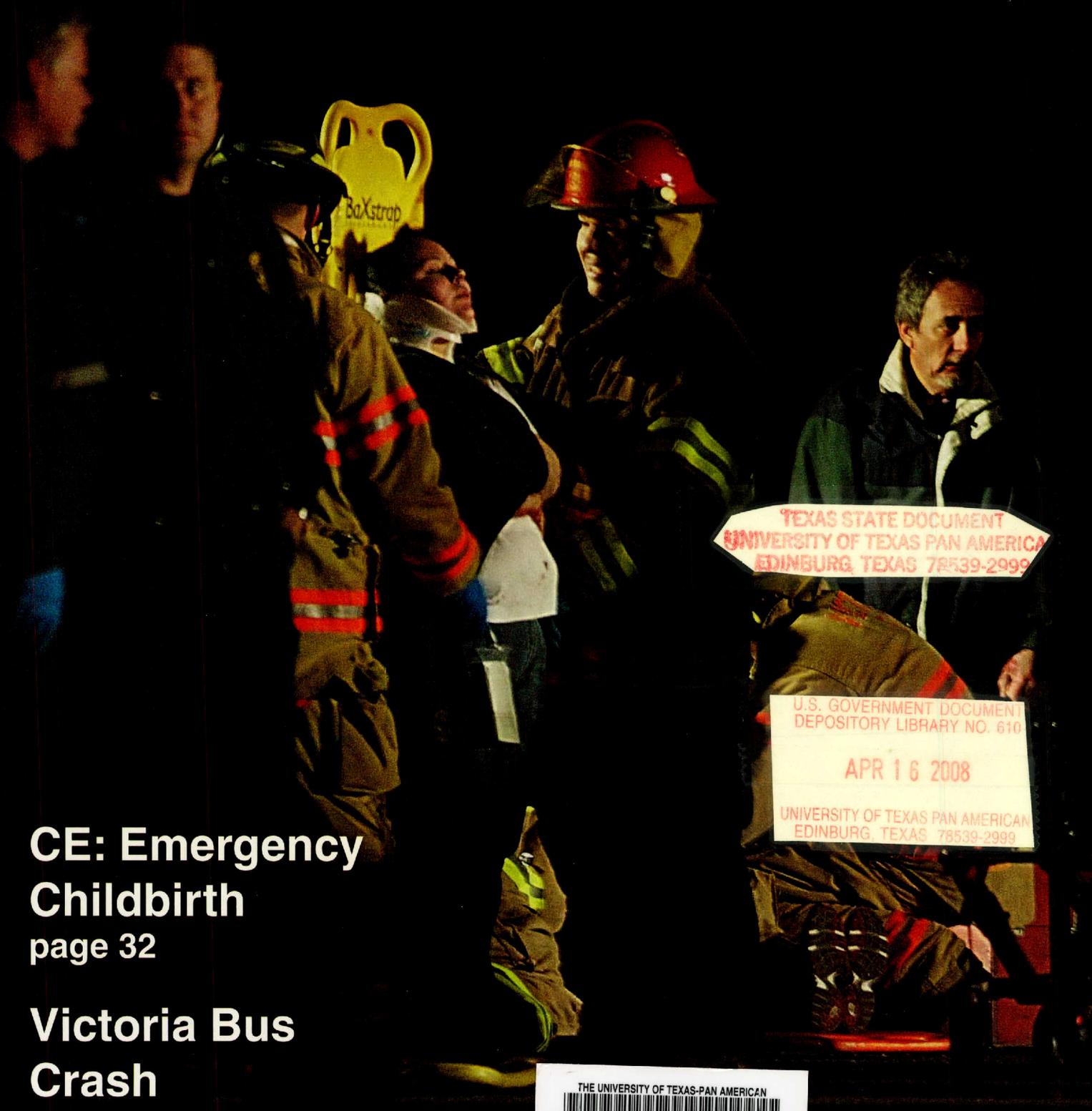


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Cover and table of contents photos show a bus wreck in Victoria with 47 passengers that left debris strewn across the road. Photos by Frank Tilley of the Victoria Advocate.

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www.dshs.state.tx.us/emstraumasystems

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Mourning lives lost on duty

FROM THIS SIDE

We received very sad news during the February Governor's EMS and Trauma Advisory Council meetings that a Valley Air Care helicopter had crashed in a bay area around South Padre Island, killing the medic, nurse and pilot. Lines of duty deaths in any profession are heartbreaking. With public safety, it's sometimes even more difficult to come to terms when people who were on their way to rescue a patient in a medical crisis end up losing their own lives. The three crewmembers – paramedic Michael Sanchez, nurse Raul Garcia and pilot Robert Goss – will be inducted in the Hall of Honor at Texas EMS Conference during the Awards Luncheon on November 25 in Fort Worth. Our deepest sympathy goes to their families and friends, and to all our colleagues in South Texas. We will not forget.

The Governor's EMS and Trauma Advisory Council (GETAC) has been around for nine years now, and it's been a lengthy journey from its beginnings in 1999 when legislators passed the bill that created a new advisory committee. The bill specified 15 members, each representing a different part of the EMS and trauma system, to be appointed by the governor. The beginning, as Chair Ed Racht MD will attest, was a little rocky. The EMS and trauma communities were not cohesive, and various factions were moving in different directions. Job one for the new advisory committee was to re-visit where the Texas EMS/Trauma System needed to go, and how we were going to get there. Together. The question was, given the fractious environment at the time, could it be done? As always, the will of unified Texans should never be underestimated. GETAC has now brought the EMS and trauma communities together to speak in one voice on many issues, thanks in no small part to the dedication of GETAC council members and committees, and in particular to the dedicated stakeholders who faithfully attend the meetings to make sure their voices are heard.

Approaching a decade of service, GETAC council members decided to take a fresh look at its structure to see if it was still meeting the needs of the stakeholders. Council members converged in Kerrville for a retreat in late January and after two days of discussion, came up with a proposal for restructuring GETAC committees to address stakeholder needs. Dr. Racht presented the proposed structure at the February GETAC meeting in Austin. You can see the presentation at www.dshs.state.tx.us/emtraumasystems/GETACCouncil.shtm. The proposed changes will be discussed more thoroughly at the GETAC meeting in May. I strongly encourage you to look at the proposal and then come to GETAC in May and share your perspectives with your colleagues across the state. As Dr. Racht has said many times over the years: "We are more powerful as one than we are as many."

If you're interested in deploying personnel or units during a disaster, please visit our website and look over the memorandums of agreement (MOAs). DSHS, with input from stakeholders, is reviewing the MOAs to see what improvements can be made. No decisions thus far – but any changes we make will go on our website. And we've made the MOA easier to find on our site – just look for the ambulances at the top and click on that link. Hurricane season is just a few months away.

In the rush of everyday work life, we tend to forget the importance of what we do and the impact we have on others. EMS Week and Trauma Awareness Month are celebrated in May, and I hope you'll plan some activities to let the folks in your community know about what you do and the challenges you face. You can still order EMS Week packets from the American College of Emergency Physicians. See page 7 for more information.

Lastly, it's not too early to start making hotel reservations for Texas EMS Conference. The GETAC meetings will be at the Renaissance Worthington, so if that's your preference, please make your reservations soon. Turn to page 25 for more information.



Steve Janda
Office of EMS/Trauma
Systems Coordination

Thanks again for all you do, and see you at GETAC in May...

A handwritten signature in black ink, appearing to read "Janda".

EMS Local Projects Grant applications available soon

Does your EMS organization need financial assistance to purchase equipment, non-expendable supplies or other pre-hospital health care necessities? Apply for a Local Projects Grant (LPG). This grant program supports and improves the development of the Texas Emergency Health Care System and increases the availability and quality of emergency prehospital health care. Approximately \$1 million dollars will be available for fiscal year 2009 grants.

DSHS expects the next Local Projects Grant request for proposal (RFP) to be available in March. The RFP posted this spring is the document you will use to request funds available in fiscal year 2009, which begins September 1, 2008. Please note that if you are awarded funds from this grant, items cannot be purchased until you have entered into a contract with the state and can only be spent during that contract period.

Who is eligible for LPG funds? Department-licensed EMS providers, department registered first responder organizations, Regional EMS/Trauma Advisory Councils (RACs), EMS education organizations, and prehospital injury prevention organizations may be eligible to receive funds.



CareFlite received a Local Projects Grant in 2007. Photo by Watson Kohankie.

What types of projects are funded through LPG?

In the past, we have awarded funds for EMS personnel certification training, specialty training related to pre-hospital health care management, communication equipment, patient care equipment, including ambulances and non-disposable supplies, injury-prevention projects and continuing education programs.

Check our website this

spring for the open RFP announcement: www.dshs.state.tx.us/emstraumasystems. We will make an announcement on the EMS listserver, as well as mail postcard announcements to licensed EMS providers and registered First Responder Organizations. Also see our LPG webpage for more answers to your questions about LPG: www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm.

Do you know what to do?

As we have seen, there are those who want to harm Americans on our own soil. Do you know what to do if you see suspicious activity in your area? The Texas Homeland Security Office wants to make sure you do. If you see any suspicious activity that might lead to a potential threat to the nation's security, contact law enforcement officials immediately. If the potential threat is confirmed by the Texas Homeland Security Office, log onto your computer. The Office of EMS/Trauma Systems Coordination will post any potential threats to our website and to the EMS and trauma systems listservers.

EMS Week, May 18-24, 2008 - EMS: Your Life is Our Mission

Trauma Awareness Month, May 2007

Have you started planning for EMS week, May 18 – 24? What about Trauma Awareness Month in May? These two events provide a great way to honor emergency responders and promote safety and prevention. With tight budgets and growing workloads, it's always important to emphasize the life-saving role EMS plays in your community.

EMS Week's theme is "EMS: Your Life is Our Mission." As it has since 1974, the American College of Emergency Physicians (ACEP) offers an EMS Week Planning guide to give you ideas and help you plan a fun EMS Week. For more information or to obtain an EMS Week kit, please call 800-798-1822, touch 6, or visit ACEP's EMS Week Web site at www.acep.org/emswweek (email: emswweek@acep.org).

The American Trauma Society has set the 2008 slogan as "Plan A-head: Prevention and Detection of Mild TBI in Children." For an informational packet call the national office at 800-556-7890 or go to www.amtrauma.org.



Don't forget Ready Teddy

The beloved EMS safety mascot Ready Teddy is ready for service. You can order Ready Teddy coloring books, stickers and other EMS materials from DSHS using the order form on page 2 of this magazine. The Ready Teddy mascot suit is available for loan on a first-come basis. To reserve a mascot suit for your organization call the DSHS EMS and Trauma Systems Coordination office at (512) 834-6700.

Here are some other ideas for EMS Week:

Second Chance Reunion - Invite survivors of cardiac arrest to reunite with EMS personnel, firefighters and others who helped give them a second chance at life.

Station Appreciation Day — Stations can conduct various station-based events throughout the day to honor their members and provide outreach to the communities they serve.

Host an Open House — Provide equipment demonstrations and tours of facilities and ambulances to the community.

Host a Blood Drive — Have EMS/Fire personnel donate and ask community to join in.

Host Blood Pressure Checks/ CPR Classes — A great way to connect with local schools, groups and senior centers.

Sponsor a Vial of Life Program for seniors in your area — Information on the program and free kits are available online at <http://www.vialoflife.com>.



Don't get returned to sender!

Important news for anyone sending anything to DSHS! Health and Human Services, our umbrella agency, has privatized our mail collection. That means DSHS address will change, effective immediately.

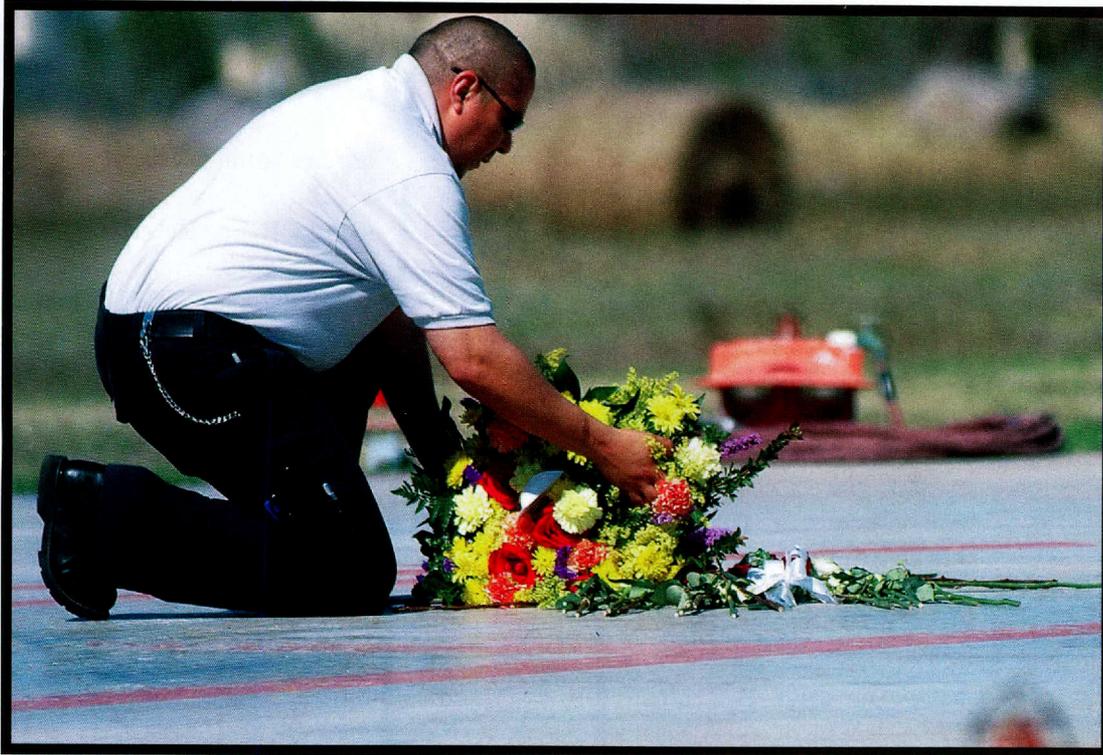
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Medical helicopter crash takes three lives in South Padre

*Tommy Vasquez of Texas State Technical College EMT program lays flowers in honor of the three Valley Air Care deaths.
Photo by Gabriel Hernandez of Valley Morning Star.*

A Valley Air Care helicopter crashed into the Gulf of Mexico on February 5, killing three crew members. Michael T. Sanchez, 39, EMT-P; Raul Garcia, 38, RN; and pilot Robert Goss, 55, were killed. There was no patient on board. The helicopter was en route from Harlingen to South Padre Island for a cardiac arrest victim. The mission

was aborted after two unsuccessful landing attempts. Dispatchers lost communication with the pilot about two miles northwest of the landing zone.

The wreckage was found about 2 ½ miles west of South Padre Island. Divers from Rio Grande Valley fire departments located the bodies. The National

Transportation Safety Board will be handling the investigation. The patient, a 60-year-old woman complaining of chest pains, was transported by ground ambulance.

The crew members will be inducted in the Texas EMS Hall of Honor at the Awards Luncheon during Texas EMS Conference 2008 in Fort Worth.

EMS Obituaries

Brandon Baldwin, 19, of Silsbee, died November 8, in a traffic accident. He was an EMT for Arcadian EMS in Jefferson County, and was enrolled in their paramedic class.

Christopher Bristow, 21, of Lexington, died December 20. He was an EMT for Milam County EMS.

Raul Garcia, Jr., 38, of Weslaco, died February 5, in a helicopter crash while responding to a medical call. He was an RN with Valley Air Care.

Robert Lamar Goss, 55, of Weslaco, died February 5, in a helicopter crash while responding to a medical call. He was a pilot with Valley Air Care.

Kenny Milton Harris, 29, of

Orangefield, died January 30 from injuries in a wreck. He was the assistant fire chief for West Orange Volunteer Fire Department.

Don Maloney, 40, died on February 17. He was 40. Maloney was a licensed paramedic employed with the City of Baytown Health Department EMS.

James D. McDonald, 56, of Wichita Falls, died November 27 after a six-year battle with leukemia. He was an EMT-P for Westside EMS and Fire Department at Possum Kingdom Lake.

Richard "Rick" Hunter O'Neal, 60, of Waco, died February 9. He was a paramedic for the

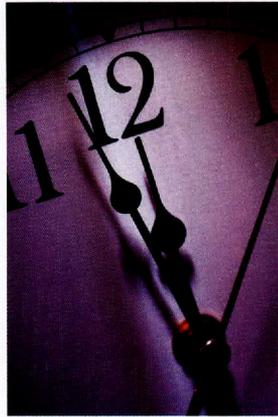
former Orange County Ambulance Service, Acadian Ambulance Service and Hillcrest Hospital.

Michael T. Sanchez, 39, of San Benito, died February 5, in a helicopter crash while responding to a medical call. He was an EMT-P with Valley Air Care.

Charles "Chucky" Whitaker, EMT-P, 38, of DeSoto, died February 4 from wounds inflicted during a drive-by shooting in Phoenix, Arizona, after the Super Bowl. Whitaker was an engineer/driver at Station 49 of the Dallas Fire Department and a 14-year veteran of the department.

