

Texas EMS

M a g a z i n e

*Byam
thanks for all
your help
good luck
Alana*

EQUALITY

After 25 years, Texas EMS Magazine editor **Alana Mallard** leaves EMS. Page 19

DMATs: Who steps in when a disaster overwhelms a medical community? On page 34, **Sam Wilson** explains how you can be part of a disaster medical response team.

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Bureau of Emergency Management
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Austin, TX 78756
or Fax to (512) 834-6736

Order these free materials for your community education programs.

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Shipping information: City/State/Zip _____

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Amount ordered Description

_____ **"Ready Teddy" coloring book.** Twelve pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61), Spanish-(4-61A)

_____ **"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.** A foldout first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)

_____ **"Don't Guess, Call EMS" brochure.** A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of Public Health Region offices and a "for more information call" box, 1989. (EMS-013)

_____ **"EMS Lifesavers—Career Information" brochure.** Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)

_____ **"EMS questions and Answers About Citizen participation" brochure.** Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)

_____ **"EMS—A System to Save a Life" brochure.** A 1970's title, 1990's text, and it has public health region office info and "for more information call" box. Explains BLS and ALS, 1989. (EMS-012)

_____ **"Ready Teddy" poster.** The Texas EMS mascot urges kids to prevent injuries. (4-60)

_____ **"Dedicated to Patient Care" poster.** EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)

_____ **"EMS—It's a Lifesaver" poster.** Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)

_____ **"System to Save a Life" poster.** Companion poster to brochure, 1990. (EMS-011)

_____ **"When It's A Medical Emergency—You Need EMS" poster.** Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)

_____ **"I'm an EMS Friend" sticker.** Ready Teddy in a 2-½ inch 2-color sticker.

_____ **"Children and Guns: A Deadly Combination" flier.** Pictures tot with gun, Texas death stats, 1993.

_____ **"What If There Were No Lights At The End of the Tunnel?" poster.** Encourages communities to support local EMS, 1993. (EMS-021)

_____ Send information on borrowing the **Ready Teddy EMS Mascot suit**, available from Austin or the regional offices. Kids love him! And they learn to stay safe.

_____ Send a sample of all public information and education materials—a **PIE pack**.

_____ **"Accidents Don't Just Happen" brochure.** Injury prevention tips featuring Dr. "Red" Duke, 1993. Poster also available. (EMS-003)



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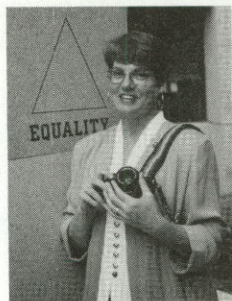
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ABOUT THE COVER:
Alana Mallard stands next to the Texas EMS Monument, just one of the many projects she participated in during her 25-year career with EMS.
Photo by Kelly Harrell



Texas Department of Health Mission

To protect and promote the health of the people of this state.



Bureau of Emergency Management Mission

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M a g a z i n e

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Medic's response to question worth repeating

I want to share an interview with you that I saw on TV following the terrorist train derailment in Arizona recently. This TV reporter was interviewing a paramedic who was one of the first on the scene of this disaster and had worked many hours directing the rescue operation. The reporter told him that many of the victims considered him a hero and gave him credit for saving their lives. He responded by saying: "I don't think of myself as a hero. I was just doing what I was trained to do. I really didn't do anything that any EMS person couldn't have done in the same situation." I was really impressed by this attitude and the fact that he had full confidence that any other EMS person would have responded with the same efficiency. The news reporter gave the EMS crews credit for saving multiple lives at this disaster site.

Speaking of heroes in EMS, you must have noticed that we have Alana Mallard's picture on the cover of this issue of the Texas EMS Magazine. Alana worked for EMS for about 25 years before taking a job as assistant director of TDH's Communications and Special Health Initiatives. We sure miss her around the office. She is best known for her work as the first and only coordinator of our Texas EMS Conference and the first and only editor of this publication. I thought it was a perfect tribute to Alana to have her picture on the cover holding her camera. That is the way

many of you around the state have seen Alana when she visited your service. She would show up with her camera hanging off her shoulder and her note pad to record her conversation with you. We will miss Alana, but we do wish her the best in her new job and congratulate her on this promotion.

We are excited about working with our newly-appointed advisory committee. An article on page 33 about the new Emergency Health Care Advisory Committee tells a little bit about each new member. We look forward to their guidance in the future. 🌸



Bureau Chief Gene Weatherall, left, and Conference Coordinator Alana Mallard have worked together on Texas EMS Conference since it began ten years ago.

TEXAS EMS CERTIFICATIONS AS OF DECEMBER 8, 1995	
ECA	8,489
EMT	25,998
EMT-I	3,465
EMT-P	9,391
TOTAL	47,343
COORDINATOR	397
INSTRUCTOR	1,579
EXAMINER	1,797

LETTERS

To Texas EMS Magazine: In reference to the article, "What's your location? Advancing technologies help flight crew find the patient", by Eddie Callender, Jr. (Sept/Oct 1995), I would like to come to the defense for the Loran C receiver. I have read many articles in the past year that praise the use of the Global Positioning System (GPS) as opposed to the use of the Loran C. However, I feel that these articles are based more on the need for these individuals to justify their purchase of the more expensive GPS than the true usefulness for these devices.

I agree that using either one of these systems could decrease response time dramatically. I have been writing a book on how GPS and Loran C could be used by rural volunteers. As an instructor for the United States Army in the use of topographical maps, I know the benefit of the use of "coordinates" to get around. As a combat medic, I know well the benefit of communicating my location to rotary-winged ambulances.

So which is better, GPS or Loran C? Well, let's review some information. First of all, the GPS is far more accurate. The hand-held GPS can identify your location to about six feet, whereas the hand-held Loran will identify your location to about 60 feet. However, the larger, mobile-mounted Lorans will have about the same accuracy as the hand-held GPS, and, because your mobile radio is stronger, you will most likely make your first call for the helicopter from your radio next to your "mobile-mounted" Loran C. You may also want to take into account

that smaller electrical toys like the hand-held GPS will undoubtedly catch the eyes of those who would like you to share!

Another item to consider would be that the Department of Defense controls the GPS satellites. They intentionally provide an error into the system to prevent long range bombing of "VIPs" in the United States. This means that the difference in the accuracy of your GPS and the Loran C could be as much as the difference in the accuracy of your GPS and the GPS on the air-ambulance that is responding. Also, for the price of replacing one of the 27+ satellites, 2,300 miles out in space, the entire Loran C system could be updated.

In any case, most rotary-winged aircraft need about 100 meters to land safely. The difference between the GPS and Loran would be about the width of the pilot's pinky at 2000 feet. This is why most air ambulances, other the military, are sticking with the Loran C. Of course, if you're into fishing and hunting, and there is a very special spot you like and you want to take along your own little spot finder, then I would recommend the GPS. The GPS is much lighter and more accurate for this type of activity. Also, if you can find the GPS for the price of the Loran C, well, go ahead and get yourself a GPS.

So why is the military going to GPS? Well, I found that my Loran C did not serve me well in South America. In fact, the Loran C will not work too far outside of the Continental United States without being retuned. So if you plan to be calling for Austin's EMS helicopter, Starflight, to respond to 30 degrees south and 97 degrees east (about 200 miles west of Australia), GPS would

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3199



be your choice. But don't hold your breath for them to show! In the event of a total global thermonuclear war, the GPS would probably continue to work, provided that the electro-magnetic pulse and atmospheric radiation was low enough. In this case, holding your breath would be well advised.

No matter your preference, either device would be a great asset to any rural volunteer responder group and I've been told that some companies can provide a payment plan that would make the more expensive GPS more reasonable. Remember, the bottom line in EMS is to provide the best care in the least amount of time.

*Thomas E. Harkness, Sr.
Austin, Texas*

To Gene Weatherall: Thank you so much for the invitation to attend the Texas EMS Conference '95 and be your guest on Thursday, November 21, 1995, for the luncheon at noon.

Our family will be getting together for Thanksgiving, so I will not be able to attend.

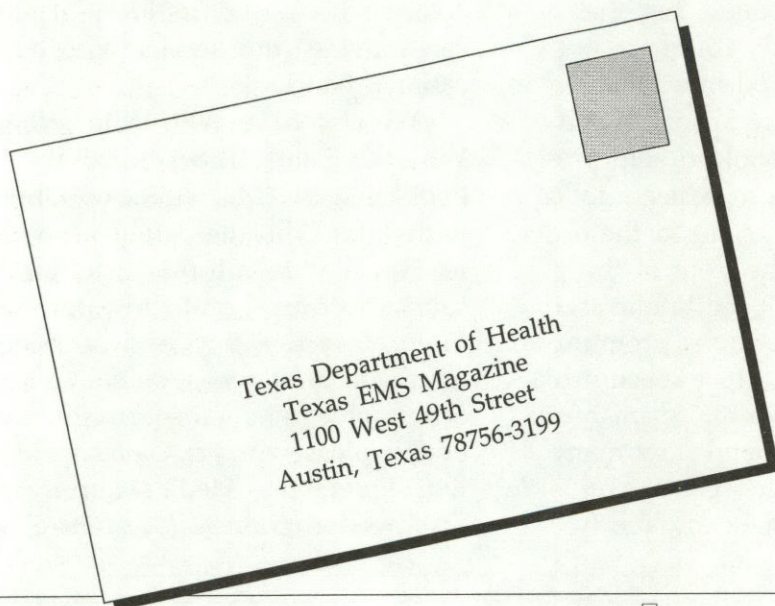
I hope this conference will be one of the best—so that more lives will be saved from all of the new information gained.

This year to date, I have trained over 1,000 people in basic first aid and CPR. I will continue to do so and give my best for the lifesaving effort.

I am very proud of our Texas EMS and the great work going on. I am so happy to have been a part of this fine program.

Here is wishing all of you the very best.

*Sincerely,
Carl Young*



Texas EMS

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M



This tribute to EMS was submitted anonymously
by a mother whose son was hurt recently in a football game.

In Honor Of Crowley, Texas, EMS Volunteers

The stands were full of fans,
The teams were well renowned.
Competition was so exciting,
Till a football player went down.

The man hurried through the crowds
And with hands firm and steady,
Secured the big boy to a gurney,
And said, "EMS is ready."

To the mother, his voice was calm,
As the ambulance lumbered away,
"Don't worry ma'am you're riding
with us,
And he'll soon be back to play."

She asked about his background,
After all, this was her child.
He answered, "I am a firefighter,
But I'm off for a little while."

You do this on your own time?
Man, what is your reward?
"I like to think," he said with a
wink,
"That I'm giving a hand to the
Lord."

The ER was quite chaotic,
But the boy was helped pretty fast.
His mom looked around for the
men to thank,
But their stay there couldn't last.

They were back to serve, she
thought,
As she let escape a tear,
But there's sure a place in heaven,
For the EMS volunteer.

—Anonymous

There's something new going on!

Se habla Espanol! Yes, the Ready Teddy coloring book has been translated into Spanish. So if you can use the Spanish Ready Teddy coloring book to help prevent injuries and to educate folks in your community, send in the order form found at the front of the magazine or call the Public and Community Relations program at (512) 834-6700. Just specify that you would like the Spanish coloring book and how many you would like sent to you. We still have English Ready Teddy

coloring books. Let us know if we can provide your service with educational handouts.

We also have Who Who, Who Who the Safety Clown's activity book, that is. "Making Good Choices with Who Who the Safety Clown" teaches how to call 9-1-1 and just say no to drugs, and fire safety, gun safety, bicycle safety, and car occupant safety. If you would like to order some Who Who activity books, please contact Gay Knight with Emergency Medical Services for Children program at (512) 834-6700.



Got the fee-ver?

New payment options more user-friendly

New fee options offered by the Bureau of Emergency Management may help you get your test score and certificate faster. Our goal is to deliver test scores and certificates within 30 days of testing dates.

Several months ago the Bureau changed its fee payment and application procedure to require that to pay your fee and submit your certification application only after the completion of your course. We found that this procedure caused delays in the delivery of test scores and certificates.

In an effort to become more responsive to customer needs, the Bureau has rewritten its application and fee payment procedure to include several advanced payment options.

To learn more about how you can pay in advance, call your regional office. Using the fee payment options requires you to sign a Previous Submission Form, if applicable, and submit any required documentation at the test site. Save a copy of your application and check or money order as proof of payment, and don't forget your identification and #2 pencils. A summary of the fee options follows:

Pay in advance at your regional office

You can make your advance payment at your regional office. Call your regional office more details concerning deadlines.

Pay at the test site

You may also pay your fee and submit your application at the test

site. Contact your regional office to see if they can process your fees faster at their office if you pay in advance.

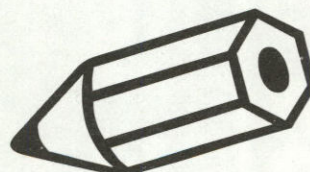
Mail your application and fee directly to Austin

For many years, this was the only way to apply for certification. All you need to do is send your application and fee directly to Austin. Choose this option if you want to pay at least 30 days in advance.

Coupon at the test site

If you choose not to pay in advance or at the test site, you may take the test and mail your fee to Austin within 24 hours of taking the test.

The Bureau of Emergency Management is heading up a major review of the certification process. This is just the beginning of the many improvements the Bureau plans to implement. Other improvements include options for computerized testing, electronic submission of applications, and a telephone answering system to verify your certification status. All of these improvements are aimed at processing your certification applications more efficiently. —*Phil Lockwood and Ernie Rodriguez*



Local and 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? Elected new officers?

Send your news to:
Texas EMS Magazine
Alana S. Mallard, Editor
Bureau of Emergency
Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700

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.

Groom Ambulance Service purchases new unit

By combining the proceeds from a barbecue dinner, a raffle, and a matching grant from the Meadows Foundation, Groom Ambulance Service will soon be running a new 1996 Type 7 Moduvan ambulance. Recurring mechanical problems with the service's present 1985 Ford Type III ambulance encouraged the volunteers to pursue funding for a new ambulance. The new ambulance will be equipped partly by a grant from the Local Projects Grant Program, Texas Department of Health.

Austin Fire Department adds Bicycles to their Rescue Team

Austin Fire Department has purchased two bicycles to assist in locating victims in the Barton Creek Greenbelt area. This wooded area is popular with

running, hiking, and biking enthusiasts, but its hilly terrain can make patient location difficult. By using bicycles carrying basic medical supplies, the firefighters can cover the nearly eight-mile trail in 20 minutes, instead of the hour it takes on foot, and can radio direction to the patient's precise location to AFD and EMS crews.

AFD has responded to 18 emergencies in the Greenbelt in 1995, up for 12 responses in 1994.

Corpus Christi Acting EMS Director receives SAT award

City of Corpus Christi FD/EMS teamed up with the Immunization staff, TDH's Public Health Region 11 and VISTA volunteers to offer free immunization clinics at seven different fire/EMS stations from June to September. Volunteers administered 460 doses to 244 infants, children and adults, many of

Groom Ambulance Service poses with their new ambulance, a purchase made possible by grants from the Meadows Foundation and TDH Local Projects. Standing left to right are David Britten, Donald Burgin, Tony Painter, Brent Stephens, Jack Spencer, Randy Johnson, Jody Ball, Tony Treadwell, and Scott Fields. Kneeling left to right are Toni Pavlovsky, Charlotte Whatley, Jay Lamb, Kevin Kerlee, and Craig Howard. (Not pictured are Kerry Jenkins and John Bohr.)



