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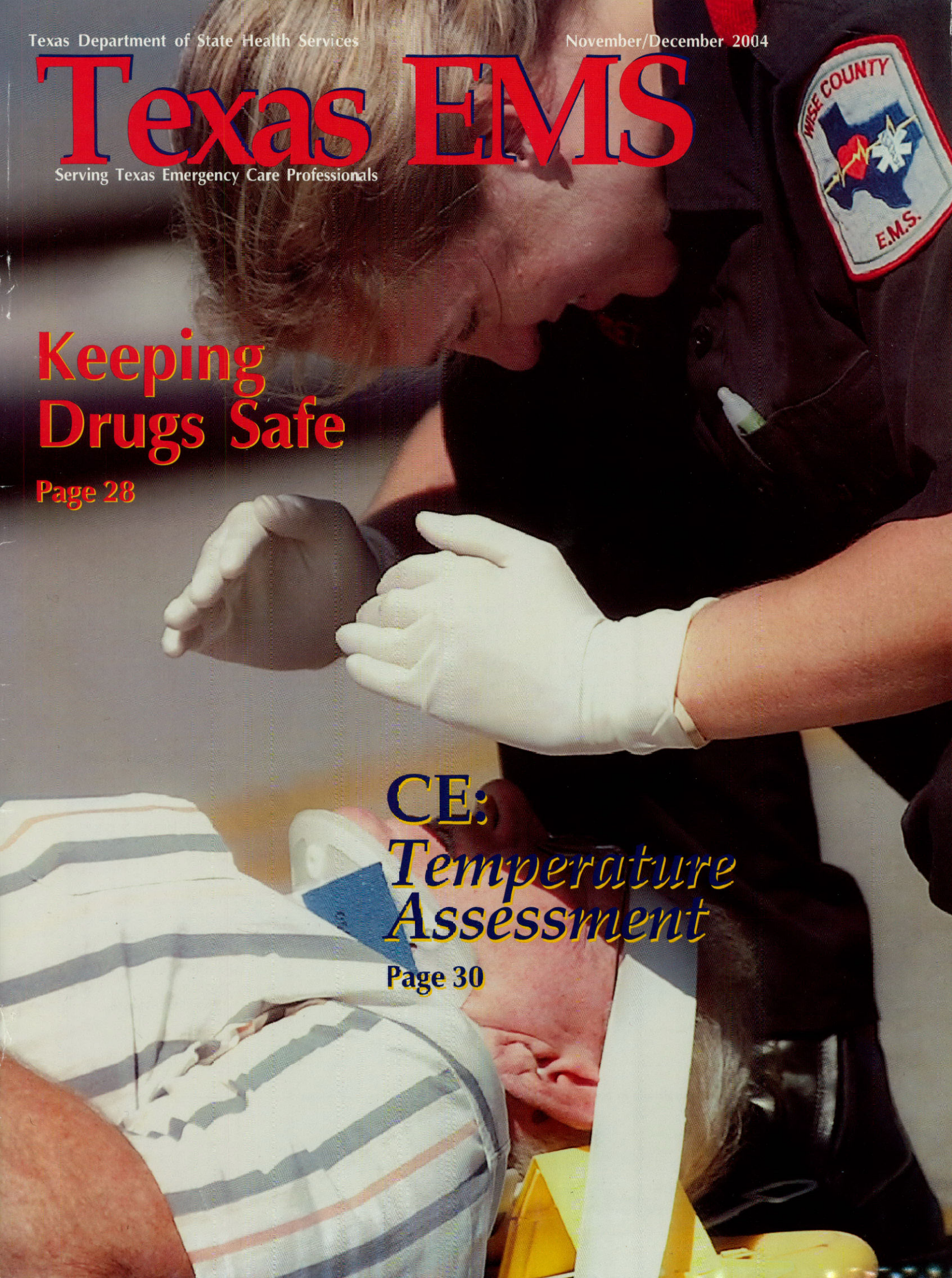


Keeping Drugs Safe

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CE: Temperature Assessment

Page 30



Texas EMS

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CONFERENCE

16 Texas EMS Conference

It's not too late to attend Texas EMS Conference! Turn here for the latest listing of workshops.

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What is drug adulteration and what can you do about it? You might be surprised who is affected. By CAROLYN RUTHERFORD, LP

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Temperature assessment is an important tool in your assessment of a patient, especially on a trauma scene. Do you know what to look for? 1.5 hours of Patient Assessment CE.

By LINDA S. SMITH, MS, DSN, RN, CLNC

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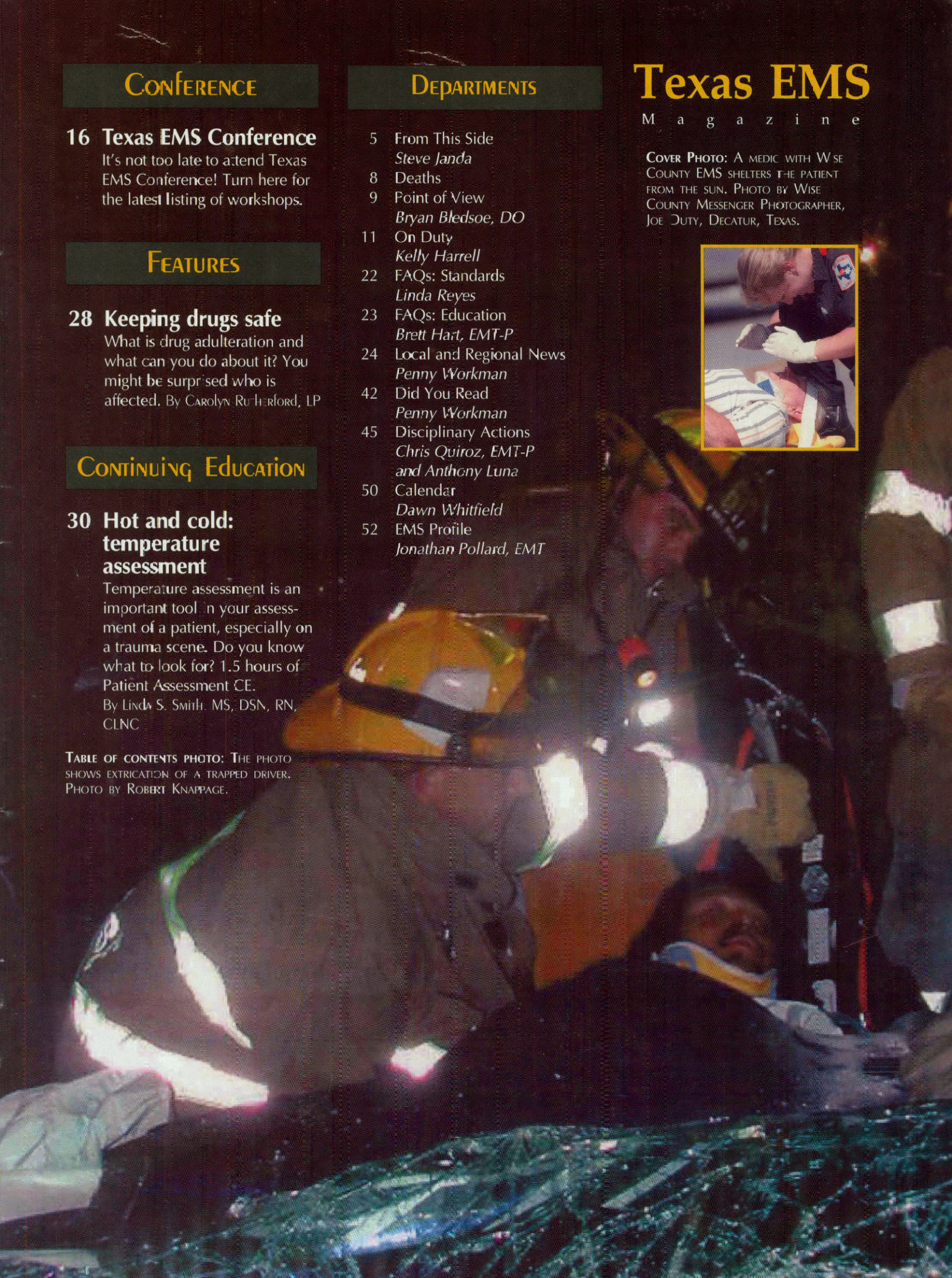
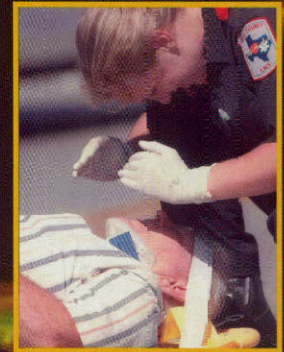
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Texas EMS

M a g a z i n e

COVER PHOTO: A MEDIC WITH WISE COUNTY EMS SHELTERS THE PATIENT FROM THE SUN. PHOTO BY WISE COUNTY MESSENGER PHOTOGRAPHER, JOE DUTY, DECATUR, TEXAS.



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November/December 2004
Publications No.

Vol. 25 No. 6
01-10658

A bimonthly publication of

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

Editor's office: (512) 834-6700, 1100 W. 49th Street, Austin, Texas 78756-3199 or FAX (512) 834-6736.

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

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

Periodicals Postage Paid at Austin, Texas. POSTMASTER: Send address changes to *Texas EMS Magazine*, 1100 W. 49th Street, Austin, Texas 78756-3199.

Steve Janda takes helm of the Office of EMS/Trauma Coordination

You've heard about someone getting promoted, and how it took two people to take the person's place? You'll recognize that scenario as you read through this column...

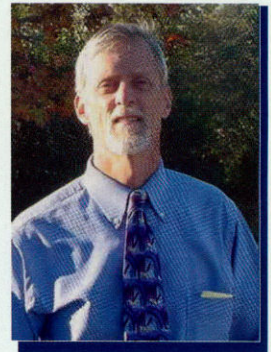
The last in a well-respected line of TDH Bureau of Emergency Management chiefs—which included Charles Gregory and Gene Weatherall—ended on September 1, 2004, when Kathy Perkins was formally promoted to director of the Health Care Quality section of the newly-created Texas Department of State Health Services (DSHS). The significant take-home message for stakeholders and old bureau staff: the state EMS/trauma system remains within Kathy's domain, and her promotion to the new position allows her integrity and experience to be brought to a host of other regulatory programs under her purview now as well.

Also on September 1, 2004, the Office of EMS/Trauma Systems (OEMS/TS) Coordination was born. The Office will continue uninterrupted with many of the former bureau's functions, including management of all EMS/trauma funding programs (LPGs, EEFs, 9-1-1 monies, the DTF/EMS Account, etc.), the annual Texas EMS Conference, *Texas EMS Magazine*, the EMS for Children and trauma designation programs, oversight of 22 regional EMS/trauma systems and their advisory councils, and coordination of the Governor's EMS and Trauma Systems Advisory Council (GETAC) activities.

I'm sincerely honored to be the first director of OEMS/TS, and at this time, I'll also continue to hold the position of state trauma systems director. My close

partner in this venture is 28-year EMS veteran Terry Bavousett, who joined us more than a year ago from Canyon where he was the regional EMS director for TDH PHR 1. Terry will continue and expand his duties as the state EMS director, with additional responsibility in the communication of EMS regulatory issues with stakeholders. He and I will alternate writing this column for each magazine issue (we may even try to rope Kathy into doing a column from time to time).

Some introductory professional background about myself: I worked for more than 15 years at Brackenridge Hospital (Level II trauma center) in Austin, including a total of four years as an RN/EMT on STARflight. I also served for seven years on the executive board of the Austin area RAC, including a term as chair. I began working for the TDH Bureau of Emergency Management four years ago, and it's been some of the most interesting work I've enjoyed during my EMS/trauma career. The underlying value of the *mission* makes public service worthwhile (and worth taking some lumps), but it's truly the *people* that make it or break it, and that includes some of the finest, most dedicated people I've known: my co-workers. That's one critical component of the re-organization that, I'm happy to report, is not changing. You will still be able to get the answers that you need from the same people you've called on in the past. Many will remain officed in their same physical locations, while (continued)



Steve Janda, Director
EMS/Trauma
Coordination Office

some will be moving within the same building. Regardless of where the desks are located, you can STILL always get the answers you need or get connected to the right person by calling the Office at the same number you've always called: (512) 834-6700. The Office will stay on the fourth floor of the Exchange Building in Austin, which is where we've been for the past two years, and our mailing address will also remain the same.

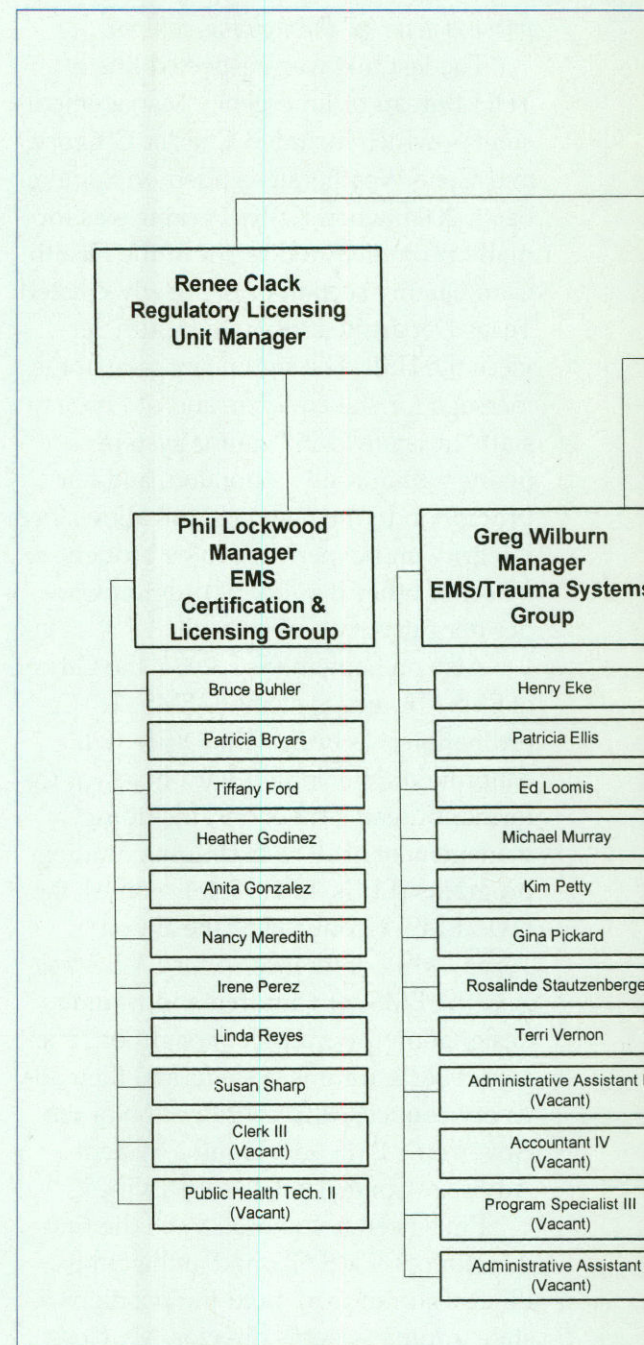
Other items of interest: I'd like to remind you to go to our website for news about the implementation of Texas Online. The fees for initial individual EMS certification/licensure and EMS provider licensure will rise due to Texas Online implementation, but we don't yet know exactly when that's going to happen. At press time, the proposed date to increase fees is November 1 with actual online certification/licensure to begin December 31. Current state law allows for the Texas Online contractor to charge all users—online applications AND paper applications—additional fees up to 90 days before the actual service begins.

In late August, we were pleased to be able to make our initial distribution from the Designated Trauma Facility and EMS (DTF/EMS) Account, a funding source made possible by HB 3588, 78th Texas Legislature. That bill places additional fines on driving offenses, and the monies collected from those fines are split between the DTF/EMS account and a highway construction fund. The first distribution came to about \$19 million, and future distributions are anticipated to be even larger as all components of the fine-collection system are now in place. Please see page 11 for more information about this funding source.

Please consider scheduling exams online—since March 2004, more than 4,000 people have taken advantage of this popular option, and the numbers are growing steadily every month. In September, more

than 1,200 people turned on the computer to schedule their exams online.

We're preparing once again for a new Texas Legislative session. The best way to stay in the loop is by going to www.capitol.state.tx.us, or by joining the Texas EMS listserv. You'll find a link to that listserv on our website. Incidentally, the recent administrative transition process at DSHS made allowances for a shift of



ownership of the Texas listserv to the stakeholders themselves. The torch has been passed to the Texas EMS Foundation, who generously volunteered to take on its oversight. Virtually nothing will change except "ownership" of the Texas EMS listserv; you do not need to sign up again.

Finally, I hope you've made plans by now to attend the Texas EMS Conference and the GETAC meetings in November.

We've got top-of-the-line workshops and presentations, thanks to an education workgroup that was a joint effort between DSHS and the Texas EMS Foundation. And check our website for the final GETAC schedule. We're very much looking forward to seeing all of you here in November... and please accept our sincere thanks once again for your support during a challenging transition period. It's a new beginning.

Health Care Quality Section EMS and Trauma Systems

October 1, 2004

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Letter

To Texas EMS Magazine:

West Texas certainly lost a friend and dedicated brother with the passing of William (Bill) Wendt. I will always remember Bill for his smile, laugh and desire to always help and make EMS better. Bill passed away in August at the age of 65.