ADA accommodations at NREMT

Do you know someone who needs an accommodation for National Registry testing? NREMT provides reasonable accommodations to EMS candidates taking the NR test, but they suggest completing the application and filing the accommodation request 4-6 weeks prior to the desired testing date. Specific steps to request an accommodation can be found on the NREMT website (www.nremt.org), under General Policies, ADA policy.



New info and look updates testing website

PearsonVUE recently updated its website (www.vue.com/nremt) to make it easier to find information. You'll find a tutorial on PearsonVUE testing, registration information and quick links for locating a testing center, scheduling an exam and more. To locate a testing center, candidates simply select country of residence and enter a zip code. A click of the mouse brings a listing of the nearest testing centers.



Poison Network revamps website

The Texas Poison Center Network recently redesigned its website and the results are impressive. The site features fun, interactive presentations on household poisons, a kid's area with games and worksheets, a list of poisonous plants and critters, and even a section on poisons that could be used in attacks. Free brochures and other items relating to poison prevention can be ordered from the site and are available in English and Spanish. And, of course, you can always call the poison experts at 800-222-1222 if you have any questions. To see the site, go to www.poisoncontrol.org.



NEMSMA announces board of directors



The National EMS Management Association (NEMSMA) announced its new board of directors for 2008-2009, and several familiar names made the list. Raphael M. Barishansky, who taught several workshops at Texas EMS Conference 2007, was elected president. Joining Barishansky is Darryl Coontz, also a former workshop presenter and deputy chief of Clinical Services, MAST, Kansas City, Missouri; and Forrest (Woody) Wood Jr., Program Coordinator, EMS Leadership Academy, Texas Engineering Extension Service, College Station. Woods coordinates the administrator track at Texas EMS Conference. (A complete list of the board members can be found on the NEMSMA website.) NEMSMA is an association representing the interests of EMS managers from all types of EMS services. Its mission is to continually improve the performance of EMS services by discovering, developing and promoting best practices in EMS management. NEMSMA currently offers its members an annual subscription to *Best Practices in Emergency Services* newsletter, a listserv to share information on management topics, a networking directory and management materials that can be downloaded from its web site at www.NEMSMA.org.

On Duty

EMSAT elects new officers



The Emergency Medical Services Association of Texas (EMSAT) elected new officers in February. Board Member Ernie Rodriguez was elected president, and Louis N. Molino, Sr. was re-elected as vice president. Randall Pitts serves in the position of secretary, and Bob Folden serves as treasurer. Other board members are Les Powell, Stephen Stephens, George Bohn, Forrest Wood and Lisa Covington. Complete biographies of all of the current EMSAT Board of Directors may be found at www.texasemsat.org/board.asp.

Another LPG grantee announced

Some unexpectedly returned grant money allowed DSHS to add one more name to the list of organizations who received Local Projects Grant funds in FY2008. The



latest recipient is Graham Regional Medical Center in Young County, which was awarded \$35,000 for an ambulance. A complete list of the awards is at www.dshs.state.tx.us/

Texas to screen evacuees

The Governor's Division of Emergency Management (GDEM) announced recently that Texans who board buses during hurricanes or other emergencies will have to submit to criminal background checks. The policy is an effort to keep sex offenders and fugitives from boarding evacuation buses along with vulnerable populations such as children, the elderly and the disabled. How the process is going to work has not been released by GDEM, which cites security concerns. GDEM stresses no one will be left behind during a disaster, but the goal is to evacuate those with warrants or a sex offense convictions separately.

In a related development in December, GDEM announced that it had contracted with AT&T to provide electronic wristbands for evacuees who want them. The wristbands can be scanned and the person's name added to a bus boarding log. When the person arrives at a shelter, the wristband could be scanned again to help workers respond to inquiries from the public about the location and safety of evacuees. The wristband is voluntary, and there is no requirement to show identification to get a wristband. However, all of those names will be checked against criminal background databases, including sex offender databases.



National award nominations sought

Looking to give someone credit for an outstanding job? Think about nominating your colleague for the Braun Industries/ Monster Medic EMT/Paramedic of the Year Award. You just have to write 500 words or less why he or she deserves to be considered for this honor. Some areas to mention could include superior performance of duties; commitment to education and research; and innovations in prehospital care and community involvement.

The winner will receive a \$600 check and free travel, lodging and registration for EMS EXPO 2008, October 13-17, Las Vegas, Nevada, where the award will be presented. The winner will be announced in the October issue of *EMS Magazine* (not to be confused with *Texas EMS Magazine*). Nominations must be received by July 7, 2008. To find the online nomination form do a web search on "Braun Paramedic Award."



EMS providers get Christmas Day visit



Maxie Bishop

’Twas the morning of Christmas, and who’s at your door? DSHS, and they want to see your run report! It wasn’t the *traditional* visitor who called on a few lucky EMS providers in Central Texas on Christmas Day. State EMS Director Maxie Bishop, minus the fur-trimmed suit, showed up early that morning at Brackenridge Hospital, where a startled crew from Austin-Travis County EMS was unloading a patient. “I’m here,” he said, “to inspect your ambulance.” But before their jaws dropped, Maxie admitted the real reason for his visit: he was there to bring them a small token of his appreciation for their work – a pound of coffee – and to wish them happy holidays. Maxie continued south on I-35, bringing coffee to providers in New Braunfels and Schertz before heading home to his own Christmas dinner.

Injuries plague EMS

Researchers have found that EMTs and paramedics in the United States miss work because of on-the-job injuries and illnesses more often than other professions. The study suggests that each year, approximately 8 of every 100 emergency responders will suffer an injury or illness that causes them to miss work. That rate far exceeds the national average of 1.3 per 100 lost-work injury cases reported in 2006 to the U.S. Bureau of Labor Statistics.

The study also identified conditions most likely to lead to injuries, including a high volume of emergency calls and a history of back problems. Researchers used data from the Longitudinal Emergency Medical Technician Attributes and Demographics Study (LEADS), an annual survey created in 1998 by NREMT and the National Highway Traffic Safety Administration, to look specifically at self-reported absences from work caused by work-related injury or illness. Looking at trends between 1999 and 2005, researchers connected a high call volume and a history of recent back problems to a higher likelihood of injury among EMTs and paramedics. While about 8 per 100 EMS professionals experienced an on-the-job injury or illness per year, the rates were much higher for those with very high call volume (18.9 per 100) and self-reported back problems (12.5 per 100).

About 900,000 certified emergency medical services professionals responded to more than 17 million calls in 2005. The most common injuries these professionals

suffer were exposure to blood-borne pathogens from needle sticks, musculoskeletal injuries associated with lifting and moving patients, various wounds inflicted by violent patients, and injuries caused by wrecks involving ambulances.

While an average of 9.4 percent of EMTs were injured or ill at any given time, researchers found the prevalence of lost-work injuries was highest among those with a very high call volume (22.3 percent) and back problems (21.0 percent). Very high call volume was defined as 40 or more calls per week.

In addition, those working in an urban environment – a community with a population exceeding 25,000 – were three times more likely to report an injury with missed work time than their counterparts in rural communities.

This research is part of a larger effort to study the effectiveness and attitudes about the use of new devices that have potential to reduce back injury, such as stretchers equipped with hydraulic lift mechanisms and specialized chairs that ease the movement of patients on stairs.

The study is published in the December issue of the *American Journal of Industrial Medicine*. To read a more detailed version of this story, go to www.sciencedaily.com/releases/2008/01/080107112733.htm. You can access the original study published in December of 2007 at www3.interscience.wiley.com/journal/117863114/issue. There is a fee for accessing the article.

On Duty



Funding available for emergencies

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

The following organizations were awarded Extraordinary Emergency Funding recently:

View Volunteer Fire Department

\$15,775 for vehicle extrication equipment

EMS of Nueces Canyon, Inc.
\$88,000 for an ambulance

Indian Harbor Volunteer Fire Department
\$17,317.25 for heart monitor/defibrillator

Texas Vital Care EMS
\$22,436.39 for a cardiac heart monitor

Eastland Memorial Hospital District EMS
\$52,852 for ambulance chassis

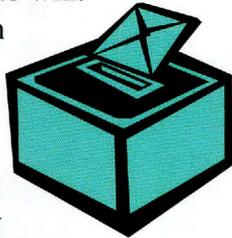


Award nominations due October 1

Know an outstanding medic, provider, RAC or trauma center? Nominate them for a Texas EMS Award. We've posted the award nomination form on our website at www.dshs.state.tx.us/emstraumasystems/08AwardsIntroduction.shtm. Save this Microsoft Word document to your computer and fill it out by clicking in the gray areas beside each question. When you finish, save the file and email it back to EMSAwards@dshs.state.tx.us.

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

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



Send the file to us by email no later than October 1, 2008. The packets are then distributed to the OEMS/TS programs and sent to each EMS compliance group. Each program and compliance service group ranks the nominations for each category and returns the information to the OEMS/TS, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners will be announced at the Awards Luncheon at Texas EMS Conference in Fort Worth on Tuesday, November 25th.

Award Categories 2008

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

Training available for ECAs

Are you in a rural area that could use some ECA training? Emergency Care Attendant Training (ECAT) grant applications are being accepted for fiscal year (FY) 2008. A total of \$50,000 is available for EMS training programs, registered first responder organizations (FROs), coordinators and/or instructors to conduct ECA courses in rural or underserved areas of the state that lack local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies.



Thirteen ECAT courses were approved for funding in FY 2007.

OEMS/TS will accept grant applications on a first-come first-served basis until the funds are exhausted. All EMS or FRO entities that meet the basic criteria listed below are encouraged to submit an application for this funding opportunity.

Eligibility requirements for ECAT grants: (1) a minimum of three students, (2) students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization, and (3) services must be provided in a designated rural or underserved area of Texas, as determined by zip code and or county.

For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Arlen Bolenbaucher at (512) 834-6700 ext. 2706 or arlen.bolenbaucher@dshs.state.tx.us.

Two Texans sit on NREMT board

The National Registry of EMTs, located in Ohio, may seem like a bunch of far-away voices if you need to deal with them. But the truth is there is a strong Texas connection. Two Texans with many years of EMS experience sit on the NREMT Board of Directors. Debra Cason, RN, MS, EMT-P, is program director and associate professor of emergency medicine education at the University of Texas Southwestern Medical Center in Dallas where she has worked for more than 27 years. She oversees initial EMT and paramedic educational

programs and paramedic continuing education. Prior to this position,

Cason worked in the emergency department at Parkland Memorial Hospital as head nurse. She has chaired the Committee on



Cason

Accreditation of EMS Professions (CoAEMSP) and is past president of the National Association of EMS Educators (NAEMSE).

David Persse, MD, FACEP, fills the Physician At-Large position. Currently medical director for Houston Fire Department, he began his career as a paramedic for LaSalle Ambulance in Buffalo, NY, in 1978, and was a paramedic instructor at Erie Community College. Persse graduated from Georgetown University and completed a residency in Emergency

Medicine at Harbor-UCLA Medical Center in 1992. He began working with the NREMT in 1992 as a member of the NREMT Item Writing



Persse

Committee. He has served on the NREMT's Practical Revision Committee and Final Review and Standard Setting Committees. He is president of the Texas EMS Physicians, and an editorial reviewer for both the *Annals of Emergency Medicine* and *Prehospital Emergency Care*.

On Duty

GETAC Recap

The Governor's EMS and Trauma Advisory Council (GETAC) met Friday, February 8, 2008, in Austin and unanimously approved minutes from the November 19, 2007, meeting.

Chair Edward Racht, MD, requested a moment of silence to honor three people killed in a Valley AirCare helicopter wreck. He also discussed the GETAC retreat including refocusing the strategic plan for the Texas EMS and Trauma Systems; reviewing the EMS and Trauma Regulatory Structure Task Force survey report; and a possible restructure of the GETAC formation to present to stakeholders.

Kathryn C. Perkins, assistant commissioner for the Division for Regulatory Services, reported DSHS is working on creating a strategic plan for the agency that addresses the state's population growth and a plan for the next legislative session. Ms. Perkins announced Adolfo Valadez, MD, MPH, has been chosen assistant commissioner for the Division of Prevention and Preparedness Services. Perkins has been working with Valadez and Commissioner David Lakey to ensure emergency preparedness advisory groups formed since 2005 work effectively with the DSHS Preparedness Coordination Council. Ms. Perkins said rules 157.11 (Provider; includes rules for "gurney car" and "epi pen"), 157.38 (Continuing Education), and 157.44 (Instructor) have been accepted for proposal in the *Texas Register*. The red light camera bill funds are still not appropriated, but rules will be taken to the DSHS Council in April

of 2008.

Steve Janda, director of the Office of EMS and Trauma Systems Coordination, reported approximately \$51.7 million of the 3588 monies will be disbursed in late March. Any funds accumulated between \$51.7 and \$98 million are not appropriated. Funds collected above \$98 million can be disbursed but require executive approval. DSHS is ready to ask for that approval if necessary. Janda reported the Stroke Committee asked that GETAC's discussion of 157.1, *Requirements for a Stroke Facility Designation*, be postponed until the May GETAC meeting.

Casey Blass, director of the Disease Prevention and Invention Section, is working with stakeholders to improve the Trauma Registry. DSHS remains open to all options, including outsourcing. The Registry has secured funding from the Texas Department of Transportation (TxDOT) for one year and is working on funding for the following year; contracting with Texas EMS, Trauma, and Acute Care Foundation (TETAF) to survey stakeholders concerning what they want to see in a Registry. A new registry is considered the best idea with the goal of outsourcing by summer and developing a contract by the end of the year. The Traumatic Brain Injury Advisory Council has made EMS and Trauma registries their top priorities and have created a "legislative action team," headed by Paula Yuma from Dell Children's Medical Center of Austin.

Air Medical Committee – Chair Shirley Scholz, RN, reported the committee continues work on air medical programs' rules, as well as the draft document concerning alternative state survey

process program criteria to serve as a substitute for Commission on Accreditation of Air Medical Services (CAMTS) standards for air ambulance licensing.

EMS Committee – Vice Chair Dudley Wait, EMT-P, conducted the meeting in the absence of Chair Pete Wolf, EMT-P. Committee members' absence prevented a quorum. The committee discussion included the Houston/Galveston Area Council (HGAC) Work Commission recent cutting of EMS from list of programs eligible for funding; concerns about exposure diseases; a summary of the January 11, 2008, Education Committee workgroup held; information on TxDOT grants for rural EMS classes; and Texas Engineering Extension Service (TEEX) Leadership Academy program.

Education Committee – Chair Jodie Harbert, LP, reported on the committee meeting on January 11, 2008. The committee discussed the Stroke System of Care study awarding Continuing Education (CE) credits; and simulation training in lieu of clinicals. The committee drafted a letter to DSHS requesting background checks for all applicants and one to the Houston/Galveston Area Council (HGAC) Work Commission regarding cutting scholarships for EMS programs. Committee members developed an EMS educators survey to be distributed in May 2008. The committee plans to have a national accreditation program by the year 2013, but funding continues to be an issue. A workgroup meeting is tentatively planned for either April 4th or April 11th in Dallas.

Injury Prevention Committee – In the absence of chair Gary Kesling, committee member Rick Moore reported the

committee discussed having an Injury Prevention booth at the EMS Conference in Fort Worth in November; the upcoming submissions deadline for *Texas EMS Magazine*; and indexing the articles in *Texas EMS Magazine*. During the general public comment Sean Carter, and his mother Jenny Carter, spoke about his life as a traumatic brain injury survivor. The committee will request data from the Trauma Registry reporting the top five traumatic causes of death, disability, and costliest occurrences to use in developing future statewide prevention projects. The committee voted to support the 157.32 (red light camera) rule as written by the Trauma Systems Committee. The Data Informatics and Research Task Force (DIRT) did not meet.

Medical Directors Committee – Chair Steve Ellerbe, DO, reported the committee altered standards of care during a disaster and liability for medical directors. The committee discussed developing a standardized system to assist in surveying and treating exposures of infectious disease to public safety personnel.

Pediatric Committee – Chair Joan Shook, MD, reported the committee discussed the Trauma Registry and suggested a commercial product compatible with the programs used by the American College of Surgeons (ACS) in hospitals. Other discussion included the Emergency Medical Services for Children (EMSC) National Resource Center survey results and the grant funding set by EMSC projects. A work group and the Texas Pediatrics Society will discuss EMSC projects. The committee also identified an emergency preparedness product to promote interface between EMS and

school districts.

Stroke Committee – In the absence of chair Neal Rutledge, MD, Mike Click, RN, reported the committee reviewed the draft DSHS rule 157.133, *Requirements for a Stroke Facility Designation* and recommended the rule be deferred until the EMS training program subcommittee, DSHS stroke facility subcommittee, and transport plan subcommittee review it and provide input. The tentatively scheduled workgroup meeting to modify this draft will take place April 12, 2008. The committee recommended the draft rule be removed from the GETAC agenda until further notice.

Trauma Systems Committee – Chair Ronald Stewart, MD, reported the committee discussed the DSHS rule 157.132, *Regional Trauma Account*, regarding fund disbursement from traffic signal enforcement and approved the draft language with the exception of eliminating the section that allowed for an alternate hospital allocation formula. The Committee also decided against supporting the Comprehensive Advance Life Support (CALs) program in lieu of the Trauma Nursing Core Course (TNCC) required for trauma center nurses.