Local and Regional EMS News

Ready Teddy and Dr. Robert Warriner, left, welcome Rural Metro - Montgomery County Area Manager Ken Cassell. Rural Metro began servicing Montgomery County in October of 1995.



whom had never been immunized. They were then treated to a tour of the fire station, the fire trucks and the ambulances. Gilbert Perez, acting EMS Director, received a Shots Across Texas "Hot Shot" Award for "outstanding contribution to immunizations by a paramedic" for his participation in the immunization clinics.

Colorado County EMS grows

As a result of sponsoring an ECA class, Colorado County has added 16 new ECAs to its roster. This class was made possible through a Local Projects grant for education. And recently 15 members of the Columbus Ambulance 801 took an AED course. The Columbus Ambulance 801 will soon be receiving a 1996 McCoy Miller Type III Mini-Mod ambulance, about the time that Marc Jordan, EMT-I, takes over the position of EMS Director with Colorado County EMS.

Montgomery County has new EMS service

On October 1, Rural/Metro Ambulance began operations in Montgomery County, just north of Houston. They were awarded a six-year contract, with two three-year extensions possible. RuralMetro says that the contract will allow it to continue to provide quality service by building on the accomplishments of the EMS infrastructure already in place, while saving the taxpayers in excess of \$1.5 million. The service also proposes to incorporate the various first responder agencies into a county-wide, non-profit first responder group, which will increase their eligibility for grants.

Greater Houston EMS Council announces 1995 award recipients

The Greater Houston EMS Council announced its 1995

award recipients at an award ceremony in September.

Private Provider of the Year was presented to Parkvue EMS, established in 1971, which has grown to eight units with advanced capabilities and has become active within the community.

Public Provider of the Year was given to Fort Bend County EMS for its commitment to community education and the outstanding quality of patient care in the third fastest growing county in America.

Volunteer Provider of the Year was presented to Cypress-Fairbanks EMS, which has 100 trained volunteers, and covers 184 square miles, making approximately 5,000 EMS calls per year with five ambulances.

Paramedic of the Year went to David Almaguer, who began his career in emergency services 15 years ago and is presently a Cypress Creek volunteer, president of Medilife, and active in the Gulf Coast EMS DWI-

Local and Regional EMS News

Awareness Program.

Tonya Douglas received the EMT of the Year. She works full-time for Harris County Hospital District and as a part-time medic at the Astrodome, and volunteers with the Alvin VFD, the Greater Houston EMS Council, and the Gulf Coast EMS DWI-Awareness Program.

Dispatcher of the Year was given to Mike Hatley, who handled a life-saving call from a mother whose three-year-old child was choking.

Roderick Williform was given the EMS Administrator of the Year for his leadership and direction in Parkvue EMS.

EMS Educator of the Year Award went to Robert Hastedt, who holds CEU programs for Galveston County first responder groups and works with the Gulf Coast ACLS Training Committee.

Edward Wilkinson, MD, was awarded EMS Medical Director of the Year for his dedication to the improvement of prehospital medicine and his participation in EMS in Galveston County and Houston.

Carolyn Galloway, MD, was given the Emergency Physician of the Year.

The Emergency Center Nurse of the Year went to Martha Shriner, RN, for her professionalism in emergency room situations.

The Public Information Award was awarded to AMT -

Houston, for their efforts in educating the public on the need for immunizations and their participation in the Shots Across Texas Campaign. The Chairman's Award was presented to Thelma Lemley for her achievements with the Gulf Coast EMS DWI-Awareness Program.

Lumberton EMS gets new ambulance

Lumberton EMS volunteers took delivery of a custom-built Excellence ambulance. The unit was designed by the Lumberton volunteers and has several innovative features to aid rescues, such as a hydraulic-driven generator that powers all of the module and emergency lighting, a remote-controlled telescopic

light tower, an on-board computer and printer system, a 12,000-pound, bumper-mounted winch, and specialized exterior compartments for rescue equipment.

El Campo third grade class visited by TDH's furry beamed medic

Ready Teddy visited a third grade class at Hutchins Elementary School in El Campo to teach them about safety. El Campo EMS purchased a Ready Teddy costume with money raised by teaching CPR classes to the public. The service plans to take Ready Teddy to the schools at least twice a year to promote safety and injury prevention to the classes.

Lumberton EMS took delivery on a new ambulance from MEDTEC of Goshen, Indiana. The new ambulance was custom-built, based on designs supplied by the Lumberton volunteers.



Local and Regional EMS News



El Campo EMS enlists Ready Teddy's help to teach children about safety at Hutchins Elementary School in El Campo. El Campo EMS plans to become very active in promoting child safety to their schools.

Jems Communications acquires *Firefighter's News*

Firefighter's News, a national magazine for the fire service industry, was acquired in October by Mosby-Year Book Inc., a Times Mirror Company. Jems Communications, a Mosby subsidiary that specializes in information products and conferences for emergency services, will take over publishing duties of the magazine. *Firefighter's News* features articles on information and techniques that firefighters may use in their daily work. Jems Communications expects the magazine to continue its expansion of editorial coverage of the fire service industry. Jems Communications produces JEMS (Journal of Emergency Medical Services), RESCUE, and other

magazine, books, conferences, and consulting research services. Mosby is a leading publisher of health care and emergency car journals, books, video, and multimedia.

Ready Teddy visits Troup second grade class

Ready Teddy visited some Troup second graders with Tra-

cye Fairfield, 9-1-1 operator of Whitehouse, and Sergeant Ted Hall, Troup Police Department, to teach the children how to call 9-1-1. Fairfield and Hall instructed the children in the questions that a 9-1-1 operator will ask and what to do when an emergency call is made, such as giving the dispatcher their address, name, and the nature of the emergency, and

Ready Teddy, Tracye Fairfield, and Sergeant Ted Hall teach some Troup elementary students about making the right call and what to say during the call.



Local and Regional EMS News

Chris McGinnis, Nacogdoches County EMS, represented the EMS veterans in the Veterans Parade in November with the new micro-ambulance. The micro-ambulance, which carries two patients, can be used at sporting events.



to stay on the line until the dispatcher tells you to hang up. To emphasize the lesson, one of the children called Fairfield with a simulated emergency call.

Nacogdoches County EMS dedicates new micro-ambulance

Nacogdoches County EMS has begun to use a new micro-ambulance, which is essentially a stretch golf cart. The two-patient micro-ambulance is designed to work in areas that are too tight for an ambulance and is fully equipped with a complete advanced cardiac life support unit and trauma immobilization equipment. An on-board radio and cellular phone allow the EMS crew to contact the hospital or local law enforcement officers. The smooth ride of the micro-

ambulance will increase patient and personnel safety over transportation by stretcher. The micro-ambulance will be used at functions such as ballgames and walk-a-thons. Funding for the micro-ambulance and the trailer used to transport it were raised through donations by local businesses and organizations.

The micro-ambulance carries a special meaning for the EMS crew because it has been designated as #605, the same number as paramedic Steven Taylor, who was killed in the line of duty in 1981.

Falls County EMS favorably mentioned in local paper

The Marlin Democrat recently carried a favorable article about Falls County EMS, detailing how, in nine years, Fall County

EMS has grown from two used ambulances to a fleet of seven, fully-equipped ambulances on call 24 hours a day, seven days a week, serving hospitals in Marlin, Waco, Temple...and even Galveston.

Taking a photo to submit to *Texas EMS Magazine*?

We love to have them! Some picture-taking tips:

- Don't be shy about asking people to pose.
 - Focus on one or two people or a small group
 - Tell us who everyone in the picture is, if you know
 - Lighter photos work better than those taken in too-little light
- Happy shutter-bugging!

Local and Regional EMS News

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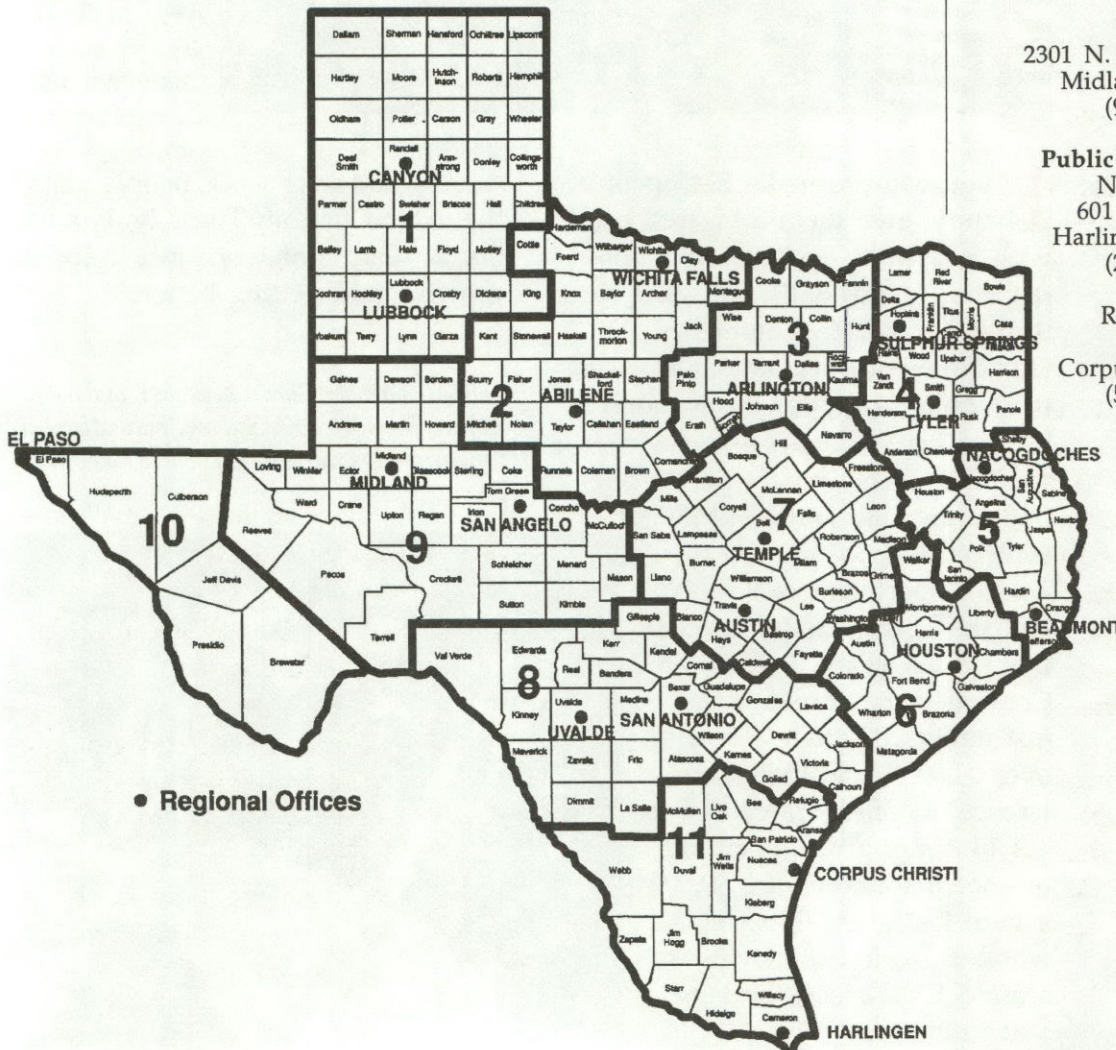
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By
Jan M. Brizendine

Texas EMS Conference '95

Celebrates 10 years of excellence

Some Comments from the evaluations:

"I am extremely happy with what I received for what I paid."

"So many good workshops to choose from."

"Scott Bolleter very dynamic presenter—Pepe and Shook were great also."

"Better than national conferences."

"Much better than the national conferences that cost an arm and a leg."

"Every year it gets even better."

"Limit sessions to one hour."

"People should take their hats off in workshops, so people behind them can see."

"Pagers and cell phones should be turned off—over a dozen interruptions in one class."

"Open exhibit hall at 7 a.m."

Almost everyone said they liked the turkey dinner, but....

"Turkey two days before Thanksgiving—we got a headstart on being tired of it."

The one that really makes all the time and trouble worthwhile:

"This was my first EMS conference and I really enjoyed it. I've been in burn out but this really made me realize why I got into EMS—I'm an EMT."



Performers featured in the opening session clown around backstage. From left, are Demoss Collins, aka Stoker, Bobby Mims, aka Squirt, and Dean Baswell, aka Who Who. In the background is Mario Malina.

I you want to make EMS people happy, give them a big red bag, with 3 zippers, pockets and a shoulder strap—and that's just what we did at Texas EMS Conference '95. Our conference evaluations thanked us over and over for the wonderful big red bag.

Texas EMS Conference '95 celebrated the 10th annual EMS conference sponsored by the Texas Department of Health and the Texas Health Foundation. In ten years, Texas EMS Conference has grown from just under 200 attendees to over 2,000. Texas EMS Conference '95 offered a chance to get 14 hours of CE, hear 80 top-notch speakers, see 80,000 square feet of exhibits, see a whole stage full of clowns, see old EMS friends and make new ones.

We had over 4,000 people visit the exhibit hall on Tuesday, November 21. Our conference just keeps on growing and getting better.

EHCAC member Gary Cheek, left, and Abilene firefighter/EMT Greg Jones attended the awards luncheon with about 1,600 other people.



80,000 square feet of exhibitors

More than 4,000 people in the exhibit hall on one day

Some EMS people never get a chance to see so much EMS equipment at one time and in one place—it is almost overwhelming.

What were they selling?

Ambulances, textbooks, communication equipment, monitors, rescue equipment, fire equipment, emergency lights and sirens, defibrillators, uniforms, training equipment, computers, two-way radios, and lots of other life-saving equipment. And they were selling service, companies who repair all of it.

Organizations?

There were organizations recruiting EMS personnel, organizations to join, an organization for vital organ procurement, organizations who train and teach, organizations who specialize in collecting money and those who handle spending it, organizations who want to computerize everything and organizations who want to insure you while you do all of it.

Where did they come from?

Oklahoma, Missouri, Maryland, Illinois, Louisiana, Florida, Indiana, New Jersey, Kentucky, Iowa, Ohio, Pennsylvania, California, New York, Mississippi, Georgia, North Carolina, Arizona, Massachusetts, Connecticut, Canada, and yes, even Texas—in fact from every part of Texas.



Exhibitors love the big selection of food that is served in the exhibit hall because people will always come to where the food is.

Staff members Jeanne McGinley, left, and Ryan Davis set up the display of 75 photos entered in the photo contest.

Paramedic Annie Andrus, left, looks over the TDH booths where, from left, Terri Vernon, Bobbie Broadbert, and Becky Potts work.



Texas EMS Conference and top quality education—they seem to go together

Question: What was the *best* thing about the conference?

Answers: "Seeing old friends, making new ones and learning so much new and relevant information."

"Monday lunch."

"Snacks."

"Loved the fruit."

"The exhibit hall was outstanding."

"So much good food, so little time."

"Great exhibits, comfortable, well lighted."—an exhibitor

"Just being able to be here."—an exhibitor

"How friendly the EMTs were."—an exhibitor

"The refreshments, quality of vendor area."—an exhibitor

Question: What was the *worst* thing about the conference?

Answers: "Being away from home for so long; I was here for a preconference 2-day workshop also."

"The congestion outside of the classrooms."

"People coming into classes late."