Bill served as a coordinator for a number of years in West Texas, enabling many in the rural area to receive EMS training so they could be certified and help their communities in times of need. Bill volunteered with Balmorhea EMS for sixteen years, where he served as EMS chief, crewmember, instructor and coordinator. He also directed the services of the Saragosa Mission Volunteer Ambulance Service. Bill worked as a medic and coordinated classes for the Texas Proving Ground in

Ft. Stockton for nine years prior to his death, and he continued as a volunteer paramedic in Reeves County. He worked for the Reeves County Hospital as a medic and also served as chairman of the Reeves County Hospital Board. Even as a patient in the hospital, Bill would still attend the board meetings—yet another reminder to us of his dedication.

Bill never met a stranger and had many friends. Bill will always be remembered for his ability to improvise; it was often said he could splint anything with nothing.

Our thoughts and prayers will continually be with Bill's wife Hazel and all of his family.

Leland Hart, LP
EMS Program Specialist
DSHS, Midland

GETAC Meeting

GETAC will meet Monday, November 22, at the Austin Convention Center. The committees will meet on Saturday, November 20, and Sunday, November 21.

Please go to our website at:

www.tdh.state.tx.us/hcqs/ems for a detailed schedule.

EMS Obituaries

Steve Gifford, 45, of Mineral Wells, died September 26 when another jet ski collided with the one that he and his daughter were riding. An LP and advanced coordinator, Gifford was named 2003 Educator of the Year at the Texas EMS Conference. He was chair of the EMS department of Weatherford College.

James O. Page, 68, of California, died suddenly on September 4. Page was founder and publisher emeritus of JEMS and a pioneer in the field of emergency medicine and the development of modern EMS.

Bill Wendt, 65, of Saragosa, died August 17 of colon cancer. An EMT-P, Wendt worked at Reeves County Hospital, was an EMT instructor and volunteered with Balmorhea EMS for 16 years. He was also chair of the hospital board for the last two years, attending meetings even when he was a patient in the hospital.

Mark Anthony Zapata, 27, died August 15 of wounds sustained in Najaf, Iraq, while serving in military. Zapata was a former EMT and had worked for Valley EMS and volunteered for Edinburg Volunteer Fire Department and Lynn-San Manuel Volunteer Fire Department.

Point of View

James Page leaves legacy of making EMS better

Editor's note: Jim Page died suddenly on September 4. Page was a pioneer in emergency medical systems and the founder and publisher emeritus of JEMS.

The sudden death of Jim Page left the entire emergency services community in shock. Jim was everybody's friend. There is not a person in EMS or the fire service who was not impacted by Jim in some fashion. Various words have been used to describe Jim: attorney, publisher, visionary, manager, fire chief, state EMS director, founder, manager, advocate and author. But the word that Jim would most like used is firefighter. As high as Jim rose in the emergency services firmament, he was first and foremost a firefighter.

I first met Jim Page in 1976 at a conference in my hometown of Fort Worth. He gave the keynote speech primarily addressing issues related to funding of EMS systems. I had previously purchased a copy of Jim's book *The Paramedics* and brought it to the conference in hopes I could get Jim to sign it. I waited after the talk and approached him to sign my book. He really took time to talk with me and listen to my ideas about EMS at the time.

In the late 1970s I ran across Jim at an NAEMT conference in Boston. He saw me, came over and said, "Bryan, right?" I said, "Yes Mr. Page—how did you remember?" Our paths crossed more and more and we became good friends.

In 1982 I was contemplating going to medical school, but was having a hard time deciding whether to finish my PhD first (I only lacked 12 semester hours). I called Jim and he

succinctly laid out my options and strongly encouraged me to leave graduate school and enter medical school. He said something that I will always remember, "Bryan, EMS needs guys like you to be the leaders of tomorrow. Nothing will open doors for you better than a medical degree." I took his advice. During the long years of medical school and residency I had to stay away from EMS. But Jim and I communicated. He was proud when I (and other paramedic/physicians) graduated. In fact, he wrote an editorial about us and formed the Street Medicine Society. The purpose of the society, as Jim saw it, was not for former paramedics to get together and discuss the trials and tribulations of medicine, but to share our knowledge and experience with the EMS community. That is how Jim was—always looking out for the profession.

In 1993, Jim encouraged me to write the books and the magazine articles, as that would push the profession to grow. He was extremely proud of the Brady paramedic books and touted them highly. He even wrote the foreword for the first edition of *Paramedic Emergency Care*—despite the fact he was, at the time, employed by Mosby, our major competitor. Jim said and wrote what he felt was right.

In 1999 I had a near fatal illness. Fortunately, I recovered completely (yet slowly). And guess who was among the first to call me in my ICU bed at Baylor? It was Jim Page who related a story about his experience with near-death after he was hospitalized with a bout of epiglottitis.

I last saw Jim in July of this year

at ClinCon in Florida. He told me about some things he would like to do and one was to attend EMStock in 2005. Jim sort of retired—although I don't think he knew the meaning of the word. He bought a big recreational vehicle and was touring the best 100 small cities in the U.S. and profiling their fire departments and ambulance services to see what made them the best.

This is my story about Jim Page. There are thousands upon thousands of people in EMS and the fire service who have similar and equally passionate stories about Jim. For that is who he was. He never realized (or cared) about how important he really was or how many lives he influenced. But he was a friend to everyone he met. I thank his family for sharing him with us for all these years. His death has hit me particularly hard for he indeed was one of my principal mentors. But, knowing Jim, he would say, "Bryan, it's your turn to get out with the others and help make EMS and the fire service better." He's right. There is no time to rest. Jim's legacy is one we all must continue. I ask all in EMS and the fire service to join me and others in continuing the dreams and passions of Jim Page. We have lost a great, great friend. *Vaya con dios, mi amigo.* —By Bryan Bledsoe, DO, FACEP

Bryan E. Bledsoe, DO, FACEP, is an emergency physician from Midlothian, Texas. He is a professor of emergency medicine at the George Washington University Medical Center and author of numerous textbooks and articles related to EMS.

I'm being audited...

DSHS conducts both random audits and audits for cause, which can include a complaint. Letters go out each quarter. A fingerprint card is also included with each audit package and all audit candidates are expected to complete the fingerprint card and mail with \$15 processing fee to DPS in Austin. We follow up with provider or FRO administrators regarding fee exempt volunteers when that information is returned to us by the candidate.

Q: Will you accept a copy of my high school diploma?

A: No. It must be a high school transcript containing the registrar's signature. We will also accept a college transcript in lieu of high school transcript, if it is a certified transcript and it shows the candidate has successfully completed an academic course (CE course will not suffice) from a regionally-accredited school.

Q: I'm an EMS volunteer. Do I have to pay the \$15 fee for processing of the fingerprint card?

A: Yes, you do. EMS volunteers are not exempt from the \$15 fee.

Q: I just completed a fingerprint card last year. Do I need to do this again?

A: Yes, you do. If you completed the fingerprint check and our office received the report from DPS within the last couple of weeks, you don't have to repeat the fingerprint card; otherwise, you are required to comply with the fingerprint request.



DSHS first responders include: front row: Lucille Palenapa, ECA; Kathy Koebel, ECA; Tina Walker, EMT-I; Clara Taylor, ECA. Back row: Dawn Whitfield, ECA; Ron Hilliard, LP; Barry Sharp, EMT; Andy Mauney, ECA; John Walker, MD; John Villanacci, EMT-I; Tony Martinez, EMT-I; and Billy Whitfield, EMT. Not pictured: Dianna Highberg, EMT; Ed Loomis, LP; Lisa Collins, ECA; LJ Smith, ECA; and Matthew Richardson, ECA.

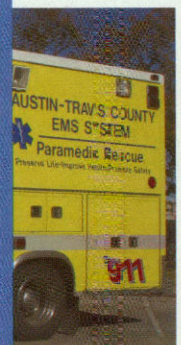
DSHS first responders get a save

Recently, the value of early response and training was proven once again. In August, a DSHS employee went into cardiac arrest at her workstation. Fortunately, a plan was in place to deal with just such a situation. The employee's co-workers began CPR and called the DSHS first responders and 9-1-1. The DSHS first responders, Austin Fire Department and Austin/Travis County EMS were able to convert the patient to

a rhythm. A/TC EMS transported her to a hospital. She not only survived but was later discharged to a rehabilitation facility for further care. DSHS staff on the call were Tony Martinez, Clara Taylor, Tina Walker and Barry Sharp. The DSHS first responders are part of the Austin/Travis County EMS system that includes A/TCEMS, Austin Fire Department, volunteer fire departments and corporate first response teams.

Want a chance to ride out with an urban service that responds to about 36,000 calls per year?

Austin/Travis County EMS is offering ride-outs at no charge during the conference. Different times are available. Sign up at the Austin/Travis County EMS booth at the back of the exhibit hall beginning Sunday on a first-come, first-served basis. Bring dark pants and shoes and a white, collared shirt. You may also wear your local EMS organization's uniform. For more information, call Warren Hassinger at (512)972-7205 or email him at warren.hassinger@ci.austin.tx.us.



AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

Man takes himself to hospital—in ambulance

A North Carolina man waiting for someone to treat his alcohol and drug problems at one hospital grew so impatient that he drove himself to another hospital—in an ambulance he took from the first hospital. After the 40-year-old man complained that the Wake Forest University Baptist Medical Center was taking too long to treat him, he took an ambulance and drove to another hospital to request treatment. He was treated, released and arrested for unlawful use of a motor vehicle.



EMS providers and trauma facilities receive funding

In August, the Office of EMS and Trauma Systems Coordination (OEMS/TS) distributed the funds from the Designated Trauma Facility and Emergency Medical Services (DTF/EMS) Account, which was enacted by HB 3588, 78th Texas Legislature. HB 3588 specifies the following distribution formula for the funds: \$500,000 for the Extraordinary Emergency Fund; 96 percent to trauma facilities and hospitals in “pursuit of designation” for uncompensated trauma care; two percent to EMS providers; one percent to Regional Advisory Councils in the trauma system; and one percent for administrative costs. On August 31, \$18,231,595 was distributed to 234 eligible hospitals; \$352,251 went to EMS providers and \$189,641 to RACs. The EMS amount was reduced from the available two percent by \$27,032 because there were counties that had no eligible EMS Provider. Those funds were included in the hospital allocation as required by the statute.

A reference document on the front page of our website at www.tdh.state.tx.us/hcqs/ems provides more detailed information about the DTF/EMS account and outlines the distribution amounts. For more info, contact Greg Wilburn, EMS/Trauma Systems group manager (greg.wilburn@dshs.state.tx.us; 512-834-6675).

Emergency funding available

Extraordinary emergency funding is available to assist licensed EMS providers, hospitals and registered first responder organizations if an unforeseeable event causes a degradation of service to the communities they serve. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies.

If you believe you may have an extraordinary emergency, contact your local DSHS EMS office, Henry Eke (henry.eke@dshs.state.tx.us), Ed Loomis (ed.loomis@dshs.state.tx.us) or call (512) 834-6700.

On Duty

Seattle man pleads guilty to HIPAA violation



A man who stole a patient's identity and racked up more than \$9,000 in debt has become the first person to be convicted under the privacy provision of Health Insurance Portability and Accountability Act (HIPAA). The 42-year-old cancer center employee used a patient's information to get four credit cards in the patient's name, which he then used to purchase personal items. The man will serve 10-16 months and have to pay restitution. A judge will decide his sentence and where it will be served in November.

Motorcycle deaths increase

Motor fatalities increased for the sixth year in a row nationwide in 2003, with nearly 3,600 deaths. That's the highest number of deaths since 1989, and an increase of 70 percent since 1997. About 64,000 motorcyclists were injured last year. While fatalities increased in each age group, the greatest increase came from those ages 50 and up. For more information on this subject and other crash data, go to www.nhtsa.gov and click on Crash Statistics in the left column.

Initial applications for Texas Online on the horizon



You know by now that you can renew your application for certification or licensure on web. It looks like soon you'll be able to apply for initial certification and licensure online. The projected Texas Online implementation date for initial applications is December 31, 2004. However, remember that state law allows Texas Online contractors to charge a subscription fee for services (like initial applications) up to 90 days before the service is actually available. In this case, the contractor expects to begin charging fees November 1—even though the only way to apply at that point would be by paper application. Please download your application the day you send it in to make sure that you are sending the correct fees.

State law requires DSHS to charge a fee for Texas Online for every applicant, *whether or not the applicant uses Texas Online*. The Texas Online contractor is presently reviewing the EMS provider licensing and that should be available soon. Check our website for the latest information.



Star of Texas awards given during ceremony

Gov. Rick Perry marked the third anniversary of the September 11, 2001, terrorist attacks on the United States by praising emergency responders for heroism during emergencies and by awarding Star of Texas Awards to three individuals for their bravery, courage and determination in assisting others. Honored as the first recipients of the Star of Texas awards were: Paramedic Paul Lujan, Police Officer Scott Poole, and Firefighter Charles Krenek.

Odessa flight paramedic Paul Lujan was killed on March 21 as he transported 3-month-old Pedro Urias Modesto and his mother to Lubbock for emergency medical treatment. Their helicopter

crashed in inclement weather, claiming four lives and seriously injuring one person.

Wichita Falls Police Officer Scott Poole was shot in the left shoulder and seriously injured while executing a search and arrest warrant with his narcotics team. He tried to switch his weapon to his right hand to keep engaging the suspect and protect his fellow officers.

Lufkin firefighter Charles Krenek died on March 27 last year when his helicopter crashed on a search and recovery mission for the space shuttle Columbia.

Last year the Texas Legislature approved legislation designating September 11 as Texas First Responders Day and establishing the Star of Texas awards to honor those who have shown bravery and courage by helping others in emergency situations.

Communities from across the state were invited to submit nominations for the Star of Texas Awards; selections were made by three separate advisory committees, one for each category of first responder.

On Duty

Computer Adapted Testing on the horizon



Information from the National Registry of EMTs (NREMT) indicates that they are moving ahead with the plan to transition to computer-adapted testing (CAT) in all the NREMT states, including Texas. In CAT, EMS personnel go to computer testing centers to take exams, much like they do with other academic testing. The good news: NREMT says turn-around for test results should significantly shorten, with results quickly posted on the NREMT website. The bad news: computer testing

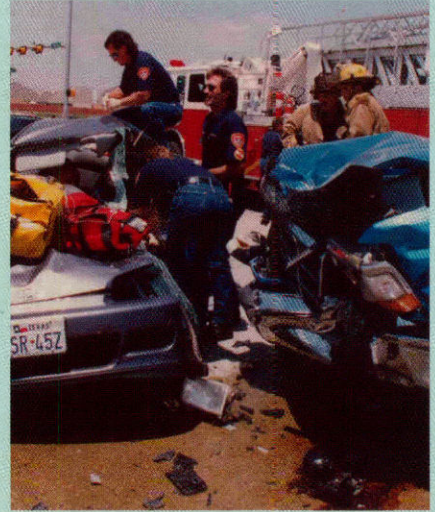
can add additional fees to pay for the computer testing vendor's fees.

Unknown news: the vendor chosen will determine the number of sites available in a given state. An RFP for a vendor went out last summer, and NREMT has a committee to determine the vendor who provides the most access for the best price. Three on the committee are state EMS directors, including two from volunteer/rural states. We will post information on our website as soon as we have it.

DWI Facts

In the year 2000 ...

- The costs of alcohol-related crashes in the U.S. average \$1 per drink consumed. People other than the drinking driver paid about 60 cents of that dollar.
- Alcohol-related crashes accounted for an estimated 18 percent of the \$103 billion in U.S. auto insurance payments. Reducing alcohol-related crashes by 10 percent would save \$1.8 billion in claims payments and loss adjustment expenses.



—Compiled by the South Texas Injury Prevention and Research Center

Seat belt usage at 80 percent nationwide

In June 2004, safety belt use in the U.S. reached 80 percent, up from 58 percent ten years ago. This result is from the National Occupant Protection Use Survey (NOPUS), which provides the only probability-based observed data on safety belt use in the United States. The NOPUS is conducted annually by the National Center for Statistics and Analysis in the National Highway Traffic Safety Administration (NHTSA).

The 2004 survey also found the following:

- The overall use rate of 80 percent was not statistically higher than the use rate in 2003 of 79 percent. However statistically significant increases in belt use occurred on expressways and in suburban areas.
- Belt use is statistically lower in states with secondary belt enforcement laws than in states with primary laws, and lower in rural areas than in urban or suburban areas.

Tie One On for Safety set for holiday season



Mothers Against Drunk Driving will again conduct the Tie One On for Safety red ribbon campaign in November and December. The goals of the campaign include recruiting partners to tie MADD ribbons on a visible place on the vehicle and to increase awareness of drunk driving during the holiday season. For more information, go to www.madd.org and find your local chapter.

Trauma System 101

For those who are new to trauma and EMS:



What is a trauma system?

Simply put, a trauma system organizes emergency medical services and hospitals to get injured patients to the most appropriate hospital in the least amount of time.

How does EMS know which hospital is the appropriate hospital?

The Texas Department of State Health Services developed a system with four levels of trauma facility designation. Specialists survey each hospital to ensure that the correct designation is awarded.

Is there more to a trauma system than getting patients to the right hospital?

Preventing injuries is an important part of a trauma system. By studying EMS and hospital records, regional trauma systems can learn how people are injured and then develop programs aimed to preventing those injuries.