Disaster/Emergency Preparedness Task Force – Eric Epley, EMT-P, reported the task force's next meeting is March 25, 2008, 1 to 5 p.m. and March 26, 2008, 8:30 to 11:30 a.m. at the Texas Hospital Association (THA) in Austin. The Disaster/Emergency Preparedness Task Force also has arranged to meet periodically with a task force from the Governor's Division of Emergency Management. A sub-group of the task force will work with the Texas Engineering

Extension Service (TEEX) on a curriculum for an Ambulance Strike Force Team Leadership courses, for which DSHS has budgeted \$30,000 for training of the task force. Other topics covered were: the Pediatrics Committee "white paper"; consolidating the Memorandum of Agreement (MOA); the State Clinical Advisory Board; and liability relief for altered standards of care.

EMS and Trauma Regulatory Task Force – The committee has completed its charge and did not give a report.

DSHS Preparedness Coordination Council – No report was made available.

Traumatic Brain Injury Advisory Council – Todd Maxson, MD, reported the council is seeking permanent funding for the Trauma Registry and the Traumatic Brain Injury Rehabilitation program. A free DVD was produced which provides educational information and resources regarding traumatic brain injuries. The council discussed creating a position paper on pediatric hospitals not associated with medical centers that could be designated as Level I trauma facilities if these centers met the ACS rules.

Texas EMS, Trauma, and Acute Care Foundation (TETAf)

Jorie Klein, RN, reported the foundation is planning to hire staff, review bylaws and create a strategic plan for the Trauma Registry. Klein would like to create a workgroup to survey health care entities for feedback on solutions for the Trauma Registry. The foundation reported the addition of two new foundation divisions: a pediatrics division and a Regional Advisory Council (RAC) division.

continued on page 42

Texas EMS Magazine names new editorial board

Meet the new faces of the Texas EMS Magazine editorial board. These 23 individuals are volunteering their time and energy to make the magazine the best EMS magazine in the nation. They are a diverse group, with almost 400 years of EMS experience between them. We will rely on them in the coming two years to be the voice of different facets of EMS and trauma systems, and to make sure we're addressing the needs of our readers. The board meets twice each year, during the February and August GETAC meeting weeks. – *Kelly Harrell*

Henry Cortez, LP
United Medical Services
Pharr, Texas
Years in EMS: 15

Why did you want to be on the Editorial Board?

I have been involved in EMS since 1993 and have worked for various agencies in this South Texas. I have been an EMS instructor for the past 11 years and have helped develop different certification-level programs and implement curriculum and develop new criteria. I am dedicated to the educational advancement of all prehospital care providers, and I feel that my role on the editorial board can help influence the educational goals of all EMS providers in the state of Texas.

Mike DeLoach, NREMT-P, LP
South Plains College
Littlefield, Texas
Years in EMS: 24

Why did you want to be on the Editorial Board?

I enjoy the magazine and would really like to help keep this project a vital part of EMS in Texas. I think the magazine is the primary way the rural and frontier services have contact with what is going on in EMS in Texas. I started in EMS in 1984 as an ECA at a volunteer fire department in Amherst, Texas. I then became a charter member of Littlefield EMS and became a paramedic in 1990. In 2000, at the age of 40, I received a bachelor's degree. In 2001, I started teaching full time at Texas Tech University Health Science Center in Lubbock. In 2003, I became the program director of EMS training

at South Plains College. I have also been active in the development of the RAC and have held the offices of secretary, vice chair and chair. I currently serve as chair of South Plains EMS and serve on GETAC's Education Committee.

Bill Drees, EDD, NREMT-P
Lone Star College—North Harris
Houston, Texas
Years in EMS: 19

Why did you want to be on the Editorial Board?

I want to provide a new, fresh perspective for the magazine. As our link to the changes and happenings of EMS in Texas, the magazine should serve the needs of the citizens, certified personnel and EMS providers of Texas. My professional and academic experiences should serve the board. My tenure in EMS has included holding all five levels of certification and licensure as well as all EMS instructional certificates, including advanced EMS course coordinator. As a paramedic, I have worked in 9-1-1 services in both urban and rural environments, in an emergency room and intensive care unit, and served as an administrator and on the board of directors for an EMS service north of San Antonio. As an educator, I have taught thousands of students over the last 12 years and obtained a doctorate in educational leadership. I am dedicated to the profession of EMS and look forward to serving our state.

Bryan F. Ericson, NREMT-P, RN, MEd
Associate Professor EMS – Tarrant

County College
Eules, Texas
Years in EMS: 20

Why did you want to be on the Editorial Board?

I have dedicated my career to the education and enhancement of EMS in my community and throughout the state of Texas. Serving on the editorial board is an opportunity to volunteer my time to help give back and to help support and grow the EMS profession in Texas. My background as a registered nurse and paramedic, combined with my years of experience as an EMS educator, provides me with unique insight and abilities. Grounded in the power of education, I hope to help enhance and advance the practice of EMS in Texas.

Robert Folden, EDD, EMT-B
Texas A&M University Commerce
Greenville, Texas
Years in EMS: 13

Why did you want to be on the Editorial Board?

I wanted to support the continued development of a quality publication serving the EMS and trauma system in Texas. I would like to see that magazine offer peer-reviewed articles that provide our state certificate/license holders with quality information that will help them continue development as quality providers of prehospital and emergency care.

Eric Frost, EMT-I, RN, CEN
St. Joseph Medical Center
Houston, Texas
Years in EMS: 11

Why did you want to be on the Editorial Board?

Wow... a chance to integrate three major interests of mine: writing, education and emergency medical services. I feel like this is truly a golden opportunity to represent a group that is very dear to me: EMS providers in the great State of Texas. I've "taken the scenic route" through my educational pursuits and career decisions, but I hope that this will eventually translate to being more well-rounded. I graduated from Excelsior College in January 2006 with an AS in Nursing. While pursuing a nursing degree, I volunteered for several years with a suburban 9-1-1 EMS agency. I now work full-time weekends as a neonatal intensive care nurse. During the week I attend Texas A&M University in College Station, and I will finish a BA in Psychology in May 2008. For several years, I've enjoyed reading *Texas EMS Magazine*, and I am excited about assisting in the efforts to maintain and enhance it.

Tony Garcia, LP
Texas Engineering Extension Service (TEEX)
College Station, Texas
Years in EMS: 26

Why did you want to be on the Editorial Board?

I am seeking an opportunity to share my 26 years of public safety experience (EMS, fire, law enforcement) with my fellow providers in Texas. I can also provide insight into specialized fields, homeland security and disaster response because of my active involvement in those areas. I began my career as a volunteer firefighter and completed basic EMT training while attending high school. I went on to become a career firefighter and paramedic working and volunteering for various agencies in the Houston area. At TEEX, I was one of the

principal developers of the *EMS Operations and Planning for WMD* and the *Basic EMS Concepts for WMD* courses. I have taught throughout the United States and have even taught courses in Spanish. I am a subject-matter expert and content reviewer for Brady Publishing, Jones and Bartlett Publishing, and the International Fire Service Training Association.

Donald J. Gordon, PhD, MD
University of Texas Health Science Center
San Antonio, Texas
Years in EMS: 29

Why did you want to be on the Editorial Board?

As a professor who has actively taught paramedics, EMTs, and other medical health professionals, I have accumulated vast academic and educational experience. I wish to contribute that knowledge and understanding to the betterment of our EMS community. I have admired the work of the *Texas EMS Magazine* and believe that I may offer a fresh, practical, and up-to-date viewpoint to its readers. As a full-time EMS medical director for rural first responders, a small metropolitan service, a private ambulance service, and the City of San Antonio Fire Department, I think that I can provide a unique insight, influenced by my role as chair on the DSHS Preparedness Coordinating Council, my membership on GETAC's Medical Directors Committee, and my national work in preparedness with the American Red Cross. I want to contribute my time and expertise to the *Texas EMS Magazine* and its informational and educational goals and vision.

Russell Griffin, FF, NR/CC-P, FP-C
McKinney Fire Department
McKinney, Texas
Years in EMS: 15
Why did you want to be on the

Editorial Board?

EMS in Texas continues to grow and develop, with many changes and innovations. I have a true passion for education that includes primary and continuing education; however, more importantly I have a passion for effective communication. *Texas EMS Magazine* is an essential medium to share ideas, information and recognition. It allows individuals to remain involved throughout this broad and diverse state. I will enjoy the opportunity to communicate with the EMS community while ensuring the continuing quality of the editorial.

Charles G. Jaquith, LP
Waco Police Department
Hewitt, Texas
Years in EMS: 11

Why did you want to be on the Editorial Board?

Being on the editorial board will give me the opportunity to contribute to not only my community but also the entire state in the emergency medical field. My experience as a police officer and licensed paramedic gives me a different outlook on EMS, and allows me the opportunity to assist in leading the *Texas EMS Magazine* in this ever-changing field.

Gary Kesling, PhD, FAAETS, FAAMA
University of Texas Medical Branch

League City, Texas
Years in EMS: Since the days of high top Cadillac ambulances
Why did you want to be on the Editorial Board?

Texas EMS Magazine is a well-established and widely accessible publication for those individuals in EMS in the state. I want to actively participate and contribute to the evolving process so that Texas EMS

will become a key resource in the future of EMS in our state.

**Chastity LeBlanc, NREMT-P
Grapeland VFD/EMS**

Grapeland, Texas

Years in EMS: 11

Why did you want to be on the Editorial Board?

Currently, I serve as the EMS Chief for the Grapeland VFD/EMS and also have a full-time job at East Texas Medical Center-Crockett as an ER nurse. I have been in the EMS profession for over 10 years with the last six-and-a-half years as a paramedic. I have always loved to read, write essays and do research. In fact, most of my spare time is spent reading EMS articles and books. I will enjoy providing feedback about the magazine content/articles. EMS is a growing and highly respected profession and I am ready to step forward in my EMS career.

**Jessica G. Mar, EMT-I
Pro-Medic EMS**

Edcouch, Texas

Years in EMS: 16

Why did you want to be on the Editorial Board?

As an EMS specialist for several EMS providers and an active member in RAC V, I want to demonstrate to others that there is a difference between being a follower and being a leader. All too often I hear those around me complain instead of making an attempt to understand the issue or to provide input for possible change. I am an educator and an EMT-I, and I know *Texas EMS Magazine* is a valuable source of information for EMS personnel. I know first-hand the endless hours of dedication put into the production and publication of the magazine. It will be a pleasure and an honor to provide feedback about the magazine and offer advice on upcoming articles. I also would like to serve as the voice of the Rio Grande

Valley EMS personnel, who all too often feel lost in the crowd.

**Louis N. Molino Sr., NREMT-B,
EMSI/FSI**

**Industrial Fire World Magazine
College Station, Texas**

Years in EMS: 27

Why did you want to be on the Editorial Board?

I want to help to promote quality EMS in Texas. Since I came to Texas in 2002 for an EMS-related position with the Texas A&M University System, Texas became my new home. I feel that *Texas EMS Magazine* is a great avenue to promote Texas EMS both inside Texas and to the world. I think I can help to make a good magazine even better. I currently serve as a technical editor for *Industrial Fire World Magazine*, and in the past served as a regular columnist and technical editor for *Homeland First Responder Magazine*. I have been published in several national EMS and fire service magazines and contributed to several EMS and fire service books, as well as having recently published a textbook on incident management systems. I feel that with my 27+ years in EMS in diverse operational and administrative positions, coupled with my experience as a writer, will serve the editorial board well.

**Wren Nealy, EMT-P
Cypress Creek EMS**

Houston, Texas

Years in EMS: 14

Why did you want to be on the Editorial Board?

I am a certified paramedic and licensed peace officer and serve as director of special operations for Cypress Creek EMS (CCEMS) and as a reserve corporal in the Hempstead Police Department. I also am commissioned as a special agent of the Louisiana State

Police. I have 14 years experience as a 9-1-1 paramedic; 12 years in law enforcement; and nine years of experience in SWAT operations. I am an instructor in EMS, law enforcement and have worked in field, supervision, and administrative positions in both disciplines. I am senior team leader of the Cypress Creek Advanced Tactical Team (CCATT) and the Bike Medic Response Team of CCEMS. CCATT provides tactical operational medical support to various local, state, and federal law enforcement agencies. I also am program director for the CCEMS Tactical Operational Medical Support training program. I would like to offer my assistance in giving this sub-specialty of EMS (Special Operations) a voice in the *Texas EMS Magazine*.

**Karen Pickard, RN, LP
University of Texas Southwestern
Dallas, Texas**

Years in EMS: 34 years

Why did you want to be on the Editorial Board?

In my position as a faculty member and research coordinator here at UT Southwestern, I am interested in providing our EMS personnel in Texas the best information available. It is important that information be cutting edge, and reflect the latest concepts available to practitioners so they can translate those concepts to excellence in patient care. I am committed to quality patient care, and to the safety and well-being of our providers. The magazine has the potential to reach many providers, and it is critical that we provide the best information possible. I want to help with that process in any way that I can.

**Warren Porter, MS, BA, LP
Garland Fire Department
Garland, Texas**

Years in EMS: 30

Why did you want to be on the Editorial Board?

I bring extensive experience in EMS as a field provider, educator and administrator. My experience not only spans occupational titles, but also includes involvement in community and EMS issues as a whole. I am an active member of boards and committees because I feel that I need to make the best of the opportunity given to me by various agencies/entities. Being on the editorial board for *Texas EMS Magazine* affords me with an opportunity to serve as an advocate for excellence, in all facets, for all EMS providers in Texas. I cannot claim to be a native Texan, but I can claim to be someone who is genuinely interested in bettering the quality of life for all Texans through EMS.

Keven Roles, NREMT-P
San Marcos/Hays County EMS
San Marcos, Texas
Years in EMS: 18

Why did you want to be on the Editorial Board?

I wanted to serve on the editorial review board to shape the future of the *Texas EMS Magazine*. I have an extensive background in EMS education and management and feel this experience will be of assistance to the board.

Curtis Smith, LP
Prosper Fire Rescue
Saint Jo, Texas
Years in EMS: 12

Why did you want to be on the Editorial Board?

I want to assist in any way I can to make EMS in Texas better. I feel we have a great system in Texas, but we need a louder voice to not only help our cause, but to guide us into the future. *Texas EMS Magazine* is a way to do this. I feel that my experiences working in Richardson, and now in Prosper, help me understand the many sides of EMS. Richardson is a large city that makes a lot of runs. Prosper

is a rural town that is challenged with tough calls and long response times. The insight from both of these systems help me immensely in this role.

Anthony Viscon, LP
El Paso Community College
El Paso, Texas
Years in EMS: 22

Why did you want to be on the Editorial Board?

Throughout my career, I have experienced many facets of EMS. I have worked as a field paramedic in a large city, served as a field supervisor and operations manager, worked as a regulator for DSHS assisting EMTs and EMS organizations in the urban, rural and frontier areas of Texas. I have presented a workshop at Texas EMS Conference and now serve as an associate professor teaching EMT courses at the fastest growing community college in the nation. I bring to the board a varied background and experience that allows me to effectively contribute in keeping EMS practitioners knowledgeable and informed through the *Texas EMS Magazine*.

Dudley Wait, EMT-P
City of Schertz EMS
Schertz, Texas
Years in EMS: 22

Why did you want to be on the Editorial Board?

Texas EMS Magazine is the sole source of communication between the state regulatory authority and the prehospital providers. As such, it needs to reflect and present the latest in information, news and clinical guidance that is available. As an EMS leader, I work to maintain my level of expertise and to share this information in new and creative formats so that others are enticed to learn. It is my desire to see this approach taken on a statewide basis. We face challenging times ahead and leaders who have a track record of driven determination,

pursuit of excellence and a desire to see appropriate change need to be involved in sharing information in the widest of formats.

Stephanie Waters, FP-C, EMT-P
PHI Air Medical Texas
Round Rock, Texas
Years in EMS: 9

Why did you want to be on the Editorial Board?

I want to use my experience as a flight paramedic and in rural EMS to assist the magazine as it impacts prospective and current EMTs and paramedics and their choices for employment and practice. I began my EMS career working for Marble Falls Area EMS and eventually landed my dream job as a flight paramedic. I have been a part of many different aspects of EMS from instructing/training to public relations. I have enjoyed reading the *Texas EMS Magazine* for many years and I want an opportunity to serve on the editorial board of a magazine that focuses on Texas EMS. My husband and mother are paramedics as well, so Texas EMS is a huge part of my life!

Kelly Weller MA, LP, EMS-C
Lone Star College
Spring, Texas
Years in EMS: 14

Why did you want to be on the Editorial Board?

I wear many hats. I am a practicing paramedic, an instructor, a clinical coordinator, a degreed psychologist, and a doctoral student. I am also a mom, a native Texan and a consumer of healthcare. I feel that my experience in these areas is reflective of many contemporary paramedics and will be a valuable addition to the editorial team. *Texas EMS Magazine* is an example of excellence in EMS, and I see this as an opportunity to be a part of the growth of EMS in Texas.