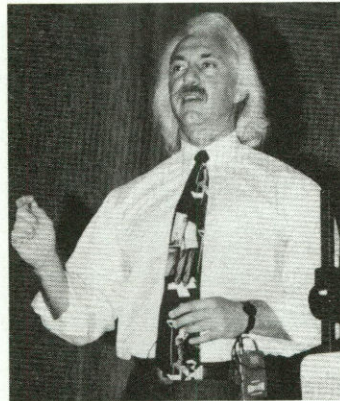
"Had to go home."

"I wanted an autopsy to view."

"It's hard to make an objective worst thing if you liked it all."

"Not enough time for exhibits."

According to the evaluations, people loved the top-quality educational workshops with over 80 presenters to choose from. Presenters covered topics on burns, pediatric trauma, teaching child safety, critical incident stress, team building, hazardous materials, bombing rescue operations, bites and stings, infectious diseases, the new educational curriculum, secrets of success, personnel management, documenta-

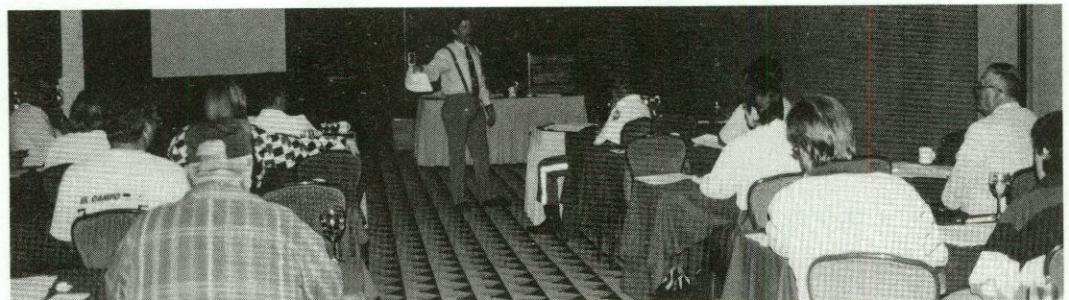


Dr. Joseph Copolla taught workshops on cardiovascular drugs, Don Gibson taught a preconference workshop on emergency medical dispatch and TDH's Sam Wilson taught a preconference workshop on EMS disaster planning.

tion, cardiovascular drugs, neonatal resuscitation, public information, sexual assault calls, obstetrical emergencies, lawsuits and testifying in court—and the list goes on. The evaluations requested topics for next year on shock, geriatrics, cardiac recognition and management, depression, and family life in EMS.

Some of the returning favorite instructors were: Scott Bolleter, Joseph Copolla, MD; Bryan Bledsoe, DO; Captain Mark Warren, Eric Epley, Karen Yates, Gene Gandy, and Paul Pepe, MD.

Some of the new favorite instructors were Robert Genzel, MD; John Griswell, MD; Robert Simonson, DO; Len Denney, and David Phillips.



Mallard leaves after 25 years in EMS



Mallard left recently to take a job in TDH's Communications and Special Health Initiatives.

With the 10th Annual Texas EMS Conference, Conference Coordinator Alana Mallard bid farewell to the Bureau of Emergency Management. Mallard took a job on November 1 as assistant director of TDH's Communications and Special Health Initiatives. She came to the Texas Department of Health in 1968, in what was then Disaster Health and Medical Services, and returned in 1972 after a brief two-year motherhood hiatus. In her 25 years with EMS, Mallard worked in training, registry, MAB, disaster response, sexual assault, EMS systems and public information.

"Even though I'll miss the everyday work of covering EMS for the magazine and the press, I know that I'll have the opportunity to get local EMS agencies involved in health department initiatives. It's an incredible experience to have been in on the 25-year making of something as exciting and as important as EMS in Texas. I won't stop working with emergency services, I'll just do it in a different arena," Mallard says.

Mallard's accomplishments include *Texas EMS Magazine*, Ready Teddy, the Texas EMS Monument and Texas EMS Conference. For her contributions to EMS, Mallard received an EMS Lifetime Achievement Award during the awards luncheon at Texas EMS Conference '95. —*Kelly Harrell*

Thanks to everyone who made Texas EMS Conference '95 a big success

Conference Staff and Volunteers	
Jim Arnold	Facilitator, PHR 4/5
Terry Bavousett	Announcer, PHR 1
Louis Berry	Hazmat Preconference
Jerry Bradshaw	Awards Luncheon, PHR 2/3
Jan Brizendine	Exhibits Coordinator, Design
Bobbie Broadbent	Local Projects Preconference
Harold Broadbent	Logistics, Exhibits
Tom Cantwell	Facilitator, PHR 9/10
Andy Cargile	Facilitator, PHR 2/3
Chris Carver	Facilitator, PHR 4/5
Jena Cherry	Registration
Ryan Davis	Ready Teddy Guest Appearances
Rod Dennison	High-Angle Rescue, PHR 7
Pat Dilday	Facilitator, PHR 4/5
Jimmy Dunn	Facilitator, PHR 2/3
Vic Dwyer	Security
Fisher Sportswear	Photo Contest Prize Money, Plaques
Mike Foegelle	High-Angle Rescue, PHR 7
Steve Hannemann	Audiovisual Support, PHR 8
Kelly Harrell	Facilities and Catering Coordinator
Brett Hart	Facilitator, PHR 6
Leland Hart	Facilitator, PHR 9/10
Carole Hertner	Awards Luncheon, PHR 1
Debby Hilliard	Exhibits
Mike Hudson	PPPC Preconference, Facilitator, PHR 2/3
Sean Hughes	Photographer
Joyce Jaeggli	Ready Teddy and Exhibit Hall, PHR 8
Jeff Jarvis	EMT Rollout, Continuing Education
Jorie Klein	Trauma Coordinators Track
Gay Knight	PPPC Preconference
Shawna Lee	Exhibits Registration
Phil Lockwood	Exhibits-Rollout Preconference
Jeanne McGinley	Centerpieces, Photo Contest
Alana Mallard	Conference Coordinator
Denny Martin	Facilitator, PHR 1
Randal Martin	Awards Luncheon, PHR 2/3
MedStar	Golf Tournament
Wayne Morris	Facilitator, PHR 6
Rothy Moseley	Facilitator, PHR 11
John Murray	Grantwriting Preconference
Cynthia Ochoa	Registration
Kathy Perkins	Assistant Bureau Chief
Mike Polk	EMD Preconference, Exhibits
Mike Portray	Facilitator, PHR 9/10
Fernando Posada	Audiovisual Support, PHR 8
Becky Potts	Registration, Exhibits
Scott Reichel	Facilitator, PHR 6
John Rinard	Grantwriting, Preconference
Ernie Rodriguez	PPPC Preconference, Evaluations
Janice Runyon	Facilitator, PHR 7
David Rives	Facilitator, PHR 6
Noemi Sanchez	Facilitator, PHR 11
Billy Sladek	Registration, Financial
Lee Sweeten	Facilitator, PHR 8
Paul Tabor	Faculty & Workshop Agenda Coordinator
Texas Assoc. of EMTs	Valsalva Bowl/Skills Competition
Petra Vidales	Facilitator, PHR 11
Gene Weatherall	Keynote Session, Bureau Chief
Pam West Assistant	Bureau Chief
Linda Williams	Registration, Financial
Sam Wilson	Emergency Preparedness Preconference
Penny Workman	Phone Inquiries, Ready Teddy Handler
Vincent Young	High-Angle, PHR 7



TDH's annual awards recognize outstanding contributions

Texas Department of Health announced its annual emergency medical services awards on November 21 at the 10th annual Texas EMS Conference in Fort Worth. The awards honor leaders in 13 categories.

EMS Educator Award- Neil Coker and Chris Black of Texas Tech University Science Center, Lubbock, for their nationally-accredited EMS training programs. Coker and Black graduate as many as 250 EMS students each year from their well-respected program which includes traditional state-certification training such as emergency medical technician and paramedic, as well as specialty training such as advanced cardiac life support training and advanced burn life support training. Coker and Black provide training in Lubbock and in outlying areas.

EMS Medical Director- Steven C. Ellerbe, DO, for his work as medical director for Liberty EMS.

Ellerbe, who worked as an emergency medical technician before entering medical school, volunteers at least 20 hours each week responding to EMS calls, attending weekly drills, conducting patient care reviews, debriefing medics after particularly stressful emergencies, and helping with fundraisers.

EMS Administrator Award-Brad England, director of Cypress Creek EMS in Harris County, for his leadership of 200 volunteer medics whose emphasis is excellent patient care.

England, a paramedic and EMS educator, became director in 1992 of Cypress Creek EMS, which makes 10,000 ambulance runs annually in northwest suburban Houston.

EMS Public Information Award- Gulf Coast EMS DWI Awareness Task Force for presenting to more than 25,000 Southeast Texans a lifesaving program to prevent drunk driving. The 59 volunteer speakers

Maria Ontiveros, center, was honored as Telecommunicator of the Year. Ontiveros works in Harlingen, San Benito and South Padre Island EMS as a emergency medical dispatcher. She also trains dispatchers in smaller communities in pre-arrival instruction. From left are Gene Weatherall, chief of TDH's Bureau of Emergency Management, David Smith, MD, Texas commissioner of health, Ontiveros, Ron Mansolo, associate commissioner of TDH's Health Care Quality and Standards, and Carol Daniels, TDH's deputy commissioner for programs.





Brad England, center, of Cypress Creek EMS, took top honors as EMS Administrator for his leadership in the service north of Houston. From left are Gene Weatherall, chief of TDH's Bureau of Emergency Management, David Smith, MD, Texas commissioner of health, England, Ron Mansolo, associate commissioner of TDH's Health Care Quality and Standards, and Carol Daniels, TDH's deputy commissioner for programs.

of the task force cover a 15-county area and tailor presentations to junior high and high school students, adults, and elementary school students. The programs are given in English and Spanish.

EMS Telecommunicator Award- Maria Ontiveros, of Harlingen, San Benito, and South Padre Island EMS, for her emergency medical dispatch work as a trainer and as a call-taker. Ontiveros handles typical requests for EMS and also coordinates emergency medical flights into Mexico to bring home sick and injured U.S. citizens. Trained as an emergency medical dispatcher to give self-help instructions to callers, Ontiveros uses that training to teach dispatchers in smaller communities. She received the 9-1-1 Dispatcher of the Year in Harlingen for two years and was recognized this year by the State Advisory Commission on Emergency Communications as a telecommunicator of the year.

EMS Citizen Award- The Prudential for its Helping Hearts Program, which donated \$200,000 to Texas volunteer EMS to purchase automated external defibrillators. The Prudential will help as many as 80 volunteer emergency services in Texas purchase defibrillators over the next year.

EMS Private Provider Award- Rural Metro, operating also as

American Medical Transport, for providing excellent emergency care in locations throughout Texas. Rural Metro's operations include Waco, Pasadena, Big Spring, Carrollton, Grand Prairie, Abilene, and Montgomery County. Some 600 medics staff 65 ambulances across the state, responding to more than 120,000 requests for emergency services each year.

EMS Public Provider Award- City of Lockhart EMS for developing an EMS system in Caldwell county. Lockhart EMS members organized the Caldwell County Medical Assist Team as first responders and trained law enforcement officers to expand emergency medical care outside of Lockhart. Lockhart EMS demonstrates its community commitment with programs of public education, injury prevention, and resident wellness.

EMS Volunteer Provider Award- Riviera Volunteer Fire Department EMS for continued excellent service to Kleberg County residents since 1963. Although many volunteer services in Texas struggle with problems of finances, personnel, politics, and training, Riviera VFD EMS gathers new volunteers to continue to offer paramedic-level care in a rural county.

EMS First Responder Award- Fort Worth Fire Department for

leadership in EMS training and technology. Fort Worth Fire Department responds to about 35,000 medical calls each year, and have used heart defibrillator machines since 1989. Fort Worth Fire Department maintains paramedic engine crews, trains all firefighters to at least the emergency medical technician level, and provides critical incident stress debriefing locally and across Texas.

Trauma Service Area Award- Heart of Texas Regional Advisory Council (HOTRAC), Waco, for work towards developing a regional trauma care system. HOTRAC organized in May, 1994, uniting hospitals, emergency medical services, and health professionals in Bosque, Freestone, Hill, Limestone, and McLennan counties, and has two of the state's 30 designated trauma hospitals.

Texas EMS Award- Longview Fire Department EMS for assistance during the meningitis epidemic in East Texas. Within 15 minutes of being called to help at a clinic site where 4,000 people showed up for meningitis immunizations, Longview EMS Chief Tom Morris had three ambulances and eight paramedics at the clinic. The paramedics organized the crowd, established a registration process, and began giving immuni-

zations. Longview Fire Department EMS assisted in eight more immunization clinics, helping to immunize more than 37,000 people. Longview Fire Department EMS also established daily meningitis immunizations clinics aboard ambulances in several locations in Longview.

Charles E. King EMS Innovator Award- Ernie Rodriguez, paramedic and former TDH employee, for planning, producing, and launching the Texas EMS Management Academy. In the early stages of the Texas EMS Management Academy, TDH employees traveled the state and taught one-day or two-day courses to EMS administrators. Rodriguez worked with Texas Tech University Health Science Center in Lubbock to develop a week-long training course that has been conducted twice at a TTUHSC-owned facility in Junction.

EMS Lifetime Achievement Award - Alana Mallard, 25-year-employee of the Bureau of Emergency Management, was honored for her achievements in EMS, including the creation of *Texas EMS Magazine*, Texas EMS Conference, and Ready Teddy. Mallard's contributions to EMS in Texas helped make EMS what it is today. She recently took a job as assistant director of Communications and Special Health Initiatives for the Texas Department of Health.

The award for EMS Volunteer Provider went to Riviera Volunteer Fire Department EMS, who has provided service to Kleberg County since 1963. From left are Gene Weatherall, chief of TDH's Bureau of Emergency Management, Riviera paramedic Leslie Colston, David Smith, MD, Texas commissioner of health, Carol Daniels, TDH's deputy commissioner for programs, Ron Mansolo, associate commissioner of TDH's Health Care Quality and Standards, and Riviera paramedic Bill Colston.



Local Projects program awards \$1,000 grant at Texas EMS Conference '95

The Local Projects and Grants program taught a preconference grant writing workshop in Ft. Worth, and gave a \$1,000 grant to students who wrote the best grant. Each grant was evaluated by a team of reviewers not associated with the class.


The grant was awarded to Riverside Volunteer Fire Department First Responders from Walker County. Riverside was registered as a First Responder organization with the Texas Department of Health in June, 1995. Because they are a newly-formed first response group, the grant proposal was written to acquire basic equipment including two oxygen units, five blood pressure cuff and stethoscope sets, a trauma kit, and a vacuum splint set.

As the class was informed of the grant opportunity, two members of the Garland Fire Department approached

the instructors and requested permission to work with Sandra Wilcoxson and Linda Moore from the Riverside VFD. Kelly Millican and Karen Pickard of Garland said that although their department always could use additional equipment, they thought that Riverside's needs were more important and that \$1,000 would be much more beneficial to Riverside. Obviously, the combined efforts of a rural volunteer organization and an urban paid organization proved successful.

All the proposals submitted by the class were excellent as indicated by the reviewer's comments. We anticipate that all the course participants will be submitting quality proposals during the Local Projects and Grants funding cycle for FY96-97. The Requests for Proposals are expected to be published in the Texas Register in April or May of 1996.