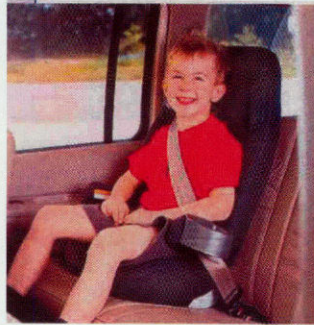
What kinds of prevention programs are developed?

Trauma systems work on a wide range of prevention issues: bicycle safety, seat belt safety, fire prevention, safe and sober driving, and violence prevention, to name a few.

EMS Fast Fact: Eighty-seven percent of EMTs and paramedics are satisfied or very satisfied with their work schedule. Ninety-three percent of EMTs and paramedics are satisfied or very satisfied with the EMS profession.

—Source: LEADS is a project hosted by the NREMT and designed to describe the attributes and demographics of EMS providers throughout the United States.

Advocates push for more safety seat legislation



The Texas Child Occupant Protection Safety Advocates (TCOPSA) will be actively working to strengthen the Texas child oc-

cupant protection laws during the upcoming session of the Texas Legislature. Currently, a child under 4 years old or 36 inches tall must be restrained in a child safety seat in accordance with manufacturer's instructions, and a child 4 though 16 years must be restrained in a seat belt regardless of position in vehicle. TCOPSA wants to change the law to state that a child under 8 years old and 57 inches tall must be restrained in a child safety seat. In most cases, this would mean that after children outgrew a child safety seat, they would be required to have booster seats until reaching a certain age or height. The National Highway Traffic Safety Administration recommends use of a belt-positioning booster seat for children 4 to 8 years as part of its 'best practices' guidelines. As of February 2004, 22 states have passed laws requiring older children to ride in booster seats. Studies by the National SAFE KIDS Campaign found that booster seats can lower the risk of injury to children in crashes by 59 percent compared use of adult seat belts. Currently, only 19 percent of children who should be restrained in booster seats use them. For more information about child safety restraints, contact Susan Douglass, University Health System – San Antonio, (210) 358-4272; Laura Weiss, Children's Hospital of Austin, (512) 324-8000, ext. 88060; or Seana Tamsiea, Children's Medical Center of Dallas, (214) 456-8117.

On Duty

November 21-24, 2004

Texas EMS Conference 2004 comes back to Austin

We're back in Austin for 2004—this time with a brand-new conference hotel next door to the Austin Convention Center. And we've lined up some of the best education around for the conference.

The exhibit hall fills 132,000 square feet with ambulances, helicopters and equipment that will keep you up-to-date on what's happening in EMS. You can't see this much EMS-related equipment under one roof anywhere else in Texas.

And we were able to keep the same price for the conference this year. That means that for the price of one registration, you'll get the always-popular conference bag, access to 15 hours of first-class continuing education, coffee breaks and two full lunches (including the famous chicken-fried steak lunch).

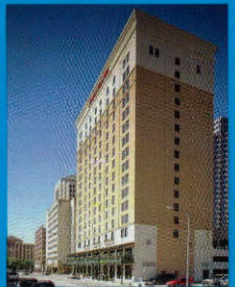
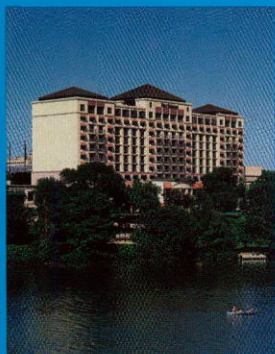
We have special conference rates at five downtown hotels—all within walking distance of the convention center. Make your hotel reservations early—space at the conference hotels goes fast, especially at the host hotel, the new Hilton. See you in Austin!

HOTELS

Texas EMS Conference has contracts for special conference rates with five downtown Austin hotels.

Top row, from left, the host hotel, the Hilton-Austin, the largest of all the downtown Austin hotels. And right, the Four Seasons Hotel.

Bottom row, from left, the Radisson, the Omni, and the Hampton Inn.



Hilton-Austin

\$80/\$100/\$120/\$140
500 East 4th Street
Austin, TX 78701
(512) 482-8000

Four Seasons Hotel

\$125/\$165
98 San Jacinto Blvd.
Austin, TX 78701-4039
(512) 685-8100

Radisson-Town Lake

\$80/\$90/\$100/\$110
111 East Cesar Chavez
Austin, TX 78701
(512) 478-9611 or
(800) 333-3333

Omni-Downtown

\$80/\$80/\$110/\$110
700 San Jacinto
Austin, TX 78701
(512) 476-3700
(800) THE-OMNI

Hampton Inn & Suites – Downtown Austin

\$80/\$30
200 San Jacinto Blvd.
Austin, TX 78701
(512) 472-1500 or
(800) -HAMPTON

Schedule

Conference At-A-Glance

Sunday, November 21

1:00 pm - 7:00 pm Registration in Convention Center
Inside Exhibit Hall 4
3:00 pm - 7:00 pm Exhibit Hall Opens
with Welcome Reception

Monday, November 22

7:00 am - 6:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
8:15 am - 9:30 am Opening Session in Ballroom D
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm Exhibit Hall Open
11:00 am - 12 noon Workshop Breakouts
12 noon - 1:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballroom D-G,
Rooms 11-19*

Tuesday, November 23

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall 4
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:45 am - 1:15 pm Awards Luncheon-Exhibit Hall 3
(Exhibit Hall open immediately after
Awards Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballroom D-G,
Room 11-19*

Wednesday, November 24

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
*Workshop Breakouts in Ballroom D-G
Room 19*
Conference Adjourns

WIN! GRAND PRIZE - \$250; SECOND PLACE - \$100; THIRD PLACE - \$75 AND HONORABLE MENTION - \$50

2004 Texas EMS Photography Contest entry form

Photographer's
Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

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

E-mail Address _____

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

Deadline for entering: November 15, 2004

Tape this form to the back of the photo.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2004**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas Department of State Health Services/EMS, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Dawn.Whitfield@dshs.state.tx.us.
- The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- The ownership of the negative will remain with the photographer.

Monday					
Room/(Capacity)	General Session 8:15 am – 9:30 am	Ballroom D	Page	What's Up With This	
Workshops subject to change. Please refer to conference program.					
	9:45 am – 10:45 am	11:00 am – Noon	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Ballroom D (2,858)	If We Don't Laugh, We'll Cry Racht <i>Prep</i>	Pressure Dressing For The Soul Bolleter <i>Prep</i>	Diabetes In EMS Corn <i>Medical</i>	Management of Motor Vehicle Collisions and Multiple Patient Incidents (2 hour) Phillips <i>CRO</i>	
Ballroom E (478)	The Fire Inside: Chest and Abdominal Trauma Carlascio <i>Trauma</i>	Bloody Messes: How to Respond to Violent Incidents Turner <i>Trauma</i>	Thoracic Trauma Salter <i>Trauma</i>	Ouch...That has Got to Hurt: Orthopedic Injuries Yates <i>Medical</i>	Playing with Fire: Burns and Smoke Inhalation Carlascio <i>Trauma</i>
Ballroom F (478)	Asthma Update Benold <i>Medical</i>	I Think I'm Having an MI! Knappage <i>Medical</i>	Management of the Obese, the Formerly Obese, and the Gastric Bypass Patient Ericson <i>Spec Cons</i>	CPAP Wesley <i>Medical</i>	Current Concepts in Seizure Management Hinson <i>Medical</i>
Ballroom G (448)	Elderly Patients: A Forgotten Population Lindsay <i>Spec Cons</i>	Ten Substances That Can Kill a Child With One Tablet or Teaspoon Garrison <i>Spec Cons</i>	These Are a Few of My Scariest Things: Neonatal Emergencies in the Field Bacon <i>Spec Cons</i>	Forget Alzheimer's Teel <i>Spec Cons</i>	Geriatric Trauma: When Old Folks Break Wagenhauser <i>Spec Cons</i>
Room 12 (219)	Stephoscropy for Dummies Page <i>Prep</i>	Understanding and Using the TXDOT EMS Education Grant Isaacs/Gutierrez <i>CRO</i>	Responding to Emergencies Tate <i>Prep</i>	Motor Vehicle Accidents Bouvier <i>Trauma</i>	I'm an EMT: I Can Help Richardson <i>Prep</i>
Room 14 (219) On The Horizon	Medical Force Protection Chiasson <i>Prep</i>	Therapeutic Hypothermia After Cardiac Arrest Navarro <i>Medical</i>	One-Hour CPR: Is Shorter CPR Training More Effective? Pepe <i>Medical</i>	Matters of Life and Death: Why We Now Need to Change Resuscitation Rules Pepe <i>Prep</i>	Controversies in Prehospital Care Chapleau <i>Prep</i>
Room 15 (200) Terrorism	Bombs Away Rinard <i>CRO</i>	Don't Bug Me Blackford <i>CRO</i>	Viral Threats and EMS Gordon <i>Medical</i>	TBA	Current Trends in the Management of Ricin Incidents Graham <i>CRO</i>

Monday					
Room/(Capacity)	Workshops subject to change. Please refer to conference program.				
	9:45 am – 10:45 am	11:00 am – Noon	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Room 16 (498)	Responding to Railroad Emergencies Schaaf <i>Trauma</i>	Beyond the Basics Smith <i>Prep</i>	Do You Want To Go To The Hospital Dralle <i>Prep</i>	The Bites and Stings of Summer Yudizky <i>Medical</i>	Burns: A Nightmare for the Patient and Provider Moliné <i>Trauma</i>
Room 17 (506)	The Main Vein Wigginton <i>Prep</i>	12-Lead ECG Case Studies: From the Routine to the Bizarre Villers <i>Medical</i>	Use of Crash Airway Management in EMS Griswell/Rodriguez <i>Airway</i>	Any Port in A Storm Alternative IV Access Wigginton <i>Prep</i>	Full Spectrum Capnography for Intubated and Non- intubated Patients in EMS Krauss <i>Airway</i>
Room 18A (200) Nursing	Trauma In The Morbidly Obese Ziglar <i>Trauma</i>	Trends In Reduction of Alcohol Associated Injuries Gentilello/McCarley <i>Medical</i>	Current Trends In Trauma Care Ziglar <i>Trauma</i>	Obstetrical Trauma Flynn <i>Trauma</i>	Disaster Management – Preparing Your Staff From Prehospital Through Rehabilitation Klein/Epley <i>CRO</i>
Room 18C (200) Educator	Whack 'Em on the Nose With a Copy of JEMS Grayson <i>CRO</i>	Improving Scores on the National Registry Exam Kolar/Matthews <i>CRO</i>	So You Want to Be An Instructor Mitcham <i>CRO</i>	Precepting in the 21 st Century: It's Not What I Know, It's What You Need to Know Dunafan <i>CRO</i>	Application of Critical Pedagogy to Your Classroom LaCroix <i>CRO</i>
Room 18D (200) Admin	Developing an Immunization Program Lawrence <i>Prep</i>	HIPAA Update: The Latest HIPAA Developments Gandy <i>Prep</i>	Mother, Jugs, and Oh No Not Again Herring <i>CRO</i>	Understanding Lab Work for Occupational Exposures Lawrence <i>Prep</i>	Equipment and Supplies What's Best for You? Terrill <i>CRO</i>
Room 19 (436)	MI and Interventricular Conduction Blocks Griswell <i>Medical</i>	The Pathophysiology of Crush Injury Gordon <i>Trauma</i>	Antiarrhythmics: Do They Work? Grayson <i>Medical</i>	Endotracheal Rules of Engagement Coontz <i>Airway</i>	ECG Physiology Making Sense of the Squiggly Lines Baker <i>Pt Asst</i>

Tuesday						
Room/ (Capacity)	Workshops subject to change. Please refer to conference program.					
	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Ballroom D (2,858)	Powdered Donuts and Professionalism: A Humorous Look at Ethical and Professional Standards in EMS Today Turner <i>Prep</i>	Go With the Flow: It's All About Perfusion Racht <i>Medical</i>	Puff, Puff, Wheeze, Wheeze, I Need Some Relief Please Rainwater <i>Medical</i>	Suffer The Children Bolleter <i>Spec Cons</i>	(2 hour) Top 10 Things That Pucker My Sphincter 2004 Wagenhauser <i>Pt Asmnt</i>	
Ballroom E (478)	When It Isn't SIDS Weller <i>Spec Cons</i>	Don't Touch That! Ming <i>CRO</i>	The Devil Made Me Do It Elder/Skinner <i>Medical</i>	Dealing with the Devil-Cult Activities and Satanism Hollett <i>Spec Cons</i>	Crank Stars Turner <i>Spec Cons</i>	Traumatic Brain Injury: Assessment and Management Salter <i>Trauma</i>
Ballroom F (478)	"...But He's Breathing?" Epilepsy and Seizure Disorder in the Prehospital Setting Etheridge <i>Pt Asmnt</i>	"Where's My Physics Teacher When I Need Him?" EMS and Patients at Altitude Bacon <i>Pt Asmnt</i>	From Scene to Definitive Care: Case Series From a Regional Burn Center Buchanon <i>Trauma</i>	The Basics of Toxicology For EMS Squyres <i>Medical</i>	The Eye's Have It Cloud <i>Pt Asmnt</i>	Poisonous Plants of Texas Nelson <i>Medical</i>
Ballroom G (448)	Dealing with Pediatric Emergencies with Confidence White <i>Spec Cons</i>	Broken-Hearted Baby: Care of the Child with Congenital Heart Defects Kuper <i>Spec Cons</i>	Pediatric Airway Management – A Practical Approach Krauss <i>Airway</i>	Prehospital Pediatric Emergency Medicine Case Studies Sirbaugh <i>Pt Asmnt</i>	Think Child Safety/Think Senior Safety: Circle of Protection Petrilla <i>Prep</i>	Most Common Geriatric Emergencies Thomas <i>Spec Cons</i>
Room 12 (219)	Alternative Airway Intervention Salter <i>Airway</i>	Making Sense of Tachycardia: Unraveling the ACLS Algorithms Grayson <i>Pt Asmnt</i>	Things I Wish They'd Told Me in Paramedic School Phillips <i>Prep</i>	Going Nasal - Intranasal Medication Delivery in EMS Schaffer <i>Prep</i>	From the Field to Rehab: Spinal Cord Trauma Yates/Whistler <i>Medical</i>	02 to Surgical Cric. Perils and Pitfalls Wallace <i>Airway</i>
Room 14 (219) Telecom	Air Operations in the Emergency Communications Center Brown <i>CRO</i>	Phone Triage for Rescue Calls Brown <i>Pt Asmnt</i>	The Comm Centers Role in Early Activation of Helicopter Response Middleton <i>CRO</i>	Zero Response Interval: Medicine at 9-1-1 Bottorff-Patton/Racht <i>Pt Asmnt</i>	Managing Cardiac Arrest From the Communications Perspective Racht <i>Pt Asmnt</i>	Scheduling, Staffing, and Vacations in the Communications Center Brown <i>CRO</i>

Tuesday						
Room/ (Capacity)	Workshops subject to change. Please refer to conference program.					
	7:30 am – 8:30 am	8:45 am – 9:45 am	10:00 am – 11:00 am	2:00 pm – 3:00 pm	3:15 pm – 4:15 pm	4:30 pm – 5:30 pm
Room 15 (200) Terrorism	Prehospital Decontamination for EMS Providers CRO	EMS for Mass Gatherings Schaffer <i>CRO</i>	Biological and Chemical Agents of Today Garrison <i>Medical</i>	Glowing in the Dark: Recognition and Management of Radiation Injuries Garcia <i>Medical</i>	Medical Incident Command at a Terrorist Event McDill <i>CRO</i>	TBA
Room 16 (498)	Pharmacology For Basic EMTs Gandy <i>Prep</i>	Things You Never Knew, You Never Knew Corn <i>Pt Asmnt</i>	The Pulse Oxymoron Davis <i>Pt Asmnt</i>	First Responders: Friend or Foe to EMS Jaquith <i>Prep</i>	Scene Safety: What We Take For Granted Allen, C. <i>Prep</i>	Herring's How To Study So You Won't Be A Dummy Herring <i>Prep</i>
Room 18A (200) Nursing	Pediatric Trauma Maxson <i>Trauma</i>	Developing a Regional Performance Improvement System For Trauma Klein <i>Trauma</i>	Shock – Beyond The Resuscitation Room Stewart <i>Trauma</i>	Trauma Activation Criteria: What Does It Really Mean and Should It Change? Rhyme <i>Trauma</i>	Incident Management: A New Approach To Injury Prevention Smith <i>Prep</i>	TBA
Room 18C (200) Educator	Critical Thinking and EMS: Rethinking the Way We Teach LaCroix <i>CRO</i>	D.R.I.S.T. Dirty Rotten Instructor Scoundrel Tricks Page <i>CRO</i>	Do Your Know Where Your Students Are? Villers <i>CRO</i>	No More Excuses: Problem Students Ryan <i>CRO</i>	Proctored Testing: Is It Really Necessary? Hill <i>CRO</i>	Motivating the Unmotivatable Ericson <i>CRO</i>
Room 18D (200) Admin	CQI, Education Not Discipline Cudaback <i>CRO</i>	No More Adulterations! Dralle <i>CRO</i>	Go Team! Williams <i>Prep</i>	So You Have a Safety Program von Wupperfeld <i>Prep</i>	Does Your Mission Support Your Vision? Getting Your Activities, Funding, and Goals in Alignment Sharp <i>Prep</i>	EMS Workplace Laws: What Not to Say, Touch, or Do at the Station Wait/Ogilvie <i>Prep</i>
Room 19 (436)	When Good Batteries Go Bad: Patient Assessment Technologies Ericson <i>Pt Asmnt</i>	Rollin' - Looking at Predatory Drugs and the Rave Culture Hollett <i>Pt Asmnt</i>	Toxicology: A Practical Approach for the EMS Provider Brosius <i>Medical</i>	Therapeutic Electrocutation: Keeping Current on Non-Invasive Pacing Page <i>Pt Asmnt</i>	10 Common Errors in Airway Management Gandy <i>Airway</i>	AED's for Children: That Doesn't Seem Right Navarro <i>Spec Cons</i>

