related operations, trauma. Do you provide EMS in back-country or disaster settings? If so, this 16-hour class is for you. It will take you beyond the EMT or paramedic course you attended and prepare you to provide medical care with a minimum of equipment while in a wilderness or disaster setting. From wound care to medical emergencies, we will cover many common problems that occur in the back country and how treat them. New for this year will be a section on managing remote medical emergencies and a special section on “Jams & Pretzels” that you won’t want to miss. The Wilderness Medicine for EMS course will involve physical activity, please come prepared. Join us if you want to learn about back-country medicine and are willing to have fun. Kirk and Margaret will get you ready for those calls and times when you have very little equipment and a long way to go. For more information on class content, contact Kirk E. Mittelman at KMittelman@gmail.com or 801-372-0928.

Saturday ACLS for EMTs

\$250; Saturday, 11/23, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: medical. EMTs can find themselves in critical situations that require advanced cardiac life support (ACLS). Although EMTs are not trained to provide advanced-level skills, they can do many things to improve the quality of management, and thus the patient’s chance for survival, by understanding ACLS and facilitating its administration by ALS providers. Teamwork is the cornerstone of ACLS care. Advanced life support can only function on a foundation of solid, ongoing basic life-support practices. As such, an understanding of the principles of advanced life support will enhance the ability of EMTs to work collaboratively to increase the survival rates of patients. Most important, better teamwork will improve care not only during cardiac arrests, but also during all emergency calls. ACLS for EMTs familiarizes the student with cardiac emergencies, the skills used to manage

Preconference Classes

them and teamwork principles that ensure the best outcomes. Using human patient simulators, participants will get hands-on megacode practice! Textbook included. For more information on class content, contact Bob Page at edutainment@mac.com or 417-766-6562.

Basic and Clinical Research and Presentation Strategies

\$95; Saturday, 11/23, 8 am to 5:30 pm; lunch included; Omni Hotel Ft. Worth; CE: preparatory. Sponsored in part by Texas Association of Air Medical Services. This class will introduce the participant to the fundamentals of performing basic and clinical research as well as conducting and presenting literature reviews. We will discuss interesting uses of common tools widely available and how to find and use some of the lesser known resources. In this program we will also discuss the regulatory requirements and pitfalls of human-based research. We will additionally gain hands-on experience in developing specific scientific-focused poster and oral presentations. Participants who attend with research ideas in mind will be able to gain individualized project assistance from highly experienced faculty. For more information on class content, contact David Wampler at wamplerd@uthscsa.edu or 210-414-9548.

High Angle Rescue

\$225; Saturday, 11/23, 7:30 am to 5:30 pm; lunch included; off-site (meet at Omni Hotel Ft. Worth for bus transport); CE: patient assessment, trauma. This eight-hour class covers basic equipment used in high-angle rescue, repelling, belays and simple hauls/lowers. It will also teach self-rescue techniques, patient assessment and patient packaging. Students must bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more information on class content, contact John Green at john@texasropesrescue.com.

SLAM Emergency Airway Provider Course

\$410; Saturday, 11/23, 7:30 am to 5:30 pm; no lunch break (bring snacks); Ft. Worth Convention Center; CE: airway. This 10-hour course presents key aspects of emergency airway management, including assessment of the airway and clinical situation; proper use of rapid sequence induction and intubation; pharmacology of airway management, advance techniques for

difficult intubation; rescue ventilation options; cricothyrotomy; confirmation of tracheal intubation and monitoring of lung ventilation; new fiberoptic and video laryngoscopic equipment suitable for use in EMS; management of burn and inhalation injuries; management of the traumatized airway and cervical spine injured patient; management of the airway in the emergency pregnant patient; pediatric airway management; and sedation/analgesia for post-intubation management. The class includes four hours of lecture and six hours of hands-on instruction. The course includes all airway management updates and recommendations from Guidelines 2010 for the American Heart Association and the International Liaison Committee on Resuscitation. The course has been updated since the publication of the SLAM textbook in August 2007 to include new content, equipment and products. Optional textbook is available for purchase from Amazon. There will not be a lunch break, so bring snacks! For more information on class content, contact Jim Rich at jrofdallas@gmail.com or 214-717-7742.

Sunday

Accreditation Essentials: Interpretations and Site Visit Information

\$210; Sunday, 11/24, 1:30 pm to 5:30 pm; Omni Hotel Ft. Worth; No CE. This is an intensive CAAHEP/CoAEMSP class for program directors or others seeking paramedic program accreditation, taught by the leading experts in accreditation. The program will review essential accreditation information, including an overview of the accreditation process, interpretation of standards and site visit information. For more information on class content, contact Debra Cason at debra.cason@utsouthwestern.edu or 214-648-5246.

Critical Care Skills—Emergent Procedures and Anatomy Workshop: *\$250; Sunday, 11/24; 8:00 am–5:00 pm; breakfast and lunch included; off-site (meet at the Omni Hotel Ft. Worth for bus transport to Dallas); CE: preparatory. Limited to 55 students.* *Critical Care Skills* (previously known as *Keeping It Real*) is a nationally recognized anatomy program focusing on emergent resuscitation and appropriate procedural interventions. What's expressly different about this hands-on experience is the graceful blending of fresh and embalmed human specimens, in concert with a team of highly experienced medical professionals (paramedics, nurses and physicians) engaged in delivering the most demanding procedures, with the right dose of reservation, in a

Preconference Classes

tightly developed workshop. This entire course is designed to comprehensively define, explain and train through the BLS & ALS of bleeding control, ventilation management, vascular access, thoracic decompression, chest tube placement and management, pericardiocentesis as well as ultrasound (FAST) assessment and fundamental suturing. Participants are encouraged to locate, visualize, mobilize and explore the anatomy of the neck, chest, abdomen and extremities to better appreciate the impact our procedures have on the human body—while simultaneously defining the more common medical and traumatic disease process we frequently encounter. The *Critical Care Skills* course is orchestrated toward the goal of improving “indication recognition” while simultaneously offering the hands-on experience that “low frequency—high value” procedures mandate. For more information on class content, contact Scotty Bolleter at sbolleter@bsbems.org or Scott Lail at slail@careflite.org.

Hands-On Anatomy: Cadaver Laboratory

\$100; Sunday, 11/24; two classes to choose from: 8 am to 12 pm or 1 pm to 5 pm; off-site (meet at medical school approximately three miles from convention center) CE: preparatory. Class limited to 50 people per session. Even though anatomy is the basis of all medicine, most of us learned anatomy from books and pictures. Few ever get the chance to spend time with actual cadavers. Each four-hour class will review the anatomy of prosected cadavers in **small groups**, examining anatomy of the airway, the respiratory system and the organs in the abdomen. The class will be held on the campus of the University of North Texas Health Science Center in Fort Worth. A maximum of 50 attendees will be allowed per session. Course instructors will include staff from the Emergency Physician Advisory Board of MedStar in Fort Worth. For more information on class content, contact Jeff Beeson at jbeeson@medstar911.org or 817-456-6659.