—John Murray



Texas EMS Conference '96

Texas EMS Conference '96
November 24-27, 1996



By
Jacqueline Wiebe, PhD
Robert Wiebe, MD
Sherry Clark, RN, EMT-P

PHOTO BY SALLY MUIR
AUSTIN EMERGENCY MEDICAL SERVICES



Psychosocial Issues In Pediatric Prehospital Care

Introduction Children are, first and always, "kids". They are not small adults and do not react like adults. The primary response of a child to a strange or painful situation is fear. Children fear pain, separation, unknown people, and strange equipment. They respond to fear by trying to avoid, escape, or resist examination and treatment. If the fear is overcome, the child's next response will usually be curiosity. In a safe situation, kids love to see new things, observe how equipment works, and explore everything.

In the prehospital emergency situation, children cannot be taken care of in isolation. They must be managed as a larger unit, the family. Each family reacts to a crisis in their own way of coping within the structure of their relationships. The Emergency Medical Technician, as a health care provider in an emergency situation, must be prepared to effectively and efficiently examine the family and child's response to crises and be prepared to bring chaotic situations under control.

Approach To The Pediatric Patient A calm, slow, soft voice should always be used when approaching a child of any age. Repeating phrases is

often soothing and helps quiet the child. Every effort should be made not to cause any further pain. Even the very young child has some level of understanding, so attempts to explain what is happening and what is going to be done is well worth the effort. If a procedure is going to hurt, let him know. Unexpected pain causes increased fear and loss of trust, making further efforts more difficult. When children learn that the EMT is honest and lets them know when something will hurt, they are more likely to relax and cooperate with the examination.

It is important to be honest when talking to a child and answer questions in an appropriate manner. Most uncooperative behavior is related to fear. Prehospital appropriate manner. Most uncooperative behavior is related to fear. Prehospital personnel should make

Objectives

After completing this article, the reader should be able to:

1. Describe age-appropriate ways of approaching ill or injured infants and children in the prehospital setting.
2. Explain five common family responses to coping with seriously ill or injured children.
3. Discuss methods for controlling and supporting hysterical or out of control parents.

every effort to avoid threatening the child or talking to him in a harsh voice. Realize that the child is instinctively trying to escape the fear-producing situation and is not deliberately being uncooperative. If a child is crying, resists care, or is fearful, avoid criticism or telling them not to cry. Do not, under any circumstances, attempt to tell a child that he/she is not in pain. It is much more appropriate to let a child know that it is OK to cry, but that it is important to be still. Table I summarizes general guidelines for approaching children in a prehospital setting.

When communicating with a pediatric patient, phrases must be stated in simple terms that are age appropriate. It is often impossible to give specific information or answers to a child's questions, but reassurance and simple phrases spoken in a calm and soothing manner are often all that is necessary to decrease anxiety. The EMT's behavior should be calm and controlled. This is extremely valuable

in helping an anxious parent gain control of the situation.

Age-Specific Issues It is always best, whenever possible, to allow small infants to remain in their parent's arms. The infant has absolutely no understanding as to why or how he has been injured. He will usually respond to any pain as if the whole body was in pain. The immature neurological system of an infant does not allow him to respond differently to minor or serious pain.

There is no age where the parent-child unit is more symbiotic and inter-related than infancy. It is extremely important for the paramedic to work with the parent as well as the infant. The parents must provide the history, so they need to be capable of cooperating with prehospital personnel. It is important to provide an aura of calm, by repeating soft phrases, touching the infant as gently as possible, and avoiding sudden or startling movements. If the parents are in control of their emotions, it is always wise to allow one parent to stay with the infant during transport. Parents who are not in control of the situation should avoid driving, and whenever possible, transportation should be secured for them.

The older infant continues to require the presence of a parent. At this age children are even more fearful of separation than before. They continue to have no idea why or how they were injured, and fear is the dominant emotion. As the infant grows older, strength increases and the ability to actively resist the examination becomes a greater problem. Concerns at this age are similar to those of the younger infant with a greater need to avoid separation from parents if at all possible. If there is no need to provide spinal immobilization, it is often easier

Table I

Guidelines For The Prehospital Approach To Pediatric Patients

Talk To The Child:

- Use age-appropriate language
- Speak softly and calmly
- Explain procedures and problems
- Maintain honesty
- Provide reassurance when appropriate

Do Not:

- Separate child from caretaker unless absolutely necessary
- Criticize the child
- Tell the child not to cry
- Tell the child it does not hurt

to do much of the prehospital assessment and treatment in the arms of the parents. Direct eye contact with an older infant or young child can be threatening to them and should be avoided when possible.

Toddlers are often the most difficult age to examine and treat. Unfortunately, they are also the most likely age group to experience short or long term emotional effects from trauma. Toddlers are more likely to remember a traumatic incident, and their memory is often confused or distorted. Children at this age level are terrified at being separated from familiar people, places or things. Security blankets or familiar objects which they carry should always be allowed to remain with the child whenever possible. Although toddlers are verbal, they continue to have no understanding of what has happened and are limited in their ability to speak or to comprehend explanations. A frightened child can be comforted by a familiar parent much more easily than by prehospital personnel. Working with parents to gain control of the situation and acting as an intermediary can help bring order out of chaos.

A conscious young child may be quite strong and actively resist the examination. If control cannot be gained by working with the parents and child, restraints may become necessary in order to provide optimum care. Be gentle and use minimal force and the minimum restraints. Avoid covering the child's face. The parents may assist by distracting the child or interfering with the child's field of vision during a traumatic procedure. Avoid separating the child from parents, grabbing the child, making sudden rough movements, or using a loud or harsh tone of voice. Praise of the child and a cheerful attitude can go a long way in maintaining control.

The preschooler continues to have many of the same fears as the younger child. This is particularly true of separation from parents. Children in this age range often have intense fears about bodily injury and are horrified at the sight of a bleeding wound. Anyone with children of this age has seen a child with a minor scratch or cut who remains calm until blood appears. At the sight of blood they will begin to cry hysterically until something is done. The simple process of covering actively bleeding wounds may be all that is necessary to bring emotional control to the situation. Preschoolers often feel guilty about being injured. They can talk but are often unwilling to communicate with strangers. They may understand common words but frequently distort explanations. The preschool child may often consider illness or injury as a punishment. They may appear to understand a situation, but may have bizarre distortions of reality.

In approaching a preschool age child, the issues described for toddlers remain important. In addition, one must be careful not to criticize or scold a child. Give priority to cleaning and covering bloody wounds. Use simple distractions in order to redirect the child's attention.

Elementary school age children can generally understand simple explanations and requests and are usually able to cooperate with the examination and treatment. This age group is concerned with modesty and may become embarrassed if their body is exposed. This is the age where concerns about dying may become an issue. In general, this age group is relatively easy to manage. They can understand rational explanations but continue to be frightened. The young school-age child may view

injury or illness as a punishment. It is important to remember not to use large or technical words when giving explanations. The major issues for the prehospital provider caring for the elementary school age child is to respect modesty and provide simple and calm explanations. As with the younger child, parents are important as historians, but the child can often provide reliable and accurate information.

Approaches to the elementary school child continue to be similar to those of other age groups. A simple explanation of procedures is helpful. Enlist the cooperation of the child, and when alternatives are available, always ask him his preference. Continue to clean and cover bloody wounds as quickly as possible and make every effort to protect the child's modesty. Reassurance that everything necessary is being done is important. The child should always be included in conversations when issues

are discussed with the parents. On the way to the hospital, if the child is conscious, explain the function of ambulance equipment and prepare the child for what may happen in the emergency room. If the child is crying or out of control, avoid threats or becoming reactive to the situation.

Teenagers generally understand what is happening to them and usually can be relied on as historians. They are preoccupied with their body and are quite aware of the possibility of death. They are most fearful of permanent disability or disfigurement. Modesty is a very important issue. Although teenagers may understand what is happening, they also are quite capable of reacting hysterically to situations and becoming out of control. The main concerns of the paramedic in this age group includes managing hysterical behavior, addressing concern for bodily image, fear of death, disfigurement, and modesty.

The approach to a teenage patient

Table II

Specific Prehospital Interventions By Developmental Stage

Infant	Toddler	Pre-school	Elementary	Adolescent
Involve parent	Be cheerful	Clean and cover	Respect modesty	Use child as historian
Approach gently	Give praise	bleeding wounds	Give simple explanations	Avoid judgmental or angry reactions
Keep warm	Prepare parents	Avoid criticism or scolding	Give choices	Respect fears and body image concerns
Avoid sudden movements	Assess/treat in parents arms if possible	Use distraction	Provide reassurance	Provide appropriate privacy
Allow to remain in parents arms	Allow to keep security object	Explain procedures	Include child in conversations	Allow child to separate from parent
Repeat soft phrases	Use minimal restraints		Avoid threats	Allow questions
	Avoid covering face		Tell child what to expect	Give child as much control as practical
	Use distraction			
	Avoid separation from parent			

requires a mature avoidance of being judgmental or reacting in anger to hysterical or inappropriate behavior. Respect the fears and concerns for bodily image and provide appropriate reassurance. At this age it is appropriate to have the parents follow the adolescent to the hospital rather than ride in the ambulance. The teenager's modesty toward the paramedic and the parent must be considered. Whenever possible provide appropriate privacy and allow them to exclude parents. Attempts should always be made to allow time for questions and encourage participation. Teenagers should always be given as much control of a situation as is safely possible.

Table II summarizes age related developmental differences and suggests appropriate intervention alternatives.

The Family Unit Children are cared for within the larger framework of the family. Each family reacts to crisis in their own unique manner that depends on a variety of factors. Common family responses to injury or serious illness of a child include fear, hysteria, anger, denial, guilt, bargaining and acceptance. Not only does the prehospital emergency often carry concerns of life and death, but parents are usually unfamiliar with emergency procedures and do not know what to expect or how to behave. The EMT, as a role model, must provide reassurance and a calm, caring attitude. Keep the family informed and involve them as much as possible in the care of their child. The primary responsibility of prehospital personnel in dealing with families is to maintain control of the situation.

Hysteria consists of random, uncontrolled behavior. Family mem-

bers may appear panic stricken. They may scream, move around randomly, grab at the child or EMT, cry or strike out. Remaining calm, controlled and speaking in a very quiet voice will force the family member to quiet in order to hear the EMT. Often family members will gain control if given a responsibility or a task to complete. They may be asked to hold a piece of equipment, distract the child, or get a blanket or jacket to make the child's trip more comfortable.

Anger may be expressed as generalized bitterness, anger at the health care provider, anger at the person they think caused the crisis, or anger at

Table III

Guidelines For Family Intervention

1. First priority is to the child
 - Be efficient
 - Be rapid
 - Be caring
2. Maintain calm and control
 - Be the authority figure
 - Be a behavior role model
3. Let parents participate in care
 - Avoid separating parent and child
 - Involve parents even if they are upset
4. Show concern for families
 - Be honest
 - Provide reassurance and emphasize positives, but avoid false hope
 - Keep parents informed
5. Avoid becoming reactive
 - Maintain neutrality
 - Do not take parents reactions personally even when directed at you
 - Avoid expressing negative feelings

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This review is a product of The Texas Department of Health grant for Emergency Medical Services for Children from the Department of Health and Human Services.

another family member. As long as the anger does not interfere with treatment it is quite appropriate to allow the family to vent feelings. Calmly attempt to redirect them to participate in providing needed information and assisting with the care of the child.

Denial is a process that allows the family to temporarily block out the reality of the illness or injury. Family members may refuse to believe the EMT or may express unrealistic optimism. If the denial is not interfering with treatment, no intervention is necessary in the prehospital setting.

Guilt is a common response to illness or injury in a child. Family members frequently blame themselves for the crisis. They may repeatedly talk about the events leading up to the crisis and what they should or should not have done in order to have avoided the situation. Family members may see the crisis as punishment for something they did or did not do. An important role of the EMT is to soothe and reassure the family when guilt is recognized. If the guilt does not interfere with the families ability to participate in the treatment, it does not need to be addressed at the prehospital level. Providing the family with an activity to do at the scene that involves them in the management process will often help to diminish the feeling of guilt.

Bargaining is the attempt to find a magical solution or sacrifice to make everything OK. Families will give anything or do anything if their child will just be OK.


Bargaining may involve a superstitious search for signs. This allows the family to have an unreal feeling of control and may postpone the need to face the crisis.

When managing the child and family in an emergency situation, the EMT's first priority is to the injured

child. A calm, efficient, and sensitive approach to the child and family is the goal. The calm and controlled behavior modeled by prehospital personnel is a major factor in reassuring the family and bringing the entire family unit into control and cooperation. Table III provides a summary of guidelines for family intervention.

It is always important for the EMT to remember that in a prehospital emergency, they are an authority figure. The parent is looking for an expert who can provide the necessary interventions to bring the situation under control. It is important to recognize that the behavior expressed by a child or family members is not directed at the EMT personally. It is often a response to the stress of the situation and totally unrelated to anything within the control of prehospital personnel. Avoid reacting with anger, challenging parents, or getting into power struggles when confronted with an out-of-control situation.

Summary The ill or injured child in the prehospital setting must be stabilized and managed while attention is also given to the stresses of the family. It takes special skills and understanding to handle this crisis situation. The child's response to stress is clearly related to age and developmental stage. Care of the child includes controlling the crisis situation as well as keeping the family informed and actively participating in providing care when appropriate.

The role of the prehospital personnel when faced with an injured or ill child and family is to efficiently recognize both medical and psychosocial problems, promptly provide stabilization, and support and control the family dynamics. 



1. Children initially respond to strange or painful situations with:

- a. Understanding
- b. Curiosity
- c. Fear
- d. Anger

Match each age group with the appropriate concern

- a. Infant
- b. Toddler
- c. Pre-school age
- d. Elementary school age
- e. Teen-age

2. Communication with a pediatric patient should be:

- a. Reassuring
- b. Age appropriate
- c. Honest
- d. Soothing
- e. All of the above

5. _____ Mostly concerned with bodily image and modesty.

6. _____ Can understand simple explanations

7. _____ Covering bleeding wound may bring emotions under control

8. _____ Have absolutely no understanding of the injury

9. _____ Fear of separation is the greatest at this age

3. All of the following are important guidelines for family intervention, except:

- a. Remain calm and controlled
- b. Keep parents informed
- c. Reassure parents of a good outcome
- d. Avoid separating parent and child
- e. Involve parents in the child's care

10. Most children who present with uncooperative behavior do so out of fear.

- a. True
- b. False

4. Common family responses to serious injury or illness include:

- 1. Acceptance
- 2. Anger
- 3. Guilt
- 4. Hysteria
- 5. Bargaining

- a. 3 only
- b. 4 only
- c. 2 and 4
- d. All except 1
- e. All of the above



This answer sheet must be postmarked by February 23, 1996.

CE Answer Sheet #3—January/February 1996 *Texas EMS Magazine*
"Psychosocial issues in pediatric prehospital care" Pages 24–32

Name _____ SSN _____
Certification Level _____ Expiration Date _____
Organization _____ Work Phone _____
area code
Address _____ City _____
street
State _____ Zip _____ Home Phone _____
area code

For TDH CE credit, mail your completed answer sheet to:

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75235-8890

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.

- | | | | | | |
|-----|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. | a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | e. <input type="checkbox"/> |
| 2. | a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | e. <input type="checkbox"/> |
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| 9. | a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | e. <input type="checkbox"/> |
| 10. | a. <input type="checkbox"/> | b. <input type="checkbox"/> | c. <input type="checkbox"/> | d. <input type="checkbox"/> | e. <input type="checkbox"/> |

Texas Board of Health names Emergency Health Care Advisory Committee

A new Texas Department of Health (TDH) advisory committee to replace three previous committees will help guide Texas' emergency medical services in developing regional EMS and trauma care systems and in expanding the roles of prehospital emergency medics.

