

# Texas EMS

M a g a z i n e

## Candidate Testing Guidelines

What to expect before the test, during the test, and after the test.

Pages 21 — 26



Local EMS takes public education seriously—especially when it comes to injury prevention.  
Page 14

**Mail order form to:**

Bureau of Emergency Management  
Texas Department of Health  
1100 West 49th Street  
Austin, TX 78756

Order these free materials for your community education programs.

**Shipping information:**

Organization \_\_\_\_\_

Shipping Address \_\_\_\_\_

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Amount ordered	Description
_____	<b>"Ready Teddy" coloring book.</b> Twelve pages of injury prevention and EMS awareness tips by the Texas EMS mascot. (4-61)
_____	<b>"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure.</b> A foldout first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)
_____	<b>"Don't Guess, Call EMS" brochure.</b> 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)
_____	<b>"EMS Lifesavers—Career Information" brochure.</b> Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)
_____	<b>"EMS questions and Answers About Citizen participation" brochure.</b> Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)
_____	<b>"EMS—A System to Save a Life" brochure.</b> 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)
_____	<b>"Ready Teddy" poster.</b> The Texas EMS mascot urges kids to prevent injuries. (4-60)
_____	<b>"Dedicated to Patient Care" poster.</b> EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)
_____	<b>"EMS—It's a Lifesaver" poster.</b> Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)
_____	<b>"System to Save a Life" poster.</b> Companion poster to brochure, 1990. (EMS-011)
_____	<b>"When It's A Medical Emergency—You Need EMS" poster.</b> Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)
_____	<b>"I'm an EMS Friend" sticker.</b> Ready Teddy in a 2-½ inch 2-color sticker.

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ABOUT THE COVER: San Saba Volunteer EMS medics taught injury prevention, 9-1-1, and EMS awareness to 450 school kids during EMS Week.

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## Legislation, trauma groups, cowtown hospitality top statewide news

**A**t this time the news is the same regarding implementation of House Bill 241. This legislation was signed by the Governor and gives the Texas Board of Health the authority to make changes in the EMS educational program including testing. There have been many rumors around the state that this legislation eliminates recertification examinations for EMS personnel immediately.

The interpretation of HB 241 by the General Counsel of the Health Department is that we will implement this legislation through the normal process of changing rules. That means that any suggested rule changes will be discussed by the Texas Emergency Medical Services Advisory Council, which will make recommendations to the Texas Board of Health.

Since we have a mandatory ninety-day public comment period for EMS rule changes, it will take some time before any changes are made. In other words, if you are scheduled to recertify you should plan to take the recertification examination until you are notified of official rule changes.

Several of us recently made a trip to Fort Worth to work on the next conference. The meeting facilities in Fort Worth will meet our needs much better than in previous years here in Austin. The Fort Worth/Tarrant County Convention Center has been great in assisting our planning for this conference. They have made us feel most welcome and seem excited that we are coming to their city.

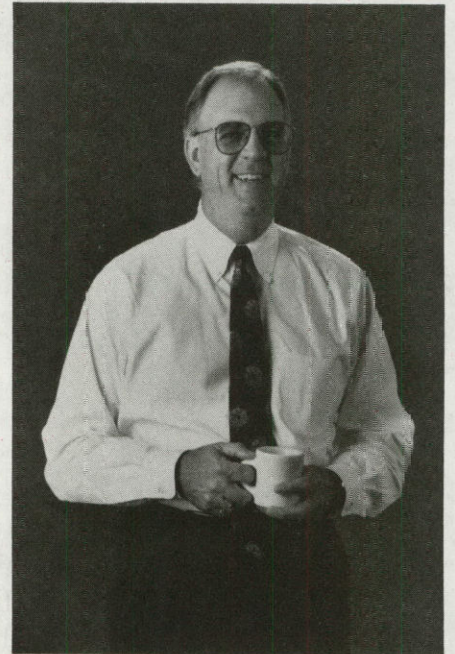
The host hotel for our conference this year will be the Radisson Plaza. You can walk from the Radisson

across the street to the Convention Center. Ann Stetson of the Radisson has been really good to us by giving us a great rate of \$52 for this excellent hotel.

Debbie Rubin of the Fort Worth Convention & Visitors Bureau and Dina Simpson of the Fort Worth/Tarrant County Convention Center have made our jobs much easier with all of their assistance. Those of you that were at our conference last year will remember these two individuals as they got up on stage in their Fort Worth cowgirl outfits, complete with hat, and personally invited everyone to Fort Worth.

The Northeast Texas Regional Advisory Council was recently officially recognized. That region has done a lot of work in a very short time to develop a regional trauma system. A lot of the credit goes to Dixie Robinson, RN, the trauma nurse coordinator at Wadley Regional Medical Center; Alan Helberg, the director of the Texas Division for St. Michaels Hospital; and Mark Mallory, RN, the director of St. Michaels EMS.