Industrial Aspects of Rope Rescue

\$225; Sunday, 11/24, 7:30 am to 5:30 pm; lunch included; off-site (meet at Omni Hotel Ft. Worth for bus transport); CE: patient assessment, trauma. This eight-hour class focuses on rescues in an industrial environment. It covers description of basic equipment used in industrial rescue, belays, simple hauls and lowers, and self-rescue techniques. Students will be required to bring sturdy boots, rugged clothing, harness (provided if you do not have one), helmet (firefighting,

wilderness or industrial style), leather gloves (non-firefighting or hazmat) and a canteen or water bottle. For more information on class content, contact John Green at john@texasroperescue.com.

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

\$200; Sunday, 11/24, 8 am to 5:30 pm; 1½ hours for lunch on own; Omni Hotel Ft. Worth; CE: medical. If someone told you that you could take a 12-lead class and have fun, would you believe him? Presented by Bob Page, author of the book *12-Lead ECG for Acute and Critical Care Providers*, this eight-hour, highly motivating, non-stop interactive course on 12-Lead ECG includes proper lead placement, axis and hemiblock determination, bundle branch blocks, differentiating wide complex tachycardia and myocardial infarction recognition. Also included is the use of a 15-lead ECG. Participants in the program will read approximately 200 12-lead ECGs, gaining both experience and confidence in their newly learned skill. There is also website support for program attendees, offering continual competency and feedback from the instructor. The class will have a state-of-the-art computer presentation enhanced with sound, graphics, animation, music and video clips. Textbook included. This class is perfect for picking up where ACLS and experienced provider courses leave off! For more information on class content, contact Bob Page at edutainment@mac.com or 417-766-6562.

Pit Crew Approach to Cardiac Arrest Management

\$125; Sunday, 11/24, 1 pm to 5 pm; Omni Hotel Ft. Worth; CE: airway, medical. A highly trained and efficient NASCAR pit crew can refuel a car, change four tires and clean the windshield in about twenty seconds. Perhaps an EMS team displaying the same incredible precision and teamwork coupled with a thorough understanding of the science behind resuscitation could influence out-of-hospital cardiac arrest survival rates. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care and the importance of effective team interaction and communication during the resuscitation attempt. Although this course will focus on BLS, participants at every level of certification can learn to improve the quality of their resuscitation attempt. For more information on class content, contact Kenneth Navarro at kenneth.navarro@utsouthwestern.edu or 214-648-6977.

TEXAS EMS CONFERENCE 2013 REGISTRATION FORM

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Preconference registration **deadline: October 17, 2013**

Check the class(es) you will attend.	After Oct 17	After Oct 17
<input type="checkbox"/> Accreditation Essentials: Interpretations and Site Visit Information	\$210....\$250	<input type="checkbox"/> Multi-Lead Medics: 12-Lead ECG for Acute and Critical Care Providers...\$200....\$240
<input type="checkbox"/> ACLS for EMTs	\$250....\$300	<input type="checkbox"/> NAEMSE Instructor Course, Level II.....\$435....\$520
<input type="checkbox"/> Basic and Clinical Research and Presentation Strategies.....	\$95....\$115	<input type="checkbox"/> National Registry Transition Course for EMTs.....\$325....\$390
<input type="checkbox"/> Critical Care Skills—Emergent Procedures and Anatomy Workshop	\$250....\$300	<input type="checkbox"/> National Registry Transition Course for Paramedics.....\$550....\$660
<input type="checkbox"/> Emergency Pediatric Care (EPC)	\$425....\$510	<input type="checkbox"/> Pit Crew Approach to Cardiac Arrest Management.....\$125....\$150
<input type="checkbox"/> Hands-On Anatomy: Cadaver Lab	\$100....\$120	<input type="checkbox"/> SABA: Self Aid/Buddy Aid (A TCLEOSE course)
<input type="checkbox"/> High Angle Rescue	\$225....\$270	<input type="checkbox"/> SLAM Emergency Airway Provider Course
<input type="checkbox"/> Industrial Aspects of Rope Rescue.....	\$225....\$270	<input type="checkbox"/> Wilderness Medicine For EMS Providers
		\$375....\$450

REGISTRATION FEE

\$195 until October 26
 \$225 after October 26

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by Kathy Clayton

MedStar receives EMS 10 innovation award

MedStar Mobile Healthcare, emergency and non-emergency ambulance service provider to 15 Tarrant County cities, recently received one of the Journal of Emergency Medical Services (JEMS) “EMS 10 Innovators in EMS Award.” Since its inception in 2008, the EMS 10 Award has honored individuals who have led significant innovation in the emergency medical services profession, but for 2013, MedStar is pleased to be the first company to receive the award.

Douglas Hooten, executive director of MedStar, received the award on behalf of MedStar’s 375 employees at a ceremony in Washington, D.C., in March. In presenting the award, A. J. Heightman, editor-in-chief of JEMS, cited MedStar’s numerous innovations designed to change “emergency medical services” to “mobile healthcare.” One of MedStar’s most ambitious projects is a community outreach program intended to reduce unnecessary 9-1-1 calls / trips to the emergency room by providing regularly scheduled at-home assessments to enrolled patients. An advanced practice paramedic performs the assessment, checks medication, follows up with primary care providers and gives the patient the social interactions they often lack on a daily basis. Heightman especially praised the staff-wide commitment to all of MedStar’s community-based programs.

Galveston Area Ambulance Authority receives HPP grant

The Galveston County Health District’s Galveston Area Ambulance Authority (GAAA), along with Santa Fe Fire and Rescue and La Marque Fire Department, recently announced the installation of an integrated vehicle intelligence system throughout their ambulance fleets. In a collaborative effort between the three EMS services, the University of Texas Medical Branch (UTMB), Mainland Medical Center and RAC-R, the group was awarded a Hospital Preparedness Program grant to purchase and install the Acetech system, a product of Ferno, Inc., in 26 ambulances within Galveston County.

The web-based system monitors and even corrects an ambulance driver’s behavior, which will reduce risk and liability for the agencies. The system can also send messages to the fleet manager regarding mechanical problems as they occur, including required maintenance and engine error codes. Administrative staff can also

receive text messages from the system when an ambulance has been idling for a long period of time, which may help reduce excessive scene times, fuel costs and the unit’s hour utilization.

The wi-fi modems included with the system will allow faster and more efficient transmission of 12-lead EKGs to hospitals, and they are also being utilized to remotely monitor access to narcotic safes in some of the ambulances.

The system includes an RFID tracking system for items such as monitors, stair chairs, drug kits and airway kits—if an ambulance crew tries to leave an area without the tracked items on the unit, an alarm will sound. If the items remain at a different location, they can later be traced via a web-based program. Other specialty equipment can also be tagged and viewed via the web, which, if used in tandem by multiple providers, can be beneficial in mass casualty and disaster responses.