The 14-member Emergency Health Care Advisory Committee replaces three advisory groups: Texas EMS Advisory Council, Trauma Technical Advisory Committee, and Pediatric EMS Advisory Committee. The new group will advise the TDH Bureau of Emergency Management. Once the EMS, trauma and EMSC sub-committees are established, TDH's Pam West, Kathy Perkins and Gay Knight will staff each committee, respectively.

"The members of TDH's Emergency Health Care Advisory Committee are leaders in emergency medicine in Texas and leaders in their communities," Dr. David R. Smith, Texas Com-



The new members of the Emergency Health Care Advisory Committee are, from left, Clint Vardeman, Gary Cheek, Lance Gutierrez, Joan Shook, Ronald Redus, Barbara Curtis, James "Red" Duke, Leticia Goodrich, Allan Helberg, Jorie Klein, Ray Mason, Donovan Butter, and William L. Moore. Not pictured is John Holterman.

missioner of Health, said. "We're privileged to have people of their caliber volunteer for the important work of helping TDH and the Bureau of Emergency Management improve EMS for the safety and health of Texas citizens."

Emergency Health Care Advisory Committee

James "Red" Duke, Houston surgeon, television personality and TDH spokesperson on injury prevention, representing trauma surgeons on the new Emergency Health Care Advisory Committee;

Allan Helberg, paramedic and operations director for LifeNet in Texarkana, representing certified EMS personnel;

Barbara Curtis, community activist from Humble, representing consumers;

Leticia Goodrich, community service agency owner from Amarillo, representing consumers;

John Holterman, a San Marcos community service volunteer and activist, also representing consumers;

Ronald Redus, an Amarillo oral

surgeon also representing consumers;

Lance Gutierrez, a Tyler registered nurse, representing emergency nurses;

R. Donovan Butter, a physician from San Antonio and medical director for several EMS agencies, representing emergency physicians;

William L. Moore, a resident of Lindale and Tyler physician representing EMS medical directors;

Clint Vardeman, corporate vice-president of Rural/Metro Ambulance in Carrollton, representing EMS providers;

Ray Mason, assistant vice-president of Lubbock Methodist Hospital, representing hospital administrators;

Gary D. Cheek, a resident of Clyde

and an Abilene Fire Department lieutenant in the Training/Safety Division, representing Fire Department EMS;

Joan Shook, a Houston pediatrician, representing pediatricians on the committee; and

Jorie Klein, a Dallas registered nurse, representing trauma nurses.

The first meeting of EHCAC will be at 10:00 am on February 9 in the Board Room of the Moreton Building on the main campus of TDH in Austin.

Disaster mode

DMATs work when disasters hit

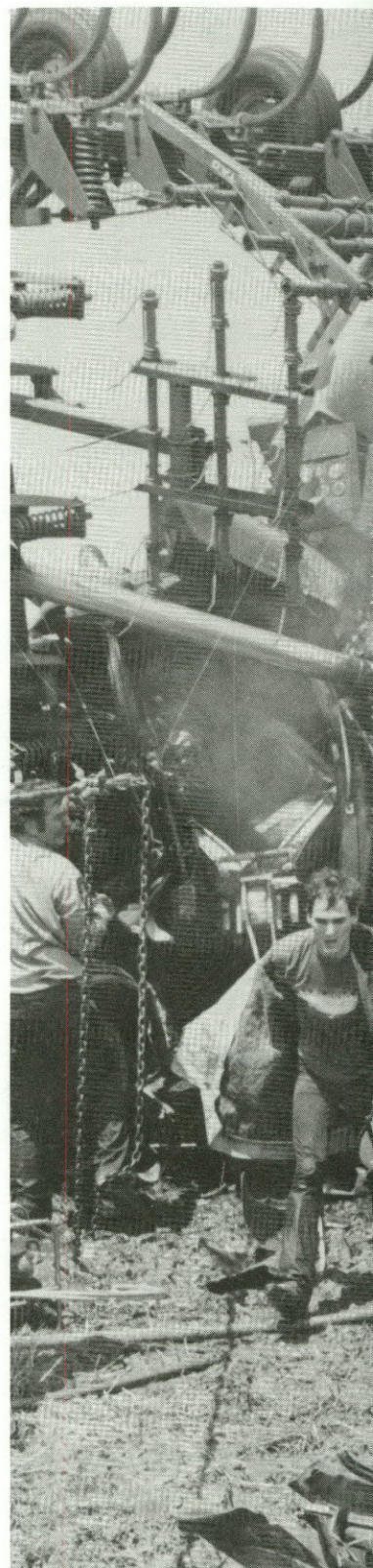
When things are bad all over and the local medical structure is overwhelmed, who takes over? When the number of victims far outweighs the available care, who provides the medical services for the community? In those kinds of disasters, the federal government, in the form of Disaster Medical Assistance Teams (DMATs), steps in until the local providers are back on their feet.

What is a DMAT? A group of volunteer medical professionals and support personnel with the ability to quickly move into a disaster area and provide medical care. Under the auspices of the U.S. Public Health Service, DMATs can rapidly deploy for any type of disaster that requires an immediate medical response.

DMATs are part of the National Disaster Medical System (NDMS), which was originally developed to designate hospital beds throughout

By Sam Wilson

PHOTOGRAPH BY SONDR A BOYKIN





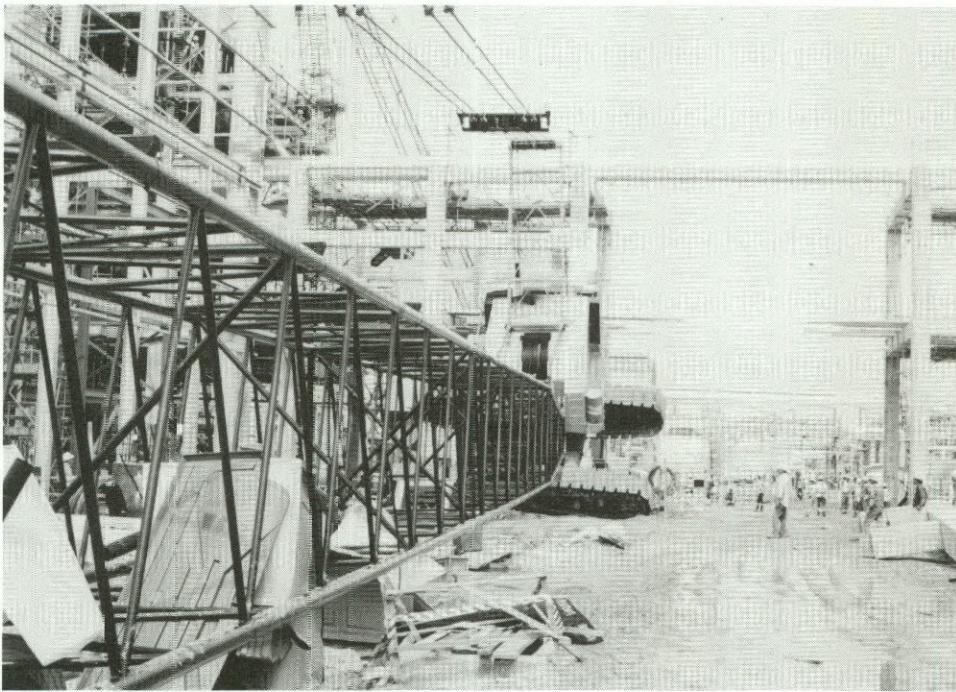


Photo by Ross F. Dunlap

the United States that could be used for military casualties resulting from overseas conflicts. The U.S. Public Health Service later expanded the role to include civilian casualties from foreign or domestic disaster events. Following that was the development of the DMAT concept: using volunteer medical professionals to provide emergency services to victims of disasters. Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel. The 72-hour period allows federal support, including medical supplies, food, water and any other commodity required by the DMAT, to arrive.

A general medical DMAT has a minimum of 35 members, including at least two physicians, ten nurses and ten EMTs or paramedics, with the remainder of the team made up of support personnel. However, these numbers can be flexible. For

example, sometimes situations call for more nurses than paramedics, or vice versa. There are also specialized DMATs located throughout the country. These DMATs can specialize in burn care, pediatrics, urban search and rescue, mortuary services, infectious disease outbreaks, and other problems.

A DMAT may be requested by any state following a disaster so large that the president declares it a disaster area. This procedure is based on the federal philosophy that states and local jurisdictions must use their own resources

prior to requesting federal assistance. Once it's determined that the event has or can overwhelm local resources, a state's emergency management agency may request assistance from the NDMS office.

The NDMS staff will want to know two things: the number of patients and type of injuries. This information, along with location and general conditions, will determine which DMATs are sent. In addition to the DMATs, FEMA will also deploy a Management Support Unit (MSU) to provide managerial and logistical support to a group of three to five DMATs. The MSU and DMATs can function as a self-contained health and medical services provider in a field environment for as long as supplies and relief personnel last.

There are DMATs located throughout the U.S. The Texas team, known as Tx-1 DMAT, is headquartered in El Paso. The Tx-1 team is unique in many aspects. It is one of seven Level I DMATs in the country; that designation means the team can

deploy within 48 hours. In addition, the team is bilingual and has trained in the treatment, quarantine and control of cholera. Texas also has a specialty DMAT stationed out of the Dallas area called a Disaster Mortuary Services Team (DMORT). The Texas DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries. Elements of the Tx-1 DMORT were sent to Oklahoma City to assist following the bombing of the federal building in April of 1995.

Formed almost seven years ago, Tx-1 DMAT has deployed twice since it received Level I designation two years ago. The team spent ten days in the Los Angeles area in January of 1994 to provide assistance to victims of the Northridge earthquake. The second deployment was in October of 1995 when the team went to Camp Shelby, Mississippi, in anticipation of severe destruction following the landfall of Hurricane Opal in the Florida panhandle. Fortunately, Opal did not cause a significant amount of damage beyond the immediate coastal area.

Unlike most other teams in the country, Tx-1 is an integral part of State of Texas Emergency Management Plan. This means Tx-1 is not only a federal response asset, it is also a state response asset. It has been written into the plan to authorize the state to activate Tx-1 to respond to disaster events in the state that may not be big enough to warrant a federal response. Working closely with the Texas Department of Health, Tx-1 DMAT

can serve as a state-level responder to disaster events that require additional medical assistance.

The ultimate goal of Tx-1 is to have four statewide divisions operational within five years. El Paso now has a team and Houston is well on its way to being operational. Houston is recruiting nurses, physicians, paramedics and EMTs. Once the roster is filled, the Houston team will become the second division of Tx-1 that is available for deployment.

The Texas DMAT is always on the lookout for qualified individuals to volunteer their time and expertise to the team. If you are a paramedic, EMT, physician, nurse or other health care professional, or feel that you have a particular talent that may be useful to a disaster oriented response team, and if you wish to apply for team membership, contact Ron Burchett (El Paso) at 915/549-3808; or Susan Simmons (Houston) at 713/821-8866; or Sam Wilson (Austin) at 512/834-6700. 🌻

Photo by Johnny Wells





Ready Teddy says:

“Children act fast... so do poisons!”

By
Penny Workman

Poisoning is one of the leading causes of death in children 6 years and under. In Texas, children 6 and under make up 12% of the population, but account for 65% of the human poison exposures. The message of National Poison Prevention Week, March 17-25, is “Children Act Fast ... So Do Poisons!” and stresses that household chemicals and drugs should be stored away from children at all times.

Children under 6 are investigating the world around them with all of their senses, including their sense of taste. This leads children to reach higher, climb higher, and taste everything. Any parent knows that small children will put anything and everything in their mouths: food, paper, household plants, medicine—anything small enough to fit in their mouths. But this tendency could harm a child if they get hold of something poisonous. Paramedic Ready Teddy, Texas Department of Health’s safety mascot, says, “Children can ingest a potentially hazardous substance in the time that it takes to answer the telephone. Even if you are not sure, if you think that your child has ingested, inhaled, or absorbed a poison, get medical advice immediately.”

- Always keep poisonous substances out of sight. Move household cleaning supplies above children’s reach and lock vitamins and medicines away. Keep purses with medication in them out of reach and make sure that all visitors have put away potentially harmful objects. A study found that 23% of the oral prescription drugs that were ingested by children under 5 belonged to someone who did not live with the child, like a grandparent.
- When you are using these products, never let them out of your sight. Take them with you or put them away when answering the door or phone.
- Keep items in their original containers and leave the labels on the product. The label will have first aid instructions to use for poisoning. Don’t pour gasoline or paint thinner into a cup, because children associate cups with drinking and may accidentally drink the poison.
- Always refer to medicine as “medicine”, not “candy”. And avoid taking medicines in front of chil-

dren, since children often imitate grown-ups.

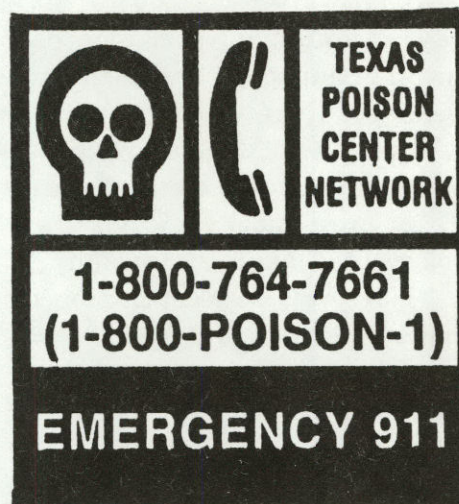
- Use child-resistant packaging correctly by always closing the container securely.
- Always leave the light on while giving or taking medicines

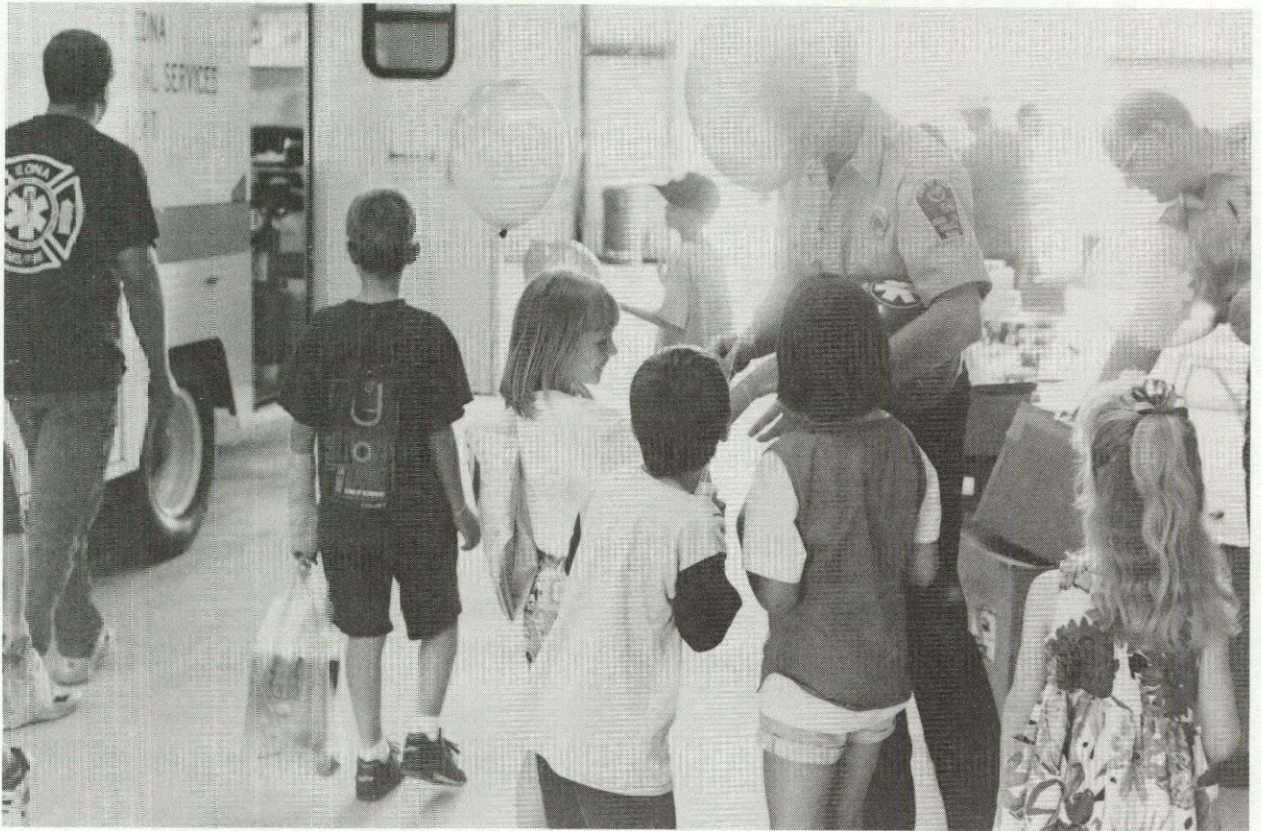
Steps to take if you believe that a child has been poisoned:

- Remain calm. Not all medicines and chemicals are poisonous and not all exposures result in poisoning.
- Follow first aid instructions on the label.
- Call the Poison Control Center at 1-800-POISON-1 (1-800-764-7661) or the local emergency number.
- Be prepared to give as many facts as possible about the situation to the expert on the phone. Examples of information that will be useful to the expert are:
 - √ The substance involved and its mode of entry into the body. (Was it swallowed, inhaled, splashed into eyes or nose, or absorbed through skin?)
 - √ The label (if available).
 - √ The victim's age.
 - √ The victim's weight.
 - √ Any existing health problems or conditions.
 - √ Any first aid already rendered.
 - √ If the victim has vomited.
 - √ Your location.