Wednesday			
Room/(Capacity)	Workshops subject to change. Please refer to conference program.		
	8:30 am – 9:30 am	9:45 am – 10:45 am	11:00 am – Noon
Ballroom D (2,858)	TBA	Changes in the Pre-Hospital Management of CHF Phillips Medical	Complications and Implications of Crush Syndrome Rodriguez Trauma
Ballroom E (478)	Explosive Recognition for the EMS Provider Crawford CRO	Shake, Rattle, & Roll; Seizure Management Kuper Medical	Smallpox: Critical Information for Emergency Responders Scrivener Medical
Ballroom F (478)	Field Termination of Resuscitation: You can do it! McCauley Prep	He's Stuck in What? Responding to the Farm Accident Richardson Trauma	Ending Diversions Forever Kocurek Prep
Ballroom G (448)	Why Do We Need To Know This? Putting the A&P into Practice Sims Pt Asmnt	The EMS Leadership Academy Rinard CRO	Out with a Bang – What to expect if Suicide Terrorism Hits Your Hometown Garcia CRO
Room 19 (436)	Data and Reporting: How are These Things Important Johnson/Wright CRO	Compassion: The Difference Between a Good EMT/Paramedic and a Great One! Wallace Prep	



- Key Attractions: ① Texas Memorial Museum ② Lyndon B. Johnson Presidential Library ③ Darrell K. Royal - Texas Memorial Stadium ④ Bob Bullock Texas State History Museum
 ⑤ Frank Erwin Center ⑥ Texas State Library & Archives ⑦ Capitol Visitors Center ⑧ Governor's Mansion ⑨ Austin Museum of Art
 ⑩ Arthouse at the Jones Center for Contemporary Art ⑪ Mexic-Arte Museum ⑫ Austin Children's Museum ⑬ Austin Visitors Center
 ⑭ Lester E. Palmer Events Center

By Linda Reyes

FAQ *EMS Standards*

Bureau web homepage address: www.tdh.state.tx.us/hcqs/ems

EMS Standards home page: www.tdh.state.tx.us/hcqs/ems/stdhome.htm

Internet certification verification
now on website

Certification verification phone line:
512-834-6769
Fax number:
512-834-6714

Email address:
emscert@dshs.state.tx.us

Q: My employer wants to submit my renewal application and fee through the Texas Online system. Can they submit this for me?

A: No. The intent of the Texas Online system is for each renewal applicant to submit his or her personal EMS information and fee payment online for faster service. In fact, your license or certification could be at risk if you allow someone else to enter your application into Texas-Online. The instructions are explicit that the person submitting the application must be the certificant or licensee. After entering an EMS ID number and social security number on the web site, the person submitting will be prompted with this statement: "If you are not (first name, last name) please return to the Login Page by selecting "Retry." Therefore, we would expect someone other than the named person to discontinue the process. If the person did continue, the online system will not allow them to complete the renewal steps unless the following statement is marked with a check: "I hereby attest that all information I have provided is true and correct as of this date. I hereby attest that I have truthfully answered all questions. I understand that providing false or incorrect information may constitute a violation of state law or agency rules and may subject my license to disciplinary action, up to and including revocation." It is not the intent of the Texas Online system for a proxy to enter and attest to application information.

Q: One of my former students asked me to provide a certificate of completion for the initial EMT course he completed. Why should I provide a course certificate for students when I already sent the course completion roster to the department?

A: The department requires that

course coordinators provide individual, official proof of course completion to each student who has successfully completed an EMS course. It was never the department's intent that course coordinators discontinue issuing course completion certificates with the initiation of course completion rosters. To read the policy on our policy web page, click on Policy 94-B, Course Completion Documents:
www.tdh.state.tx.us/hcqs/ems/spolicy.htm.

Q: When will we be able to electronically submit initial certification applications through the Texas Online site?

A: The latest word is that you will be able to use Texas Online for initial applications beginning December 31, 2004.

Q: Will initial certification application fees increase with the commencement of Texas Online for initial applications?

A: Yes. Texas Online has the legislative authority to charge subscription fees for every application (online or not) up to 90 days before the online begins. Initial fees are due to increase as early as November 1, 2004. Check our web site before you submit your initial application because we may receive extremely short notice of this fee increase. Applications received with incorrect fees will be considered deficient, which will cause a delay in your certification or licensure.

Q: How much will initial certification application fees increase?

A: We expect the fee to increase between \$4 to \$6. Check our web site for the latest information on fees.

Q: I'm a volunteer. Will I be able to use Texas Online to renew my certification?

A: No. Since volunteers are not paying a fee, they will not be able to complete all of the renewal steps required by Texas Online.

By Brett Hart, EMT-P

FAQ *EMS Education*

Q: An online internet program says that they are CECBEMS approved. What is CECBEMS and is it approved in Texas?

A: CECBEMS is the Continuing Education Coordinating Board for Emergency Medical Services. CECBEMS was chartered in 1992 by the following sponsoring organizations for the purpose of developing consistent criteria for the review and approval of EMS CE activities nationwide:

- American College of Emergency Physicians—acep.org
- National Registry of Emergency Medical Technicians—nremt.org
- National Association of Emergency Medical Services Physicians—naemsp.org
- National Association of State EMS Directors—nasemsd.org
- National Council of State Emergency Medical Services Training Coordinators—ncsemstc.org
- National Association of Emergency Medical Technicians—naemt.org
- In 1998, the National Association of EMS Educators became a sponsoring organization—naemse.org.
- In 2003, the American College of Osteopathic Emergency Physicians became a sponsoring organization—acoep.org.

Texas supports the CECBEMS mission and accepts any course approved by this organization.

Q: I am taking an EMS course and at the beginning of the course we met the course coordinator. Who is this person?

A: The course coordinator is an individual who has the overall responsibility for conducting an EMS training course under an approved EMS training program. The course coordinator serves as a liaison between the students, personnel instructing in an assigned courses, the training program and DSHS.

Q: I am attending the 2004 Texas EMS Conference. How does continuing education (CE) work at the conference?

A: When you register, you will be given a numbered CE booklet:

- Immediately write your name and phone number on the front of the booklet. That way, if you lose your booklet and it is found, there will be a way to get in touch with you. Be sure you get a CE booklet and keep it in a safe place. You will be asked to produce the original book if you are audited.
- Sign the statement in the front of the booklet. This statement will outline your responsibilities, which include not sharing the information in your book with other people.
- You will find a page in the booklet for each day of the conference. As you go to class, write in the time of the class and the name of the class. **At the end of the class**, the facilitator will read out a **unique** number to the class that you **must write down** in the blank next to the class name. Do not leave class without getting this number. You will not be able to get the number later.
- At the end of the day, sign the statement at the bottom of each page.
- Be sure to keep track of your CE booklets because we can replace the booklet but not any of the numbers for the courses you attended. A replacement booklet will cost \$25. You must keep the original book for five years in case you are audited.

Q: I am attending the 2004 Texas EMS Conference. Do I need a conference name badge to attend the different CE workshops?

A: Yes, you need a conference name badge. No name badge – no entry into a workshop. We can replace a lost name badge at a cost of \$25.

Local & Regional EMS News

Is your EMS service mentioned in Local and Regional EMS News?

It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers?

Send your news to:
Texas EMS Magazine
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Fax (512) 834-6736

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

Booker Fire & EMS holds bicycle safety presentation

Booker Fire & EMS partnered with the Panhandle RAC, local law enforcement personnel and others to teach local elementary students about bicycle safety. The RAC provided a video and more than 70 bicycle helmets to give away. Law enforcement officers discussed the Bike-Safety ticket program that rewards kids caught practicing bicycle safety by giving them a "ticket" for free ice cream. And Booker Packing Company donated two bikes to the event. Children were entered into the drawing for the free bike after they signed safe riding agreements. Individuals assisting with the event were Clydeene Harper, EMT-I; Susie Almonrode, EMT student; Tom

Dunsworth, EMT-P; Roger Almonrode, fire chief/EMT-I; Carla Sims, EMS director/EMT-P; James Robertson, sheriff; Matt Thornton, deputy; Don Kerns, Booker city manager; and Jay Skipper, volunteer.

Children's Medical Center receives helicopter, equipment

Children's Medical Center in Dallas recently received a specially equipped helicopter from California-based Helinet Aviation Services. Used to transport seriously injured or ill pediatric patients, the helicopter was added to the ambulances and jets of Children's pediatric transport program. The Children's Trust also gave \$45,000 to Children's for the purchase of equipment

Booker Fire & EMS, along with other groups, held a bicycle safety event for the local elementary school students. Deputy Matt Thornton of Lipscomb County Sheriff's Office talks to kindergarten students about being "ticketed" for wearing their bicycle helmets and practicing safe bicycle riding.



Local & Regional EMS News

for the helicopter, such as a blood analyzer, a portable ventilator and a defibrillator. Helinet will provide maintenance and pilots for the helicopter. The Children's Trust is an organization comprised of professionals and parents.

WCEMS employee receives national award

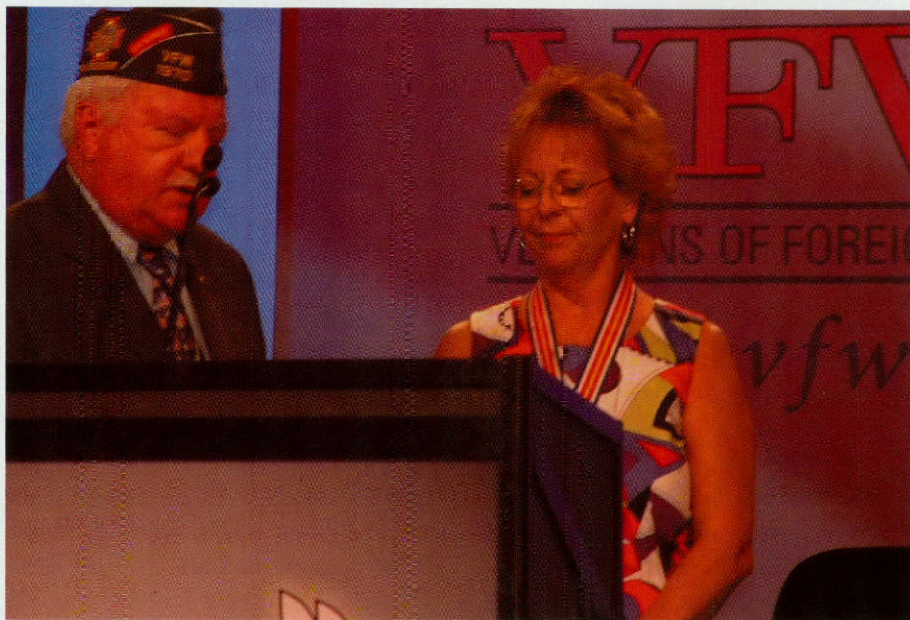
In August, Angie Noelle, EMT-P, Williamson County EMS, was honored with the Veterans of Foreign Wars National Emergency Medical Technician of the Year award. The award honored Noelle for a lifetime of service to the community. She was the first Texan and the third woman to receive the national award.

ACEMS temporarily loses ambulance to hogs

In June, an Austin County EMS ambulance suffered extensive damage to its front end when the ambulance struck several wild hogs. The medics were returning from transporting a patient when the hogs crossed the road in front of the vehicle. Neither of the two medics on board was injured; however, the ambulance required extensive repairs.

Texarkana ISD establishes FRO

Texarkana Independent School District established a first responder organization and an AED response program this past



Angie Noelle, EMT-P, Williamson County EMS, right, was awarded the Veterans of Foreign Wars National Emergency Medical Technician of the Year Award. Presenting the award was Edward Banas, National Commander-in-Chief of the VFW.

summer. Eight TISD police officers and five health aides were trained as first responders for the district and work with local emergency responders. Eight AEDs were strategically placed around the school district. The first responders have already gone into action, assisting more than a dozen victims of heat exhaustion and one cardiac arrest patient.

MedStar ramps up Bike Medics teams

MedStar announced in September the creation of a Bike Medics teams for patrol and emergency response in congested venues in the Fort Worth area. The teams are comprised of MedStar paramedics and EMTs, and each team pairs a



TISD recently established a first responder organization for its district. Pictured are Donna Douglas and Officer Curtis Gooden practicing ventilation skills.

Local & Regional EMS News

paramedic with an EMT. Functioning as first responders, each team carries a compact AED and some of the equipment found on an ambulance. So far, the Bike Medics teams have worked large Fort Worth events including the "Salute to Heroes" TCU/SMU college football game and the International Air show at Alliance Airport in September.

BCEMS program receives national accreditation

Brazosport College EMS Program recently received a stretcher donated by the Angleton Area Emergency Medical Corps. The donated equipment will be used to equip the college's ambulance or mobile training unit. The BC EMS Program also recently received initial accreditation from

the Commission on Accreditation of Allied Health Education Programs (CAAHEP), joining only 11 other colleges in Texas in earning this distinction. The national accreditation is a voluntary process and must be repeated every four years, ensuring that the educational programs continue to keep up with the latest accepted EMS practices and applications. BC EMS Program confers an associate of applied science degree in EMS, as well as intermediate and advanced EMS certifications. CAAHEP is a national affiliation promoting quality standards for EMS education programs and recognizes programs that meet or exceed the minimum standards, as defined by CAAHEP. CAAHEP is supported by the American Academy of Pediatrics, American College of Cardiology,

American College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, National Association of EMS Educators and the National Registry of EMTs.

Heart attack survivor thanks his rescuers

In August, 45-year-old Bob Gasson, a PBX technician for KBR Halliburton, thanked the Houston emergency personnel who treated him after he had a heart attack. Gasson and a co-worker were called to repair phone service to a skyscraper in Houston and had walked up 29 flights of stairs when he began feeling chest pains. Houston FD medics hauled equipment up 29 stairs and then called in the results of a 12-lead electrocardiogram. Based on the test's results, doctors authorized the administration of a half-dose of Retavase, a clot-busting drug. Then the EMS personnel formed a human chain and carried him down the stairs. Gasson personally thanked S.D. Scott, EMT-P, and Gerardo Rey, EMT-P, the medics who gave him the clot-busting drug; and Fire Chief P.A. Boriskie, EMS Director Dr. David Perse and the 25 EMS personnel who helped carry him down to the ambulance.

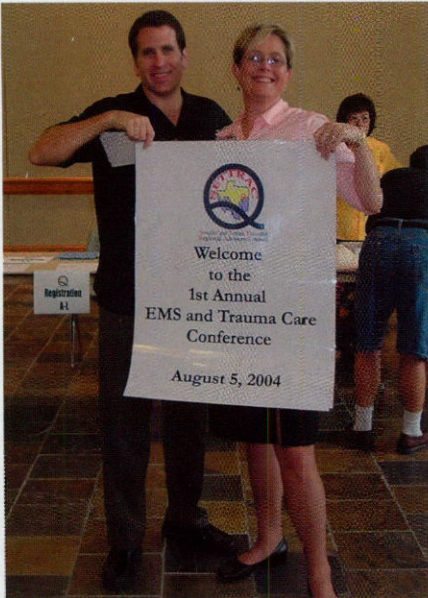
SETTRAC holds regional conference

The Southeast Texas Trauma Regional Advisory Council held its first regional conference in August in Conroe. The conference was open to all EMS and trauma

From left, Don Livermore, EMT-P, Angleton Area Emergency Medical Corps assistant chief, and John Creech, LP, Brazosport College EMS coordinator/director, are pictured with a stretcher that AAEMC recently donated to the college's EMS program.



Local & Regional EMS News



SETTRAC held its first regional conference, open to EMS and trauma systems personnel, in August in Conroe. From left, Bernie Belvin, RN, Memorial Hermann Northwest trauma coordinator, and Sheila Lopez, RN, Memorial Hermann Southwest trauma coordinator, display a poster for the conference.

systems personnel. Several classes offered education in topics such as trauma in pregnancy, evidence collection, regional disaster readiness, management of cardiac injuries and field triage decisions. The conference also included a vendor's reception, during which the attendees enjoyed a live jazz band, complimentary food, vendor displays and networking with other EMS and trauma professionals.

ETMC increases helicopter coverage area

East Texas Medical Center recently expanded its helicopter coverage area to Athens to 24-hour coverage. The area had been covered by a 12-hour schedule. The service time was expanded be-

cause of the increased demand for services in the area.

Survivor thanks rescuers

Personnel with Pflugerville FD and Austin-Travis County EMS recently were visited by a cardiac arrest survivor whom they had treated. Emergency personnel had responded to a Priority 3 sickness call and found a female complaining about back pain. The crew had placed a 12-lead EKG and had begun treating the woman when she suffered a cardiac arrest. She was successfully defibrillated, but then had a second episode of ventricular fibrillation almost immediately. She was successfully defibrillated again. While receiving post-arrest treatment, the patient went into pulseless ventricular tachycardia and then was successfully converted to a sinus rhythm. While enroute to the hospital she stabilized and even regained consciousness. She and several of her family members thanked the PFD and A-TCEMS responders.