Multiple saves at a Plano recreation center

As reported by the Dallas Morning News, a man exercising at Plano’s Tom Muehlenbeck Center, a city-run recreation center, collapsed with a heart attack in January. At the time, Plano’s fire chief Brian Crawford happened to be nearby and joined the parks and recreation staff in responding. They used an onsite AED and performed CPR until paramedics arrived. The patient was transported to the hospital and was released two days later.

Crawford and others were congratulated for their effort at a reception at the center in February. But, while they were being celebrated,

another exerciser collapsed. Again, parks department employees and the same paramedics who were being honored rushed to help the 62-year-old man. CPR was performed and the man was alert and talking by the time he was transported to the hospital.

“These CPR save stories are proof that our outreach efforts and CPR training are coming together and saving lives,” Crawford said in media reports. “Citizens are empowered with the knowledge and skill to do what needs to be done in the minutes after witnessing a cardiac arrest; calling 9-1-1 to get the fire crews on the way and performing CPR.”

Response Ready

Have you signed a new MOA for responding to large-scale events?

By Victor Wells
Texas EMTF Program Manager



Hurricane season is coming ... is your deployment MOA up to date? **You may not realize that your old deployment MOA has expired!** The Emergency Medical Task Force (EMTF) wants you and your organization to help provide large-scale responses in and around Texas. There is a new Texas EMTF Memorandum of Agreement (MOA), crafted with stakeholder input from personnel and organizations across all of

Texas. Previously DSHS executed the MOAs, which were split into EMS personnel and equipment. These MOAs played a huge role in the success of EMS deployments over the last few years and were the basis of the new MOA, a single document that consolidates personnel and equipment. In November 2012, each provider with an MOA with DSHS for EMS assets received a letter letting them know the original DSHS MOAs would expire on December 31, 2012. Agencies without the new EMTF MOAs on file will not be eligible to deploy **even if** they had the old-style MOA with DSHS.

Currently the eight lead RACs have executed 242 of the new Texas EMTF MOAs between EMS providers and hospitals to provide ambulances, AMBUS units, mobile medical units with personnel and registered nurses. The new MOA is executed between a lead RAC

and the provider and is designed to strengthen the relationships between the local responders and the EMTF.

It is not too late to become a part of the Texas EMTF. The Emergency Medical Task Force continues to move forward developing capabilities across Texas that can be used locally, regionally or during a state deployment. The goal of EMTF is to provide a well-coordinated response, offering rapid professional medical assistance to emergency operation systems during large-scale incidents. The EMTF is organized into eight regions of Texas with boundaries that are very similar to the Public Health Regions.

You can find more information about the Texas EMTF by going to the website at www.TDMS.org or email directly to Victor.Wells@strac.org.



One Foggy Mess

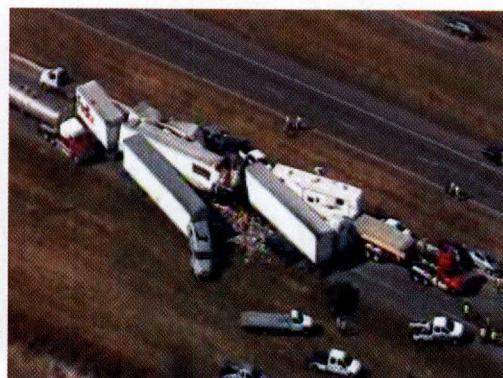
Huge crash brings responders from across Southeast Texas

At 8:15 am on Thanksgiving Day 2012 LaBelle Volunteer Fire Department received a call to respond to a crash involving eight to ten vehicles on nearby Interstate 10. At about the same time, Christus St. Elizabeth's Hospital in Beaumont was notified by Acadian Ambulance Service of a six-car wreck on I-10 between Fannett and Beaumont. These reports were just the beginning of a long day for first responders and Beaumont-area hospitals, as they worked to help the victims of several multiple-car crashes on I-10.

The busy travel day—families and friends on the way to Thanksgiving celebrations and long-haul truck drivers making deliveries for Black Friday shopping events—combined with a persistent and heavy fog to cause a chain-reaction of rear-end accidents. Meteorologists estimate visibility was only one-eighth of a mile when the crashes occurred. Southeast Texas Air Rescue and Acadian's Air Med One both launched only to be turned back when they encountered the heavy fog.

As the first units arrived on scene, the fog was so thick they couldn't see what they were dealing with. They soon realized, however, that the incident was much bigger than the six or ten vehicles originally reported and covered a wider response area. Calls went back and forth between first responders and hospitals, "It's a 10-vehicle pileup, no it's 20; wait, it's 45 to 50." The multiple accidents, over a two-mile stretch of both the eastbound and westbound lanes of I-10, were a challenge for the responders: cars were piled along the roadway, and 18-wheel trailers had crashed and spilled cargo across the interstate. Crews that arrived first were forced to park away from the scenes and walk with stretchers and medical kits to reach the patients. At least one tanker truck was involved in the accidents, and hazardous material spills complicated the response.

When the fog cleared, the mess became apparent. Top, a Texas State Trooper walks along the perimeter of one of the 18 separate wreck scenes involving 140 vehicles. The vehicles included cars, 18-wheel trucks and at least one hazmat spill.





Two patients died and 65 were transported to hospitals in the Thanksgiving Day wreck on I-10 near Winnie.

The fog was so heavy that vehicles just kept crashing into the existing wreckage; responders were working three separate, large-scale scenes when mutual aid calls went out and regional response plans were activated. A trailer outfitted specifically for multi-casualty events, operated by Acadian Ambulance and stocked by the East Texas Gulf Coast Regional Trauma Advisory Council (RAC-R), was used at the scene to restock EMS units on site. Responders requested mutual aid from SETRAC (RAC-Q), including their AMBUS (a bus equipped and

licensed as an ambulance), which was staffed by Atascocita VFD. SETRAC also activated the regional ambulance operations (AMOPS) plan and an ambulance strike team composed of people from Harris County Emergency Corps, Lumberton EMS, Baystar EMS and Baytown EMS was deployed.

Many Good Samaritans helped that day, too, mostly off-duty nurses and physicians. Uninjured people involved in the crashes often helped first responders as they sorted through the wreckage, comforting the injured and doing whatever they were asked to

do to help. Other travelers volunteered their services to the medics on scene and spent the next several hours assisting them with triage, with moving patients and with keeping the patients calm. As more resources arrived, by-standers continued to help in whatever ways they could—holding up sheets to shield patients, sharing water and playing with scared children to distract them.

The coordination among the various first responder groups was also an important part of the day's events. Mike Burney, Acadian's vice president of operations for Southeast Texas and Houston said, "The cooperation and teamwork that day were impressive. Though the scene had the potential to be chaotic, the responders were calm and focused. We were proud to be part of the team and to work side by side with our fellow first responders."