- **ONLY** use syrup of ipecac on the advice of the Poison Control Center, emergency department, or physician. Do not administer anything by mouth to the victim until advised to.

The seven Poison Control Centers of Texas offer medical advice, counseling, and educational materials. If you would like to order phone stickers and educational materials about poisoning prevention to use in your community education program, call 1-800-POISON-1.





Edna EMS co-sponsored an EMS poster contest for local schools with help from local businesses and had an open house featuring safety items and free tetanus shots.

EMS Week already?

*No, but get your ideas
for 1996 EMS Week here*

EMS Week 1995 was a great success! More than one million people heard about safety and injury prevention. Thanks to everyone who sent back an EMS Week 1995 survey so we know what was done across Texas to promote EMS awareness, injury prevention, and health.

Have you started planning for EMS Week yet? No? Well, May won't be here for a few months away so you still have plenty of time. We will celebrate EMS in Texas during National EMS Week, May 19-25, 1996. The week gives

EMS a perfect opportunity for public education—about EMS, injury prevention, child safety, and many other issues. The American College of Emergency Physicians is again offering to send EMS Week planning packets to anyone who requests one. Get your own planning packet by calling ACEP at 800/798-1822, and press 6 for Publications when prompted by the automated voice mail. In addition, we'll mail a Texas EMS Week packet to every provider in April.

But to get your creativity going

now, we've compiled some of the good ideas from last year's celebrations the state. Next month we'll run the rest of 1995 ideas.

Abilene - First Flight had a three-day open house featuring tours of the helicopter and facilities, and advertised safety with TV commercials and PSAs.

Adrian - Adrian VFD/EMS displayed EMS posters in Adrian, Vega, and Wildorado and visited elementary schools in Oldham County. The service gave presentations on safety and handed out Ready Teddy coloring books, 9-1-1 information sheets, family evacuation plans, and other printed materials.

Alice - Roberson's EMS teamed up with the D.A.R.E. program to make presentations to elementary school students, and to hand out printed materials. They also had local newspaper and radio coverage.

Alvin - Alvin EMS had a DWI booth promoting public awareness of drunk driving, an arts and crafts booth, a barbecue cookoff, a bake sale, and a dunking booth.

Amarillo - Amarillo Fire Department worked in conjunction with Northwest Texas Healthcare System and Amarillo Medical Services to hold a health fair/accident prevention weekend.

Amarillo - Panhandle EMS System were present at the signing of an EMS proclamation at the city council meeting and sponsored radio spots and newspaper articles in cooperation with Northwest Texas Healthcare System and Amarillo Medical Services.

Amarillo - TransAir EMS went to area elementary schools to give presentations.

Angleton - Angleton Area Emer-

gency Medical Corps held a health fair, received newspaper coverage, and were honored at an appreciation dinner at the hospital.

Balmorhea - Balmorhea VEMS and local law enforcement officers received teddy bears made by the Balmorhea High School Home Economics class to be used as gifts for traumatized children. Medics did blood pressure checks one day and presented two skits on two other days. One of the skits showed the effects of being unbelted during a car crash. The other depicted a frantic wife needing help for her husband, who was having a heart attack. Group discussions were held to talk about the skits and career possibilities.

Bay City - Bay City EMS staffed EMS displays with free blood pressure checks at local banks and at public meeting areas, and held a career day at a local junior high school. Personnel were treated to a special pediatric CE program.

Beaumont - City of Beaumont EMS participated in ten public education activities during May, including health fairs, displays, school presentations, and radio PSAs and TV coverage. They presented a "Think Child Safety" Day at the Fire Museum of Texas and had Ready Teddy, and Andy the Ambulance and an MICU ambulance.

EMS Week
May 19-25, 1996



City of Beaumont EMS presented a "Think Child Safety" Day at the Fire Museum of Texas and had Ready Teddy, Andy the Ambulance and an MICU ambulance.

Bellevue - Bellevue VFD/First Responders placed PSAs in four newspapers.

Bellville - Austin County EMS issued pocket face masks to all EMS, fire, and law enforcement personnel, gave tours of the ambulances, and had CPR registration and blood pressure checks at four locations. They also gave candy to children who arrived at school wearing their seatbelt, and gave a statistics sheet to those who were not wearing their seatbelts at every elementary school in Austin County on Monday.

Belton - City of Belton FD visited two elementary schools with Ready Teddy and, in conjunction with TDH Public Region 7 EMS, sponsored a bicycle safety display with printed safety materials.

Bertram - Bertram EMS was recognized in the local newspaper, along with the names and pictures of the volunteers for each area.

Borger - A.M.T./Rural Metro Ambulance and Ready Teddy vis-

ited area elementary schools to give safety presentations, held coloring book contests, and gave ambulance tours. Personnel also participated in the opening of a special ER room for children and held blood pressure checks every day. The city mayor read an EMS Week Proclamation.

Bridge City - Bridge City Volunteer Fire and Rescue participated in the local school district's health fair.

Buffalo - Leon County Emergency Services, Inc., handed out buttons, pens, stickers, and balloons at an arts and crafts fair.

Canutillo - Health Organization Network sponsored EMS Exhibit/CPR 1000 event. Activities at the event included live demonstrations of fire suppression, patient extraction and rescue, and CPR courses for the public. Also attending were law enforcement agencies, EMS agencies, fire departments, hospitals, and clinics, for a total of 50 agencies.

Celeste - Celeste VFD sponsored a first response demonstration, a fire demonstration, a safety presentation at schools and a rescue demonstration, and cooperated with Careflight for an EMS presentation. An open house was held in conjunction with Central Ambulance.

Childress - Childress EMS sponsored daycare/nursery CPR course at a local church.

Chilton - Chilton VFD posted safety posters and held free blood pressure checks.

China - West Jefferson County EMS gave presentations to area elementary schools on summer safety and how to call 9-1-1. After the presentation, children toured the ambulance and saw a demonstration on patient immobilization.

Cleveland - City of Cleveland

EMS taught students at the schools and daycares how to call 9-1-1 and gave a demonstration of what EMS does on the scene. They also ran PSAs in a local newspaper and on local TV.

Clifton - T-Med Inc. distributed bicycle helmets city-wide in conjunction with a bicycle rodeo co-sponsored by State Farm Insurance. The mayor proclaimed EMS Week and Bicycle Safety Week, and children participated in a EMS poster contest.

Clute - City of Clute EMS staffed a community service booth at a local mall, handing out coloring books and EMS literature and put up an EMS poster at the City Hall. Medics also participated in the Hugs Program at Target and held tours of the ambulance.

Comanche - Comanche EMS and Ready Teddy played a safety game with the elementary school children, demonstrating safe and unsafe articles found in an average household.

Comanche - Sipe Springs VFD worked with DeLeon Hospital and First Flight from Abilene to display rescue equipment and the first responder unit, and to hand out safety materials at the Health Fair Day.

Commerce - Commerce Emergency Corps placed PSAs in local newspapers and on a local radio station, and staffed a display and blood pressure check booth at Wal-Mart on Saturday.

Corpus Christ - Halo-Flight, Inc., presented safety presentations to several schools in the 14 counties that they service. Medics staffed a booth at the Home Expo, a health fair at Del Mar College and at local malls, and appeared on TV talk

shows and news programs. Medics were also interviewed several times on the radio.

Cross Plains - Cross Plains VEMS displayed posters, placed newspaper PSAs and advertisements, and distributed shoe strings and magnets. Medics presented a safety presentation to the elementary school and held a free blood pressure clinic at the senior citizens center.

Crowell - Three Rivers Ambulance Service, Inc., staffed a booth and provided EMS service to the Foard County "Cynthia Ann Parker Day" celebration.

Dalhart - Dalhart EMS participated in a career fair, distributed posters, stickers, and coloring books, and gave a tour of the EMS facilities and ambulance. They also taught a CPR/First Aid class.

Dallas - Central Ambulance Service held several employee appreciation barbecues.

Deer Park - City of Deer Park held a locally-sponsored breakfast honoring EMS personnel and volunteers, and medics gave free blood pressure checks at a local drug store.

DeLeon - DeLeon Hospital Ambulance Service sponsored a safety poster contest with prizes such as a bicycle and gift certificates, placed several safety articles in the newspaper, and participated in a health fair.

Del Rio - Val Verde Hospital District EMS presented the Austin EMS Starflight DWI Program to high school students.

Dumas - Dumas Memorial Hospital EMS staffed blood pressure screening sites at several locations, had numerous articles in the local

Lubbock EMS set up a health fair where everybody goes —the mall.



newspaper, and ran PSAs on a local radio station.

Edna - Edna EMS co-sponsored an EMS poster contest for local schools with help from local businesses and conducted an open house with several booths on safety items and free tetanus shots.

El Campo - El Campo EMS explained how EMS works and demonstrated some of their skills for elementary students.

El Paso - AirMed El Paso celebrated Armed Forces Day in conjunction with EMS Week by having several organizations come together at the airway in El Paso and display safety materials.

El Paso - American Red Cross El Paso Chapter co-sponsored CPR 1000 and set up an information booth in the exhibition hall. Several safety mascots were on hand to reinforce the safety message, and blood pressure and glucose screenings were offered.

Eules - City of Eules FD recognized their Medical Director, Quality Assurance Nurse and the EMS crew members for the efforts on a recent call.

Fairfield - Fairfield EMS held a free city-wide CPR class and gave 9-1-1 presentations to local schools.

Farwell - Farwell VFD attended a health fair at the city park and taught CPR to junior high students.

Floydada - Floydada EMS opened their new EMS station house and handed out safety materials and coloring books.

Fort Davis - Jeff Davis County Ambulance gave safety handouts to schoolchildren and the school had a safety poster contest. Winners were displayed at a local bank. Medics gave the children a tour of the ambulance and explained how EMS works while showing some of their equipment.

Fritch - Fritch EMS held a coloring contest for second grade students and had an open house at the station with blood pressure screening, baseline ECG monitoring, and informational materials. They also displayed equipment, and had blood pressure screenings and ECG monitoring at a county-wide event in Borger.

George West - Live Oak County VEMS, Inc. presented 9-1-1 talks and

free CPR/First Aid classes at local schools.

Georgetown - Williamson County EMS had Ready Teddy presentations at the schools in conjunction with Georgetown Medical Assist Team and East Williamson County Emergency Care Team, and at local health fairs. Newspaper articles and a county proclamation promoted EMS and injury prevention. Personnel also held open houses at the stations.

Glen Rose - Somervell County Volunteer Fire, Rescue, and EMS held EMS Week in conjunction with the County Health Fair and Dino Days. They passed out coloring books, pencils, stickers and information, and demonstrated an auto extrication. Fire vehicles and equipment were displayed.

Goldsmith - Goldsmith VFD used the coloring books in the schools to teach injury prevention and allowed the children to tour the ambulance.

Granbury - Hood General EMS held an EMS Fair, with representatives from the Poison Control Center, local 9-1-1 dispatch, and all Hood County volunteer organizations. The fair was sponsored by Hood General Hospital.

Grapeland - Slocum VFD held its annual fund raiser and reunion with Memorial Hospital, EMS and Stewart Blood Bank, and handed out educational materials.

Hallettsville - Lavaca County Rescue Service printed a proclamation signed by the county judge in the local newspaper.

Hebronville - Quality Care Ambulance Service (Jim Hogg County EMS) and Ready Teddy gave presentations about first aid to

daycares and area schools.

Helotes - Helotes Area VFD demonstrated some basic emergency medical services functions to all school ages.

Henderson - Henderson Hospital EMS took all preschool and kindergarten students through the ambulance.

Houston - Hermann Hospital Emergency Services distributed meal tickets, T-shirts and stickers to the EMS providers who came by during a three-day event.

Houston - Jersey Village FD placed EMS information in a local newsletter, displayed information at City Hall, and handed out coloring books to the local day cares and preschools.

Humble - Humble FD-EMS demonstrated EMS equipment and provided free blood pressure screenings at two locations. They promoted their upcoming community CPR training program and helped

Quality Care Ambulance Service (Jim Hogg County EMS) and Ready Teddy gave presentations about first aid to daycares and area schools in Hebronville.



La Marque Fire/Rescue attended the area schools, churches, and businesses, demonstrating the role of EMS in the community.



Ready Teddy distribute handouts.

Huntsville - Huntsville-Walker County Emergency Medical Services distributed coloring books, stickers and an informational letter about their service and EMS to every child in Walker County. Employees were honored at a EMS banquet.

Iowa Park - Iowa Park FD opened their fire station to the public for tours and displayed all medical and rescue equipment. They had free blood pressure and blood glucose screenings.

Irving - Boeing Emergency Response Team held a health fair that included EMS demonstrations and health screenings for blood pressure and glucose, and a pulse oximetry demonstration. Team members also handed out EMS and health materials. An air ambulance and MICU unit were displayed for the employees of Boeing.

Itasca - Itasca EMS conducted blood pressure checks at a local senior citizens center and gave a safety program and an ambulance tour at schools.

Johnson City - North Blanco County EMS taught school children how to call 9-1-1 and how EMS can help them. EMS personnel were honored at a fish fry.

Jourdanton - Atascosa County EMS taught CPR classes to the community and presented safety/EMS programs to the schools.

Justin - Justin Community VFD conducted an EMS program at the elementary school.