Silent Hero award winners recognized

Robert "Gabe" Snowden, telecommunications operator, Williamson County 911/Communications Department, and Dave Dilling, EMT-P/communications medic, Austin-Travis County EMS, received Silent Hero Certificate of Achievement awards from the Commission on State Emergency Communications in September. The award recognizes exemplary professionalism in the field of emergency telecommunications.

MedStar honors Lifesavers

In September, MedStar gave Lifesaver Awards to 19 EMTs and paramedics at its Lifesavers Luncheon. The Lifesavers awards program was created to recognize MedStar crews for the delivery of exemplary care that results in a save of a cardiac patient. The luncheon provided an opportunity for the crew members to meet some of the patients whose lives they had helped to save.



Pflugerville FD and Austin/Travis County EMS were thanked for their life-saving assistance by a victim of cardiac arrest and her family. From left back row, Jeremiah Harlow, EMT, Vince Arthur, EMT; Shane Highsmith, EMT; from right back row, Matt Tarrillion, LP; and Shelli Miller were personally thanked by the survivor, center back row, and members of her family, kneeling.

By Carolyn Rutherford, LP

Keeping drugs safe



Medications on ambulances allow a patient to be treated in the field when appropriate, in hopes of limiting disability, reducing pain and arresting the progress of life-threatening signs and symptoms.

However, upgrading a service by adding numerous medications to your patient care “arsenal” is far more complicated than filling out forms and changing protocols.

The addition of medications is covered in *25 TAC 157.11(d)(1)*, the part of the rule that covers EMS providers, 9-1-1 and non-9-1-1 services, and first responder organizations alike: “. . . EMS vehicles must allow the proper and safe storage and use of all required equipment, supplies and medications and must allow all required procedures to be carried out in a safe and effective manner.”

TDH, now DSHS, issued policy for further clarity regarding *25 TAC 157.11*, “EMS Pharmaceutical Storage and Maintenance” on March 11, 1999: “The EMS provider licensure or relicensure applicant shall provide evidence of an operation policy which shall list the parenteral pharmaceuticals authorized by the medical director and which shall define the storage and maintenance procedures for each in accordance with the manufacturers and/or FDA recommendations. Compliance with the policy shall be incorporated in the provider’s quality

management process and shall be documented on the daily unit readiness reports.”

What does this policy mean for EMS? Here’s where it really gets interesting!

The Texas Food Drug and Cosmetic Act places both drugs and medical devices under the same law.

A “medical device” is an oxygen mask, endotracheal tube, intravenous administration set—and that’s just the short list only to start you thinking. Drugs are defined articles designed or intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals. The act prohibits the adulteration of any drugs or devices.

So what is adulteration? It’s anything that happens to a drug or device that degrades its potency or performance. That can happen many ways, including the introduction of another substance into the drug, or by improperly storing drugs and devices in vehicles (i.e., ambulances, personal vehicles).

This means that EMS firms, first responder organizations and individuals are subject to these laws. Ambulances must have methods for controlling the environment for drugs and devices; individuals who store those items in their cars must follow the same guidelines. In other words, whether you’re on an ambulance or just carry a first re-

Carolyn Rutherford is a program specialist with the DSHS EMS Compliance South Group. She works in San Antonio.

sponder bag that contains medications or medical devices, you need to find a way to prevent adulteration from occurring.

The best source of information is the pharmaceutical or medical device manufacturer. The insert within the packaging gives you recommendations on temperature ranges that are acceptable for each medication or device. Some medications may even require refrigeration.

Another area of concern is how to handle expiration dates. According to 21 Code of Federal Regulations 211.137 Good Manufacturing Practices, and the Food and Drug Agency, "(b)eyond the stated expiration date, a product is now considered adulterated as it is no longer in compliance." Labels indicating specific dates of expiration, i.e., 03/01/04, expire on that day and should be removed from the kits and all accessible restocking storage areas on or before that date. Expiration dates on labels that state only the month and the year, i.e., 03/04, expire on the last day of that month and need to be removed by that date.

So, here it is in a nutshell: DSHS requires providers, first responder organizations, certificants and licensees to store medications and medical devices according to the manufacturers' recommendations.

Providers need to have a system of assuring that medications and devices are stored in controlled temperature areas.

Some sophisticated instruments record the high and low daily temperatures. A simple thermometer, however, works just as well as any

other device, as long as it is accurate.

Additionally, 25 TAC 157.11 requires the provider to assure its medics perform and document daily medication and medical devices checkout along with the other ambulance readiness checkouts. This includes documentation of temperature and expiration date, with removal of medications and/or medical devices that are considered adulterated.

The words to remember: medications and medical devices not stored in appropriate temperatures quickly become adulterated.

Medications that have reached their expiration dates are also considered by federal and state law to be adulterated. Any adulterated medication or medical device is "unsafe for human use" and the best practice is removal of these items from the ambulance, kits and restocking areas.

TEXAS EMS CERTIFICATIONS	
AS OF	
OCTOBER 14, 2004	
ECA	4,979
EMT	27,675
EMT-I	3,916
EMT-P	10,138
LP	5,636
TOTAL	52,344
COORDINATOR	362
INSTRUCTOR	2,020

Other groups meeting at Texas EMS Conference

- TOPIC Course - contact Clifann McCarley at CMMCCA@parknet.pmh.org, 214/ 590-6277.
- Texas Trauma Coordinators Forum meeting - contact Jacky Betts at jbetts@urhcs.org, 940/ 764-3631.
- EMS Association of Texas meeting - contact Lynda Murski at LyndaMurski@yahoo.com, 979/ 277-6267.
- EMS Educators Association of Texas meeting - contact Steve Kolar at Steven.L.Kolar@nhmccd.edu.
- Texas Ambulance Association board meeting - contact Ron Beaupre at ambbis@aol.com.
- Trauma Registry Train-The-Trainer class - contact Carol Wright and Andy Blum at 512/ 458-7266.
- BTLS Board Meeting - contact Nancy Davis at 512/306-0605.

Hot and cold: accurate pre-hospital body temperature assessment

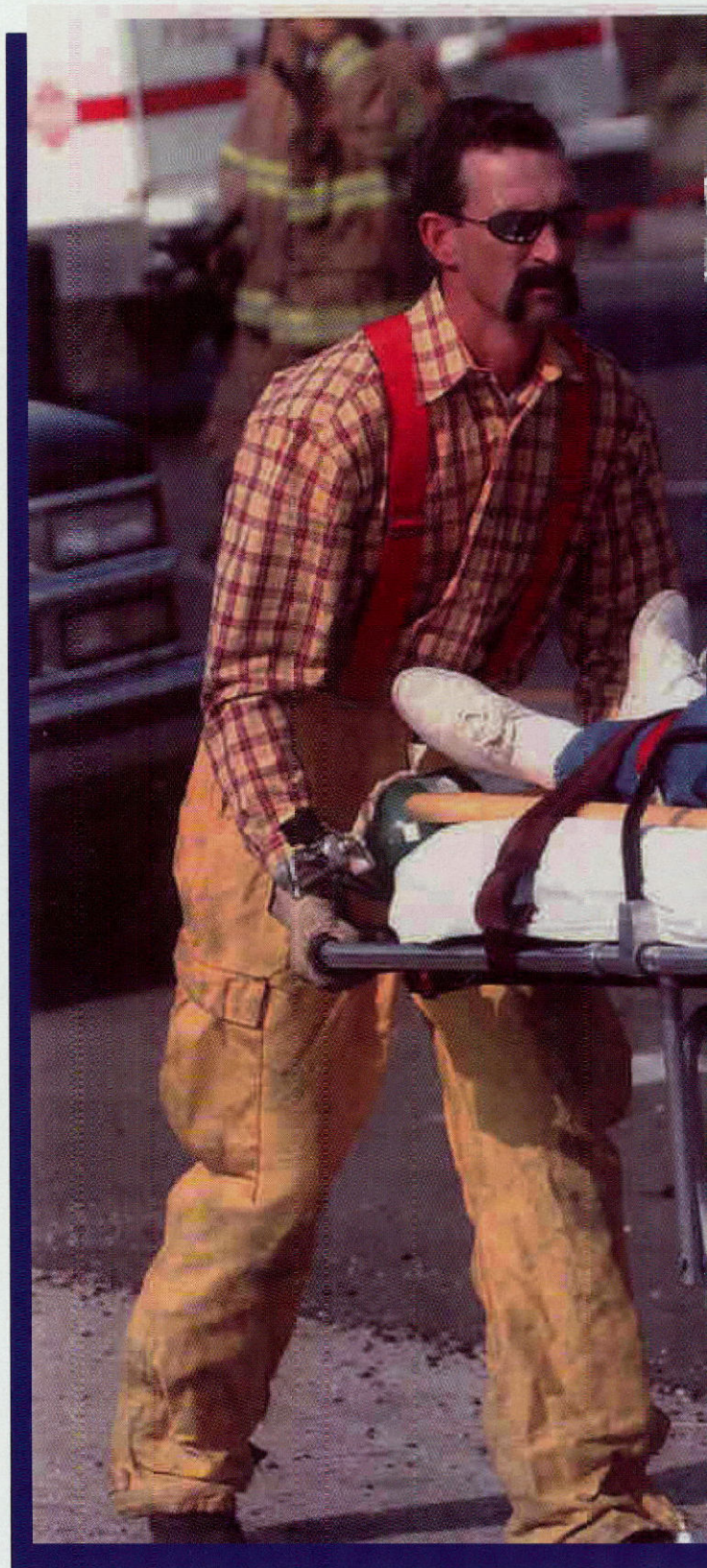
August 2003 marked an international tragedy of astronomical proportions. In a CNN news release^[1], correspondent Chris Burns wrote that the French Funeral Directors Association reported 10,416 people in France died during the first three weeks of August. This organization predicted an August death toll of 13,632. These deaths were primarily due to heat stroke and dehydration.

Texas EMS personnel understand well that heat exhaustion (body temperature between 102 and 104°F) rapidly occurs as water and electrolytes are depleted from the body. Patients present with malaise, vomiting, confusion, head-

By Linda S. Smith, MS, DSN, RN, CLNC

PHOTO FOR ILLUSTRATION ONLY.

THIS PHOTO WAS ENTERED IN THE 2003 TEXAS EMS PHOTO CONTEST. THE PHOTOGRAPHER IS JOE DUTY OF DECATUR, TEXAS.





ache, dizziness and cramps, and have lowered blood pressures (related to peripheral dilation) and rapid heart and respiratory rates. Anything that prevents or slows the body's ability to cool itself can contribute to hyperthermia.

Notably, hyperthermic patients move quickly from heat exhaustion to heat stroke and need immediate temperature-lowering treatment. Hyperthermia is generally defined as a body temperature above the normal range, depending on a patient's age and baseline readings. As body temperatures rise above 104°F, patients may suffer cardiac arrhythmias, rhabdomyolysis, blood abnormalities, disseminated intravascular coagulation and death. As in France, elders, children and the disabled

are most at risk; malnutrition and dehydration contribute to temperature instability and worsen patient outcomes. Important to know, however, is that morbidity and mortality outcomes will improve with quality pre-hospital body temperature monitoring and resultant intervention strategies.

Why use field-based body temperature monitoring?

As a vital sign, body temperature is a measure of patient stability. The accuracy and quality of the clinical decisions you make depends on the

accuracy and quality of information available to you. Thus, precise body temperature measurement provides us with useful clues regarding the severity of a patient's problems. To do this, we depend on quality thermometry devices, not our instinct or senses. Temperature monitoring strategies apply to temperatures that are too high as well as those that are too low.

Helm, Lampl, Hauke and Block^[2] studied 228 pre-hospital trauma patients (most were MVA victims) and found that, regardless of season of the year, half of them suffered from hypothermia (generally defined as a body temperature below 35°C/95°F). Importantly, only 4.4 percent of these hypothermic patients exhibited additional signs or symptoms of hypothermia, such as shivering, beyond the thermometer reading. Responding to the study's findings, these researchers wrote that the variability or total absence of definite diagnostic symptoms underlines the great need for pre-hospital body temperature monitoring.

In addition to improved health outcomes, temperature monitoring is also cost-effective. When examining patient outcomes such as length of hospital stay and costs, Mahoney and Odom^[3] analyzed multiple research studies to discover that with regard to patients experiencing surgery, a drop in their body temperature of just 1.5°C (about 3°F) resulted in adverse patient outcomes that added as much as \$7,000 in costs per patient. They found that patients who have their body temperatures maintained at normal levels have better outcomes and lower hospital costs.

Objectives:

At the completion of this CE article, the student will be able to:

1. Compare and contrast common human temperature sites based on patient age and disorder.
2. Explain why mercury-glass thermometers are no longer used to assess body temperature.
3. State at least three reasons why body temperature assessment and monitoring is an important EMS pre-hospital activity.
4. Discuss why EMS personnel wearing PPE should monitor their own body temperatures.
5. Correctly assess, document and report body temperature.

Body temperature also needs to be a consideration with regards to other information we have, such as pulse oximetry and peripheral blood pressures. Low perfusion, produced by hypothermia conditions, alters pulse oximetry readings, so pulse oximeter signal quality is limited by hypothermia. Active warming of pre-hospital trauma patients improves pulse ox monitoring quality during EMS transport ^[4]. With regard to blood pressures, peripheral arteries become constricted as body temperatures fall.

Body temperature background

Human body temperature reflects the dynamic nature of body heat production and loss. These systems serve to maintain body temperature within a very narrow range best suited for body and organ function. Undetected and untreated hypo- and hyperthermia indicates greater morbidity and mortality ^[5]. In newborns, a stable body temperature is one of the most important factors in assessing infant well-being. Based on extensive research by Malone and colleagues ^[6], the leading predictor of mortality after trauma was body temperature and, most specifically, hypothermia. The trustworthiness of temperature readings obtained when assessing body temperature depends on body temperature sites and the reliability and validity of the thermometry devices. Which temperature assessment sites you use depends on the patient's age and condition.

Mercury issues

Since the time of Daniel Gabriel

Fahrenheit (1686-1736), mercury-glass temperature devices have been considered the "gold standard" for human temperature assessment ^[7,8,9,10,11]. However, mercury-based thermometers are no longer available in many U.S. states and world nations because if broken, the mercury becomes extremely toxic to the patient, environment and EMS provider. Concerns over dwell times and mercury toxicity have influenced government and organizational bans on the use, sale and distribution of these devices, making way for mercury-free, environmentally safe ^[12], clinically tested ^[13,14] glass devices using a mercury substitute and electronic digital-display thermometers such as those that will assess and trend temperature status.

Temperature assessment sites

For EMS providers, the purpose of choosing any temperature assessment site is to secure the most accurate and reliable temperature reading with the least trauma to patient and caregiver. Here are some common sites, along with accuracy concerns, used by EMS providers.

Oral: This is a non-invasive oral mucous membrane site; it is inappropriate for patients under age six but well accepted by the general public. Possible temperature assessment errors occur due to food/fluids, smoking, tooth abscess, talking, gum chewing, placement technique, oral seal, hypothermic status, environmental temperature, etc. The oral site is unsafe for young children and confused, agitated and/or uncooper-

ative patients. Oral sites are not considered accurate with hypothermic conditions due to vasoconstriction within oral cavity [15]. EMS providers should never use the oral temperature site in the presence of any maxillofacial injury. This site presents concerns regarding body fluid contact. Correct placement: location of the sublingual artery (pocket of tissue at tongue base, above sublingual artery) [16]. Patients should keep their lips closed.

Axillary: This temperature site is a non-invasive skin site. Axillary sites are commonly used and accepted with infants and generally familiar and accepted by adults. Possible temperature assessment errors occur due to problems with technique, ambient temperature, hypothermic status, adequate dwell times, fatty, skin, and muscle layers and asymmetric circulatory differences [16,17,18]. Correct placement: deep into mid-axilla (apex) [19,20,21,22] with patient's arm adducted over the chest in order to create an armpit seal.

Groin: This temperature site is a non-invasive skin site, located directly over the patient's femoral artery in the inguinal area. Though considered a good temperature site for infants, groin sites have not been well studied in older population groups. For adults, the site is potentially more accepted socially and less invasive than rectal. Correct placement: gentle slight abduction of the patient's leg, location of the femoral pulse, placement of the thermometer on and lateral to the pulse site, and slight adduction of the leg to create a seal [20,21] over the thermometer.

Rectal: The rectal temperature site is considered an invasive and non-invasive rectal mucous membrane site. This site is not well accepted by adults but considered by many health care professionals to be the most accurate non-core temperature site. Rectal readings may be imprecise, especially for older adults, due to presence of stool, diminished mobility, decreased rectal circulation and rapid body temperature shifts. That is, rectal temperatures may lag behind rapidly fluctuating core temperatures. This site is especially dangerous for children and infants due to risk of rectal perforation. Of course, there are also body fluid contact concerns. Correct placement: sheathed, lubricated (with water-soluble sterile jelly) thermometer inserted just beyond the anal sphincter [16,23,24]. EMS providers should use this site only under the direct order of a physician.

Tympanic: Better identified as infrared ear thermometry, the ear-based temperature site is another commonly used site by EMS providers. Accepted by patients of all ages, ear-based thermometers work by positioning a sensor in the external auditory canal to measure infrared radiation (heat) from the tympanic membrane. Because the probe has a wide angle of view, the tympanic membrane as well as the cooler surrounding skin will be seen. Of critical significance is that ear-based temperature sites cannot be depended upon to correctly identify body temperature in children [10,25]. Also, proper technique is essential or patient inju-

ry will occur. Contraindications with this site include cervical immobilization, maxillofacial injury, skull fracture, neurological injury, hemotympanum, cerebrospinal fluid drainage, acute otitis media (ear infection) and cerumen (ear wax) accumulation.