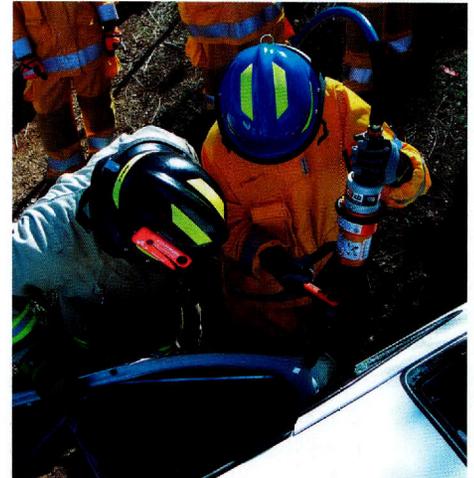
Local & Regional EMS News

by Dean Lofton

Schertz EMS gets new ambulances

Paramedics at Schertz EMS near San Antonio recently deployed two new ambulances. The paramedics had training in auto extrication techniques and advanced fire extinguishing technology in preparation for the new ambulances. The ambulances will be used in Schertz's coverage area on the northeast side of San Antonio, approximately 20 miles of IH-35 and IH-10.

The ambulances are equipped with the latest in occupant restraint and safety devices, and also have a 20-gallon Compressed Air Foam System (CAFS) and hydraulic rescue tools. These units will be in service in an area where Schertz EMS responds with several local volunteer fire departments. Previously, the ambulance serving these areas came from 10 minutes away, which resulted in the volunteers arriving on scene before the ambulance. Now that they will be opening a station in this area, the ambulance will arrive before the volunteers. The increasing traffic load on these major interstates



Schertz EMS in San Antonio recently trained paramedics in auto extrication techniques and advanced fire extinguishing technology. Schertz recently took delivery on two new ambulances.

led Schertz EMS to purchase new equipment in hopes of preventing or reducing serious auto injuries in these areas.

"The tools on the new ambulances are available to support local fire departments and to serve as a backup system in the event a fire department is divided between several incidents and temporarily detained from an accident scene," said Dudley Wait, LP, Schertz EMS director.

Teen Coalition against destructive driving partners with BRAC

The Teen Coalition Against Destructive Driving made a special presentation to TSA-BRAC (BRAC) in January at a general membership meeting. The Coalition consists of students from high schools in the South Plains region. Their mission is to help teens identify destructive driving behavior and avoid it. The

Coalition is partnering with BRAC as a sub-committee of the Injury Prevention Committee because it is unable to officially become a 501(c)(3) organization on its own – a necessary status for seeking grants to fund their efforts. There are currently 63 county schools in the South Plains committed to working with the group.



In December Tech*Star EMS Education held its second annual Christmas lunch for area air medical providers. Pictured here are some of the attendees: L-R: Tim (Wayne) Dennis, EMTP; Mike Hassel, pilot, Air Evac; Cody Posten, EMTP, Air Evac; Betsy Hurley, RN, Air Evac; James Bailey, EMTP, CareFlite; Mike Rialaly, pilot, CareFlite; and John Dineen, RN, CareFlite.

Christmas luncheon held for air medical providers

In December Tech*Star EMS Education held its second annual Christmas lunch for the area air medical providers.

"This is our way of showing our appreciation for our fellow EMS providers who have to work during the holidays," Tim (Wayne) Dennis, EMTP, program director for Tech*Star EMS Education said. "It gives these providers a chance to socialize with their fellow flight crews in the area, plus they look forward to the good food they are served at ZJ's."

Crews attended from CareFlite in Granbury and Air Evac in Brownwood. Life Star, which is based in Glen Rose, was not able to attend that day, but attended a luncheon on a different day. Tech*Star EMS Education also hosts a luncheon for air medical providers during EMS week in May.

TETAF sponsors surveyor course

Texas EMS, Trauma and Acute Care Foundation (TETAF) sponsored a Trauma Facility Site Surveyor Course in January hosted by Citizen's Medical Center (CMC) in Victoria. Ten nurse and six physician surveyor-candidates attended. Faculty included Ronny Stewart, MD; and Craig Rhyne, MD; Jorie Klein, RN; Marjorie Lygas, RN; Scott Christopher, RN; and Judy England, RN.

According to 157.125 *Requirements for Trauma Facility Designation* that went into effect on September 1, 2007, department-credentialed surveyors must successfully complete a department-approved surveyor course and be successfully re-credentialed every four years. The TETAF course included a presentation by DSHS on Texas trauma system rules and regulations; an eight-hour TOPIC (Trauma Outcomes and Process Improvement Course); TETAF expectations of surveyors; facility application review; surveyor roles; facility review; survey tools and forms; Level III and Level IV reviews; survey reports; and medical record reviews. The instructive portion of the workshop was followed by mock surveys in which participants toured the CMC departments and each did actual mock interviews with hospital staff.



Greg Fountain, (front) director of Jefferson County Emergency Management, presents weather radios for distribution to nursing homes, hospitals and assisted living facilities in Hardin, Jefferson and Orange counties.

In the back row from left: Michael White (Jefferson County Emergency Management), Stephanie Valka-Garsea (Acadian Ambulance), Chris Demas (StatCare EMS), David Claybar (Acadian Ambulance), Rod Carroll (StatCare EMS), Wade McCray (StatCare EMS) and Jeff Thibodeaux (Acadian Ambulance). Not pictured is Rickey Land (Acadian Ambulance).

Acadian Ambulance Services distributes all hazards radios

Acadian Ambulance Services, Inc., in Southeast Texas worked with the Jefferson County Office of Emergency Management and StatCare EMS to distribute all hazards radios (also referred to as weather radios) to nursing homes, hospitals and assisted living facilities in Hardin, Jefferson and Orange counties. StatCare EMS also distributed an all hazards radio in every public school in Jefferson County.

The 130 all hazards radios were purchased by the Jefferson County Emergency Management with grant money from FEMA with the help of the Southeast Texas Regional Planning Commission and the state grant funds. The radios will

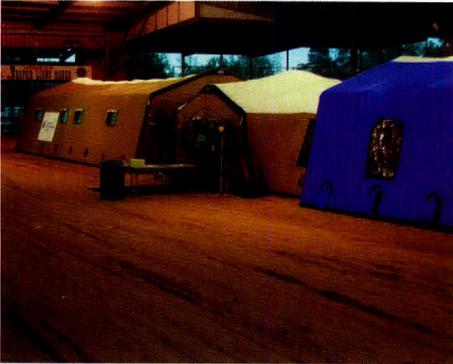
be a means for the facilities to receive warnings as soon as they are issued by the local emergency management office or weather center. About 65 radios were delivered to nursing homes, and in Jefferson County approximately 70 radios were distributed to schools.

Midland conducts flu pandemic drill

Midland Memorial Hospital recently conducted a flu pandemic drill. The hospital worked in conjunction with the Midland Health Department and Midland Emergency Management System to create the Hospital Emergency Incident Command Center. The drill's scenario: the flu arrives in Midland via a National Guard unit returning from the Middle East, and to the Permian Basin by a boy who had visited his father in Seattle where missionaries returned from Southeast Asia with the flu. The pandemic flu plan has been in place for a year, but this was the hospital's first drill. Approximately 800 hospital employees participated in the exercise, which helped identify strengths and weaknesses in the plan. Officials said they are examining communications and how they handle supplies, food, water and staffing. The drill includes dealing with 20-30 percent personnel shortages from people calling in sick – either from actually having the flu or from fear of contracting it at work.

Local & Regional EMS News

Mobile hospital debuts in Jasper



The Regional Alternate Care Site 48-bed mobile hospital, was set up for the first time in January in Jasper. The hospital is a joint project of RAC-R, Christus Jasper Memorial Hospital and Brazosport Regional Health System.

In January, a new mobile hospital debuted in Jasper. The Regional Alternate Care Site was set up for the first time to demonstrate it to RAC members, hospital personnel and city and county emergency response personnel, as well as the press. The Regional Alternate Care Site is a joint project of RAC-R, Christus Jasper Memorial Hospital and Brazosport Regional Health System.

The alternate care facility consists of four air-conditioned tents. Three of the tents house 16 patients each and the fourth tent

connects the other three tents. The facility was made possible by HRSA Year Five Funds and funding from DSHS. Additional funding will be used to purchase trailers to transport the facility during times of emergency or disaster.

One of the 16-bed tents will be permanently located at Christus Jasper Memorial Hospital in Jasper. Another will be located at a yet-to-be determined site in Jefferson County, and the third 16-bed tent will be located at Brazosport Regional Health System in Lake Jackson. By strategically locating the tents throughout the RAC, each will be able to function as a 16-bed site during a local emergency. In a region wide disaster, the three tents can be brought together to form a 48-bed facility.

Organizers plan to set up the facility several times over the next few months throughout the RAC-R area to demonstrate it in each area of the RAC and to familiarize RAC members with the process for erecting and dismantling the facility.

Manvel EMS opens new facility

Manvel EMS plans to open a larger EMS station on 1.5 acres on Rodeo Drive in late 2008. The new station was deemed necessary by rapid growth in the city, which has doubled in size to approximately 8,000 in the past two years. Two master-planned housing communities under construction will add about 5,700 homes to the city and 1,700 homes to nearby Iowa Colony. The new facility will have space for four ambulances and offices for eight staff members – a large increase from the current building that holds one ambulance and four staff.

Memorial Hermann Baptist Beaumont expands beds

In November, Memorial Hermann Baptist Beaumont Hospital broke ground on a new 52-bed tower. The \$51 million expansion is located at the front of the campus of the existing facility located at 3080 College Street. A ground-breaking ceremony featured comments from CEO David Parmer, Chairman of the Board Bo Crawford, Chief of Staff Steven Socher, MD, and Guy Goodson, a former mayor of Beaumont.

The expansion has 52 new private rooms with telemetry monitoring that allows staff to monitor vital signs from their workstations. The 15-month construction project is scheduled for completion in spring 2009.

Familiar face returns to EMS



Denver (Denny) Martin has joined the EMS Compliance Group in Austin. He will be working EMS Provider

Licensing. Many of you will recognize Denny's name as a former employee of the DSHS Lubbock EMS office. Denny retired but he missed EMS so much he wanted to come back! Contact Denny at Denver.martin@dshs.state.tx.us, or call 512-834-6700, ext. 2373.

Local & Regional EMS News

Chihuahua resuscitated with mask donated by Pets America

In January Austin-Travis County EMS District Commander Temple Thomas and a visiting Brook Army Medical Center physician were making the rounds in north Austin, visiting EMS crews in their stations. As Commander Thomas' vehicle approached an intersection, they saw a group of pedestrians gathered around two small dogs that had been struck by a vehicle. One of the dogs lay dead. The other, although unconscious and bleeding from the nose, appeared to be making some minimal respiratory effort.

Thomas and the visiting physician stopped to assist. After a quick assessment and suspecting a head injury, the two determined the best course of



Austin-Travis County EMS District Commander Temple Thomas used a pet-sized oxygen mask donated by Pets America to revive Zoe the Chihuahua after she was hit by a car. When no owner came forward Thomas adopted Zoe.

action was to assist the patient with her breathing. They fitted their canine patient with a breathing mask donated by the Pets America organization specifically designed for animals. Commander Thomas and the doctor administered high flow oxygen to their patient and

transported her to the Austin Vet Care At Central Park facility, where Dr. Adrienne Gwin and her staff took over patient care.

Initially listed as "guarded," after a few days the dog's condition improved. Since she had no identifying tags or implanted chip, the clinic staff notified one of the local pet adoption agencies. No one came forward to claim the dog.

Zoë (Greek for "life") has a new home now. Thomas is the proud adoptive parent to one small, determined Chihuahua. Thomas already has three dogs; however he says the new addition to the family is working well. For more information on pet oxygen masks and first aid for pets to www.petsamerica.org.

PVES dispatch department disbands

The Preston Volunteer Emergency Services (PVES) Dispatch Department in Pottsboro disbanded in December. Its services will now be handled by Grayson County dispatchers. The "Final 13" volunteer dispatchers were recently honored for their years of public service. Together they logged about 8,700 hours each year: Eric Major, Jolene Parton, Jaci Leeper, Sherron Wilson, Rae Erb, Tom Madden, Jona Lunde, Carol Miller, Bill Phillips, Jeremy Karr, Michael Allen, Carol Hix and Shawn Schmidt.

PVES began in 1969 with a 1939 fire truck that was later replaced with two 1950s models. For a while the fire trucks were housed at Eddie Collier's service station at Preston Shores, where fire calls were received. An employee would call volunteers from the station while Eddie started the truck and sounded the siren for volunteers. In 1976 PVES began emergency services with a station wagon converted into an ambulance.

The next improvement was telephones installed in a half-

dozen volunteer homes by a telephone company to improve response time. Sherron Wilson, PVES chief of dispatch, recalls, "Our phone was at the end of our bed. The phone rang at the same time at all of the volunteer's homes, and everyone just showed up at the station to help." The first person at the station would blast the siren and write the address of the emergency on a chalk board.

PVES will continue providing fire and EMS services. Only the dispatching process has changed.

Local & Regional EMS News



Mainland Medical Center in Texas has expanded its overall cardiology services, including opening a second cardiac catheterization laboratory as seen here.

Mainland Medical Center expands cardio services

The American College of Cardiologists has found that heart attack patients who receive appropriate emergency treatment within 90 minutes of arriving at the hospital have less damage. The finding prompted Mainland Medical Center in Texas City to create a Percutaneous Coronary Intervention (PCI) Program. The program provides life-saving care to patients entering the hospital's emergency room with symptoms of coronary distress or heart attack. Led by Vivian Asantewa Nkansah, RN, BSN, supervisor of Mainland

Medical Center's Cardiovascular Lab, the "door to balloon" time has been reduced significantly.

In addition to the PCI Program, Mainland Medical Center has expanded its overall cardiology services, adding an elective stenting program for heart patients, providing access to carotid artery stenting, and opening a second cardiac catheterization laboratory. In the past 12 months, the number of cardiovascular procedures performed at Mainland Medical Center has increased 71 percent.

Austin teen saves grandfather's life with CPR

Austin Westlake High School senior Emmett Miranker, 18, was inspired to learn firefighting and rescue techniques from CE-Bar Volunteer Fire Department in Travis County because of his grandfather's career as a firefighter. And he used those skills while in Salt Lake City in December visiting his grandfather, 83-year-old Ken Curtis – a former Salt Lake City assistant fire chief. Curtis collapsed in the kitchen and Miranker performed CPR until paramedics arrived with a defibrillator. Curtis did not respond to being shocked in the beginning and spent 11 days in the hospital. However, Curtis is expected to make a full recovery.

CE-Bar Fire Department presented Miranker with the Phoenix Award in January, which honors emergency personnel for reviving a person. Miranker has participated in CE-Bar Volunteer Fire Department's Explorer Post 981 for the past year. He plans to attend college and continue to volunteer in the future.

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

What's up in your area?

Send your news to:

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or:
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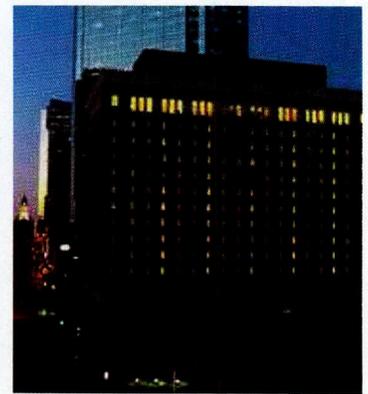




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November 23-26

Texas EMS Conference – Fort Worth

(Exhibit Hall open November 23-25)

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

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

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

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

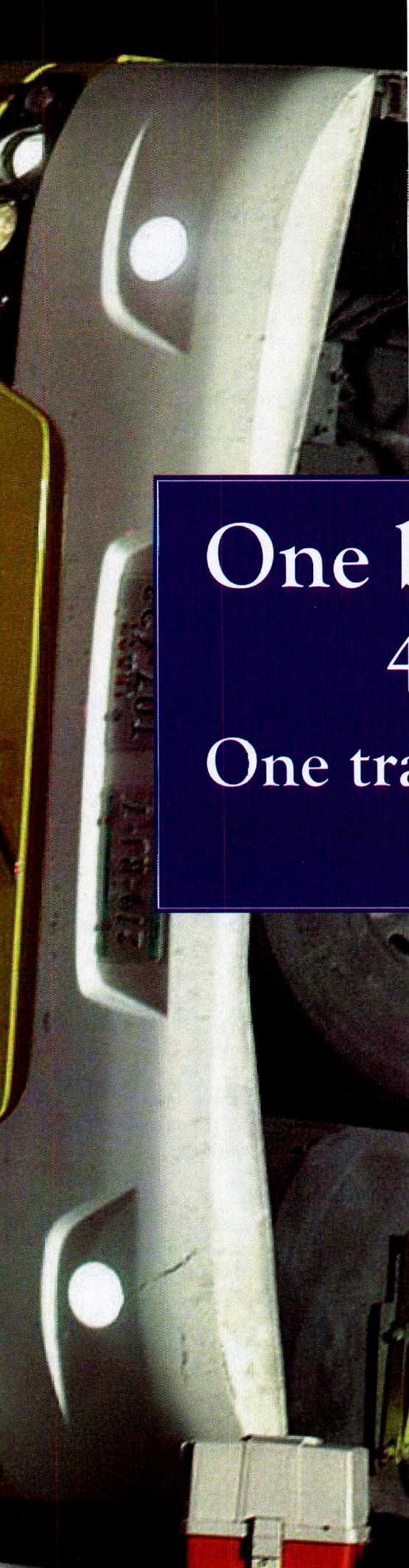
Special room rates for conference attendees and exhibitors are available at three downtown hotels. Renaissance Worthington, our four-diamond host hotel, is seven short blocks away, while the Hilton Hotel and Sheraton are just a block from the convention center. Don't pass up these great deals – make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

Watch the May/June issue of *Texas EMS Magazine* for more details about preconference classes and your chance to register.