Hospitals from Winnie to Port Arthur to Houston were the next part of the response. Christus St. Elizabeth's in Beaumont took several patients, including two who had been extricated and were critically injured. Baptist Hospital of Southeast Texas, also in Beaumont, took other patients, including some who were transferred to Hermann Memorial Hospital in Houston. The AMBUS transported injured patients to the Medical Center of Southeast Texas in Port Arthur, and some less-critical patients were treated at Winnie Community Hospital, the facility closest to the scene.

Despite the difficulties of the scene—Interstate-10 was shut down in both directions for several hours, 140 vehicles were involved in 18 separate incidents, 65 patients were transported, including two deaths—it was evident that the systems in place to manage multi-casualty incidents—mutual aid agreements, regional ambulance operations and the new AMBUS—worked exactly as they were envisioned.

By Barbara Perkins

Adrenal insufficiency: Considerations for the prehospital provider

By Chris Postiglione, MPH, BSN, RN, NREMT-B



Photo by Ryche Guerrero.

Objectives

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

1. Define primary adrenocortical insufficiency and secondary adrenal insufficiency
2. Describe the role of cortisol in the body.
3. Identify patient risk factors for acute adrenal crisis.
4. Identify the clinical signs and symptoms of adrenal insufficiency and adrenal crisis.
5. Discuss the prehospital care of a patient with adrenal insufficiency or adrenal crisis.

Abstract

Adrenal crisis and severe acute adrenocortical insufficiency are often elusive diagnoses that may result in severe morbidity and mortality when undiagnosed or ineffectively treated.¹ Approximately six million persons in the United States are considered to have undiagnosed adrenal insufficiency, which is clinically significant only during times of physiologic stress.¹ Signs and symptoms may be nonspecific; therefore, the diagnosis may not be suspected early in the course of treatment. Because of the increasing frequency of secondary adrenal insufficiency and the prevalence of undiagnosed disease, the prehospital provider should be aware of the clinical presentation of patients suffering from adrenal insufficiency. Effective and emergent management of adrenal insufficiency requires an appreciation of its etiology, pathophysiology, clinical presentation, populations at risk and treatment. A fundamental understanding of

this rare but critical medical condition will enable prehospital providers to identify, treat and prevent the potentially deadly sequelae of adrenal insufficiency. This article will attempt to provide its readers with the basic knowledge required to recognize and effectively manage patients with adrenal insufficiency.

Introduction

Adrenal crisis and severe acute adrenocortical insufficiency are often elusive diagnoses that may result in severe morbidity and mortality when undiagnosed or ineffectively treated.¹ If unrecognized, adrenal insufficiency may present with life-threatening cardiovascular collapse.² The challenge, as is often the case with medical patients, is that the clinical picture is muddled by vague and somewhat universal signs and symptoms of illness. Altered mental status, weakness, nausea/vomiting, abdominal pain, hypotension and hypoglycemia are all somewhat non-helpful signs and complaints.

Astute providers should be able to ask the right questions and probe deeper into the patient's history as well as sense subtleties in their physical assessment in an effort to identify an emergent patient. The potentially critical nature of the aforementioned symptoms may portend ominous outcomes and therefore may necessitate a call to EMS. Effective and emergent management of adrenal insufficiency requires an appreciation of its etiology, pathophysiology, clinical presentation, populations at risk and treatment. A fundamental understanding of this rare but critical medical condition will enable prehospital providers to identify, treat and prevent the potentially deadly sequelae of adrenal insufficiency.

Etiology

Thomas Addison first identified the syndrome that now bears his name, characterized by wasting and hyperpigmentation associated with adrenal gland destruction 150 years ago.² Once invariably fatal, the disorder is now highly treatable with the advent of corticosteroid replacement therapy in the 1950s; thus, a patient's outlook is quite favorable.³ Adrenal insufficiency may be categorized as primary or secondary and congenital or acquired. Adrenocortical insufficiency is an uncommon disorder with an incidence in Western populations near five cases per 100,000 persons with three patients suffering from secondary adrenal insufficiency, one from primary adrenal insufficiency due to autoimmune adrenalitis and one from congenital adrenal hyperplasia.^{4,1} Secondary adrenocortical insufficiency due to steroid withdrawal is much more common with the advent of widespread corticosteroid use.¹ Although primary adrenocortical insufficiency affects men and women equally, women are affected two to three times more often by the idiopathic autoimmune form of adrenal insufficiency. More important for the prehospital provider, approximately six million persons in the United States are considered to have undiagnosed adrenal insufficiency, which

is clinically significant only during times of physiologic stress.¹ Signs and symptoms may be nonspecific; therefore, the diagnosis may not be suspected early in the course of treatment.

In primary adrenal insufficiency, glucocorticoid and, frequently, mineralocorticoid hormones are lost. Primary adrenocortical insufficiency has multiple etiologies; however, 80 percent of cases in the United States are caused by autoimmune adrenal destruction. Glandular infiltration by tuberculosis is the second most frequent etiology.¹ In secondary adrenocortical insufficiency; there is lack of corticotropin-releasing hormone (CRH) secretion from the hypothalamus and/or adrenocorticotropic hormone (ACTH) secretion from the pituitary, which results in hypofunction of the adrenal cortex and thus insufficiency and subsequent clinical manifestation.²

The two adrenal glands are located on top of the kidneys (ad meaning *above* and renal meaning *kidney*). They consist of the outer portion, called the cortex, and the inner portion, called the medulla. The cortex produces three types of hormones, all of which are called corticosteroids.⁵ While more than 50 steroids are produced within the adrenal cortex, cortisol and aldosterone are by far the most abundant and physiologically active. Cortisol is a glucocorticoid, a corticosteroid that helps regulate blood glucose, suppresses the immune response, and is released as part of the body's response to stress.⁵ Cortisol is essential for life. Its production is regulated by the pituitary gland. The pituitary gland releases ACTH, causing the adrenal glands to release cortisol. Aldosterone is produced in the zona glomerulosa and is controlled primarily by the renin-angiotensin system, serum potassium levels and ACTH. The primary target of aldosterone is the kidney, where it stimulates reabsorption of sodium and secretion of potassium and hydrogen ions. Aldosterone deficiency results in hyperreninemia, hyperkalemia, hyponatremia and mild acidosis. Mineralocorticoid deficiency is present in primary adrenal insufficiency only; the renin-

angiotension-aldosterone system in patients with hypothalamic-pituitary disease and intact adrenals is usually preserved.^{1,2}

Glucocorticoids are nonspecific cardiac stimulants that activate release of vasoactive substances. In the absence of corticosteroids, stress results in hypotension, shock and death.¹ Glucocorticoids have effects on all body tissues. The overall metabolic action of glucocorticoids is catabolic, promoting protein and lipid breakdown and restraining protein synthesis in muscle, connective tissue,