Why the concern about temperature assessment sites?

All temperature assessment reports made by EMS providers need to include the temperature site from which the assessments were made. This additional information is needed because temperature readings differ by site, sometimes as much as 2°F or more. Skin sites will read cooler than oral. The oral site generally reads cooler than rectal or ear-based temperatures, but how much cooler depends upon the age of the patient and the device used. For example, newborns, because of their size and metabolic rates, demonstrate relatively little difference between rectal and skin temperatures. Adults, in contrast, may present large temperature differences between and among sites. When assessing temperature changes, one site and one trusted device type should be used consistently.

Assessment tools

As mentioned, safe, accurate, convenient, accessible temperature assessment devices are essential tools for EMS providers. Mercury-based thermometers, the old and trusted standby, are no longer available. So what is out there now for us to use? EMS practices must be based upon reliable research. Devices that have been prov-

en unreliable, such as ear-based thermometry for children^[25], or those that have not been clinically tested by independent university-based researchers and physicians must be avoided.

While hypothermia is defined as a core body temperature below 35°C/95°F^[5,15], most clinical thermometers measure temperatures only within a range between 95-106.9°F. Thus, a special hypothermic thermometer that is able to assess temperatures as low as 77°F/25°C is needed for any patient presenting to you with hypothermia^[5].

Devices need to be safe, lightweight, easy to use, portable, storable and relatively low in cost. Most important of all, the device must be trustworthy.

In the presence of temperature instability, thermometry devices need the additional capability of being able to trend a temperature (take several readings over time) without additional effort and warn when readings become too low or high, according to a pre-set standard. Ideally, temperature readings should be stored in an electronic memory, saving time and enhancing accurate documentation and reporting. DataTherm and SolarTherm devices were recently studied in several clinical trials through Oregon Health & Science University^[32,33].

Biological warfare (BW)

Of great significance with suspected anthrax is that fever is the most frequent symptom presented by anthrax victims^[26]. When a 94-year-old Connecticut woman suffering inhalation anthrax was brought to her local hos-

pital on November 16, 2001, her body temperature was 102.3°F. This anthrax attack victim remained febrile until her death on November 21 ^[27]. Victims of other infectious potential or actual BW agents often present with fever. Fever may be one of the most common symptoms. In contrast, victims of cholera have little or no fever.

Iatrogenic (caused by the treatment) hypothermia

When patients are suspected of having had contact with hazardous materials or BW agents, immediate total body decontamination terminates the exposure and prevents cross contamination to EMS providers. This removal of hazardous agents can be done by using large amounts of water on all exposed body areas ^[28]. These in-field cold-water showers may easily induce iatrogenic hypothermia in victims. This will especially be true when victims have preexisting thermoregulatory compromise such as children, elders, those with co-morbidities such as cardiovascular or circulatory diseases and those under the influence of depressant drugs such as alcohol or benzodiazepines. Iatrogenic hypothermia will aggravate any other morbidity and will worsen a victim's prognosis ^[28]. Thus, iatrogenic hypothermia needs to be anticipated, monitored and promptly treated.

Keeping rescuers safe

We all know the importance of adequate protection during an actual or suspected BW attack or hazmat exposure. But protection comes at a cost. We need to be able to monitor our

own biological responses and these assessments of biological responses must include our own body temperature. Here are a few considerations.

Our ability as EMS personnel to perform complex and difficult tasks such as a victim's temperature assessment is stunted due to bulky, heavy (as much as 45 pounds of extra weight) personal protective equipment (PPE) ^[28,29]. When EMS personnel wear these PPEs for extended periods of time, and especially when moving and lifting debilitated victims, chemical and liquid resistant PPEs can cause muscle over-use and fatigue in the back and shoulders ^[30].

Related to this strenuous effort, equipment-induced hyperthermia is a common and potentially lethal problem due to the body's inability to dissipate heat and evaporate sweat, all in combination with heavy muscle activity, high cardiac demand and respiratory fatigue. If we have injected ourselves with atropine, our ability to cool our own bodies with sweat will be further diminished ^[29]. Two important additional side effects for atropine are flushing and hyperthermia ^[30].

As EMS personnel, we know that we must assess, document and report victims' body temperatures. What about our own? Few considerations have been made for us to gain easy access to our own body temperature data inside our PPE suites. If our PPE suites do not monitor body temperature automatically, we will need to do this for ourselves ^[29,31]. In addition to frequent rest periods and hydration, we should wear a small,

lightweight, relatively low-cost portable temperature-monitoring device that would sound an audible alarm when the body temperature becomes dangerously high. Temperature sensor probes could easily be attached to skin in the axillary temperature site.

Temperature monitoring can improve treatment

Accurate temperature assessments and monitoring will give clues for important diagnostic and treatment information. Following ED drop-off, our hospital-based colleagues will then be able to target sophisticated diagnostic measures designed to speed definitive diagnoses, timely treatment strategies and cost-effective care.

The 2003 heat wave will be recorded as one of the greatest health crises France has ever seen. Timely, accurate body temperature assessment and monitoring would have prevented many of the French deaths. On the subject of accurately monitoring pre-hospital body temperature for our patients, remember that the one real, true way to catch heat-related emergencies, especially heat exhaustion and heat stroke, is the accurate and timely monitoring of body temperature.

Linda S. Smith has more than three decades of nursing experience and more than a decade's experience of working with critically ill patients. With four nursing degrees, including a clinical doctorate, as well as certification as a legal nurse consultant, she brings a wealth of knowledge to the classroom and clinical arenas. Dr. Smith has performed human thermometry clinical trials and research for more than three years. She is currently an assistant professor for the Oregon Health & Science University, Klamath Falls, Oregon.

References

1. Burns C: CNN News: Bodies unclaimed in France's heat, 2003, August 24. Retrieved August 26, 2003 from the world wide web: www.cnn.com/2003/world/europe/08/24/france.bodies.
2. Helm, M, Lampl, L, Hauke, J, & Bock, KH: Accidental hypothermia in trauma patients. Is it relevant to preclinical emergency treatment? *Anesthesist*, 44(2): 101-107, 1995.
3. Mahoney CB, Odom, J: Maintaining intraoperative normothermia: A meta-analysis of outcomes with costs. *AANA J*, 67(2): 155-164, 1999.
4. Kober A, Scheck T, Lieba F, Barker R, Vlach W, Schramm W, Hoerauf K: The influence of active warming on signal quality of pulse oximetry in pre-hospital trauma care. *Anesth Analg*, 95(4): 961-966, 2002.
5. Porth CM: *Pathophysiology: Concepts of altered health status*, Ed. 6. Philadelphia: Lippincott Williams & Wilkins; 2002.
6. Malone DL, Kuhls D, Napolitano LM, McCarter R, Scalea T: Back to basics: Validation of the admission systemic inflammatory response syndrome score in predicting outcome in trauma. *J Trauma*, 51(3): 458-463, 2001.
7. Rozell N: Alaska Science Forum December 24, 1996: Daniel Fahrenheit, Anders Celsius left their marks Article #1317. UAF database. Retrieved from the World Wide Web January 1, 2002 www.greataspirations.org/alaska_science_forum/fun_facts_&_misc/fahrenheit_celsius
8. Clarke S: Use of thermometers in general

REFERENCES (continued)

- practice. *BMJ*, 304(6832): 961-963, 1992.
9. Hooker EA, Smith SW, Miles T, King L: Subjective assessment of fever by parents: Comparison with measurement by non-contact tympanic thermometer and calibrated rectal glass mercury thermometer. *Ann Emerg Med*, 28(3): 313-317, 1996.
10. Muma BK, Treloar DJ, Wurmlinger K, Peterson E, Vitae A: Comparison of rectal, axillary, and tympanic membrane temperatures in infants and young children. *Ann Emerg Med*, 20(1): 41-44, 1991.
11. Sganga A, Wallace R, Kiehl E, Irving T, Witter L: A comparison of four methods of normal newborn temperature measurement. *MCN, Am J Matern Child Nurs*, 25(2), 76-79, 2000.
12. Botzenhart K: Toxicological assessment of mercury-free fever thermometers made of glass and filled with a eutectic mixture consisting of gallium, indium, and tin. General and Environmental Hygiene, Hygiene Institute at the University of Tübingen. Document translated into English from German, December 2. Available: D-7400 Tübingen 1, Silcherstrabe 7, PO Box 1729, 1992.
13. Smith LS: Using low-tech thermometers to measure body temperatures in older adults. *J Gerontol Nurs*, 29(11): 26-33, 2003.
14. Smith LS: Reexamining age, race, site, and thermometer type as variables affecting temperature measurement in adults—a comparison study. *BMC Nurs*, 2(1), 2003. On-line.
15. Brown-Guard, DK: Freezing to death: Prehospital management of frostbite and hypothermia. *EMS Magazine*, 28(11): 63-66, 96, 1999.
16. Severine JE, McKenzie NE: Advances in temperature monitoring: A far cry from shake and take. *Nursing*, 27(5 suppl): 1-10, 1997.
17. Keeling EB: Thermoregulation and axillary temperature measurements in neonates: A review of the literature. *Matern Child Nurs J*, 20(3,4): 124-140, 1992.
18. Crafts RC: A textbook of human anatomy, Ed.3. New York: Wiley Medical; 1985.
19. Howell TH: Axillary temperatures in aged women. *Age Ageing*, 1(4): 250-254, 1972.
20. Bliss-Holtz J: Comparison of rectal, axillary, and inguinal temperatures in full-term newborn infants. *Nurs Res*, 38(2): 85-87, 1989.
21. Kunnel MT, O'Brien C, Munro, BH, Med-off-Cooper B: Comparisons of rectal, femoral, axillary, and skin-to-mattress temperatures in stable neonates. *Nurs Res*, 37(3): 162-164, 189, 1988.
22. Erickson RS, Kirklin SK: Comparison of ear-based, bladder, oral, and axillary methods for core temperature measurement. *Crit Care Med*, 21(10): 1528-1534, 1993.
23. Smitz S, Giagoultis T, Dewe' W, Albert A: Comparison of rectal and infrared ear temperatures in older hospital inpatients. *J Am Geriatrics Society*, 48(1): 63-66, 2000.
24. Nichols GA, Glor BAK: A replication of rectal thermometer placement studies. *Nurs Res*, 17(4): 360-361, 1968.
25. Craig JV, Lancaster GA, Taylor S, Williamson PR, Smyth RL: Infrared ear thermometry compared with rectal thermometry in children: A systematic review. *Lancet*, 360: 603-609, 2002.
26. Meselson M, Guillemin J, Hugh-Jones M, Langmuir A, Popova I, Shelokov A, Yampolskaya, O: The Sverdlovsk Anthrax outbreak of 1979. *Science*, 266: 1202-1207, 1994.
27. Barakat, LA, Quentzel, HL, Jernigan JA, Kirschke, DL, Griffith K, Spear SM et al. Fatal inhalational anthrax in a 94-year-old Connecticut woman. *JAMA*, 287(7): 863-868, 2002.
24. Zilinskas RA: Iraq's biological weapons: The past as future? *JAMA*, 278(5): 418-424, 1997.
29. Bennion SD: Designing of NBC protective gear to allow for adequate first aid. *Mil Med*, 147(11): 960-962, 1982.
30. Mathewson-Kuhn M, ed *Pharmaco-therapeutics: A nursing process approach*, Ed. 3. Philadelphia: FA Davis Company; 1994.
31. Emergency Care Research Institute [ECRI]. ECRI Advisory: Selecting personal protective equipment for chemical and bioterrorism preparedness: Risks and costs (Author) 2002, March. Retrieved from the World Wide Web January 19, 2003 www.ecri.org/documents
32. Smith LS: Temperature monitoring in newborns: A comparison of thermometry and measurement sites. *JNN*, 10(5): 157-16E, 2004.
33. Smith LS: Temperature measurement in critical care adults: A comparison of thermometry and measurement routes. *BRN*, 6(2): 117-125, 2004.

CE questions—Patient Assessment



Hot and cold: accurate pre-hospital body temperature assessment

- Hypothermia is generally defined as body temperature below:
 - 104°F/40°C
 - 100.4°F/38°C
 - 98.6°F/37°C
 - 95°F/35°C
- As body temperatures rise, EMS professionals can expect to see blood pressures ____ and heart rates ____.
 - Rise, rise
 - Fall, fall
 - Fall, rise
 - Rise, fall
- Regardless of season, EMS professionals can expect to see hypothermia in about _____ percent of trauma cases?
 - 10
 - 33
 - 50
 - 100
- When body temperatures fall, EMS professionals will almost always notice additional signs and symptoms, such as shivering.
 - True
 - False
- Mercury-glass thermometers, long considered the "gold standard" device for temperature assessment, are:
 - Available and commonly used by EMS professionals.
 - Non-toxic and safe for the patient and caregiver.
 - No longer available in the U.S. and world due to the toxic nature of mercury.
 - Replaced only by electronic thermometer devices; no other metal-in-glass product exists.
- With regard to the oral temperature site, which statement is false?
 - Oral temperatures are inappropriate for children under the age of six.
 - Food, fluids, smoking and talking can impact oral temperature readings.
 - The oral site is never used when a patient has any maxillofacial injury.
 - The oral site is a good choice when hypothermia is suspected.
- With regard to the ear-based temperature sites, which statement is true?
 - Ear-based temperature readings are trustworthy, especially for young children.
 - Proper technique for ear-based thermometry is essential, or injury can result.
 - Ear-based thermometers are often used when patients have cervical immobilization, skull fractures, earwax buildup and maxillofacial injuries.
 - Patients of all ages hate the ear-based temperature sites.
- Temperature assessment documentation and reports need to include the temperature site because:
 - All sites have the same identical temperature reading.
 - Readings from various temperature sites can differ by as much as 2°F.
 - Skin sites, such as the axilla, will read higher than oral or rectal sites.
 - The rectal site is always the lowest temperature reading.
- Hypothermic thermometers are devices that:
 - Will record temperatures as low as 77°F/25°C.
 - Have a temperature range between 95-106°F.
 - Fit inside ice packs and alert caregivers as ice begins to melt.
 - Will record body temperatures as low as 50°F/10°C.
- Iatrogenic hypothermia can be caused by decontamination water showers. It is a special concern for EMS professionals when patients:
 - Have preexisting thermoregulatory compromise.
 - Have co-morbidities such as cardiovascular or circulatory disease.
 - Are under the influence of depressant drugs such as alcohol or benzodiazepines.
 - All of the above are concerns.
- When EMS professionals wear heavy PPE equipment, body temperature:
 - Will decrease due to vasoconstriction.
 - Will increase due to strenuous effort and the inability to dissipate heat.
 - Will decrease due to lowered cardiac demand.
 - Will remain the same, at baseline readings, for the duration of PPE use.
- All thermometer devices are accurate and reliable.
 - True
 - False
- As patients approach heat exhaustion and heat stroke, they are likely to present with:
 - Vomiting and headache.
 - Optimism and hunger.
 - Lowered respiratory rates and vasoconstriction.
 - Normal sinus rhythms and normal electrolyte levels.
- Correct placement of the thermometer or thermometer probe for the groin temperature site can be described as a probe or bulb:
 - Just beyond the anal sphincter.
 - Deep into mid-axilla.
 - Directly above the sublingual artery, at the base of the tongue.
 - On and lateral to the femoral pulse site.

This answer sheet must be postmarked by December 20, 2004.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
areacode

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
areacode

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 Boulevard
Dallas, Texas 75390-8890

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

Answer Form

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

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

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

Transition brings new name on patches



Along with our name change on September 1 came the task of changing our name on all our documents, forms, website and, yes, patches. While this does not affect the validity of certifications or licensures currently issued by TDH, it will affect how EMS certification and licensure patches look.

After September 1, 2004, please buy patches with our new name. However, you don't need to throw away patches that say Texas Department of Health. EMS professionals have the option of immediately replacing the patches with new ones, or simply waiting until new patches are needed to obtain the new design.

We have prototypes of the new patches on our website at www.tdh.state.tx.us/hcqs/ems/filelib.htm under 'EMS Patch Information.'





Did you read?

Fatty liver disease is a silent health threat to many people. The disease has no symptoms, but the accumulation of fat in the liver can cause inflammation, scarring, cirrhosis and eventually liver failure. Blood tests for liver enzymes, ultrasounds and a liver biopsy are used to diagnosis the condition. Obesity and diabetes are related to fatty liver disease, and the condition is not infectious nor related to alcohol. Health experts theorize that the condition is under-diagnosed in the general public and many are currently researching various methods of treatment for the condition. From *San Antonio Express-News*, "Little-known liver disease, big health threat," by Wendy Rigby, September 24, 2004.

Ever wondered if first impressions really do matter? Researchers recently found that assessments that people make within the first few minutes of meeting someone can strongly influence the course the relationship will take.

The researchers randomly paired 164 college freshmen, let them chat for three, six or ten minutes, and then had them predict how they would rank that relationship, ranging between casual acquaintance to close friend. After nine weeks, the students assessed how well they predicted the strength of the relationship. The researchers found that those who had positive impressions at the first meeting were more likely to have stronger relationship, even within only three minutes of conversation, and this impression was more likely to predict the strength of the relationship than

similarity between the students or even how much they said they liked each other. These results suggest that people will put more effort into relationship that they expect to be more rewarding. From *USA TODAY*, "First impressions do count in the long run, study finds," by Julia Neyman, September 23, 2004.