See you in November!

A firefighter peers into the wreckage of a 47-passenger bus that overturned on Hwy. 59 in January. Photos by Frank Tilley of the Victoria Advocate.





It's the stuff nightmares are made of, the kind of this-couldn't-happen-here scenario that elicits jokes on drill day. A 47-passenger bus overturns on a highway, dragging some people along the asphalt while others are tossed out into the early morning cold. Oh, yeah – and almost no one speaks English.

But it did happen, just outside Victoria. It called upon all the system

resources of one Trauma Regional Advisory Council (RAC) and some from a neighboring RAC. And in the end, the system worked.

Predawn on January 2. A fully-loaded, bright yellow bus glides in darkness along Hwy. 59, returning holiday visitors from a trip to Monterrey, Mexico. Just after 4 a.m., the bus driver veers off the road and overcorrects. The bus flips on its right side, shattering windows and sending passengers tumbling on top of each other. The bus skids for about 50 feet along the pavement. Identification and

**One bus.
47 passengers.
One trauma system.**

BY KELLY HARRELL

personal belongings scatter along the dark highway.

A short time later, the first frantic calls – in Spanish – came into Victoria dispatch. Two dispatchers fluent in Spanish send three ambulances immediately while someone there calls Victoria Fire Chief Vance Riley at home. Riley does just what he needs to do – starts contacting responders and hospitals.

Riley radios the two trauma centers in Victoria – Citizens Medical Center and DeTar Navarro Hospital – and tells them to activate disaster plans and to expect 20 to 30 patients – each. Mutual aid is requested from several nearby volunteer fire departments, two private ambulance providers and an air provider. Meanwhile, Victoria Police Department hears what was going on in the county and restricts its own radio traffic. The regional EMS-trauma system is activated.

Twenty years ago, a good outcome would not have been as likely. The idea of a statewide trauma system began in 1989 when legislation directed the Texas Department of Health to develop a statewide trauma system, designate trauma facilities and develop a statewide EMS/trauma registry. By 1992, TDH divided the state in 22 trauma service areas, which in turn created Regional Advisory Councils, now simply called RACs. Each of the 22 areas was tasked with developing its own regional trauma system. All the regional systems would then make up the Texas Trauma System. The end result? Better patient

care.

“A working trauma system assures that every piece of the system is coordinated and working together so that a patient gets the best possible care,” says Kathy Perkins, assistant commissioner of DSHS Division of Regulatory Services. From 1989 to 2000, Perkins worked in the state’s trauma system development program.

Regional trauma systems were a tough sell in the beginning and would have failed save for the vision and perseverance of people around the state committed to the vision of a working system. They encouraged separate, independent – very independent – entities to start working together toward regional trauma systems. Like what happened outside Victoria on a lonely stretch of Hwy. 59.

The bus had come to rest on the right side, perpendicular to the road, only its black undercarriage visible to other drivers. Before rescuers can respond, a passenger truck slams into the bottom of the bus. Fortunately, that driver is unhurt.

The others were not so lucky. The impact injures 46 bus passengers, nine critically. Many have broken bones, lacerations, abrasions and head injuries. At least one woman has an arm amputation. One man pinned under the

bus dies on scene.

By the time Vance Riley arrives on scene, bright lights showed firefighters extricating patients from the bus. A few victims lay on the ground waiting for triage or transport, while others stood in the cold. Hoods and coats hid injuries in some cases, making it difficult to get an accurate read on the number of injured. It could have been chaos. But early responders set up an incident command system, one of the many things that contributed to the success of the incident response.

“There were an overwhelming number of patients (with) injuries ranging from minor to severe,” says Riley, who served as operations section chief during the incident. “Incident command created organization to the chaos and created a reasonable span of control.”

Paramedic Roger Hempel, a battalion chief for the Victoria Fire Department, assumed the role of incident commander when he arrived on scene. He quickly used all available personnel to set up rescue and triage sectors. As more personnel arrived from Victoria and surrounding volunteer fire departments, he staffed sectors for operations, landing zone, transportation and treatment. The county fire marshal was named public information officer.



The bus flipped on its side after the driver veered off and overcorrected. It came to rest a short distance from a ditch.

Translators were assigned to the triage and transport sector officers, who worked quickly to assess and transport the most critical patients to hospitals. The system worked; all critical patients arrived at area hospitals within 80 minutes of the first call.

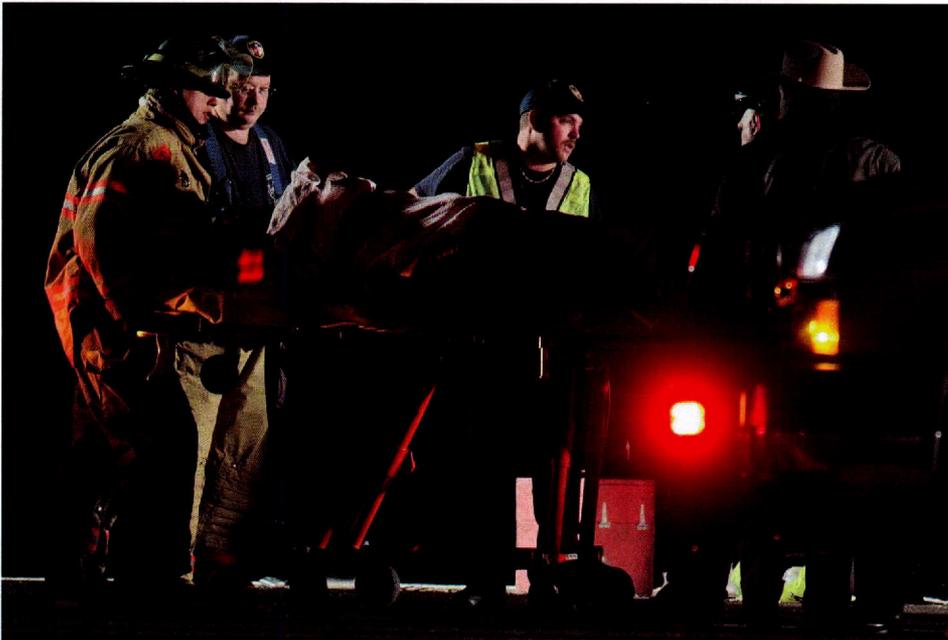
“We were successful because of the 110 percent effort everyone put into their jobs,” Hempel says. “It all just clicked. It could have gone a whole lot worse. There are things we could tweak, but if the same call went out today, I’d want it to go the same way.”

Carolyn Knox, the trauma program coordinator for Citizens and chair of Golden Crescent RAC, was awakened by the phone around 4:25 a.m. After listening to the hospital staff explain the situation, she waited for them to say it was a drill. It wasn’t. She checked the outside temperature. It was 29 degrees. She quickly dressed in warm clothes. By the time she arrived on scene a short time later, the scene was under control and patients were already being transported in ambulances lined up along the highway.

“There were terrible injuries, but it was very controlled,” Knox says. “The fire departments just amaze me. They think of everything.”

She and Safety Officer John Wallace of DeTar served as scene liaisons for the hospitals, relaying information back to the hospital so staff would know what to expect.

“Our job was to find out how many patients and criticality,” Knox says. “I communicated between (the transport coordinator) and our hospital to inform them of how many patients they could expect at any given time.”



Responders from across the Golden Crescent RAC extricated and transported patients in the 29-degree morning after the bus crash.

Meanwhile, hospital staff had jumped into action once they got the notice to activate the disaster plan. The early notification allowed hospital staff to take care of patients already in the ER and to get extra blankets and supplies ready. Robbie Kirk, another liaison at Citizens, drove immediately to the hospital after he was notified. He was astonished at what he saw when he walked in.

“It was absolute organized chaos. The ER was full. Both trauma rooms had patients. When I got past the trauma rooms there were beds along the wall and every bed had at least three caregivers.”

One of the challenges on scene and at the hospitals was the fact that many patients didn’t speak English. On scene, a Spanish speaker was assigned to both the triage coordinator and the transport coordinator. In Citizens and DeTar, Spanish-speaking staff was recruited from all areas.

“We had different personnel from all areas of the hospital and it became their job to translate for the day,” says Lisa Price, trauma program manager for DeTar Navarro. “If a patient had no English at all, we would assign a Spanish-speaker to them.”

In truth, the odds were against the incident going as well as it did. But these passengers were lucky: the Golden Crescent RAC, which encompasses six counties around Victoria, had been working as a team for several years. Vance Riley knew from his experience in the RAC that an early heads-up meant more organized response for those on the front and more time to prepare for those on the back end. As Kirk notes, “The early notification allowed the staff to have everything ready when the patients arrived.”

Other pieces fell into place. Dispatch sent all available medic units initially and then put PHI Air Med 3 on standby. Neighboring first responders got called early. Quail Creek VFD, another RAC participant and first on scene, immediately called for a wrecker to lift the bus off pinned passengers. An incident command system had been



Responders on scene had the most critical patients extricated and packaged in about 80 minutes. One man pinned under the bus died on scene.

set up early on with clear lines of authority. Representatives from Citizens and DeTar Navarro, both Level III trauma facilities, worked the scene to let their ERs know what was coming and later worked to reunite families who had been split up during transport. MEDCOM, a regional medical communications center in San Antonio, helped get the most critical patients transferred by San Antonio AirLife to a higher level of care in San Antonio. Southwest Texas RAC (STRAC), in San Antonio, called early on to offer resources from its area. It wasn’t perfect – no response ever is – but a National Traffic Safety Board investigator told Vance Riley that the bus crash response was one of the best he’d ever seen.

“I’m most proud of the fact that the system functioned so seamlessly from the scene into the operating room,” Riley says, “and the way everyone worked together, from the dispatchers to law enforcement to the fire departments, private providers, air medical and hospitals.”

One incident, many entities, all working toward one goal: taking care of patients.

Responders to the bus crash on January 2 in Victoria:

- * Victoria Fire Department
- * Bloomington Volunteer Fire Department
- * Edna Fire & EMS (cancelled en route)
- * Ganado EMS (cancelled en route)
- * Quail Creek Volunteer Fire Department
- * Raisin Volunteer Fire Department
- * Refugio EMS
- * Regional Ambulance Company
- * Southern Cross Ambulance Company
- * Victoria County Fire Marshal
- * HALO Flight (Corpus Christi-canceled en route)
- * PHI Air Med 3 (scene to hospital and transfers)
- * San Antonio AirLife (transfers)
- * Citizen Medical Center
- * DeTar Hospital Navarro

FAQ Frequently Asked Questions

By Mattie Mendoza and Phil Lockwood

Q: I am planning to renew my EMT certification by taking the written assessment exam. If I do not pass the exam, can I apply for inactive status?

A: No, if you fail the assessment exam you may not apply for inactive status. In fact, once you submit your application and select the written exam (Option 1), you may not even renew using another option. If you fail the exam, you will be allowed two retest opportunities after submitting the retest application and fees. If you fail the retests, you can repeat this testing process by completing a recertification/refresher course and submitting the required applications and fees. All exams must be completed within one year of your expiration date. You can find information about all of the recertification options, including the written assessment exam, on our website at www.dshs.state.tx.us/emtraumasystems/recertinfo.shtm. You can also find information about the assessment exam and retest options on the National Registry's website at www.nremt.org.

Q: I submitted my renewal application two weeks ago and my certification status has not changed on your website. When will I get my new card?

A: Whether you submit your renewal application online through our Texas Online system or send it through the mail, your application goes through the same

process once it reaches DSHS. All applications go first to the DSHS main campus where all fees are processed. The processing time for the fee portion of the application process is virtually the same for online and mailed applications, around five working days. Once the fee is processed, applications are sent to the EMS Certification Unit for processing. Applications sent in through Texas Online are sent electronically, while paper applications are sent via inter-agency mail. Once the application reaches the EMS Certification unit, it is processed in the order it is received. All those steps add up: the complete processing time for your application, once it is received, can be 4-6 weeks. If you want to speed up the process, you can use the online system, which at least cuts out mail time. You can check your certification status on our website at www.dshs.state.tx.us/emtraumasystems/NewCert.shtm. If it has been longer than the typical processing time of 4-6 weeks and your status has not been updated on the website, please call the EMS Certification unit at 512-834-6700.

Q: I submitted my certification renewal application then received a deficiency notice that stated I needed to submit my current National Registry card to the EMS Certification unit. I faxed my National Registry card two days ago and my status has not yet been updated on the website. How long

does it take to process deficiency items that are faxed in?

A: The processing time for deficiency items is around two weeks. Deficiency items are processed in the order in which they are received. Deficiency items or other information the EMS Certification Unit needs to process your application can be faxed to 512-834-6714. Faxing is usually the fastest way to get information to us, as it cuts out mail time. If it has been longer than the normal processing time of two weeks since you faxed the information, please call the EMS Certification unit at 512-834-6700.

Q: I submitted my EMT renewal application just a few days past my expiration date and I received a deficiency letter stating I needed to submit a completed Verification of Skills Proficiency form. Where can I find this form and who has to sign it?

A: According to Texas Administrative Code §157.34(d) (2) Late recertification. *A candidate whose certificate has been expired for 90 days or less may renew the certificate by submitting an application accompanied by a non-refundable renewal fee that is equal to 1-1/2 times the normally required application renewal fee for that level as listed in subsection (a)(4) of this section. Applicant shall meet one of the recertification options described in subsection (b) (1) - (5) of this section and submit*

FAQ

Frequently Asked Questions

verification of skills proficiency from an approved education program.

The Verification of Skills Proficiency form can be found on the EMS & Trauma Systems website at www.dshs.state.tx.us/emstraumasystems/recertinfo.shtm#laterenewal, under late renewal, and **must** be signed by a Texas-certified EMS Coordinator.

Q: I've tried several times to look up my certification information and it will not open after the selection. What's wrong?

A: First off, let me report some good news. In addition to EMS personnel certification queries, the look-up now includes EMS provider licenses, first responder organizations, CE providers, medical directors (be sure to enter MD or DO after the last name) and EMS Education programs, which weren't available on the old cert query system. As for the problems, there are lots of variables that sometimes make it hard to pinpoint. Occasionally, when there is a lot of internet traffic or communication line congestion, the best solution is to just try again later. The most common *user* problems include accessing the wrong site, not narrowing down the search or a slow internet connection. The following series of instructions has helped other inquirers.

Link to the Public License Search from www.dshs.state.tx.us/emstraumasystems/NewCert.shtm.

Scroll down to the link "Click Here for Live Online Certification/License Search." Then click on the "Public License Search" link on left side of that page. (The login windows prompting for user ID and password on the same page aren't functional yet.) From that page, narrow down the search by selecting one of the choices *other* than the "Search by Name" selection. Searching by license number or by a specified license type narrows down the databases that the query must search through, as the Public License Search includes all licenses issued by DSHS. The above search narrowing advice is especially important if you use dial-up internet access. As the search time increases, the possibility of a "time-out" error increases.

Q: I read that several bills from the last legislative session added requirements for EMS providers. When are these requirements effective and where can I read about them for myself?

A: The new legislation mandates provider licensing for all vehicle transport of patients by stretcher and calls for epinephrine auto-injector devices to be added to the list of the minimal standards for EMS vehicles. The bills specified effective dates for rule adoption, and rules have already been presented to and approved by GETAC and the Department of State Health Services Council. Proposed rules will be published

in the *Texas Register* in late March or early April, with public comment accepted for 30 days after publication (see www.sos.state.tx.us/texreg/index.shtml). Use the following internet URLs for more information:

Senate Bill 10: www.capitol.state.tx.us/tlodocs/80R/billtext/html/SB00010F.htm (scroll down to SECTION 14).

House Bill 2827: www.capitol.state.tx.us/tlodocs/80R/billtext/html/HB02827F.htm.

Health and Safety Code (statute) (epinephrine auto-injector devices):

<http://tlo2.tlc.state.tx.us/statutes/docs/HS/content/hm/hs.009.00.000773.00.htm#773.014.00>.

Health and Safety Code (statute) (transport of patients by stretcher):

<http://tlo2.tlc.state.tx.us/statutes/docs/HS/content/hm/hs.009.00.000773.00.htm#773.041.00>.

Letter from State EMS Director

Re: SB 10 & HB 2827:

www.dshs.state.tx.us/emstraumasystems/ProviderLtrSB10HB2827.pdf.

**Texas EMS
Conference
November 23-26
Fort Worth**

Emergency Childbirth

By Kenny Navarro, LP

Objectives

At the completion of this unit, the student will be able to

1. Assess and provide care for the obstetric patient with impending delivery.
2. Assess and provide care to the newborn infant.
3. Provide care to the mother immediately following the delivery of a newborn.



Under normal conditions, the arrival of a child can be a joyous occasion welcomed by all involved. The prehospital environment may not represent the ideal location for a delivery, but in most cases, it is still a happy event. This article will focus on the care of the obstetrical patient before, during and after childbirth, care of the newborn, and some abnormal delivery emergencies. This represents guidelines; as with any prehospital care, you must always follow your medical director's protocols.

Anatomy and Physiology Review

Each month, the female sex organs known as the ovaries release an egg

into the fallopian tube. Conception normally takes place within one of the fallopian tubes when the egg and the sperm unite. Between the fourth and seventh day after being released, the fertilized egg has completed its journey through the tube and comes to rest on the upper back wall of the uterus.