Keene - Keene EMS, with the help of Ready Teddy and co-sponsored by the Keene Optimist Club, gave away 25 bicycle helmets and inspected many more bicycles. The mayor proclaimed the week Bicycle Safety Week and EMS Week. And newspaper articles were run in the local newspaper, educating the community about bicycle safety and child safety.

Kirby - City of Kirby EMS held CPR training for the community.

Knippa - Knippa Emergency Services, Inc., presented safety programs at the area schools.

La Joya - La Joya VFD taught safety and EMS awareness to the area elementary schools and daycare centers.

La Marque - La Marque Fire/Rescue visited the area schools, churches, and businesses, demonstrating the role of EMS in the community.

La Porte - La Porte EMS promoted child safety and EMS at area schools with Andy the Ambulance, and gave out Andy baseball cards.

Leander - North Travis County EMS-Sandy Creek went with Ready Teddy to schools and other locations to promote 9-1-1 awareness and injury prevention.

Leon Valley - Leon Valley FD taught CPR to older elementary school children and offered blood pressure screenings at several locations.

Lipan - Lipan Volunteer Ambulance visited area schools to give safety/EMS presentations.

Littlefield - Littlefield EMS held an open house and free blood pressure screenings at the ambulance and fire stations. The employees were honored at an appreciation dinner hosted by the local hospital.

Live Oak - Live Oak FD gave safety presentations at local schools and day care centers. Safety tips and articles ran in the local newspaper.

Llano County EMS - Llano County EMS took Ready Teddy to an elementary school and held the grand opening of the new EMS station.

Lone Star - Lone Star-Jenkins EMS visited kindergarten through 6th grades with information about 9-1-1 and helmet safety using

coloring books. Medics simulated a crash scene at the high school the day before the prom to discourage drinking and driving.

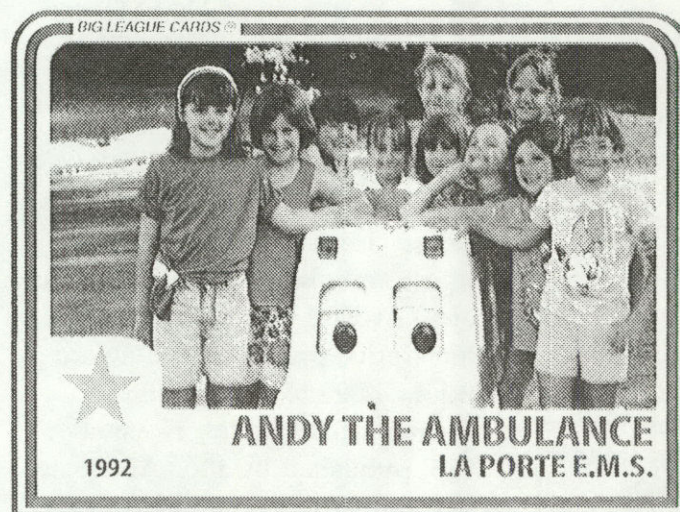
Los Fresnos - Los Fresnos EMS set up equipment and ambulance demonstrations around town, had open house at the station and set up blood pressure screenings at local restaurants. While on a visit to the town during that week, Governor George Bush posed for a picture next to the ambulance.

Lubbock EMS - Lubbock EMS taught children and adults how to use the 9-1-1 system including pre-arrival instructions, what to expect when the ambulance arrives, and what to have written down for the medics. Also sponsored health fairs and poster contests.

—Compiled by Penny Workman

More ideas in the March/April issue of *Texas EMS Magazine*

La Porte EMS promoted child safety and EMS at area schools with Andy the Ambulance, and gave out Andy baseball cards.



Did you read...

By Kelly Harrell

From 1989 to 1993, the number of overweight Texans grew from 18 to 26 percent—an increase of 2.1 percent every year.

About 6,000 officially documented refugees arrive in Texas each year, and about 85 percent of them resettle in the Houston, Dallas and Fort Worth areas.

The American Academy of Pediatrics has released a 1996 Publications Catalog listing for sale books and journals on pediatric care, and patient education literature. The 47-page catalog includes topics such as choking prevention for children, how to prevent child sexual abuse, and a guide to car seats. The catalog also lists audiovisual materials, including one on a bicycle safety camp. The Academy gives discounts on multiple orders.

For a copy of the American Academy of Pediatrics 1996 Publications Catalog, call 800/433-9016 between 8 a.m. and 4:30 p.m., or write AAP Publications Department, PO Box 927, Elk Grove Village, IL 60009-0927.

The American College of Emergency Physicians sponsored the National Association of EMTs William Klingensmith EMS Administrator of the Year Award that was presented at an NAEMT conference. NAEMT chose Terrence Dougherty, EMS administrator of Abbott Ambulance in St. Louis, MO. Dougherty founded Abbott, a not-for-profit service, in the 1960s. The service has grown into the largest ambulance provider in Missouri. ACEP's director of EMS, Don Kerns, presented the award and a \$1,000 to Dougherty.

From *ACEP News*, November 1995, published by the American College of Emergency Physicians,

Michael Weinstock, MD, FACEP,
Editor

Controlling diabetes can be difficult without accurate information on blood glucose levels. A relatively new lab test can help fill in the gaps when there is little or no information on glucose control. A glycosylated hemoglobin or Hemoglobin A 1c assay is a laboratory test that gives an indication of the average blood glucose control over a period of eight to ten weeks.

The test is based on determining the amount of glucose that has adhered to the surface of a hemoglobin molecule as it circulates through the bloodstream. Red blood cells have a life span of about 120 days. If the blood sugar is chronically elevated, the individual cell picks up the sugar on the surface of the cell. The higher the sugar, the thicker the coating. Determining the percent of glycosylation on the cell gives an accurate benchmark of overall glucose control.

This test does not eliminate the need for daily testing, but can be used as a tool to adjust the diet, exercise or medications. The American Diabetes Association recommends that the new test be done at least four times a year, and more frequently for those having problems with control.

From *Healthy 1*, November 1995, a publication of the Texas Department of Health, Adult Health Program, Barry Sharp, Editor

Citations used with permission

Texans may know how to eat healthy, but that hasn't translated into action. According to the Texas Risk Factor Report, March 1995, prepared for TDH's Behavioral Risk Factor Surveillance System, 36 percent of Texans between 18-39 years old reported a high fat intake. Only 16 percent of those 18-24 years old eat five or more daily servings of fruit and vegetables, compared with 33 percent of those over 66 years old. And from 1989 to 1993, the number of overweight Texans grew from 18 to 26 percent—an increase of 2.1 percent every year.

From *Healthy 1*, November 1995, a publication of the Texas Department of Health, Adult Health Program, Barry Sharp, Editor

About 6,000 officially documented refugees arrive in Texas each year, and about 85 percent of them resettle in the Houston, Dallas and Fort Worth areas. The new arrivals are at a much greater risk for diseases and parasites, and local health departments offer screenings for tuberculosis, hepatitis B, and certain parasites. A recent study determined the prevalence of 19 parasites in refugee populations. Immunocompromised individuals are especially prone to infection.

The five most common pathogenic parasites were hookworm (14 percent), roundworm (13 percent), whipworm (12 percent), *Giardia lamblia* (7 percent), and *Entamoeba histolytica* (6 percent). Of the 502 patients examined, 63 percent contained at least one parasite, and 42 percent had at least one pathogenic parasite. Symptoms of parasites can range from inapparent to severe,

including bloody diarrhea, chest pains, anemia, and rectal prolapse.

From *Disease Prevention News*, "Refugee Health: Screening for Parasites" by Kristina Busico, November 13, 1995, a publication of the Texas Department of Health

The AT&T Language Line, available by subscription, provides over-the-telephone interpretation of 140 languages 24 hours a day. When a subscriber answers a telephone call from someone who does not speak English, the call-taker can contact the AT&T Language Line, who then gets an interpreter to join the call. The service may be used for emergency calls at the 9-1-1 center, or by medics who need to question a patient about an injury or illness.

From *North Carolina EMS Report*, The Office of Emergency Medical Services Newsletter, Fall 1995

Equipping ambulances and first responder vehicles with defibrillators is a crucial link in the chain of survival, but the American Heart Association (AHA) wants to go farther. The AHA wants to put automatic external defibrillators in public places such as office buildings and hotels, and in the homes of high-risk patients. The association also wants police officers, security guards and family members to learn how to operate them.

To reach these goals, AHA is working with manufacturers to develop simpler AEDs with a smaller price tag. The AHA is also seeking funding for a study to track the results of placing AEDs

A new laboratory test can give an indication of average blood glucose over eight to ten weeks.

The AHA wants to put automatic external defibrillators in public places such as office buildings and hotels, and in the homes of high-risk patients—they also want police officers, security guards and family members to learn how to operate them.

Researchers reported that when they checked the stethoscope diaphragms of 150 emergency department personnel, they found that 89 percent of the stethoscopes were infected with staphylococci bacteria.

Ever get a craving for a certain food? Most likely, it's not something healthy—fulfill your cravings immediately or you're likely to overeat. Keep moderation in mind.

in public places, and teaching people how to use them.

From *JEMS*, Inside EMS, "AHA Wants Public to Defibrillate," November 1995, Marion Garza, EMS Inside Editor

Stethoscopes should be cleaned often, according to the September issue of *Annals of Emergency Medicine*. Researchers from the University College of Human Medicine in Grand Rapids, Michigan, reported that when they checked the stethoscope diaphragms of 150 emergency department physicians, nurses and medics, they found that 89 percent of the stethoscopes were infected with staphylococci bacteria. Alcohol swabs do the best job of cleaning.

From *JEMS*, Inside EMS, "Infection Alert," November 1995, Marion Garza, EMS Inside Editor

As of September 1, 1995, Texas law requires that any person suspected to be a victim of domestic violence be informed by the suspecting physician or health care worker that help is available. The easiest way to do that is to quietly give the phone number of the local domestic violence hotline to the victim. Discretion is the key so the number can be hidden from the batterer. By mid-February, a nationwide abuse phone number is scheduled to begin operation. The Texas Council on Family Violence in Austin will operate the Texas number.

Texas College of Emergency Physicians has targeted the recognition of domestic violence and child abuse as one of the items deserving attention from emer-

gency physicians. According to hotline calls and police reports in Texas, at least 600,000 adult females and adolescents are abused each year. Nationally, 38-41 percent of all female murders are a result of domestic violence. To compound the problem, child abuse occurs in about 70 percent of homes with domestic violence.

From *Emphasis*, The Newsletter of the Texas College of Emergency Physicians, November 1995, Brian K. Nelson, MD, FACEP, Editor

Do you take foot pain as part of the price you pay for working on your feet? A 1994 study by the American Podiatric Medical Association (APMA) found that 41 percent of respondents believe foot pain is normal. EMS personnel, who often work in hazardous conditions when responding to calls, should choose footwear carefully. Steel toes and insoles help, along with an overcover if a responder might be subject to bloodborne pathogens. Response to a fire scene could require rubber fire-fighting boots. Tennis shoes are unsafe because they offer no protection from fire, glass or dropped rescue equipment.

The APMA offers several tips for shopping for shoes that will keep your feet comfortable:

- Have your feet measured while you're standing.
- Always try on both shoes, and walk around in them to determine fit.
- Always buy for the larger foot; feet are seldom precisely the same size.
- Don't buy shoes that need a "breaking in" period. Shoes should be comfortable immediately.

- Don't rely on the size of your last shoes because feet do get larger.
- Shop for shoes late in the day. Feet tend to swell during the day, and it's best to be fitted when feet are at their largest.
- Buy shoes that don't pinch your toes at the tips or across the toe box.
- Try on shoes when you're wearing the same type of socks you expect to wear with the shoes.

From *Emergency Medical Services*, "My Feet Are Killing Me!" by Nancy Perry, November 1995

Ever get a craving for a certain food? Most likely, it's not something healthy. Balancing your cravings with good dietary choices can keep you from falling into a cycle of

cravings for sugar and fat. Here are some tips on how to deal with your food cravings:

- Figure out which foods you crave. Consider texture and flavor.
- Fulfill your cravings immediately or you're likely to overeat. Keep moderation in mind.
- Remember that more is not always better. Eating small amounts of food (such as a half-ounce of chocolate) can satisfy cravings without excess calories.
- Ignoring your cravings may increase your urge to eat, trigger your eating large amounts of food or put you in a bad mood.

From *WIC News*, "Food and mood: Understanding Cravings" by Tre McCalister, October 1995

According to Texas law, health care workers should inform any person suspected of being a victim of domestic violence that help is available. The easiest way to do that is to quietly give the phone number of the local domestic violence hotline to the victim. Discretion is the key so the number can be hidden from the batterer.

Paramedic Ready Teddy says ACCIDENTS DON'T JUST HAPPEN



It's the T-shirt you need for the point you want to make: it takes all of us to prevent injuries. Order yours now for \$8—only \$6.50 if you order 10 or more.

Name _____

Street Address _____

City, State, Zip _____

- (CS) Child Small
- (CM) Child Medium
- (CL) Child Large
- (AM) Adult Medium
- (AL) Adult Large
- (AX) Adult Extra Large

Sizes	Quantity	Sub-total
		\$
		\$
		\$

Make checks to: Texas Health Foundation
 Mail to: EMS T-shirts
 PO Box 142694
 Austin, Texas 78714-2694

T-shirts are Beefy-T,
 100 percent cotton.

Total	\$
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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.

FOR INFORMATION, CONTACT THE BUREAU'S CHIEF INVESTIGATOR, VIC DWYER, AT (512) 834-6700.

Acosta, Daniel Jr, El Paso, Texas. Probation of EMT certification through March 14, 1996. EMS rules 157.44 (b)(1) and (2), and 157.53, felony conviction.

* **City of Azle E.V.A.C.** Azle, Texas. Agreed to eighteen months probation of provider license from March 1, 1995, to October 1, 1996. EMS rule 157.11 (a) (I) failure to have a medical director for the advanced level service.

Barcheers, William A., Hemphill, Texas. Twelve months probation of EMT-Paramedic certification through July 10, 1996. EMS rule 157.51 (2)(Y), jeopardizes health or safety of a patient.

* **Bertin, Randal P.**, Spring, Texas. Agreed to twelve months probation of EMS Coordinator Certification from September 25, 1995, to September 25, 1996. EMS rule 157.64 (a)(7) Coordinator compromise of examination process and (8) fail to maintain integrity of the course.

Brown, Vickie Lee, Hungerford, Texas. Eighteen months probation of EMT certification through March 15, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, felony convictions.

* **Christian, Aaron Louis**, Beaumont, Texas. Two years probation of EMT certification through October 19, 1997. EMS rules 157.44(b)(1) and (c), and 157.53, felony conviction and misdemeanor convictions.

Corbeil, Louis Adrein, Brownsville, Texas. Five years probation of EMT-Intermediate certification through May 3, 2000. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Doolittle, Charles M., North Richland Hill, Texas. Decertification of EMT-Paramedic certification. EMS rule 157.51 (2)(V)(B)(C) and (Y), violation of any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

* **Dunn, Jeffery D.**, Trinidad, Texas. Emergency suspension of EMT certification. EMS Rule 157.51 (a)(1)(A) imminent threat to health and safety, felony conviction while certified.

Frankie, Bonnie N., Riverside, Texas. Decertification of EMT-Intermediate certification. EMS rule 157.51 (2)(R) and (V), obtaining any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course and scope of duties as an EMS certificant.