Adrenal glands

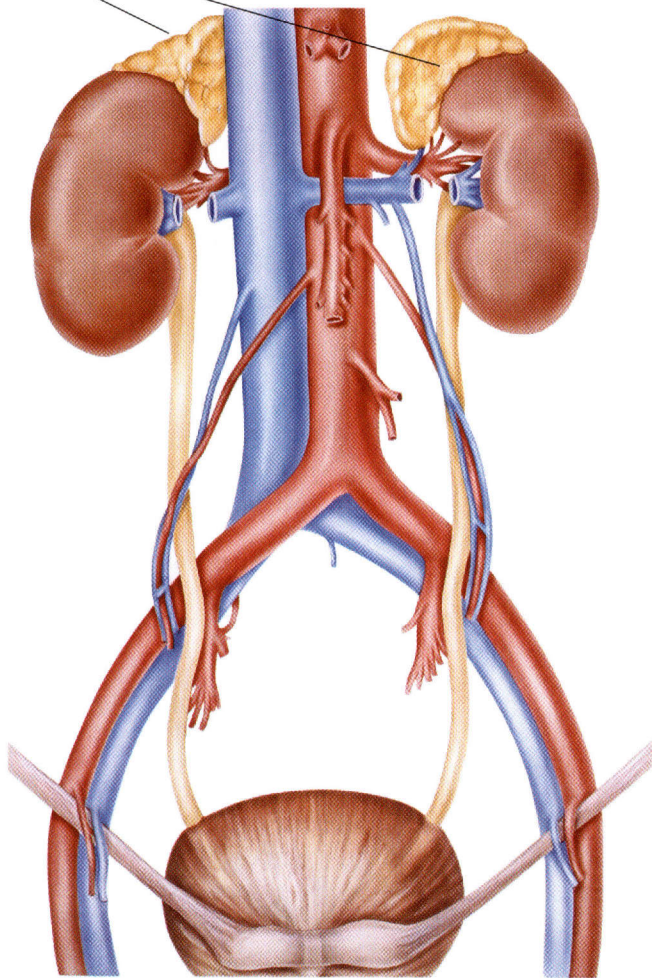


Illustration from iStockphoto.

adipose tissue and lymphoid cells. These effects are antagonistic to those of insulin, increasing the concentration of glucose by stimulating gluconeogenesis. Cortisol decreases glucose use by muscle and promotes lipolysis in adipose tissue. Amino acids and

glycerol released by the catabolic action of cortisol on protein and fat are used as gluconeogenic substrates.¹ The net effect is increased production and conservation of glucose for use by essential tissues, such as the brain and red blood cells, at the expense of less essential tissues during times of stress or starvation. Moreover, cortisol contributes to the maintenance of normal blood pressure through several mechanisms. Under non-stressful conditions, cortisol increases urine flow by stimulating glomerular filtration rate and decreasing water resorption; however, at high concentrations, cortisol can act like a mineralocorticoid, promoting sodium and water retention. Also in high concentrations, cortisol increases angiotensinogen synthesis by the liver and increases the vascular reactivity to vasoconstrictors. In the adrenal medulla, cortisol is required for the enzymatic activity of phenylethanolamine *N*-methyltransferase, which converts norepinephrine to epinephrine.⁶ Epinephrine stimulates cardiac output as well as hepatic glucose production. Cortisol prevents life-threatening hypotension by decreasing capillary permeability and the production and activity of nitrous oxide and the vasodilatory kinin and prostaglandin systems during stress.⁶ In the absence of these effects patients become symptomatic and require emergency intervention to maintain blood pressure and the homeostatic mechanisms that ensure end organ perfusion.

Clinical presentation

Symptoms of adrenal insufficiency may be nonspecific like fatigue, anorexia, vomiting and abdominal pain but may also lead to a life-threatening adrenal crisis accompanied by shock.

As previously mentioned, the presentation of adrenal insufficiency can mimic many other diseases. Acute adrenal insufficiency is frequently associated with

other pathology and comorbidities, therefore confounding the physical and history of the critically ill patient. Adrenal crisis occurs when the adrenal gland is damaged (Addison's disease, primary adrenal insufficiency) or the pituitary gland is injured (secondary adrenal insufficiency) and it cannot release ACTH.⁵ Risk factors for adrenal crisis include: dehydration, infection and other physical stress, injury to the adrenal or pituitary gland, stopping treatment with steroids such as prednisone or hydrocortisone quickly or too early, surgery and trauma.⁶ Mineralocorticoid deficiency is reflected by arterial hypotension and deranged potassium and sodium, and also by intravascular volume depletion. These are common findings in Addison patients. Hyponatremia is observed in about 80 percent of acute cases whereas less than half present with hyperkalemia.

Unlike adrenal crisis, primary adrenal insufficiency (Addison's disease) often develops insidiously.⁷ Addison's disease remains clinically silent until some 90 percent of the adrenal cortices have been destroyed. Chronic insufficiency of corticosteroids can lead to a number of health problems, including an inability to recover from even a minor infection. Complications such as protracted weakness, shock or death may result.³ Delay in treatment while attempting to confirm this diagnosis can result in poor patient outcomes.

A detailed and careful history is imperative to proper identification and treatment of adrenal crisis. The following are important elements in the history of patients with adrenal crisis or adrenal insufficiency: weakness (99%), pigmentation of skin (98%), weight loss (97%), abdominal pain (34%), salt craving (22%), diarrhea (20%), constipation (19%), syncope (16%) and vitiligo (9%).¹ The features of acute adrenal crisis include hypotension (particularly postural hypotension), shock and hyponatremia in 90 percent of patients. Hyperkalemia is also a feature in 65 percent of patients.⁸ Sometimes mild metabolic acidosis or hypercalcemia can also be observed, the latter mostly in the context of coincident hyperthyroidism. Medication

history is a powerful tool if the patient is unable to act as a reliable historian secondary to their condition. Serum glucose may be low; however, significant hypoglycemia as a presenting sign plays a more important role in childhood adrenal insufficiency where it can result in significant brain damage.⁴

Acute adrenocortical insufficiency is a difficult diagnosis to make. The disorder rarely occurs without concomitant injury or illness. Many of the presenting signs and symptoms are nonspecific. And while adrenal insufficiency may occur at any age and affects both sexes equally, acute adrenal crisis is rare in childhood and adolescence.¹

Patients with acute adrenal insufficiency generally present with acute dehydration, hypotension, hypoglycemia or altered mental status. Conversely, patients with chronic adrenal insufficiency usually complain of chronic fatigue, anorexia, nausea, vomiting, loss of appetite, weight loss and recurring abdominal pain. Symptoms may mimic gastrointestinal illness or psychiatric disorder, in particular, behavior changes or depression. Gastrointestinal infections, a frequent cause of crisis, may require parenteral hydrocortisone administration.⁴ Although increased skin pigmentation may be noted, it is not always clinically obvious. Salt craving is common in chronic primary adrenal insufficiency, whereas hyperpigmentation and salt craving are not observed in patients with secondary adrenal insufficiency.¹