The uterus is a hollow, pear-shaped muscular organ composed of three tissue layers. These layers help to provide nutrients during fetal development, contract during labor to expel the fetus, and close off blood vessels following delivery thus preventing the mother from hemorrhaging.

The elongated lower portion of the uterus is called the cervix and opens into the vagina. The vagina is a fibrous



muscular tube that extends to the outside of the body and is sometimes referred to as the birth canal. A mucus plug seals the cervix during pregnancy. As labor begins, cervical changes release the mucus plug, which is expelled from the vagina.

These female reproductive organs lie in close proximity to the bladder and bowel. As the pregnant uterus grows in size, it places pressure on these organs. Females in the later stages of pregnancy complain of frequent urination and the sensation of an impending bowel movement when birth is imminent.

Organs of Pregnancy

Attached to the internal uterine wall is a flattened organ called the placenta. The placenta provides support for the fetus during intrauterine development and originates from the same mass of cells from which the fetus develops. Respiratory gases, nutrients, wastes, antibodies, hormones and electrolytes are transferred between mother and child through the membranes within the placenta. The placenta is attached to the fetus by a long twisting collection of tubes known as the umbilical cord. Throughout the pregnancy, the umbilical cord grows to meet the needs of the fetus. At birth, there may be as many as 40 spiral twists present in the cord. A true knot is created when a fetus has moved through a loop of cord and is one of the causes of still birth.

The fetus is surrounded by a bag of water known as the amniotic sac. At term, the sac contains about 1,000 mL of fluid, most of which is water. The amniotic fluid serves as a cushion to decrease external forces applied to the fetus, especially in early pregnancy. Later in the pregnancy, some of the

fluid comes from fetal urine.

Fetal Circulation

Maternal blood flow is essential for fetal development and well-being. However, the mother's blood does not flow directly through the infant. The baby has its own circulatory system. Blood from the fetus flows through the umbilical cord, filters through the fetal side of the placenta, and then returns to the infant. The separation of the maternal and the fetal blood supplies at the placenta is called the placental barrier. The placental barrier allows some substances, such as oxygen and glucose to pass from mother to baby, but prevents other substances, such as certain drugs, from diffusing across.

Progress of Gestation (the Trimesters of Pregnancy)

A full term pregnancy lasts approximately 280 days and can be divided into three-month intervals called trimesters.

During the first trimester, the uterus does not enlarge very much. The fetus is still very tiny, but in the first trimester, all essential fetal body parts form. During this time, the mother may experience breast tenderness due to the enlargement of breast tissue; fatigue because of frequent urination as the uterus expands enough to put pressure on the bladder; heartburn due to decreased gastric emptying; and nausea/vomiting or morning sickness thought to be caused by pregnancy hormones released from the placenta.

By the time the second trimester begins most of these symptoms will disappear. The second trimester is generally a period of well-being highlighted by the first sensation of fetal movement.



During the third trimester, the growing uterus causes the mother's diaphragm to elevate which leads to shortness of breath. An increase in the maternal blood volume will produce a physiological anemia. Leg cramps are common. The expanding abdomen changes the mother's center of gravity and predisposes her to falls.

Labor

The majority of pregnancies proceed normally with minimal risks. However, EMS personnel must be prepared to deal with any number of complications that may develop with little or no warning.

The presentation of labor may be classic or with variations and can be divided into three stages. During the first stage, regular uterine contractions cause the cervix to dilate. The cervix must be completely dilated before the baby can pass from the uterus into the birth canal. In first pregnancies, this stage can last for a very long period of time, hours in fact, but generally gets shorter with each successive pregnancy.

Sometimes, the patient thinks she is in labor when she is not. Some patients develop an irregular rhythmic uterine tightening known as Braxton Hicks contractions. In contrast to the contractions of true labor, Braxton Hicks contractions are frequently painless and made easier as the patient walks around.

During the first stage, the contractions get progressively more frequent and intense. An expulsion of the mucus plug occurs in a bloody show. The amniotic sac or bag of water frequently ruptures. It is important to determine the color of the amniotic fluid whenever possible. Normal fluid should

be clear. If the water is thin with a slight greenish discoloration, meconium may be present. Meconium is fetal intestinal contents composed mostly of sloughed skin cells that have been swallowed by the baby. If the amniotic fluid is a thick pea-soup type of liquid, the meconium level is very high and represents a serious threat to the infant.

Stage two begins when the cervix is completely dilated and lasts until the birth of the baby. The average time the mother spends in stage two is about an hour and a-half with the first baby to about thirty minutes in successive pregnancies. During this stage, the contractions become stronger and last longer than previous contractions. The patient may complain of an urge to push or to have a bowel movement which usually means that delivery is imminent.

The third stage of labor begins when the baby is born and continues until the delivery of the placenta. This stage may last anywhere from 5 to 20 minutes.

Prehospital Care

Patients in uncomplicated labor usually require only supportive therapy. The ABCs should be maintained, supplemental oxygen may be applied to keep the patient well saturated, and an ECG can be attached. An IV can be established with normal saline and fluid may be administered to keep the patient's systolic blood pressure above 90 mm Hg.

Very early in the assessment, EMS personnel must determine whether delivery is imminent or if the mother can be safely transported to the hospital before childbirth. Imminent delivery may be evidenced by perineal or rectal bulging, uncontrollable

pushing, the sensation of an impending bowel movement, or visible crowning.

If the labor is premature or if the pregnancy or delivery is high-risk, such as breech presentations, multiple births, or meconium staining, initiate transport as soon as possible to a facility equipped for and capable of handling a complicated obstetrical emergency.

In uncomplicated labor when the birth is imminent, quickly prepare for delivery because little can be done to prevent the birth. If the baby is not born within ten minutes, begin transport and all subsequent care can be delivered on the way to the hospital.

EMS personnel must resist the urge to prevent or delay delivery. Do not hold the mother's legs together. Do not let the mother go to the bathroom. Recognize your own limitations and if necessary, begin transport.

Field Delivery

If delivery is imminent, place the mother on her back with her knees widely separated. The buttocks can be elevated with pillows to allow access to the perineal area. If time permits, a sterile field should be made around the vaginal opening with the sterile towels or paper barriers that are included in a prehospital OB kit.

Place the palm of one hand gently over the advancing head of the fetus to prevent an explosive delivery. Be careful not to press on the soft spot of the baby's head. If the amniotic sac has not ruptured, puncture the membrane being careful not to injure the child. Remove the membrane from the baby's face.

As the head emerges, the mother should be encouraged **not** to push so the delivery can continue slowly and

with minimal trauma to the perineal area. Having the mother take slow deep breaths through her mouth will help her overcome the strong urge to push.

As soon as the baby's head emerges, suction the baby's mouth first and then the nasal passages in order to clear secretions. Suction should be performed before the shoulders and chest delivers.

If the umbilical cord is wrapped around the infant's neck, it can usually be slipped down over the infant's shoulder. If the cord is too tightly wrapped around the neck, clamp the cord in two places and cut between the clamps with sterile scissors or scalpel. Do not use trauma shears as this may introduce bacteria into the baby's blood stream.

One shoulder is then delivered with the next contraction. The upper shoulder usually passes first with gentle downward pressure on the head; the lower shoulder can then be delivered with gentle upward pressure on the head. You should never exert traction on the infant's head or neck in order to facilitate delivery.

Usually, once the shoulders are free, the rest of the infant's body delivers rapidly. Be prepared and hold the infant tightly.

Once delivered, support the infant at the level of the vagina. Wipe the blood and mucus from the baby's face with a clean towel or sterile gauze provided in the OB kit. Suction the baby's mouth and nose again to clear all fluids from the upper airway.

Place two umbilical clamps at 4 inches and 6 inches from the infant's abdomen. Using sterile scissors or a sterile scalpel cut the cord between the two clamps. Do not use trauma shears.

Examine the cut ends of the cord for bleeding; if the cut end attached to the infant is bleeding, apply an additional cord clamp and reassess for bleeding. Do not remove the first clamp.

Wrap the infant in a clean, dry, warm blanket and place the baby on its side to facilitate draining of the airway.

Meconium Suctioning

For deliveries complicated by the presence of meconium, some modifications to the delivery procedure must be made.

Following delivery of the head but before shoulder delivery, the newborn's mouth and nose (in that order) should be thoroughly suctioned. Suctioning before the chest delivers minimizes the chance that the infant will aspirate meconium below the vocal cords with his or her first breath.

After delivery of the infant, suction any residual meconium from the mouth and nose. Do not stimulate the baby before suctioning to prevent the baby from inhaling any meconium with its first breath.

If the infant is depressed or if the meconium is thick or particulate, perform direct endotracheal suctioning using an ET tube as a suction catheter or one fitted with a meconium aspirator. Quickly intubate the trachea, preferably before the infant takes his or her first breath. Apply suction to the proximal end of the ET tube while withdrawing it. During this procedure, aim 100 percent oxygen toward the infant's face and monitor the heart rate. If the infant heart rate falls below 60 beats per minute, ventilate with a pediatric BVM. Repeat the intubation-suction-extubation cycle until no further meconium is obtained. Do not ventilate between cycles unless the heart rate

drops below 60. If the ET tube occludes with meconium, replace it with a fresh tube.

After tracheal suctioning is complete, continue resuscitation as needed.

Neonatal Care

Once the baby is delivered, there are three basic steps that must be taken to prevent the deterioration of the infant.

Clear the Neonatal Airway

Place the neonate on its back or side. Insure the infant's neck is in a neutral position. If you flex or extend the neck too far, the airway can become compromised. You can place a small folded towel under the infant's shoulders to help keep the neck neutral.

Suction the mouth and nose with a bulb syringe for no more than 5 seconds at a time. Avoid deep or vigorous suctioning which can make the baby stop breathing or slow the heart rate significantly. Monitor the infant's heart rate during suctioning. If the heart rate slows below 100 beats per minute, stop suctioning and begin blow-by oxygen.

Prevent Neonatal Heat Loss

Newborns are very susceptible to heat loss. Remember, they have just



spent the last 40 weeks in a very warm incubator and are now wet from head to toe. Dry the infant's head and body. If the baby was born before your arrival, remove any coverings that might be wet.

Cover the infant with dry wrappings making sure to cover the head. If the mother and infant are both stable, you can place the naked infant against the mother's body, and cover both the mother and infant. The mother's body heat will help to keep the baby warm.



Provide Neonatal Stimulation

In most cases, drying and suctioning alone will induce respirations. If not, provide tactile stimulation for 5 to 10 seconds by flicking the soles of the infant's feet or rubbing the infant's back. If respirations are inadequate or do not begin, provide blow-by oxygen or positive pressure ventilation with a bag-valve mask at a rate of 60 breaths per minute.

Oxygen administration is not usually necessary for normal newborns with cyanosis in the extremities, a condition common during the first few minutes of life. If however, the baby is cyanotic in the extremities and in the body core, blow-by oxygen should be administered. If this fails to correct the hypoxia, begin assisting ventilations.

APGAR Scoring

At the 1-minute and 5-minute marks after the baby is born, you should give the baby an APGAR score. APGAR scoring was created by Dr. Virginia Apgar in the 1920s to serve as a consistent method of assessing neonatal viability.

Appearance

Assess the appearance of the baby. If the entire body is pink, the baby gets 2 points. If the trunk is pink but the hands or feet are blue, this is called acrocyanosis and the score is 1. If the entire baby is blue or pale, the baby receives no points for appearance.

Pulse

Listen to the baby's apical heart rate and feel a brachial pulse for at least 30 seconds. If the heart rate is greater than 100, award 2 points. If the heart rate is less than 100, begin assisting ventilations and score 1 point. If no pulse is present, begin CPR and score no points.

Grimace

This measures the baby's response to a stimulus and can be tested by snapping a finger against the soles of the feet or gently inserting the bulb syringe into the baby's nostril. If the infant cries and pulls the foot away or sneezes, the score is 2. If there is only a weak reaction or grimace, the score is 1. No reaction scores 0.

Activity

The degree of muscle tone or activity indicates the degree of tissue oxygenation. Normally, the hips and knees are flexed and the baby will resist attempts to straighten them out. This is worth 2 points. If the baby only



weakly resists attempts to straighten the knees, the score is 1. If the child is flaccid or limp with no muscle tone, they receive no points.

Respiratory Effort

The child would get 2 points if the respirations are regular and rapid with a good strong cry. If the respirations are labored, weak, slow or gasping, assist ventilation and score 1 point. If respirations are absent, score nothing and resuscitate immediately.

APGAR Score

The highest APGAR score a newborn could achieve is 10; the lowest is a zero. APGAR scores should be used as a guide for trending improvements or deterioration in the neonate's status. If the initial APGAR score is 7 points or greater, the baby is active and stable needing only routine care. If the initial score is between 4 and 6 points, the infant is moderately depressed and needs warming, stimulation, suction, oxygen and possibly even ventilatory assistance. If the initial score is 3 points or lower, the baby is severely depressed and needs aggressive neonatal resuscitation, including CPR and rapid transport.

Maternal Postpartum Care

Even though there is a great deal of attention being paid to the newborn, you must not forget that you now have two patients that need care. Fortunately, the care of the mother following childbirth is usually simple and without serious complications.

Assess and support the mother's ABCs. Oxygen is not usually necessary, but must be provided if the bleeding is severe or evidence of shock is present. Begin transport of the

mother and baby to the hospital as soon as possible.

It may take some time for the placenta to deliver. Do not pull on the umbilical cord in an attempt to recover the placenta. This may cause additional bleeding or in rare cases, it may cause the uterus to invert. Allow the placenta to deliver spontaneously. If the placenta delivers before you get to the hospital, collect and transport it with the patient for examination at the hospital.

Women can usually tolerate a blood loss of up to 500 mL after childbirth. If the loss exceeds that amount or the mother continues to bleed heavily after delivery, treat her for shock. Place the mother in the shock position, administer high-flow oxygen, keep the patient warm and begin fluid replacement with normal saline. If the perineum was torn during delivery, control external hemorrhage using gauze pads and firm pressure. It may be possible to slow internal bleeding by massaging the uterus. Do not attempt vaginal examination or vaginal packing to control bleeding.

Summary

The ideal place to have a baby is not in the back of an ambulance. However, the baby is usually unaware of his surroundings when he decides to make his entrance into the world. The vast majority of deliveries proceed normally. There will, on occasion, be complications. By frequently reviewing the childbirth procedure and practicing the technique on a manikin, EMS personnel may be able to prevent a happy event from becoming a disaster.

References

- American Heart Association. 2005 AHA Guidelines for CPR and ECC, Part 13: Neonatal Resuscitation Guidelines. *Circulation* 2005;112;IV-188-IV-195;
- U.S. Department of Transportation. National Standards Curriculum: Emergency Medical Technician. Washington, DC, 1994

Emergency Childbirth Quiz

1. Cervical dilation begins during which stage of labor?
 - a. First stage
 - b. Second stage
 - c. Third stage
 - d. Last stage
2. Meconium is defined as
 - a. fetal intestinal contents.
 - b. the fluid in the amniotic sac.
 - c. maternal intestinal contents.
 - d. the cheesy protective substance that covers a fetus during gestation.
3. Which of the following events occurs during the second stage of labor?
 - a. Crowning
 - b. The placenta delivers
 - c. The cervix begins to dilate
 - d. The mucus plug is expelled
4. You have just performed an uncomplicated delivery of a healthy baby boy to a first-time mother. A second ambulance crew on the scene is caring for the baby while you attend to the mother. Blood loss is minimal and under control, and there is no evidence of shock. The patient's pulse rate is 98 bpm, the respiratory rate is 22 rpm and the blood pressure is 138/82 mmHg. What is the most appropriate method of oxygen delivery for this patient?
 - a. Low-flow oxygen with a nasal cannula
 - b. High flow oxygen with a bag valve-mask
 - c. Oxygen is not necessary for this patient
 - d. High flow oxygen with non-rebreather mask
5. While evaluating a full-term 22-year-old female during her first, non-complicated pregnancy, you notice frequent contractions, panting, and perineal bulging. The hospital is approximately 15 minutes away by ground transport. Choose the most appropriate next step.
 - a. Prepare for imminent birth
 - b. Place the patient on a cardiac monitor
 - c. Establish IV access and begin fluid replacement
 - d. Move the patient to a stretcher and begin transport
6. You have just delivered a full-term infant and are suctioning with a bulb syringe. The infant is reacting poorly to the stimulation. The infant's heart rate is 90 bpm and the respiratory rate is 38 rpm. Which of the following statements about clearing the neonatal airway is FALSE?
 - a. Perform deep suctioning of any possible meconium
 - b. Begin assisted ventilations and chest compressions
 - c. Stop suctioning and administer blow-by oxygen
 - d. Continue suctioning the mouth and nose to improve airflow
7. In what position should the mother be placed to facilitate an imminent birth on the prehospital environment?
 - a. Shock position
 - b. Trendelenburg position
 - c. Prone position with elevated buttocks
 - d. Supine with the knees widely separated
8. Following childbirth, all of the following are appropriate for the mother who continues to bleed heavily EXCEPT
 - a. administer high-flow oxygen
 - b. place the mother in the shock position
 - c. control external hemorrhage using gauze pads and firm pressure
 - d. locate the source of the bleeding by internal vaginal examination
9. During delivery, you notice the amniotic sac has not ruptured and is bulging from the vagina. Choose the most appropriate next step.
 - a. Allow the sac to deliver intact
 - b. Puncture the membrane yourself
 - c. Allow the sac to rupture on its own