Jackson, Benjamin John, Plano, Texas. Two years probation of EMT certification through February 8, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

* **Kastman, Benton Arthur**, Ransom Canyon, Texas. Six months probation of EMT certification through April 19, 1996. EMS rules 157.44(b)(1) and (c), and 157.53, misdemeanor convictions.

Madison, Edith Ann, Bay City, Texas. One year probation of EMT certification through June 15, 1996. EMS rule 157.51 (2)(Z), falsification of application for certification.

Madison, James Monroe, Bay City, Texas. One year probation of EMT certification through June 15, 1996. EMS rule 157.51 (2)(Z), falsification of application for certification.

Massegee, Tommy Doyle, Grand Prairie, Texas. Four years probation of EMS certification through March 12, 1999. EMS rule 157.44 (b)(1) and (c), and 157.53, felony conviction.

Moore, Douglas Scott, Gilmer, Texas. Agreed to probation of EMT certification for 18 months, if and when certified. Article 6252-13c, Section 4, eligibility of persons with misdemeanor convictions.

* **Paducah Ambulance Service**, Paducah, Texas. Agreed to twelve months probation from September 25, 1995 to September 25, 1996. EMS rule 157.19 (c)(1)(U) violation of any rule or standard that would jeopardize the health or safety of a patient.

Penney, Marty, Whitney, Texas. Eighteen months probation of EMT certification through February 28, 1996. EMS rule 157.51, failing to follow EMS standards

* THESE LISTINGS ARE NEW THIS ISSUE. DENIALS AND REVOCATIONS WILL BE PRINTED IN THREE CONSECUTIVE ISSUES. SUSPENSIONS AND PROBATED SUSPENSIONS WILL BE PRINTED UNTIL SUSPENSION OR PROBATION EXPIRES.

of care in the management of a patient.

Plumlee, Robert Michael, Saginaw, Texas. Twenty-four months probation of EMT certification through February 17, 1997. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor convictions.

* **Slaughter, Robert E.**, Fort Worth, Texas. Decertification of EMT certification. EMS rule 157.51 (V) obtaining any benefit not otherwise entitled through fraud while in the course and scope of duties as an EMS certificant.

Smallwood, Derek, Richmond, Houston, Texas. One year probation of EMT certification through May 12, 1996. EMS rule 157.44 (b)(1) and (c), and 175.53, felony conviction.

Speirs, Gary II, Fort Worth, Texas. Denial of EMS recertification through August 31, 1996. EMS rule 157.53 (2), previous conduct of applicant relating to the duties of EMS personnel contrary to accepted standards.

* **Urdialez, John Martinez**, San Antonio, Texas. Decertification of EMT certification effective December 8, 1995. EMS rule 157(2)(P), felony conviction.

Vance, Michael Patrick, Lewisville, Texas. Twelve months probation of EMT certification through February 17, 1996. EMS rule 157.44 (b)(1) and (c), and 157.53, misdemeanor conviction.

* **Vonief, Kyle A.**, Houston, Texas. Emergency suspension of EMT certification. EMS Rule 157.51 (a)(1)(B) failure to complete biennial continuing education (CE requirements as stated in 157.38). Also 157.51 (b)(15) obtains recertification by fraud, forgery, deception, misrepresentation or subterfuge.

Weinheimer, Rex Joseph, Stonewall, Texas. Four years probation of Emergency Care Attendant certification through September 30, 1999. EMS rule 157.44(b)(1) and (c), and 157.53, misdemeanor convictions.

Want a 10th anniversary conference bag?

If you read the article on page 16, you know how much people at the Texas EMS Conference '95 loved their big, red bags. These heavy-duty nylon bags have sturdy navy

blue straps, three pockets and three zippers. They are imprinted with the 10th anniversary conference logo. Send this form and your \$10 check or money order to the address below.

Send \$10 for each bag to the address below.

Make checks to: Texas Health Foundation

Mail to: EMS Bags

PO Box 142694

Austin, Texas 78714-2694

Number of bags	
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Total	\$
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Name _____

Street Address _____

City, State, Zip _____



Calendar

Meetings

February 20-22, 1996. **35th Annual Texas Emergency Management Conference.** Red Lion Hotel, Austin, TX. Contact Jo Schweikhard Moss at 512/424-2138.

March 9-10, 1996. **Basic Vertical Rescue.** McLennan Community College, Waco. 817/750-3618.

March 16, 1996. **CPR class/Healthcare Provider.** \$20, San Antonio College. Call Wynn Gordy at 210/733-2640.

March 23, 1996. **CPR Instructor class.** Ramada Inn, College Station. Contact Steve Cutler, Metroplex Medical Training Services 214/270-0857.

March 30, 1996. **CPR Instructor class.** Ramada Inn, College Station. Contact Steve Cutler, Metroplex Medical Training Services 214/270-0857.

April 20, 1996. **CPR class/Healthcare Provider.** \$20, San Antonio College. Call Wynn Gordy at 210/733-2640.

May 3-5, 1996. **BTLS class.** \$33, San

For a free conference listing or ad send a fax to *Texas EMS Magazine*, 512/834-6736.

Antonio College. Call Wynn Gordy at 210/733-2640.

May 4-5, 1996. **CPR instructor class.** \$33, San Antonio College. Call Wynn Gordy at 210/733-2640.

May 11-12, 1996. **CPR instructor class.** \$33, San Antonio College. Call Wynn Gordy at 210/733-2640.

Jobs

Instructor: Full-time instructor to provide infection control services to EMS personnel. Requirements for the position are: RN or EMT-P; bachelor's degree in health-related field; experience in public health, infection control and/or epidemiology or 3 years field or level 1 ED experience. Computer and database management experience preferred. Send resumes: Mr. Joseph Lindstrom, EMT Dept., 4201 Medical Dr., Ste. 250, San Antonio, TX 78229-5631.+

Instructor: Two part-time instructors. Requirements for the position are: TDH EMT-P certification, and EMT instructor certification. Send resumes: Mr. Joseph Lindstrom, EMT Dept., 4201 Medical Dr., Ste. 250, San Antonio, TX 78229-5631.+

EMT-I, EMT-P, Firefighter EMT-I/EMT-P: New paramedical company in San Antonio to do insurance exams, draw blood and learn to do EKS. Full or part-time, day or evening. Call Lori at 210/699-6280.+

Paramedics: Full-time positions. Orange County Ambulance Service, Inc. Competitive wages and benefits. Current TDH-certified. Drivers license required. Call 409/883-0230 or send resume to: Orange County Ambulance Service, 1502 Strickland Dr., Ste. 7, Orange, TX 77630.+

Fire/EMT Position: Ce-Bar VFD, Inc. seeks chief. Position requires hands on fire fighting and EMT duties. Ce-Bar serves 10 sq. miles of Travis County.

Qualifications: five years command level, basic TxCFP certification, intermediate SFFMA certification or equivalent and TDH EMT or equivalent. VFD experience preferred. Residence required. Salary range \$35-45K. Send resume to: President, Ce-Bar VFD, PO Box 163477, Austin TX 78733.+

Medical Assist Team Coordinator: Licensed paramedic or RN/EMT-P to plan, manage and direct a pre EMS service program for Parker County. 3 years experience in ALS EMS system, CPR certification, ACLS, BTLS or PH-TLS, PALs or PPC certification/instructor. College degree preferred. Salary commensurate with experience. Complete benefits package. Send resume to: Personnel, Campbell Memorial Hospital, 713 Anderson, Weatherford, TX 76086, or call 817/596-8751; FAX 817/599-1153.+

Paramedic: \$30,000-\$40,000/yr. Paid vacation and insurance. Contact: Deanna, Trans Star EMS, PO Box 1238, Silsbee, TX 77656 or 409/385-7439.*

Paramedic/Firefighter: Kerrville. \$1,911/mo. City pays 80% of family health insurance. Must be Texas-certified firefighter and EMT-P. Apply or send resume to: City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028. 210/257-8000 or fax 210/792-3850.*

Paramedic/EMT Instructor: Position available with University of Texas Southwestern Medical Center. Two full-time openings for EMS instructors. Paramedic certification and experience required. RN or PA certification and two years clinical or EMS experience is required. Resume: Debra Cason or Lynn Carpenter, 5323 Harry Hines Blvd., Dallas, TX 75235-8890. 214/648-3131.*

EMS Personnel: Rapidly expanding Harris County EMS organization. Trans Vital Ambulance, 11300 South Post Oak, Suite 204, Houston, TX or contact Pat Burford at 713/721-8882.*

EMTs: City of Austin, emergency medical services department is seeking experienced EMTs interested in employment with a busy city/county 9-1-1 EMS operation. (56,600 calls last

Paramedic Ready Teddy. Don't forget to use Texas' furry EMS mascot to help you with these local activities: **National Child Passenger Safety Awareness Week** February 11-17, **National Poison Prevention Week** March 17-23, **National Bike Month** May, **Buckle Up America Week**, May 20-27, **National EMS Week**, May 19-25, **Safe Kids Week** May 4-11, **National Sage Boating Campaign** May 18-24, **National Safety Week** June 28, **Safe America Month** June (ends July 4), **National Farm Safety Week** September 15-21, **National Fire Prevention Week** October 6-12, **National School Bus Safety Week** October 20-26, **National Drunk and Drugged Driving Awareness Month** December.

Call 512/834-6700 to schedule the Ready Teddy costume or request activity packets.

Calendar

year). For job information and confidential consideration, contact Ms. Jane Lingo at 512/469-2055.*

Paramedic: Full-time position to work with volunteer organization, serving Cottle County. Retirement benefits provided. 1 to 2 years experience preferred. Must have good references. Send resume to PO Box 729, Paducah, TX 79248 or call 806/492-3613.*

EMT: Full-time position available for local MICU level EMS/transfer provider. Kermit Memorial Hospital Critical Care Transport. Call Mike Dorris 915/586-5864.*

Work Wanted: National-registered, Texas-certified firefighter with over 10 years experience. ACLS, BTLs, CISD, Rescue, and Haz-Mat-trained. Seeking EMS director/supervisor position and/or fire chief position in city, rural, hospital-base or private service. Resume upon request. Mail to: Fire/EMS Inquiry, 603 N. Main, Rockdale, TX 76567 or call 512/446-6701 or Fax 512/446-7679.+

EMS Employment Opportunities: Looking for qualified EMS personnel seeking employment/relocation opportunities. Nationwide positions available. Send \$3 for more information to: EMS Network, PO Box 3202, Tonopah, NV 89049-3202.+

For Sale

For Sale: 1982 Chevy Type II new motor and transmission. Good condition, \$5,000. Call David, Upshur County EMS 903/797-6500.+

For Sale: Rocker patches, now available for your uniform or jacket, fits directly below your TDH patch. \$2.75 each plus \$.50 postage. Contact S. Carson, 4044 Staghorn Circle, Fort Worth, TX 76137 or call 817/847-5106.+

For Sale: Complete set of rescue ascending and descending equipment, in like-new condition. Paid over \$2,100, would like to sell for \$1,200. Call for list at 210/597-3322.+

For Sale: 3 used monitor II pagers

and chargers. Low band 37.180. Excellent condition, \$125 each. Contact Calvin Wright. 210/981-4912.+

For Sale: Several used Type II ambulances for sale. Fair to good condition. Contact Jim Becka at 713/721-8882.+

Billing Service: Ambulance billing service. Private ambulance/EMS/volunteer ambulance service. Electronic billing for Medicare, Medicaid and private insurance. Contact Leisa at 210/276-4723 after 4 pm.+

For Sale: Lifepak 5 monitor/defibrillator 3 lead EKG. 2 batteries included with soft pouch cover. Good condition. \$2,000. Contact Diana Baccus at 409/345-2390.+

For Sale: '91 Ford E-350 Type 2 Osage diesel with maintenance records. Fully stocked ALS. Call 800/511-2822.+

For Sale: 1987 & 1988 Ford Type I. 1987, 1988 & 1989 Ford Type II. \$3,000 to \$5,000 each. Good mechanical, excellent paint and body. 1990 GMC 4X4 Type II, 45,000 miles, \$7,000. Contact Rick von Rosenberg, Rural Metro 214/243-2267.+

For Sale: Three Motorola monitor II pagers and chargers. 37.180 frequency, capable of 2 channels. \$125 each. Good working condition. Call Calvin Wright 210/981-4912.+

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For Sale: LifePak 10P w/battery charger, \$6,800. LifePak 5, 3-lead w/battery charger, \$2,400. HBA International supplies preowned equipment to services that do not have the funds to purchase new equipment. 1-800-466-0834.*

Announcements

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Contact Steve Cutler at Metroplex Medical Training 214/270-0857.

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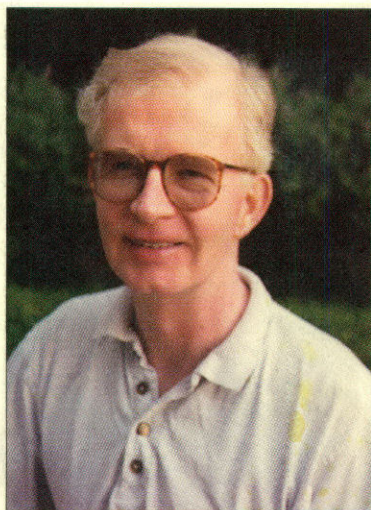
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World View: Cantwell brings international flair to border job



EMS Program Administrator Tom Cantwell lived in Germany several years before settling in El Paso 18 years ago.

Sprechen Sie Deutsch? EMS Administrator Tom Cantwell speaks German fluently, even though in his hometown of El Paso he might be more likely to *hablar Espanol*. As it turns out, the German language is what brought the New York native to West Texas. After college graduation with a degree in history, Cantwell went into the U.S. Army, where he learned in German and was assigned to the American Embassy in Bad Godesberg.

"I was in charge of the translation pool in the liaison office for American and German counter-intelligence," Cantwell says. "I had top secret clearance because I reviewed translations of sensitive documents."

Cantwell left the army after three years but stayed to study German at the University of Goettingen. When he returned to New York, he taught high school before completing his master's degree in German in Mainz.

"I like teaching because I love to watch and foster intellectual development in people," Cantwell says.

But Cantwell missed Germany. He

took a job at a language institute in Koeln for four years before being offered a teaching job in 1977 with the German Air Force in El Paso, which is the largest military contingent of Germans outside Germany.

Cantwell was working part-time as a teacher when he heard about a TDH job in EMS, a chance occurrence that changed his life forever.

"My wife met (then-EMS Administrator) Dennis Raines in a lunch line and he said he needed a replacement for Jim Arnold, who was leaving to take over as head of El Paso EMS," Cantwell says. "I applied and was hired in 1978 and have been here ever since."

Even though Cantwell had no formal EMS training, he had some medical knowledge to fall back on even before he took his EMT course. As an Eagle Scout, he had learned first aid as part of his scouting requirements, and took pre-med courses his first year in college. Cantwell got his paramedic certification in 1985, a certification he keeps current.

The region had only six counties when Cantwell first went to work for TDH, but has now grown to include 36. "It was really a one-man operation in the beginning, but now we've grown to include about 1/4 of the state as far as square miles go," Cantwell says. And the miles of land have a small population that relies on a large number of volunteers.

"Many of these people are running licensed ambulances in towns of 150 to 300 people," Cantwell says. "That means that you have a good percent of the town—sometimes five percent—who are involved in EMS."

In his spare time, Cantwell enjoys listening to music and singing in choirs, which he found time to do in New York and Germany. For the last five years, Cantwell has served on a juvenile conference committee, an alternative to the traditional courtroom for nonviolent offenders. Cantwell lives in El Paso with two dogs and two cats. 🐾

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