Unless there is a history of recent pharmacologic glucocorticoid therapy, secondary adrenal insufficiency is usually associated with signs of other pituitary hormone deficiencies such as growth failure, delayed puberty, secondary hypothyroidism and/or diabetes insipidus (polyuria and polydipsia).¹ Treatment courses with corticosteroids for as brief as two weeks may result in transient suppression of endogenous cortisol production.¹

Left untreated, a patient with acute adrenal insufficiency has a dismal prognosis for survival.¹ Fatal but avoidable Addisonian crisis is the second most common cause



of death in patients with known Addison's disease, accounting for 15 percent of deaths in patients with this disease.⁸ Classical features of adrenal failure such as anorexia, lethargy and weight loss with deranged plasma electrolytes, hypotension, hyperpigmentation and vitiligo are present in Addisonian crisis.⁷ The majority of states in the United States are currently performing newborn screening, as are many other countries. Infant screening programs have markedly decreased the time to diagnosis, theoretically decreasing morbidity.¹

Special populations

As with other diseases, the presence of existing pathology, demographic classification and comorbid conditions affect the physical manifestation of adrenal insufficiency. A brief discussion of several of these subgroups, in particular, patients on inhaled corticosteroids, critically ill patients, type I diabetics, patients with infection, trauma and post-surgical patients, is clinically germane and can serve a vigilant provider well in the assessment of these patients.

For instance, a postoperative fever may presumptively be treated as infection or systemic inflammatory response syndrome when it may be a subtle indicator of adrenal insufficiency. Addison's disease is rare, with a reported incidence of about five cases per million population per year and a prevalence of 110 per million, although it is at least five times more common in the diabetic population. In patients with type 1 diabetes who develop unexplained recurrent hypoglycemia, the development of an associated endocrinopathy, such as Addison's disease, should be considered.⁷ An unexplained reduction of total insulin requirement of more than 15 to 20 percent (in response to recording frequent low blood glucose values) should arouse suspicion of adrenocortical insufficiency. This may precede the clinical features.⁷

Inhaled steroids are indispensable in the treatment of chronic asthma, but their prolonged use at doses higher than recommended increases the risk of adrenal suppression. Inhaled corticosteroids (ICS)

given for a long term and in higher doses can cause hypothalamic-pituitary axis suppression because of absorption from the lung and partial clearance at first pass if swallowed.⁹ Fluticasone propionate seems to exhibit greater dose-related adrenal suppression greater than other available inhaled corticosteroids, particularly at doses above 0.8 mg/d.¹⁰ Patients presenting with signs and symptoms of adrenal insufficiency with a history of asthma/ICS use should be treated with a high level of suspicion. Excess use of steroids results in negative feedback on the hypothalamic-pituitary-adrenal axis, rendering the body incapable of mounting a stress response in times of increased need. Life-threatening adrenal crisis may be a consequence even at the usual prescribed doses, stressing the importance of using the lowest dose of inhaled steroids needed to control symptoms and being vigilant of side effects.¹¹

Elevation in corticosteroid levels to meet physiological needs during acute illness is a protective response. This homeostasis is maintained by the hypothalamic-pituitary-adrenal (HPA) axis. However, inadequate response as a result of corticosteroid insufficiency is common in critically ill patients, especially those with severe sepsis or septic shock. Thus, corticosteroids could be beneficial in the setting of septic shock or severe acute illness.⁶ Diagnosis of acute adrenocortical insufficiency must be considered if clinical manifestations are present suggesting septic shock without any obvious infectious cause in patients having undergone considerable intravenous fluid therapy as an initial course of treatment.¹² Adrenal crisis after surgical procedure is a rare but potentially catastrophic life-threatening event. Its manifestations, such as hypotension, tachycardia, hypoxia and fever mimic the other more common postoperative complications. Clinical outcome is dependent upon early recognition of the condition and proper management with exogenous steroid administration.¹³ Acute adrenal insufficiency may be triggered by infection or trauma but may also be seen without an obvious



concomitant illness or stress. Hypoglycemia is most common in young children. Altered mental status may occur at any age with or without hypoglycemia.¹

Emergency management and treatment

While care for a patient with adrenal insufficiency or adrenal crisis is largely supportive, there are therapeutic decisions specific to the pathophysiology that can decrease morbidity and mortality. By definition, a patient with symptomatic hypotension is inadequately perfusing. Rapid intervention is paramount to successful patient management. Airway, breathing and circulation in patients with adrenal crisis remain the priority. High flow oxygen and airway protection followed by aggressive volume replacement therapy (dextrose 5% in normal saline solution [D5NS]) should be administered rapidly to maintain oxygenation and reestablish blood pressure. Coma protocol (i.e., glucose, thiamine, naloxone) to rule out alternate causes of decreased level of consciousness is indicated. The patient should be monitored for signs and symptoms of electrolyte abnormalities. If protocols or transfer orders indicate, the provider may choose to correct electrolyte derangement. Hypoglycemia should be treated first with dextrose 50 percent followed by hyponatremia, hyperkalemia and hypercalcemia. Longer-term management should include administration of hydrocortisone 100 mg intravenously (IV) every six hours. While clinical condition may necessitate immediate intervention in order to protect life, the provider should always treat the underlying problem that precipitated the crisis.¹

Summary

The obscure and vague nature of the presenting symptoms of adrenal crisis and severe acute adrenocortical insufficiency provide fertile ground for missed or misdiagnosis of this potentially fatal condition by prehospital providers. With approximately six million persons in the United States considered to have undiagnosed adrenal

insufficiency, and the increasing use of inhaled corticosteroids, the prevalence of adrenal insufficiency is increasing. A fundamental understanding of the etiology, pathophysiology, clinical presentation, populations at risk and treatment of adrenal insufficiency bestows prehospital providers with an expanding depth and scope of clinical knowledge in the struggle against morbidity and mortality.