10. You are assessing a term newborn delivered by untrained family members prior to your arrival. The baby is pale with a heart rate of 80 and gasping respirations. The baby does not respond to you snapping your fingers against the soles of the feet and remains limp. You estimate the APGAR score to be
- 2
 - 3
 - 4
 - 10
11. During an uncomplicated field delivery, as the head emerges, what should you do to help the mother overcome the strong urge to push?
- Perform uterine massage
 - Place your gloved hand over the vaginal opening
 - Insert two fingers into the vagina to make an airway for the baby
 - Encourage the mother to take slow, deep breaths through her mouth
12. You arrive on scene where an uncomplicated delivery of a full-term baby occurred about thirty minutes prior to your arrival. The placenta has still not delivered. Choose the most appropriate next step.
- Begin transport of mother and child as soon as possible
 - Wait on scene for the placenta to deliver spontaneously
 - Pull on the umbilical cord in order to retrieve the placenta
 - Massage the uterus for fifteen minutes before transport
13. Once the head has delivered, but before delivery of the chest and shoulders, which airway structure should be suctioned first?
- Baby's mouth
 - Baby's nasal passages
14. The letter "G" in the APGAR score represents
- gastric.
 - gravidy.
 - gestation.
 - grimace.
15. Which of the following instruments should not be used to cut the umbilical cord of a newborn?
- Sterile scalpel
 - Sterile scissors
 - Trauma shears
 - Sterile trauma scissors
16. The umbilical clamps should be placed at ____ and ____ inches from the infant's abdomen and should be cut between the clamps.
- 1, 2
 - 2, 4
 - 4, 6
 - 6, 7
17. The letter "P" in the APGAR score stands for
- pulse.
 - perfusion.
 - provocation.
 - past medical history.
18. You have just delivered a healthy full-term infant. The airway has been thoroughly suctioned and is clear. Stimulation produced an active cry. Choose the most appropriate next step which will help prevent deterioration of the infant.
- Deliver the placenta
 - Provide blow-by oxygen
 - Prevent neonatal heat loss
 - Establish intraosseous access
19. A newborn whose 1-minute APGAR score is 6 is considered
- dead.
 - normal.
 - severely depressed.
 - moderately depressed.
20. After cutting the umbilical cord, you inspect the end attached to the infant and find the cord is still oozing blood. What is your next action?
- No additional care is necessary.
 - Replace the first clamp with a new clamp
 - Remove the clamp and apply direct pressure to the cord
 - Apply another clamp between the first one and the baby's abdomen

This answer sheet must be postmarked by April 20, 2008

CE Answer Sheet Texas EMS Magazine
Emergency Childbirth

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

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

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

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

Answer Form

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

- | | | | | | | | | | | | | | | | | | |
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| 1. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 11. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 2. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 3. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | | | | |
| 4. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 5. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 16. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
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| 8. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 18. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 9. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | | | 19. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 20. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |

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

GETAC Recap continued from page 15:

The foundation has finalized a trauma designation process for Level III facilities to begin within the next two weeks. Foundation representatives reported on projects including: the Comprehensive Clinical Management Program (CCMP); rules of division and standardizing criteria the state will accept; stroke criteria; and the need for more physician participation.

General Public Comment:

Public comments were made by several stakeholders regarding the PowerPoint presentation by Dr. Racht concerning the possible reconstruction of GETAC. (www.dshs.state.tx.us/emstraumasystems/GETACCouncil.shtm) The suggested restructuring aims to improve the council by: providing more flexibility to combine meetings; allot more public comment time and committee discussion; provide better representation; and ease travel arrangements. The restructuring may be voted on at the next GETAC meeting. Other comments included reducing Office of EMS/Trauma Systems reports from the meetings; changing the name of the segment elevation myocardial infarction (STEMI) subcommittee to include other cardiac care professions; possibly contracting with TETAF for administrative duties of subcommittees. It was announced that F.E. Shaheen, III, EMT-P, had resigned from GETAC.

Action Items:

A motion by Jodie Harbert for the recommendation of a letter to Assistant Commissioner Kathryn C. Perkins requesting background checks on all EMS applicants.

A friendly amendment by Jodie

Harbert specifically asks for federal background checks and specifies types of applicants this should apply to. This revised motion was made by Jodie Harbert and seconded by Luis Fernandez, MD, to recommend a letter to Perkins to request DSHS do federal background checks on all recertification; all reciprocity certification licensure; and all EMS personnel for all EMS applicants. The motion passed unanimously.

A motion by Ronald Stewart, MD, and seconded by Mike Click, RN, to approve and move forward with draft DSHS rule: Section 157.132-Regional Trauma Account, regarding funds disbursement from traffic signal enforcement; as amended in Section (d) Calculation Methods, (1)Hospital Allocation, (E); by the Trauma Systems Committee. The motion passed unanimously.

A motion by Jodie Harbert and seconded by Tivy Whitlock to approve a letter to be sent to Barbara Murphy, who is the coordinator for planning and evaluation for the Houston-Galveston Area Council in support of EMS and in support of meeting with the group to help them make a more informed decision on the funding of EMS education. The motion passed unanimously.

Dr. Racht asked for the permission of the council to call Ms. Murphy of H-GAC to discuss the issue from the previous motion on behalf GETAC and all stakeholders. Mr. Harbert suggested a conference call with Ms. Murphy that should include members of the EMS Committee and Education Committee. The council accepted the suggestion and accepted the request.

A motion was made by Luis Fernandez, MD, and seconded by Mike Click, RN, to develop an

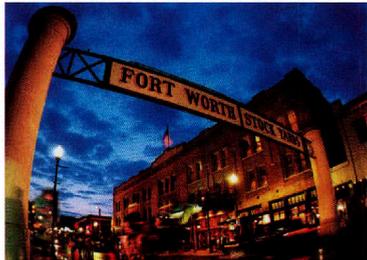
infectious disease exposure response workgroup for first responders as recommended by the Medical Directors Committee. The motion passed unanimously.

A motion was made by Luis Fernandez, MD, and seconded by Ronald Stewart, MD, for the GETAC chair to draft a letter to be sent to the Governor's Office and to the Commissioner of the Department of State Health Services that would reflect the recommendation of the Trauma Regulatory Structure Task Force Report to improve the function of EMS and Trauma Systems inside the Department of State Health Services. The motion passed unanimously.

Future meeting dates in 2008: May 7-9, 2008, in Austin; August 13-15, 2008, in Austin; and November 22-24 in Fort Worth, Texas in conjunction with the 2008 EMS Conference.

Adjournment: The meeting was adjourned at 12:57 p.m.

**Join us for the
Texas EMS
Conference
November 23-26
in
Fort Worth**



Almost half of this season's influenza cases have been caused by virus strains not specifically covered by this year's flu vaccine. Due to production time to make the vaccine, public health experts face a yearly challenge of formulating the flu vaccine eight months before the flu starts to circulate.

"In 16 of the last 19 years, we have had a well-matched vaccine," said Joseph Bresee, an influenza epidemiologist

Since viruses are constantly changing through mutation, a new variant inevitably emerges.

at the Centers for Disease Control and Prevention (CDC).

When it's created, the vaccine has representatives of the three large families of flu virus that are currently circulating – the two main types of influenza A, H1N1 and H3N2, and influenza B. Vaccine viruses are dead or crippled so they cannot cause illness, but they do boost the body's immune system. Since viruses are constantly changing through mutation, a new variant inevitably emerges. With almost no one protected from it, the new variant easily finds a victim and begins to spread.

However, a flu shot can still offer benefits against new strains, including milder symptoms. CDC officials also say vaccinations are still helpful even late in the flu season to prevent infection and lessen symptom severity, especially for people at high risk for flu complications.

In February, virologists gather in Geneva to formulate the next year's vaccine.

From *Washington Post*, "Vaccine fails

to cover some flu strains this season," February 11, 2008.

The Hispanic Health Research Center, part of the Brownsville regional campus of the University of Texas School of Public Health, recently released preliminary data from part of a long-term study of about 1,800 Cameron County residents. While other studies have estimated obesity rates in Texas, this study is the first and largest to focus on diabetes and obesity along the border with Mexico.

The study shows 84 percent of adults weigh more than they should, more than half are obese, and 32 percent have diabetes. The data is thought to be representative of the region. The researchers expect to publish the data in a medical journal later this year, but did not want to wait to share the information.

The Rio Grande Valley's obesity rates are

While other studies have estimated obesity rates in Texas, this study is the first and largest to focus on diabetes and obesity along the border with Mexico.

much higher than the national average of 34 percent reported by the Centers for Disease Control in 2006. Diabetes rates also are much higher. The American Diabetes Association reports approximately seven percent of the American population, and 9.5 percent of Mexican Americans are believed to have diabetes.

The School of Public Health is now focusing on prevention by working with local health officials and the community.

From *The Monitor*, "New long-term study



Did you read?



affirms high obesity, diabetes rates in Valley,” February 11, 2008.

Pertussis, commonly called whooping cough, is often considered a disease of the past, but in spite of an available vaccine, cases are still on the rise. The germ *bordetella pertussis* causes whooping cough, a highly contagious respiratory infection.

Living in the back of the nose, the germ

The germ *bordetella pertussis* causes whooping cough, a highly contagious respiratory infection.

spreads easily through airborne microbes when an infected person talks, coughs or sneezes.

Symptoms of whooping cough may resemble a cold with sneezing, runny nose and a cough – all of which gradually worsen. Coughing spells may become severe and usually increase at night. Symptoms may include vomiting or difficulty breathing, but usually no fever is present. Milder symptoms sometimes lead to misdiagnosis of asthma or bronchitis. A persistent cough may be the only symptom. In babies whooping cough can possibly result in death.

Diagnosis is based on clinical symptoms and laboratory testing from a swab taken from the back of the nose. Difficulty in obtaining a good sample may lead to an incorrect negative laboratory result.

While serious cases may require hospitalization, pertussis is usually treated with antibiotics. It’s recommended that all children and adults who’ve had contact with infected people receive antibiotics.

Vaccinations for pertussis are recommended for children at age two months, four months, six months and 15 months and

another dose at four to six years. A booster vaccine is available for adolescents and adults. Adults and adolescents could become infected five to 10 years after vaccination since the vaccine’s protection fades over time.

If a cough persists for more than two weeks, a doctor’s visit is recommended. More information is available at www.immunizetexas.com.

From *El Paso Times*, “Whooping cough cases rise despite vaccinations,” February 11, 2008.

A new Harvard Medical School study in the journal *Health Affairs* shows patients are waiting in emergency rooms longer now than in the 1990s, especially people with heart attacks. All emergency room wait times increased by 36 percent between 1997 and 2004. Heart attack patients’ wait time increased from eight minutes in 1997 to 20 minutes in 2004. The wait time for patients who saw a triage nurse and were designated as needing immediate attention increased 40 percent: from an average of 10 minutes in 1997 to an average 14 minutes in 2004.

Using U.S. Census surveys and National Center for Health Statistics data covering over 92,000 emergency department visits, along

All emergency room wait times increased by 36 percent between 1997 and 2004.

with other surveys, researchers calculated the number of emergency room visits increased from 93.4 million in 1994 to 110.2 million in 2004. The American Hospital Association reports that during the same time period 12 percent fewer hospitals operated emergency rooms.

Dr. Andrew Wilper, who worked on the study, said, “EDs close because, in our current

Did you read?

payment system, emergency patients are money-losers for hospitals.”

Another researcher, Dr. David Himmelstein, said, “One contributor to ED crowding is Americans’ poor access to primary and preventive care, which could address medical issues before they become emergencies.”

The American College of Emergency Physicians president Dr. Linda Lawrence said, “Ever-lengthening waits are a frightening trend because any delays in care can make the difference between life and death for some patients.... It’s a recipe for disaster.”

From Reuters, “ER wait times getting longer,” January 15, 2008.

Texas A&M is now a “mother-friendly worksite” as designated by a program sponsored by DSHS.

Texas A&M is now a “mother-friendly worksite” as designated by a program sponsored by DSHS.

As part of its larger work-life balance program, called Equilibrium @ Texas A&M, the college created a resource list of its family-friendly restrooms, including information on their amenities such as diaper changers and extra seating for nursing or milk expression. Currently the university has 25 facilities and plans to add eight more.

Criteria for receiving the designation includes flexible work schedules to provide time for milk expression; access to a nearby clean and safe water source; sink for washing hands and rinsing breast-pump equipment; and access to hygienic storage for breast milk.

From *Austin American Statesman*, “Aggies are mama-friendly,” January 30, 2008.

Jim Tour, who directs Rice University’s Carbon Nanotechnology Laboratory, worked with the University of Texas institutions, the M.D. Anderson Cancer Center and

Giving the drug to mice before exposing them to radiation proved 5,000 times more effective than any currently available therapy for radiation injuries.

the Health Science Center, to develop a drug to prevent injuries from radiation exposure. Giving the drug to mice before exposing them to radiation proved 5,000 times more effective than any currently available therapy for radiation injuries.

Motivated by the need for remedies for radiation sickness that would follow a nuclear strike, the Department of Defense recently provided a \$540,000 grant for Tour to continue the next phase of testing. Tour’s research group will focus on improving the drug to work equally as well when given after radiation exposure.

Tour’s research began with trying to find a drug to protect astronauts from radiation exposure outside the Earth’s atmosphere. Seeing impressive results when mice were given the drug 30 minutes before radiation exposure led him to research the drug’s wider potential.

Humans don’t always get the same results as mice, and Tour states a viable radiation drug for humans would take 12 to 14 years.

From *Houston Chronicle*, “Scientists aglow over drug for radiation poisoning,” January 29, 2008.



Did you read?

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

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

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

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

Advicare Ambulance Service, Houston, TX. July 27, 2007, Surrender of Provider License while disciplinary action was pending.

Allen, James K., Parker, TX. November 6, 2007, Reprimand, for violating the EMS Rule 157.36.

Amb-Trans Ambulance, San Antonio, TX. October 26, 2007, assessed an administrative penalty of \$1,500.00, for violating EMS Rule 157.11.

Americana Ambulance, San Antonio, TX. September 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rule 157.11.

American Medical Response d/b/a Hunt County EMS, Greenville, TX. October 24, 2007, assessed an

administrative penalty of \$1,000.00, for violating EMS Rule 157.11.

Anson General Hospital, Anson, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.

Baker, Timothy A., Houston, TX. July 16, 2007, Reprimand, for violating EMS Rule 157.36.

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

Balmorhea Volunteer EMS, Balmorhea, TX. December 13, 2007, Reprimanded, for violating EMS Rules 157.11(d)(1), 157.11(g), 57.11(i)(1)(B), (L) and (M) related to failure to having an EMS vehicle adequately equipped and supplied at all times.

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

Belton Fire Department, Belton, TX. July 16, 2007, Reprimand, for violating EMS Rules 157.11.

Billy, Leasa M., Waxahachie, TX. September 24, 2007, Denial of EMT-Basic application, pursuant to EMS Rule 157.36.

Blancas, Christina A., El Paso, TX. May 31, 2007, Reprimand, for violating EMS Rule 157.36.

Boldra, Michael L., San Antonio, TX. September 25, 2007, Reprimand, for violating EMS Rule 157.36.

Brewer, Natalie A., Dallas, TX. September 18, 2007, Reprimand, for violating EMS Rule 157.36.

Britton, Chad A., Vernon, TX. May 28, 2007, Reprimand, for violating EMS Rule 157.36.

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

Brunt, Jonathan M., League City, TX. October 9, 2007, Reprimand, for violating the EMS Rule 157.36.

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

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

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

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

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

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

Coleman, Rick E., West, TX. May 31, 2007, 24-month probated suspension, pursuant to the EMS Rules 25 TAC § 157.36.

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

Cunningham, Jeffrey D., Jacksonville, TX. May 28, 2007, Reprimand, for violating EMS Rule 157.36.

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

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

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

Desopo, James A., Waco, TX. August 29, 2007, 6 month suspension, for violating the EMS Rules 157.36.

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

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

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

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

Escamilla, Daniel, Corpus Christi, TX.

DISCIPLINARY ACTIONS

48 month probated suspension of EMS certification through September 2007, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and (c).

Experts EMS, Houston, TX. April 23, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rule 157.11.

Fambro, Tiffany E., Odessa, TX. October 9, 2007, Reprimand, for violating the EMS Rules 157.36.

Feemster, Bobby D., Stephenville, TX. September 25, 2007, Surrender of EMT-Basic certification while disciplinary action was pending.

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

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

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

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

Garcia, Steven, El Paso, TX. August 29, 2007, 6 month probated suspension, for violating the EMS Rules 157.36.

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

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

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

Gonzalez, Fernando, Zapata, TX.

December 22, 2005, 48 months suspension with 45 months probated suspension, for violating the EMS Rules 157.36.

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

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

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

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

Guthrie, Tammy L., Kempner, TX. August 14, 2006, 24 months suspension with 23 months probated suspension after serving an actual 1 month suspension, for violating the EMS Rules 25 TAC § 157.36.

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

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

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

Hollon, James D., Odessa, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.