Scientists are studying possible agents to help decrease brain cell damage following stroke. One way that brain cell damage happens following stroke is that ion channels in the cell membranes sense a rise in the acidity of their surrounding environment and allow an overload of calcium to flow into the oxygen-starved brain cells. Researchers found that rats injected with tarantula venom, a

Researchers recently found that the first impressions that people make within the first few minutes of meeting someone can strongly influence the course the relationship will take.

substance that blocks calcium ion channels in the cell membrane, had 60 percent less brain damage from ischemic stroke than the control animals. Researchers are now studying which particular agents might help stabilize the acidity of the damaged brain area after a stroke happens. From *Houston Chronicle*, "Damage from stroke linked to acidity rise," October 7, 2004.

It is well understood that nutrition, good sanitation and good medical care can lower the incidence of disease and increase life expectancy. However, researchers also believe that a person's health status when he or she was a newborn and a child will affect that person's rate of cardiovascular disease and diabetes and mortality rate, regardless of sanitation and medical care standards. A study of mortality rates from 1751 on found that generations that had lower infant and childhood mortality rates also had lower mortality rates from heart disease and cancer at every age later in life. A second study suggested that fetal factors contribute up to 20 percent towards the incidence of heart disease and diabetes, while another study found that fetal, infant and childhood factors combined contribute up to 60 percent towards the incidence of heart disease and diabetes. A study of U.S. Civil War veterans found that men who had had infectious diseases when younger, even diseases such as frequent diarrhea during infancy, were more likely to have heart disease after 50. And overall, Americans in their 50s have been found to have a 15 percent higher rate of heart disease and a 50 percent higher rate of cancer if they had a serious infectious disease in childhood. Researchers theorize that infections earlier in life may cause conditions such as inflammation to remain in the body and cause health problems much later in life. Researchers also theorize that under-nutrition during fetal formation may allow bad genes to stay turned on. From *The Science Journal*, "Blame it on your mom: roots of adult diseases trace back to womb," September 17, 2004.

The secret to losing weight is to eat more, but you have to eat more of the right foods. A study on satiation, or what and how much a person has to eat to feel satisfied and stop eating, found that the amount of fat in calorie-restricted diets had little effect on weight loss, because people tended to eat a consistent volume of food. So people who ate diets packed with water-rich foods tended to lose more weight, because even though they were eating more food, they were actually consuming fewer calories overall. The study found that people who ate a water-rich first course, such as a salad or soup, ate significantly fewer total calories than they

The secret to losing weight is to eat more, but you have to eat more of the right foods. A study found that foods higher in fiber helped hold water in the digestive tract, making people feel fuller.

did if they just ate the entrée. The study also found that foods higher in fiber helped hold water in the digestive tract, making people feel fuller. What foods naturally contain more water and fiber? Fruits and vegetables. From *The New York Times*, "With Fruits and Vegetables, More Can Be Less," by Jane E. Brody, October 6, 2004.

'Super bugs,' or antibiotic-resistant *Staphylococcus aureus*, are infecting healthy people more and more frequently. Until a few years

Did you read?

Did you read?

ago, infections of resistant staph were only seen in hospital patients, prisoners and the chronically ill. But now more cases of resistant staph infection are found to be community-acquired, or not tied to risk factors, and more commonly seen in healthy children and adults. Medical specialists estimate that one in ten patients will die from resistant staph infections, and the Centers for Disease Control and Prevention has received numerous reports of infection clusters in athletic clubs, high schools and military recruits across the U.S. In 2003-mid 2004, UCLA Medical Center treated 14 people with necrotizing fasciitis, the "flesh-eating bacteria," with ten being treating in intensive care and three needing reconstructive surgery. In 2003, Driscoll Children's Hospital in Corpus Christi admitted 459 cases of community-acquired resistant staph

In 2003—mid-2004, UCLA Medical Center treated 14 people with necrotizing fasciitis, the "flesh-eating bacteria."

infections, with 90 percent of them in healthy children; in the 1990s, they saw less than ten cases a year of resistant staph infections. During last year's flu season, a resistant staph strain caused pneumonia in 17 people, killing five, with only one having had any risk factors for the infection. And in August, a man in his 40s had such a severe staph infection in his spinal cord that he was permanently

paralyzed. Medical experts are warning that pharmaceutical companies are not developing new antibiotics fast enough to keep up with the current rate of resistant staph infections. From *Houston Chronicle*, "'Super bugs' infecting more healthy people," September 29, 2004.

Hitting the snooze button frequently every morning might actually be hurting your health. Short bouts of sleep will not help individuals who have not gotten enough sleep and may actually make them more tired.

Hitting the snooze button frequently every morning might actually be hurting your health. Short bouts of sleep will not help individuals who have not gotten enough sleep and may actually make them more tired. Feeling alert depends on the person's individual circadian rhythm and on how much rapid eye movement (REM) sleep a person has gotten. Several studies have found that insufficient sleep can impair memory, reaction time, comprehension and attention and emotional states, increasing irritability and depression in people. A recent study also found that sleep debt can also affect decision-making and risk-taking. From *The New York Times*, "Snooze Alarm Takes Its Toll on a Nation," by Martica Heaner, October 12, 2004.

DISCIPLINARY ACTIONS

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086.

The Texas Health and Safety Code can be found at www.capitol.state.tx.us/statutes/hstoc.html

All of the Texas Administrative Code can be found at lamb.sos.state.tx.us/tac/

To find EMS-specific information in the Texas Administrative Code, go to www.texas.gov, click on Laws and Criminal Justice, click on Laws, Codes and Statutes, click on Texas Administrative Code, click on TAC Viewer, click on Title 25 Health Services, Part I Texas Department of Health, Chapter 157 Emergency Medical Care.

TDH Index of EMS/Trauma Systems Policies can be found at www.dshs.state.tx.us/ems/spolicy.htm

Addington, Dorothy, Arlington, TX. 24 month probated suspension of EMS certification through September 19, 2005, misdemeanor conviction, felony conviction and a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Alaniz, Rene, Mission, TX. 48 months probated suspension of ECA certification through August 29, 2006, a misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Anguiano, Frank, Arlington, TX. 24 month probated suspension of EMS certification through September 26, 2005 for a misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or(c).

Atascocita V.F.D., Atascocita, TX. \$5,000 administrative penalty, 36 month suspension against the EMS provider license all of which is probated through October 2006. EMS Rules 157.16(d)(1), (8), (10), (12), (14), (16), (19); 157.11(d)(1); 157.11(i)(1), (3); 157.11(e)(1); 157.11(l)(1), (13).

Bagby, David, Perryton, TX. 12 month probated suspension of EMS certification through March 4, 2005, for misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Bailey, Elizabeth, Dublin, TX. Probated suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (13); (26); (28); and (29).

Baker, Kerry, Sweetwater, TX. 12 month probated suspension of the EMT-P certification through February 28, 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

Bandera County EMS, Bandera, TX. \$1,000 administrative penalty probated through September 2005. EMS Rules 157.16(d)(1); (14); (19); 157.11(l)(1); (2); (13).

Barash, Richard, Richardson, TX. Decertification of the EMT-P certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (6); (26); (28); and (29).

Barnes, Joseph, Houston, TX. 12 month probated suspension of the EMT-P certification through March 2005. EMS Rules 157.36(b)(1); (2); (4); (10); (26); (28); and (29).

Bean, Shawn, Dripping Springs, TX. 24 month probated suspension of EMT certification through December 6, 2005, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Big Lake Volunteer Fire Department, Big Lake, TX. \$1,000 administrative penalty against EMS provider license. EMS Rules 157.16(d)(1), (14) and (19); and 157.11(l)(1) and (13).

Body, Christopher, Lewisville, TX. 12 month probated suspension of EMS certification through March 9, 2005, for misdemeanor conviction.

EMS Rules 157.37, 157.36(b) and/or, (c).

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

Bomer, Robert, Humble, TX. Denial of EMT-P recertification application for certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (13); (26) and (28).

Brakefield, Leah, Palestine, TX. 36 month probated suspension of EMS certification through May 5, 2006 for felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Brewer, Benjamin, Lubbock, TX. 36 month probated suspension of EMS certification through July 11, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Brown, Texanne, Hamilton, TX. 12 month probated suspension of EMT-I certification through March 6, 2005. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (9), (13), (21), (26) and (28).

Bryan, Travis, Pasadena, TX. 24 months probated suspension of EMT certification through March 31, 2005, felony deferred adjudication probation and misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Burge, Traci, Emory, TX. 1 month suspension, followed by 24 month probated suspension through December 2005 of EMT-P certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Burwell, Ashley, Angleton, TX. 12 month probated suspension of EMS certification through February 19, 2005, for misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Butera, Jeffrey, Sugar Land, TX. 24 month probated suspension of EMS certification through September 25, 2005 for misdemeanor convictions.

EMS Rules 157.37, 157.36(b), and/or (c).

Byers, Danny, Earth, TX. 60 month probated suspension of EMT-P certification through March 2007.

EMS Rules 157.36(b)(1), (2), (23), (25), (26), (28) and (29); 157.37(a)-(c); and Occupations Code Chap 53.

Caldwell, Kenneth, San Antonio, TX. 48 months probated suspension of EMT certification through August 2006, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Campbell, Connan, Hardin, TX. 24 month probated suspension of licensed paramedic thru November 2005. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Cantu, Melissa, Houston, TX. 12 months probated suspension of the EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

City of Cleveland EMS, Cleveland, TX. \$13,700 administrative penalty probated through April 2005. EMS Rules 157.16(d)(1), (14) and (19); 157.11(l)(1) and (13); 157.11(e)(1).

Coffman, David, Normangee, TX. 3 months suspension and 45 months probated suspension of EMT certification through June 30, 2005, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Cordona, Elizabeth, Only, TX. 24 month probated suspension of EMS certification through December 31, 2005 for misdemeanor convictions. EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Covarrubias, Abel, Abilene, TX. 24 months probated suspension of EMT-P certification thru November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Crawford, Dennis, Plainview, TX. 12 month probated suspension of EMT certification through December 2004, misdemeanor deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Creech, John, Lake Jackson, TX. 18 month probated suspension of the EMSC certification through May 2005. EMS Rules 157.43(m)(1); 157.43(m)(3)(B), (E) and (F).

Crowe, Gary, Dale, TX. 48 months probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

Dandois, Pace, Waco, TX. 36 month probated suspension of EMS certification through June 2006, misdemeanor deferred adjudication probation, misdemeanor convictions, felony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Davis, Daniel, Fort Worth, TX. 12 month probated suspension of EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).

Dean, Derrick, Mesquite, TX. Decertification of EMT-P certification effective February 2004, felony conviction. TX Occupations Code Chapter 53.021(b), EMS Rules 157.37, 157.36(b), and/or (c).

Decesare, Edward, Schertz, TX. Probated suspension of the EMT-I certification through July 2006. EMS Rules 157.36(b)(1); (2); (6); (8); (9); (26); (28); (29).

DeLeon Jr., Carlos Hector, LaJoya, TX. Decertification of ECA certification, effective March 2004. EMS Rules 157.36(b)(1), (2), (15), (21) and (28).

Dickey, Shane, Azle, TX. 48 months probated suspension of EMT-P certification through October 2006, felony or deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Dowell, Alina, Temple, TX. 36 month probated suspension of EMT certification through November 2005, felony deferred adjudication and misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Dozier, Jerry, Andrews, TX. 48 months probated suspension of EMT-P certification through April 2007, fel-

ony convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Elizalde, Edovigen, El Paso, TX. 24 month probated suspension of EMS certification through October 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Erwin, James, Fort Worth, TX. 12 month probated suspension of EMS certification through March 2005, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Escamilla, Daniel, Corpus Christi, TX. 48 month probated suspension of EMS certification through September 2007, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Etheredge, John, Fort Worth, TX. 24 month probated suspension of EMS certification through November 20, 2005, misdemeanor convictions and misdemeanor deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Falcon, Joe, Austin, TX. 24 month probated suspension of EMS certification through December 31, 2005, misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Feemster, Bobby Daniel, Dublin, TX. 24 month probated suspension of ECA certification through March 2006. EMS Rules 157.36(b)(1); (2); (3); (4); (7); (13); (21); (26); and (28).

Ferguson, Daniel, Gilmer, TX. Decertification of EMT-P certification effective August 12, 2005. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Fleener, James, Galveston, TX. 12 month probated suspension of EMS certification through March 24, 2005, felony deferred adjudication probation and felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Ford, Jerald, Hillsboro, TX. 24 month probated suspension of EMS certification through June 30, 2005, misdemeanor conviction. EMS Rules

157.37, 157.36(b) and/or, (c).

Foster, Chad, Shreveport, LA. 12 month probated suspension of EMS certification through November 5, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Garner, John, Burleson, TX. 12 month suspension followed by 36 month probated suspension of EMS certification through June 3, 2007 for misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Gates, Bobby, Conroe, TX. Decertification of EMT certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (28) and (29).

Gengo, Rodney, Montgomery, TX. 12 month probated suspension of EMS certification through March 1, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Gilbert, Kerry, Harlingen, TX. 24 month probated suspension of EMS certification through August 18, 2005, felony deferred adjudication probation/misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Gonzalez, Donna, Princeton, TX. 48 months probated suspension of EMT-P license through July 2007. EMS Rules 157.36(b)(1), (2), (26), (27) and (28).

Gonzalez, Norberto, Laredo, TX. 12 months probated suspension of EMT-P certification through September 2005. EMS Rules 157.36(b)(1), (17), (26), and (28).

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

Graford Volunteer EMS, Graford, TX. \$1,700 administrative penalty effective August 10, 2004. EMS Rules 157.16(d)(1); (19); 157.11(l)(13).

Grant, Jason, Amarillo, TX. 24 month probated suspension of EMS certification through December 31,

2005, misdemeanor convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Gray, Javiya, Houston, TX. 60 month probated suspension of EMT certification through December 17, 2007, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or (c).

Groves, Brent, Lake Dallas, TX. 48 month probated suspension of EMS certification through May 5, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b), and/or (c).

Guerra, Mario, Del Rio, TX. 12 month probated suspension of EMS certification through November 21, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Hamlyn, William, Houston, TX. 12 month probated suspension of EMS certification through March 9, 2005, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Hargrove, Shawn, LaPorte, TX. 12 months probated suspension of EMT-P certification through November 2004. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Harris, Darrell, Houston, TX. Probated suspension of the EMT certification through July 2006. EMS Rules 157.36(b)(1), (2), (18), (21) and (28).

Hartley, Sherman, Bay City, TX. 56 months probated suspension of EMT certification through July 5, 2006. EMS Rules 157.37(c)(2)(3)(G).

Headley, Darrell, Belton, TX. 12 months suspension through August 2005 followed by 36 months probated suspension of EMT certification through August 2008. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (9), (26), (28) and (29).

Heaton, David, Austin, TX. 12 month probated suspension of EMS certification through March 24, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Hiltbrunner, Lois, Shamrock, TX. 48 month probated suspension of EMS certification through September 30, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Holt, John, Talco, TX. 24 month probated suspension of EMS certification through April 29, 2005, misdemeanor deferred adjudication probation, a felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Horton, Lindsey, The Woodlands, TX. 12 month probated suspension of EMS certification through March 9, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Hunt, Gailyn, Lipan, TX. 60 day suspension, followed by 22 month probated suspension of EMT certification through February 2006. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Jackson, Michael, Houston, TX. 48 months probated suspension of EMT certification through March 7, 2006, a felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Johnson, Lee Ann, Fort Worth, TX. 24 month probated suspension of EMS certification through March 9, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Jones, Andrew, College Station, TX. Written reprimand against EMT-P certification effective July 29, 2004. EMS Rules 157.36(b)(1), (2), (4), (5), (7), (26) and (28).

Jordan, Colby, Combine, TX. 48 month probated suspension of EMT-P certification through December 2005. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Julian, Robyn, League City, TX. 24 month probated suspension of EMT certification through November 21, 2004, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Klaevemann, Aaron, College Station, TX. Revocation of EMT-P certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (3) and (28).

Korsmo, Howard, Temple, TX. Decertification of EMT-P certification effective January 29, 2004. EMS Rules 157.36(b)(1), (2), (14), (19), (26), (27), (28) and (29).

Layton IV, Charles, Troy, TX. 24 month probated suspension of EMT certification through September 2005. EMS Rules 157.36(b)(1), (2), (6), (7), (26), (28) and (29).

Lingo, Lynne, Bertram, TX. 12 month probated suspension of EMS certification through March 1, 2005, felony offense. EMS Rules 157.37, 157.36(b) and/or, (c).

Lyon, Austin, Lubbock, TX. 12 month probated suspension of EMS certification through November 5, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

MacDonald, Daniel, Jacksboro, TX. 24 month probated suspension of EMS certification through September 02, 2005, misdemeanor convictions and misdemeanor probation revocation. EMS Rules 157.37, 157.36(b) and/or, (c).

Martin, Cindy, Pipe Creek, TX. 12 months probated suspension of EMT-P certification thru August 2005. EMS Rules 157.36(b)(1), (26) and (28); 157.11(d)(1); 157.11(i)(1).

Martinez, Oscar, Lindale, TX. 48-month probated suspension of EMT-P certification through September 2007. EMS Rules 157.36(b)(1), (2), (19), (26), (27), (28) and (29).

Maurer, Garrison, Canyon Lake, TX. 48 months probated suspension of EMT certification through January 3, 2006. EMS Rules 157.37(c)(2)(3)(G).