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

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Adrenal Insufficiency Quiz

1. There is a lack of corticotropin-releasing hormone (CRH) secretion from the hypothalamus and/or adrenocorticotropic-hormone (ACTH) secretion from the pituitary resulting in hypofunction of the adrenal cortex. This statement best describes:
- A. Primary adrenal insufficiency
 - B. Addison's Disease
 - C. Secondary adrenocortical insufficiency
 - D. Idiopathic adrenal carcinoma
2. Cortisol _____.
- A. helps regulate blood glucose
 - B. is released in response to stress
 - C. suppresses the immune response
 - D. all of the above
3. Destruction of the adrenal gland causes _____.
- A. diabetes insipidus
 - B. primary adrenal insufficiency
 - C. insulin resistance
 - D. pheochromocytoma
4. The classic presentation of chronic adrenal failure includes anorexia, lethargy, weight loss, hypotension and hyperpigmentation.
- A. True
 - B. False
5. A minimum one month course of corticosteroids is required to suppress endogenous cortisol production.
- A. True
 - B. False
6. The effects of cortisol _____.
- A. antagonize insulin
 - B. lower blood glucose
 - C. inhibit lipolysis in adipose tissue
 - D. none of the above
7. Salt craving and hyperpigmentation are observed in _____.
- A. acute adrenal crisis
 - B. patients with thyroid involvement
 - C. primary chronic adrenal insufficiency
 - D. secondary adrenal insufficiency
8. Primary adrenal insufficiency affects men and women equally.
- A. True
 - B. False
9. Which piece of information obtained during a history is most indicative of adrenocortical insufficiency?
- A. Unexplained onset of seizure activity
 - B. Symptomatic bradycardia
 - C. A reduction in insulin dose by 20%
 - D. Current steroid therapy with a Medrol Dose Pak
10. Prehospital care of the patient in adrenal crisis includes _____.
- A. ABCs
 - B. volume replacement
 - C. monitoring for signs and symptoms of electrolyte abnormalities
 - D. all of the above
11. Secondary adrenocortical deficiency is becoming more common secondary to _____.
- A. widespread corticosteroid use
 - B. a decline in primary adrenal insufficiency cases
 - C. early testing modalities
 - D. endocrine disruptive toxins
12. Excess steroids result in _____.
- A. dilutional hyponatremia
 - B. an anabolic state
 - C. negative feedback on the hypothalamic-pituitary-axis
 - D. increased resistance to adrenal insufficiency
13. Left untreated, acute adrenal crisis _____.
- A. always causes hyperpigmentation
 - B. usually resolves in 24-48 hours
 - C. develops into secondary adrenal insufficiency
 - D. may result in fatal cardiovascular collapse
14. Addison's disease is five times more common in which population?
- A. Males
 - B. Diabetics
 - C. IV-drug users
 - D. Elderly patients
15. Normally, cortisol levels _____ in response to physiological stress during acute illness.
- A. are unchanged
 - B. vary considerably
 - C. fall
 - D. rise

This answer sheet must be postmarked by June 20, 2013
CE Answer Sheet Texas EMS Magazine
Adrenal insufficiency: Considerations for the prehospital provider
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Name _____ SSN _____
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Check the appropriate box for each question. All questions must be answered.

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

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 25, Part 1, Chapter 1, Subchapter X, Sections 1.551 and 1.552, Posting Final Enforcement Actions.

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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(i)(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.

Anahuac Emergency Corps, dba Anahuac Volunteer Emergency Corps., Anahuac, TX. March 20, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 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 and failing to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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.

Archuleta, Tim S., San Antonio, TX. January 19, 2013, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(28) and 157.36(b)(30) related to causing, or by-omission causing, bodily injury and serious mental impairment or injury to children, and failing to report such to legal authorities in a timely manner.

Arnold, Jeffrey W., San Antonio, TX. December 17, 2012, reprimand for violating EMS Rules 25 TAC §§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 jail felony offense of theft-welfare fraud, failure to disclose 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.

Barron, Rudolfo, Forney, TX. January 18, 2013, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols by transporting a patient without a second attendant to provide care in the ambulance.

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)

Agustin Manuel Martinez, dba Fidelis EMS, Houston, TX. March 3, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

Alexander, Randall, Arlington, TX. December 3, 2012, reprimand for violating EMS Rules 25 TAC §§157.36(b)(7), and 157.36(b)(28) related to failing to follow medical director's protocols and failing to ensure that a proper assessment was performed on patient.

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

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(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.

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.

Chavarria, 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.

City of Lufkin Fire Department, Lufkin, TX. March 9, 2013, assessed a \$4,000.00 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. These violations were self-reported.

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.

Craft USA EMS Inc., Houston, TX. December 14, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(c)(2)(D), 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 display vehicle authorization in patient compartment, 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.

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.

Divine Anchor EMS, Inc., Houston, TX. January 11, 2013, revocation for violating EMS Rule §157.16(d)(12) by failing to respond to a department request for information.

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.

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.

Espinoza, 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

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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.

Global Rehab Healthcare Systems Inc. dba Global Ambulance Services, Houston, TX. November 26, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules 25 TAC §§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.

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.

Guerra, Marte A., Rio Grande City, TX. December 17, 2012, twelve (12) month probated suspension for violating EMS Rules 25 TAC §§157.36(b)(2), 157.36(b)(19), 157.36(b)(22), 157.36(b)(23), 157.36(b)(25), and 157.36(b)(28) related to conviction of felony offense of possession of cocaine, and failing to notify the Department of arrest and conviction.

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.

Hefner, Whitney, McKinney, TX. March 3, 2013, revocation for violating EMS Rules §157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(25) related to misdemeanor offense of driving while intoxicated, failing to notify the department and failing to respond to department request for information.

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.

Henson, Jon M., San Antonio, TX. January 19, 2013, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving deferred adjudication for the misdemeanor offense of false identification as a peace officer and misrepresentation of property, failing to disclose judgment on renewal application and failing to respond fully to a department request for information.

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.

Hou-Tex EMS, Inc., Houston, TX. March 4, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

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.

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.

Kluth, Cody W., San Antonio, TX. March 4, 2013, revocation for violating EMS Rules §157.36(b)(21), 157.36(b)(22), 157.36(b)(24), 157.36(b)(26), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to deferred adjudication for class A misdemeanor offense of assault, deferred adjudication for 3rd degree felony offense of theft, and failing to notify the department and failing to respond to department request for information.

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.

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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.

Lanning, Jimmy D., Stratford, TX. December 14, 2012, reprimand for violating EMS Rules 25 TAC §§157.44(e)(2), 157.44(e)(10), 157.44(e)(30), and 157.44(i)(2)(Q) related to failing to properly maintain the effectiveness of an EMT-Paramedic course by allowing students to obtain skill hours at sites without clinical site agreements, failing to maintain integrity of skill hours obtained by students, failure to maintain education course records and provide records to the Department upon request.

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, 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.

Lucille Miller, dba 1 Heartbeat Transport Service, San Antonio, TX. February 21, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 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 display provider license number on both sides of vehicle; and failing to have EMS crew properly identified by last name, certification or license level and provider name.

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.

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.

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.

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.

Oscar De Los Santos, dba Express Care Ambulance Service, San Antonio, TX. March 18, 2013, assessed a \$1,000.00 administrative penalty for violating EMS §157.11(d)(1), 157.11(d)(7), 157.11(j)(1), 157.11(j)(4) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to display provider license number on both sides of vehicle; and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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.

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.

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,

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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, dba Pro Medic EMS, Alamo, TX. March 20, 2013, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Pro Med EMS, LLC, dba Pro Medic EMS, San Juan, TX. January 19, 2013, assessed a \$14,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(j)(1), 157.11(j)(1)(B), 157.11(j)(1)(D), 157.11(j)(4), 157.11(j)(5), 157.11(j)(7)(A), 157.11(j)(7)(I) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to display vehicle authorization in patient compartment; failing to assure critical patient care equipment has spare batteries or an alternative power source; and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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.