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

Kline, Kyle, San Leon, TX. 48 month probated suspension of EMS certification through June 29, 2008, for 3 misdemeanor convictions. EMS Rules 157.37 and 157.36(b) and (c).

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

Lifetime Ambulance Service, Inc.,

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).

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

Little Elm Fire Department, Little Elm, TX. August 29, 2007, assessed an administrative penalty of \$700.00, for violating EMS Rules 157.11, HSC § 773.041(b) and HSC § 773.050(a).

Loftin, Sharon K., Santo, TX. October 24, 2007, EMT-Paramedic certification placed on a 48 month probated suspension, for violating the EMS Rules 157.36.

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

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

Mansfield Fire Department, Mansfield, TX. October 24, 2007, assessed an administrative penalty of \$1,300.00, for violating the HSC §§ 773.041, 773.50(a) & EMS Rules 157.11.

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

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

Martinez, Oscar M., Van, TX. September 14, 2007, Reprimand, for violating EMS Rule 157.36.

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

Matagorda County EMS I, LLP d/b/a

DISCIPLINARY ACTIONS

Americare EMS, Bay City, TX. April 26, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11.

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

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

Medxpress EMS, Kingwood, TX. October 9, 2007, assessed an administrative penalty of \$11,250.00, for violating EMS Rule 157.11.

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

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

Morgan, Sherry L., Kennard, TX. September 3, 2007, Reprimand, for violating EMS Rule 157.36.

Munoz, Blanca D., Carrizo Springs, TX. October 26, 2007, Grant ECA certification with ECA certification placed on a 12 month probationary period, pursuant to EMS Rules 157.36(f) & 157.36(g)(5).

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

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

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

North East Texas EMS, Center, TX. July 18, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 25 TAC § 157.11.

Page, Samantha L., New Caney, TX. May 17, 2007, EMT-I certification

revoked and re-certification application for EMT-I is denied, for violating the EMS Rules 157.36.

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

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

Powers, Matthew, Arlington, TX. August 29, 2007, Surrender of EMT-Intermediate certification while disciplinary action was pending.

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

Preferred Ambulance, Inc., Mission, TX. October 24, 2007, assessed an administrative penalty of \$2,800.00, for violating EMS Rules 157.11 & 157.16.

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

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

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

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

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

Rushing, Janie M., Kennard, TX. September 13, 2007, Reprimand, for violating EMS Rule 157.36.

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

Sanders, Thomas J., Lubbock, TX. September 24, 2007, 24 month probated suspension, for violating the EMS Rule 157.36.

Santos, Victor P.S., North Easton, Massachusetts. September 24, 2007, Reprimand, for violating the HSC §

773.041(b) & EMS Rule 157.36.

Satellite EMS, Houston, TX. August 27, 2007, assessed an administrative penalty of \$12,500.00, for violating EMS Rules 25 TAC § 157.11.

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

Schreiber, Kimberly, Tomball, TX. October 9, 2007, Reprimand, for violating the EMS Rule 157.36.

Secure Ambulance, Farmers Branch, TX. August 29, 2007, assessed an administrative penalty of \$500.00, for violating EMS Rules 157.11, HSC §773.041(b) and HSC § 773.050(a).

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

Smith, Jacoby D., Odessa, TX. October 26, 2007, Reprimand, for violating the EMS Rules 157.36.

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

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

Smith, Steven C., Midlothian, TX. October 26, 2007, Reprimand, for violating the EMS Rules 157.36.

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

St. Anthony's Ambulance Service, Inc., Houston, TX. August 29, 2007, 18 month probated suspension and assessed an administrative penalty of \$10,000.00, for violating EMS Rules 157.11 and 157.16.

St. Patrick EMS Ambulance Service, Houston, TX, September 14, 2007, Reprimanded, for violating EMS Rules 157.11 & 157.16.

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

DISCIPLINARY ACTIONS

Stovall, Jerry P., Gatesville, TX. November 6, 2007, EMT-Paramedic certification suspended for 12 months, for violating the EMS Rules 157.36.

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

Tonarelli, Cathy M., Plano, TX. September 27, 2007, Revocation of Paramedic License, for violating the EMS Rules 157.36.

Trans-Care Medical Transport, Kennedale, TX. July 18, 2007, assessed an administrative penalty of \$5,000.00, for violating EMS Rules 25 TAC §§ 157.11 and 157.16.

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

Vanderbilt, Brad C., Dallas, TX. October 24, 2007, EMT-Paramedic certification placed on a 6 month probated suspension, for violating the EMS Rules 157.36.

Victorino, Victor J., Austin, TX, July 27, 2007, Reprimand, for violating EMS Rule 157.36.

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

Visions EMS, De Soto, TX. September 14, 2007, assessed an

administrative penalty of \$13,600.00, for violating EMS Rule 157.11.

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

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

White, Jeffery D., Austin, TX. October 26, 2007, Surrender of EMT-Basic certification while disciplinary action was pending.

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

Wilburn, Eric W., Conroe, TX. September 24, 2007, Revocation of EMT-Basic certification and denial of renewal for EMT-Basic certification, for violating the EMS Rules 157.36.

Wilhite, III, John H., Alvin, TX. September 13, 2007, Revocation of EMT-Paramedic certification, for violating the EMS Rules 157.36.

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

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

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

Wilson, David R., Houston, TX. August 29, 2007, Reprimand, for violating EMS Rule 157.36.

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

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

Womack, Jason M., Joshua, TX. September 24, 2007, Revocation of EMT-Intermediate certification and denial of EMT-Paramedic application, for violating the EMS Rules 157.36.

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

Zulyevic, Colleen, Canyon Lake, TX. September 24, 2007, Revocation of EMT-Intermediate certification, for violating the EMS Rules 157.36.

How long does an FBI background check take?

The length of time it may take to review a criminal history depends on any of the following:

- The applicant's submission of the proper documentation.
- The backlog of finger print checks at DPS and/or the FBI. NOTE: Once the applicant's finger print card is submitted to one of these agencies the EMS investigator has no control over how long those agencies take to run the applicants finger prints.
- Other agencies/entities may have to submit documentation, i.e., courts, employers, probation offices and the military.

For more information about the criminal history background check process, see www.dshs.state.tx.us/emstraumasystems/qicriminal.shtm.

Meetings & Notices

Calendar

March 22, 2008. **National Registry Practical Exam.** Brookhaven College EMS Program at 13614 Midway Rd., Suite 203, Farmers Branch, Texas is offering an open exam. Cost is \$190. To register call 972/860-7889. For details visit www.nremt.org, locate an exam – Farmers Branch, Texas.

April 4-5, 2008. **North Texas Regional Advisory Council Trauma Conference.** Multi-Purpose Event Center, 1000 5th Street, Wichita Falls, Texas. For more information visit www.ntrac.org.

August 7-8, 2008. **South East Texas Regional Advisory Council (SETTRAC) annual Emergency and Trauma Care Conference.** To suggest topics, speakers, and vendors, or for more information email emsandtraumacare@yahoo.com.

August 25-27, 2008. **14th Annual San Antonio Trauma Symposium** at the Henry B. Gonzalez Convention Center, San Antonio, Texas. Presented by the US Navy and National Trauma Institute. For more information visit www.hjf.org/events/trauma.html or www.nationaltraumainstitute.com.

Jobs

Paramedic: Refugio EMS is hiring a paramedic. Must have current Texas

Deadlines and information for meetings and advertisements

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

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

Fax or mail: Calendar items can be faxed to 512/834-6736 or mailed to Texas EMS Magazine, Texas Department of State Health Services MC 1876, P.O. Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

certification, good driving record and references. Refugio EMS is a stable rural system that is hospital based, low volume, progressive protocols and involved physicians. Competitive salary and benefits. If interested or need additional information contact Bob Koonce at Refugio EMS, 107 Swift, Refugio, TX 78377 or by email BKoonce@rcmhospital.org.

Firefighter/EMT-P: The City of Burnet is accepting applications for a firefighter/EMT-P. This position directs firefighters trained as EMT-P while performing as medical crew. Duties include responding to emergency fire, rescue and medical incidents. Plans, organizes, directs and controls fire/rescue and medical service functions. For job description and application visit www.cityofburnet.com. EMT-Ps also welcome to apply.

EMT/EMT-I/Paramedic: Pecos EMS has moved to a paid staff EMS as a department within the Town of Pecos. Competitive wages for the area and excellent benefits. Submit resume to Town of Pecos, Attn: Dennis Thorp, 110 E. 6th Street, Pecos, TX 79772. For additional information call 432/445-2421.

EMT/EMT-I/Paramedic: Falls County EMS in Marlin, Texas, is looking for paramedics, EMT-Is, and EMT-Bs. Pay scale is negotiable, call Rob Douglas 254/422-3268 for an application packet.

Paramedic: The City of Breckenridge and Stephens County is accepting applications to fill three immediate positions for paramedic. Dynamic 911 operation delivering integrated healthcare and based at Stephens Memorial Hospital. Competitive salary and benefits. Applications available from EMS Director, 200 S. Geneva, Breckenridge, TX 76424, or call 254/559-2241.

Faculty Instructor: The Division of Emergency Medicine Education at UT Southwestern Medical Center at Dallas has full-time positions available for initial paramedic, EMT, and CE classes. RN or paramedic with associates or bachelor in nursing or EMS related field, minimum two years experience with one year emergency experience. Email resume to debra.cason@utsouthwestern.edu or fax to 214/648-5245. For more information call 214/648-5246.

Education Director: Texas Tech University Health Science Center at El Paso, Texas is seeking a qualified individual for the position of Associate Education Director with the Department of Emergency Medicine, Division of EMS in El Paso. The position will be responsible for coordinating and/or instructing EMS certification courses at all levels. Requires detailed knowledge of EMS systems and educational curriculum at all levels, superior organization skills and the ability to work

independently within established guidelines and procedures. Current certification/licensure as a Texas paramedic or Texas RN license preferred. To apply contact Texas Tech University HSC, Human Resource Department, 4801 Alberta Ave., El Paso, TX 79905, or call 915/545-6515.

Assistant Professor: The University of Texas Health Science Center – San Antonio is recruiting for a full-time faculty position, academic rank of Instructor of Assistant Professor depending on education and experience; primary duties include field evaluation and classroom instruction of EMS paramedics. Requirements for the position: registered nurse with Texas paramedic license, or Texas licensed paramedic; bachelor's degree; three years emergency/critical care or 911 prehospital experience; two years EMS teaching experience. Prefer Texas EMS instructor certification, BCLS, ACLS, PHTLS, PEPP instructor certification. Qualified applicants should send resumes to: Mr. Joseph Lindstrom, Dept of EHS, 4201 Medical Drive, Suite 120, San Antonio, TX 78229-5631 or fax 210/567-7887. For more information call 210/567-7860.

Instructor: The University of Texas at Brownsville and Texas Southmost College seeks an Assistant Master Technical Instructor to teach in the area of Emergency Medical Science. Bachelor degree required, but a master's degree preferred. This is a full-time, tenure-track position. Please submit an application, letter of interest, vita, transcripts (copy is acceptable), and a list of five references with name, address, telephone number and email. Address to Human Resources, UTB/TSC, 80 Fort Brown, Brownsville, TX 78520. For more information and application visit www.utb.edu or call 1/800-544-8205, 956/882-8205 or fax 956/882-7476.

Paramedic: PPD, a leading global provider of discovery and development resources for pharmaceutical and biotechnology companies, has openings for PRN and full-time paramedics in Austin. Qualified candidates must be Texas certified EMT-P with ACLS certification and have previous experience on an ALS unit with minimal supervision. Must be able to work evenings, nights, and weekends. If interested apply online at www.pppi.com.

EMS Quality Improvement Coordinator: The City of Arlington Fire Department is hiring an EMS QI Coordinator. Six years experience as an EMT-P/LP, with two years in EMS program management or equivalent combination of education and/or experience. Competitive salary. For more information or to apply visit www.arlingtontx.gov and visit the career opportunities section.*

EMS Clinical Coordinator: The City of

Meetings & Notices

Arlington Fire Department is hiring an EMS Clinical Coordinator responsible for continuing education programs, public education and a variety of clinical projects. Six years experience as an EMT-P/LP, with two years developing and delivering training programs or equivalent combination of education and/or experience. Competitive salary. For more information or to apply visit www.arlingtontx.gov and visit the career opportunities section.*

For Sale

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

Miscellaneous

Continuing Education: Brookhaven College EMS Program at 13614 Midway Rd., Suite 203, Farmers Branch, Texas is offering continuing education in ACLS, PALS, CPR for Healthcare Providers and National Registry Practical Exam. For more information visit www.brookhavencollege.edu/course-schedules/non-credit/health_care_careers.aspx.+
Online Bachelor's degree: St. Edward's University, Austin, Texas, now has an online option for its BA degree in public safety management. The program is accelerated taking one-half the time of a traditional program. There is also an optional BAAS degree for those with an associate's degree. For more information visit www.stedwards.edu/newc/pacepsm.htm or call 877/738-4723 or 512/428-1050.+

Paramedic, Intermediate-85, and EMT-B Courses: Houston Community College EMS Department is currently accepting applications for all levels of EMS courses to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. For more information call 713/718-7401 or visit www.hccs.edu for details on upcoming courses.+

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

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.+

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

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

Medical Billing: Providers Billing Service is an electronic billing and collection service for Texas EMS, volunteer and paid departments. HIPAA compliant. Call for more information 888-473-0920 or fax a request for information to: PBS, Request info, Attn: Mascha. Fax number 877-687-7471.*

EmCert.com: All courses DSHS/CECBEMS accredited and meets National Registry requirements. Offers competitive individual, group and military rates. Want outstanding courses, prices, and administrative features and customer support? Visit www.emcert.com or call 877-EMS-HERO.*

Ambulance Supplies: Basic supplies for ambulance inspections. We have what it takes to pass inspections. Contact us for a list of supplies you need at the prices you will like. Call Ellett Medical at 713/501-3310.*

Education: Texas Emergency Services Education Group offers initial and continuing education courses in Texas. Upcoming classes scheduled for 2008. Call 866-240-5231 for more information. Payment plans and Veterans Administration funding available.*

Medical Billing: Express Billing, Inc. is a medical billing service in business since 1998 and has over 30 years of experience in medical billing specializing in ambulance billing. Call 713/484-5700 for more information.*

Advanced Card Courses: ACLS, PALS, ITLS, GEMS, PEPP classes monthly in the Houston area. PHTLS and AMLS available for groups with 45 days notice. CPR, AED, and First Aid training held weekly. Moulage services, CE seminars, Clinical and Billing consulting available. Flexible scheduling for individuals and small groups. Preregistration is required. We will travel. Contact Medical Matters at 281/825-8145 or online at www.medicalmatterstx.com. +
Paramedic: West Harris County EMS is seeking full-time paramedics for a progressive 911 service west of Houston. 24/72 hour shifts with benefits. Email resume to ericbank@whcemc.org. +

+ This listing is new to the issue.

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EMS Profile: Montgomery County Hospital District



In front, Terry Carpenter; second row, left to right, Jack Maddox, Amber Ott, Cindy Kennedy and Mike Marchetti; back row left, Matt Rushing; back row right, Sherry Sullivan.

Number of personnel and calls:

Montgomery County Hospital District (MCHD), located on the outskirts of Houston, was created by special legislation in 1977 to provide indigent care for Montgomery County. The District began providing EMS service in 1978. Responding to 40,000 calls annually, MCHD has a total workforce of approximately 251 employees. The Communication Center became an Accredited Center of Excellence in 2007 and also provides service for PHI Air Medical and the Conroe Fire Department. MCHD is also a beta test center for the National Academy of Medical Dispatch and served as the pilot location in the Texas Regional EMD project.

Number of Units and Capabilities: Daily, as many as 21 MICUs cover 1,100 square miles and population of 425,000. MCHD's internal aircraft-style preventative maintenance program for its 29 ambulances and 21 support vehicles is designed to limit critical failures. Standard equipment on each unit includes CPAP, IV Pumps, the ResQ-Pod, nitrous oxide, EZ-IOs, and hydraulic stretchers. MCHD features 12-lead ECGs in a comprehensive STEMI program which also includes protocols for field administration of Retavase. On Valentine's Day 2008, MCHD rolled out an induced hypothermia protocol for post resuscitation management.

Education: The MCHD Clinical Practice Department provides continuing education and traditional EMS certification courses. Internal resources allow for a specialized, intensive curriculum to meet the evolving needs of MCHD.

Community Participation: MCHD coordinates a comprehensive, county-wide first responder program, which includes 16 fire departments and seven police agencies and numerous corporate partners. The county-wide AED program features over 200 AED's. MCHD provides CPR/first aid training to the community, health care professionals, and the private sector, as well as SafeSitter training and child safety seat inspections.

Recognition: Montgomery County Shattered Lives received the 2007 DSHS Public Information/Injury Prevention Award. MCHD has been a recipient of the Public Provider Award from DSHS, the Excellence in Defibrillation Award from National Center for Early Defibrillation, and was honored as a Showcase System by the National Association of EMS Physicians. MCHD has hosted visitors from across the United States, the United Kingdom, Australia and Hong Kong.

MCHD's wellness team has been very successful: MCHD's Weight Watchers group has lost more than 1,200 pounds; numerous people have stopped smoking; and many are no longer required to take insulin or cholesterol lowering medication. The savings from reduced insurance premiums have enhanced employee benefits and been partially refunded to the staff as part of their Reward Builder program.



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