May, Scott, Lewisville, TX. 24 month probated suspension of EMS certification through December 31, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

McEntire, Jeremmy, Richardson,

TX. 24 months probated suspension of EMT certification thru November 2004. EMS Rules 157.36(g)(5).

McKinney, Jody, Albernathy, TX. 24 month probated suspension of EMS certification through July 11, 2005, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

McLeod, James, Burseson, TX. 43 months probated suspension of EMT certification through January 10, 2006, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

McNeil, Katherine, Cleveland, TX. 12 months probated suspension of EMT certification through April 2005. EMS Rules 157.36(b)(1), (2), (13), (26) and (28).

Mitchell, Zane, Alvarado, TX. 6 months suspension followed by 49 months probated suspension of EMT-P certification through September 8, 2006, misdemeanor/felony or conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Moeller, Dawn, Moulton, TX. 12 month probated suspension of EMS certification through March 24, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Moreno, Roger, Austin, TX. 24-month probated suspension of EMT certification through September 2005. EMS Rules 157.37, 157.36(b) and/or, (c).

Norman, Steven, Azle, TX. 6 months probated suspension of EMT certification thru January 2005. EMS Rules 157.36(b)(1), (2), (26) and (28).

Ochoa, Alfonso, Weslaco, TX. 24 month probated suspension of EMS certification through July 10, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

O'Rourke, John, Houston, TX. 12 months probated suspension of EMT-I certification thru November 2004. EMS Rules 157.36(b)(1), (2), (26), (28) and (29); 157.16(d)(17); 157.11(i)(1), (2), (4); 157.11(l)(9).

Parker, Michael, Waco, TX. Sus-

pension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

Paul, Jon, Rowlett, TX. 48 month probated suspension of EMS certification through September 2, 2007, felony convictions. EMS Rules 157.37, 157.36(b), and/or (c).

Phillips, Earl, Manchaca, TX. 36 months probated suspension of EMT certification through April 9, 2005, felony deferred adjudication. EMS Rules 157.37, 157.36(b) and/or, (c).

Pierce, Randy, Austin, TX. 12 month probated suspension of EMS certification through November 6, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Pinedo, Marisela, Los Fresnos, NM. Probated suspension of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c).

Pippin, Brian, Lipan, TX. 48 months probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Pratt, Michael, Fairfield, TX. 12 month probated suspension of EMS certification through November 21, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Prescott, Michael, Itasca, TX. Decertification of EMT certification effective July 14, 2004. EMS Rules 157.36(b)(1), (2), (6), (26), (28) and (29); and 157.37(a).

Reed, Carroll, Houston, TX. 48-month probated suspension of EMS certification through August 22, 2007, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Reyes, Maria, Stafford, TX. 12 month probated suspension of EMS certification through March 24, 2005, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Rhodes, Linda, Wimberly, TX. 48 months probated suspension of ECA certification through June 24, 2006, misdemeanor and felony deferred ad-

judication. EMS Rules 157.37, 157.36(b) and/or, (c).

Richardson, Charles, Brazoria, TX. 12 month probated suspension of EMS certification through December 31, 2004, misdemeanor conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Riggs, Casey, Grand Prairie, TX. 18 month probated suspension of EMS certification through May 5, 2005, felony deferred adjudication probation. EMS Rules 157.37, 157.36(b) and/or, (c).

Riley, Stephen, Humble, TX. 47 months probated suspension of EMT certification through December 10, 2005. EMS Rules 157.37(c)(2)(3)(G).

Rodriguez, Ricardo, San Antonio, TX. 12 month probated suspension of EMS certification through January 28, 2005, misdemeanor conviction and felony conviction. EMS Rules 157.37, 157.36(b), and/or (c).

Roquemore, Joseph, Atlanta, TX. 48 months probated suspension of EMT certification through August 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Russell, James, Azle, TX. Decertification of EMT certification effective March 5, 2004. EMS Rules 157.36(b)(1); (2); (6); (26); (28); and (29).

Salinas, Rene, McAllen, TX. 51 months probated suspension of EMT certification through April 25, 2006, felony conviction. EMS Rules 157.37; 157.36(b), (c).

Slagle, William, Humble, TX. Probated suspension of EMT-P certification through May 2005. EMS Rules 157.36(b)(1); (2); (7); (9); (26); (28); and (29).

Smith, Lloyd, Houston, TX. 24 months probated suspension of EMT certification through March 20, 2005, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Smith Jr, Roosevelt, Houston, TX. 48 months probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

Smith Tracy, Marble Falls, TX. Decertification of EMT certification ef-

fective August 10, 2005. EMS Rules 157.36(b)(1), (2), (8), (21), (26) and (28).

Spears, Robert, Mineral Wells, TX. Letter of reprimand against EMT-P certification effective December 31, 2003. EMS Rules 157.36(b)(1), (2), (7), (26) and (28).

Sterling County EMS, Sterling City, TX. 12 months probated suspension of EMS provider license through August 2005. EMS Rules 157.16(d)(1), (14) and (19).

Stevenson, Doug, Katy, TX. 24 month probated suspension of EMS Coordinator certification thru July 2005. EMS Rules 157.43(m)(3)(b), (E) and (F).

Street, Marion, Hubbard, TX. 12 month probated suspension of EMT-P certification through January 31, 2005. EMS Rules 157.36(b)(11).

Sullivent, Doyle, Rosanky, TX. 24 month probated suspension of EMS certification through June 27, 2005, felony deferred adjudication probation, felony conviction. EMS Rules 157.37, 157.36(b) and/or, (c).

Superior Ambulance Service, Odessa, TX. \$72,000 administrative penalty probated through February 2005. EMS Rules 157.16(d)(1), (14) and (19); 157.11(e)(1); 157.11(l)(1) and (13).

Swinford, Richard, Plantersville, TX. 24 months probated suspension of EMT certification through April 29, 2005, felony deferred adjudication probations. EMS Rules 157.37, 157.36(b), and/or (c).

Thomas, David, Snyder, TX. 24 month probated suspension of EMT certification through November 21, 2004, felony conviction. EMS Rules 157.37, 157.36(b) and/or (c).

Thornton, Odis C., College Station, TX. 48 months probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G).

Turner, Lee, Fort Worth, TX. 6 months probated suspension of EMT-P certification thru January 2005. EMS Rules 157.36(b)(1), (2), (26) and (28).

Ultimate EMS Ambulance, Houston, TX. \$6,000 administrative penalty against EMS provider license effective March 5, 2004. EMS Rules 157.16(d)(1); (10); (19); and 157.11(l)(13).

Van Meter, Ronald, S., Midland, TX. 36 months probated suspension of EMT certification through December 17, 2004. EMS Rules 157.37(c)(2)(3)(G).

Walker, Mark, League City, TX. 24 month probated suspension of EMS certification through January 27, 2006, misdemeanor convictions. EMS Rules 157.37, 157.36(b) and/or, (c).

Walker, Mary, Medina, TX. 6 months probated suspension of the EMT certification through March 2005. EMS Rules 25 157.36(b)(1), (3), (7), (26), and (28).

Warren, Andrew, Floresville, TX. 18 months suspension, followed by 18 months probated suspension of EMT-I certification through December 2004. EMS Rules 157.51(b)(25).

Wells, Joseph, Weatherford, TX. 12 month probated suspension of EMT certification through February 2005. EMS Rules 157.36(b)(1), (2), (26), (27) and (28); 157.11(d)(1); and 157.11(i)(1).

Westlake Community VFD/EMS, Dayton, TX. 24 month probated suspension of EMS provider license through December 2004. EMS Rules 157.16(d)(1), (4), (6), (14) and (19), 157.11(e)(3) and 157.11(l)(13).

Whitehurst, Ashley, Albay, TX. 1 mo. suspension through January 31 followed by 24 mo. probated suspension through Dec. 2005 of EMT certification. EMS Rules 157.36(b)(1), (2), (3), (6), (9), (26) and (28).

Zais, John, Mineral Wells, TX. 36 months probated suspension of EMT certification through November 7, 2004. EMS Rules 157.37(c)(2)(3)(G).

Meetings & Notices

Calendar

November 21-24, 2004. **Texas EMS Conference.** For information contact 512/834-6700.

December 11, 2004. **12-Lead ECG Interpretation Workshop.** Iraan Civic/Center, Iraan, TX. Hosted by Iraan FD, presented by Bob Page. Registration fee \$100 includes a meal. For information contact 432/639-2952, iraanfd1@frontierwireless.net.

December 13-17, 2004. **14th Texas HIV/STD Conference.** Prevention, intervention, clinical service providers for HIV/AIDS/STD and other interested parties. Renaissance Austin Hotel. CE for CME, CNE/SW, CHES, LPC, CADAC. \$125-early; \$175-late. Contact TDH Bureau of HIV and STD Prevention, 512/490-2500, www.tdh.state.tx.us/hivstd/conf/2004.

January 3-14, 2005. **EMT-P Recertification Course.** Approved as a Texas Recertification Course. 8:00am-7:00pm; Mon-Fri, 2 weeks (96 hrs). Registration fee: \$300. Texarkana College, Continuing Education Division, 903/838-4541, ext. 3270.

January 13-February 24, 2005. **EMT, EMT-I, EMT-P.** Continuing education hours for required topics. Thursday, 4:00-10:00pm; Mon-Fri (7wks). Registration fees: Basic: \$50 (24hrs); Intermediate: \$65 (36hrs); Paramedic: \$85 (48 hrs). Texarkana College, Continuing Education Division, 903/838-4541, ext. 3270.

February 18-19, 2005. **EMS State of the Science: A Gathering of Eagles VII.** Dallas, TX. An open door event for EMS practitioners, the media, and federal agencies at large. For program information, contact Office of Continuing Education, (214) 648-8678.

Excellent work environment, educational support and opportunities for advancement. Visit www.swphs.org for more information on position requirements. Interested persons should contact Chuck Pearson, Operations Commander, at 254/724-0073 or by email at capearson@swmail.sw.org. +

EMTs/EMT-I/EMT-P/LP: Calhoun County EMS currently has 2 openings. Residency requirement. Excellent equipment and protocols. County service with county retirement and benefits. Call for salary information and benefit questions. Additional salary for EMT-I/EMT-P/LP. For information contact Henry Barber or Carl King, 361/552-1140. Send resume to: Carl Lee King, 216 E. Mahan Street, Port Lavaca, TX 77979. +

EMT-P: PPD Development, Austin, has immediate openings for per diem paramedics. Must be Texas certified EMT-Paramedic 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, please access our website at www.ppd.com to apply on-line. +

EMS Faculty: Part-time faculty positions being offered to qualified candidates for Fall 2004 semester and beyond. Minimum of 3 years field experience with busy EMS system. Must be certified or licensed EMT, EMT-I or EMT-P and Instructor in Texas. NREMT certification is a plus. Additional qualifications include ACLS, PALS, BTLS, instructor certification and is eligible for a higher hourly pay grade. Prospective faculty will be teaching at all levels primarily toward large, urban fire-based EMS system members. Salary is commensurate with experience. Interested potential applicants should contact Dr. George Hatch, Emergency Medical Service Department Houston

Jobs

Dispatchers: Scott & White Pre-Hospital Services is seeking qualified applicants for Medical Communications Controller. S&WPHS provides non-emergency, interfacility, critical care transport, 9-1-1 EMS services and medical helicopter operations to Central Texas. Excellent work environment, educational support and opportunities for advancement. Visit www.swphs.org for more information on position requirements. Interested persons should contact Chuck Pearson, Operations Commander, at 254/724-0073 or by email at capearson@swmail.sw.org. +

EMT/EMT-I/ Paramedic: Scott & White Pre-Hospital Services is seeking qualified applicants for EMT, Intermediate and paramedic. S&WPHS provides non-emergency, interfacility, critical care transport and 9-1-1 EMS services to a large area of Central 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 4-day process), and then to the post office to get mailed out.

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

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

Meetings & Notices

Community College System at 713/718-7692 or email george.hatch@hccs.edu for more details. Interested applicants can visit the Houston Community College System website at www.hccs.edu for the latest details or contact 713/718-8565. +

Eye Bank Technician: The Lions Eye Bank of Texas at Baylor College of Medicine is seeking candidates for part-time ocular tissue recovery in the Greater Houston and surrounding areas. Essential functions of this position include screening death referrals, approaching families for ocular tissue donation, removal of ocular tissue, performing donor assessments, reviewing hospital medical records/medical examiner reports and obtaining/processing blood specimens. Knowledge/interest in the medical field preferred. Submit resume to: LEBT-BCM, 6565 Fannin NC-205, Houston, TX 77030; phone 713/798-5500; fax 713/798-6864 or email channa@bcm.tmc.edu. +

EMT-Ps: Uvalde EMS, Inc. is seeking candidates to fill part/full-time EMT-P positions. Contact Stephen Stephens or Jackie Rutherford at 830/278-6583. +

Firefighter/Paramedic: The City of Bellaire has full-time positions available. Must be certified/certifiable as a firefighter with the Texas Commission on Fire Protection. Must also be a certified or licensed paramedic with the Texas DSHS. Good salary and benefits. Qualified applicants may request an application by calling 713/662-8222 or application may be picked up at the City of Bellaire, 7008 S. Rice, Bellaire, TX. +

EMTs/EMT-I/Paramedics: Medical stand-by service hiring for part-time work at recreational sports and musical events in San Antonio, Austin. \$8-\$10/hr. 512/233-4929 or e-mail resume to firstmedicalresponse@austin.rr.com. *

Full-Time/Part-Time/PRN Para-

edics: Harris County ESD-1, covering north Houston and Harris County, is accepting applications. Competitive salary and benefits. Send resume to jobs@hcesd-1.org, or fill out application in person or on-line www.hcesd-1.org. Resumes, applications faxed to 281/227-3335 attn: Human Services. For more information call 281/449-3131. *

Paramedics: Full time positions available. Competitive pay and benefits. Fax resume to Medicare Medical Service 972/554-9302, call Patrick at 972-554-9300. *

EMTs: Care First EMS, a BLS ambulance service, is now hiring. For more information contact Zuleika at 214/943-9526. *

Miscellaneous

Bachelor's degree: St. Edwards University, Austin. Degree in public safety mgmt designed for working adult students. Credits for prior learning through portfolio. Some courses offered online. Visit the website address at www.stedwards.edu/newc/pacepsm.htm or call 512/428-1050. +

TEEX Emergency Services Training Institute: Applications now being accepted for the TxDOT EMS Educa-

tion Grant. FY05 grant year is scheduled to begin October 1, 2004 and will end September 30, 2005. Contact kelli.isaacks@teexmail.tamu.edu or download application at www.teex.com/esti. *

AR Management & Solutions: Specialized in EMS billing and collections for municipal and private EMS. Servicing EMS portfolios for some of the largest providers in the state of Texas. Please contact 866/313-6739 or 972/650-0953 for details. *

Safe Drug Storage: Worried about drug deterioration due to temperature issues? Temperature data Logging Keys is an innovative answer. Toll free 1-888-272-9838 or visit www.engel-usa.com. *

Interested in earning your bachelor's degree? UT Health Science Center at San Antonio. BS-completion degree in Emergency Health Sciences, designed for paramedics. Some courses are offered on-line. www.uthscsa.edu/emt or call 210/567-77880. *

Master Train classes: San Antonio TX. Call 210/832-0422 for class dates and information.

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: *Texas EMS Magazine*, 512/834-6736 or send to *Texas EMS Magazine*, 1100 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

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

Renewing your subscription? Use the subscription form in this magazine to renew your subscription and mark the renewal box.



EMS Profile: *Sweetwater Fire and EMS*

Number of Personnel: Sweetwater Fire and EMS, a fully-paid civil service department, has 24 EMS-certified personnel, headed by Chief Jerry Huffman. The ranks include 14 medics: three licensed paramedics, (two NREMT-P), one EMT-I and ten EMTs. Terry Muncy, LP, and certified instructor, serves as the training officer for both fire and EMS. Dr. Fred J. Kassis has recently assumed the role of medical director.

Number of Years in Service: Although the Sweetwater Fire Department has provided fire protection for more than a century, the role of EMS provider was assumed by the department in 1980. Now, Sweetwater Fire and EMS, centrally located in Sweetwater, serves both the city and county, with populations of approximately 10,500 and 18,000 respectively.

Our response area is about 900 square miles and the average response time is less than five minutes.

Number of Units and Capabilities: Our department has three front-line EMS units, certified as BLS with MICU capability. Shifts of seven rotate on a 24/48 schedule. A fully-equipped rescue unit is also dispatched on all major MVCs. Off-duty personnel are subject to call back in order to staff the station during high work loads. Patients are transported to Rolling Plains Memorial Hospital in Sweetwater; critical or multi-system trauma patients can be flown by one of three air medical transports based in our area. One is Critical Air, which has a helicopter based on the grounds of Rolling Plains Memorial Hospital. Hendrick, a level III facility Trauma Center in Abilene, is only 45 miles away.

Number of Calls: In 2003, the Sweetwater Fire and EMS ambulances responded to 1,902 calls, with a monthly average of 158. Interstate 20, which traverses Nolan County, contributes to the approximate 35 percent trauma-related calls.

Current Projects: Our training division is active in providing first aid and CPR training in the industrial sector and the fire marshal's office is instrumental in promoting fire safety throughout schools and businesses. We are currently involved in a county-wide Community Emergency Response Team (CERT) training program in order to increase available resources during disaster and mass casualty incidents.

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