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.

Ready EMS, Inc., Houston, TX. December 14, 2012, assessed a \$2,500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), 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 EMS crew properly identified by last name, certification or license level and provider name, and failure to assure current protocols, equipment, supply and medication lists are maintained on each vehicle.

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.

Royalty Ambulance Service Inc., Pharr,

TX. November 5, 2011, assessed a \$500.00 administrative penalty for violating 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.

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.

Scott, Eva Jo, Sour Lake, TX. February 5, 2013, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failing to follow medical director's protocols.

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 Taylor EMS, Tuscola, TX. February 14, 2013, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(4) 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.

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.

Spiller, Ahmad, Houston, TX. March 4, 2013, reprimanded for violating EMS Rules §157.36(b)(15), 157.36(b)(19), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(25) related to third-degree felony offense for possession of a controlled substance (cocaine), conviction for class B misdemeanor offense for prostitution, failing to notify the department of arrest and final sentencing, and failing to disclose on EMT renewal application.

Spooner, Tracey V., Watauga, TX. November 26, 2012, reprimand for violating EMS Rules 25 TAC §157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an

DISCIPLINARY ACTIONS

expired DSHS-issued 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.

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.

Three Rivers Ambulance Service, Inc., Crowell, TX. March 12, 2013, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Thunderbolts EMS Inc., Houston, TX. December 3, 2012, assessed a \$7,500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(c)(2)(D), 157.11(d)(1), 157.11(d)(4), 157.11(d)(7), and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to display vehicle authorization in patient compartment, failing to have environmental system capable of cooling the patient compartment, and failing to display Department issued EMS provider license number on both sides of the ambulance.

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

Timely Medical Response, Inc., Houston, TX. March 18, 2013, assessed a \$5,000.00 administrative penalty for violating EMS §157.11(d)(1), 157.11(d)(4), 157.11(d)(7), 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, failing to display provider license number on both sides of vehicle, and failing to assure critical patient care equipment has spare batteries or an alternative power source.

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.

Transtec EMS, Inc., Houston, TX. February 3, 2013, revocation for violating EMS Rule §157.16(d)(12) related to failing to respond to department request for information.

Triax EMS, Inc., Houston, TX. March 18, 2013, assessed a \$1,500.00 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.

Tri-Care EMS, Inc., Houston, TX. January 29, 2013, assessed a \$500.00 administrative penalty 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 display vehicle authorization in patient compartment; failing to assure critical patient care equipment has spare batteries or an alternative

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).

power source; and failing to store, maintain and have in date all solutions and pharmaceuticals in accordance with FDA recommendations.

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.

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.

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

Austin Trauma and Critical Care Conference: May 30–31, 2013.

Basic and cutting edge guidelines and technologies for evaluation and diagnosis management of trauma patients. Visit seton.net/traumacnf for more details. *

Sign up today: The CCEMTP Conference in Houston, Texas, May 10–24. Opportunity for paramedics, RNs, RTs and MDs to expand their knowledge and prepare for critical care inter-facility transfers, all taught by qualified specialists. Ride-along and observational opportunities are available in a variety of settings. To register and learn more about this exciting event, please go to <http://go.uth.edu/cct>. Registration ends April 3, 2013. *

Save The Date! San Antonio

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.

AirLIFE's 2013 Emergency Care Conference in San Antonio, May 24–25, 2013. Please go to www.txairlife.com for more info. *

Jobs

Terrell County: is accepting applications for EMT-Intermediate and EMT-Paramedic. These are full-time positions paying a salary of \$34,000 plus benefits for EMT-I and \$44,000 for EMT-P. We are located in Sanderson, Texas, and have low call volume. This is an opportunity for you to attain rural EMS experience. For more information contact Gina Roberts at 432-345-2727 or gina.roberts@co.terrell.tx.us. Terrell County is an equal opportunity employer. +
Harris Health System: is seeking EMTs and PRN EMS dispatchers in Houston, Texas. Interested candidates should email resumes to Yesmid.luviano@harrishealth.org or visit our website for additional requirements www.harrishealth.org. +

NREMT-P and EMT-P: East Texas Medical Center (ETMC) EMS is seeking DSHS-certified medics with the following certifications: ACLS, PEPP or PALS, ITLS or PHTLS. We provide 9-1-1 services to 17 counties in east Texas with more than 35 stations in Tyler, Waco, Pasadena and in between. Sign-on bonuses available. To apply go to www.etmc.jobs. *

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 Leon county. Learn more about us and download an application at www.allegiance-ambulance.com. *

Blanco EMS is in need of volunteers. Here is your opportunity to gain rural 9-1-1 EMS experience. We are also seeking administrative and operation support volunteers as well. For more information contact Mike West at 830-833-5239 or 830-554-0800. *

Miscellaneous

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 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

Meetings & Notices

www.lifestart.us for more details or call 512-614-7556. +

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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. +

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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. +

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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).

Do you take EMS photos?

WIN MONEY!

Enter the EMS photo contest - deadline November 10.

For more info go to [/www.dshs.state.tx.us/emstraumasystems/photocontest2013.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest2013.pdf)

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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.

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EMS Profile by Eddie Martin, EMT-P

EMS Profile: Crockett County EMS



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

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At Austin, Texas

About us: Crockett County EMS is a county-based EMS provider in West Texas. Crockett County EMS was acquired in 1972 from Jane's Funeral Home and started with a station wagon. We are mostly volunteers, but we have one full-time person and another volunteer with a per-run stipend. We operate out of a station located in Ozona, the county's largest—and only—town.

Number of personnel/units: The service currently has a total of 18 members: Three paramedics, five EMT-Intermediates, five EMT-Basics, two ECAs and three drivers. In 1976, Crockett EMS purchased its first Type 2 ambulance, but we have now grown to three Type 1 ambulances licensed as BLS with MICU capabilities.

Number of calls: Crockett County EMS runs an average of 500 calls per year, and the average transport distance is 66 miles. Crockett County EMS covers all of Crockett County, 2,975 square miles, and some of Val Verde County. Some of our calls are as many as 65 miles away, creating responses that can keep a unit out of the station for as many as six hours. We have 60 miles of busy Interstate 10 running through Crockett County, as well as a busy oil and gas industry in our county, which are frequent sources for our



Crockett County EMS is an 18-person provider serving more than 3,000 square miles of rural West Texas. The mostly volunteer team operates three ambulances and practices long-distance response—often traveling 65 miles for a call or more than 80 miles for transport to the nearest Level III trauma center.

service calls. Ozona has an urgent care clinic but no hospital. The nearest Level III trauma center is 83 miles away.

Current activities: We currently offer ECA and EMT-B classes as well as American Heart Association card classes. Crockett

County EMS is an active member in the Concho Valley Regional Advisory Council for Trauma, and we support the Crockett County Sheriff's Office DARE program. Our members recently completed a synthetic drug/bath salt class hosted by Crockett County EMS.