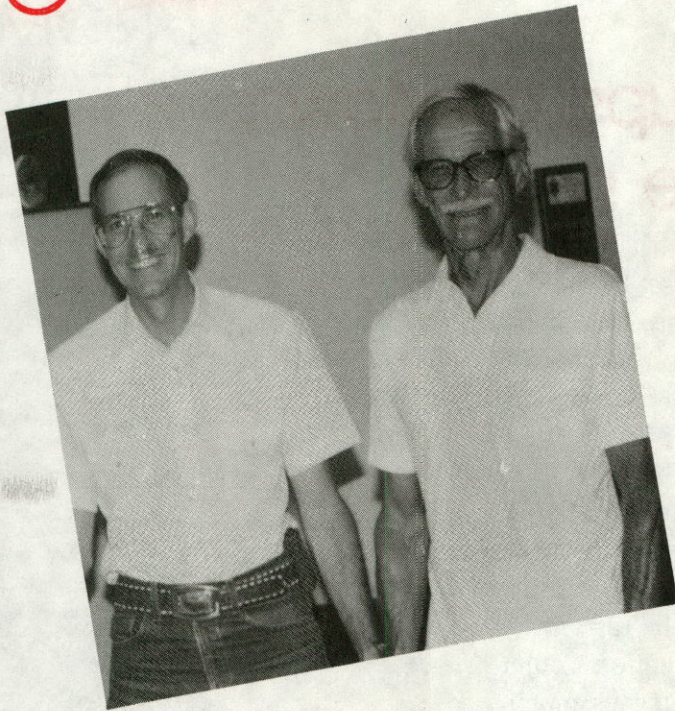
Once again we see a great deal of cooperation among all aspects of the trauma system in this region. There has been excellent cooperation between the two hospitals in Texarkana. Jim Arnold of Public Health Region 7 tells me that the exciting thing about this Regional Advisory Council is the large number of EMS organizations that were involved.



GENE WEATHERALL,  
CHIEF  
BUREAU OF EMERGENCY  
MANAGEMENT



The Texas EMS Monument honors all emergency medical services personnel in the state of Texas.



# MONUMENTAL

## Paul Totten

Marble Falls Area EMS honors 15-year volunteers Don Sherman (left) and Paul Totten

How many volunteer EMS organizations can boast of a member who served their community with them faithfully for 15 years? How about two members? The members of Marble Falls Area EMS want to honor two of their members who have volunteered unselfishly for the past 15 years—Paul Totten and Don Sherman.

Paul Totten retired to Meadowlakes in 1977. When the EMS obtained its first ambulance in 1978, the call went out for drivers. Paul was one of those who answered that call.

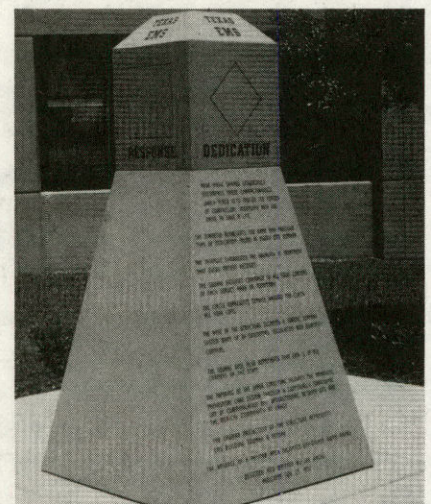
Paul's influence has been felt ever since in his continuing service to our organization. As a retired corporate executive, Paul used his business skills to help guide the organization through many difficult decisions and rough times.

Paul also keeps the three EMS vehicles going by keeping them on a regular maintenance schedule. You can find him on almost any morning at the ambulance barn where he washes, cleans, or makes

some small repairs on one of the vehicles. As ambulance coordinator, Paul also trains and supervises new drivers who must have his OK before they can drive an ambulance.

In 1986 Paul was the first recipient of the Paul Totten Volunteer of the Year Award and every year, as we add another name to the plaque, Marble Falls Area EMS continues to honor Paul.

Paul has kept his ECA certification for many years and presently



Each month we will introduce  
you to the people in Texas EMS.

EQUALITY



# EMS PEOPLE

## Don Sherman

By Brooks Blake, EMT-P,

Marble Falls Area EMS member since February, 1985.

serves as vice president of the board of directors of Marble Falls Area EMS.

Don Sherman also answered the call for drivers in 1978, making him and Paul our only two charter members still volunteering. Don has been a steadfast volunteer of the Marble Falls Area EMS ever since.

Don has been a key person in two of the organization's biggest projects.

He was instrumental in the pur-

chase of the land and construction of the EMS building. Not only did he design the building, but he also served as the liaison between the board of directors and the volunteer construction crews.

Don also chaired the Ambulance Replacement Committee, which was responsible for the new ambulance purchased just last year. He developed the specifications, contacted the manufacturers, and evaluated the bids.

Don, who has maintained his CPR certification, continues to drive for the EMS. He has received the Paul Totten Volunteer of the Year Award, been vice president and ambulance coordinator, and currently serves as secretary/treasurer on the board of directors of the Marble Falls Area EMS.

The Marble Falls Area EMS and the community served by the EMS owe much to these two volunteers. We would like to say to both, "Thanks for a job well done." We also hope that they will continue to serve their community for many more years to come.

The Marble Falls Area EMS and the community served by the EMS owe much to these two volunteers. We would like to say to both, "Thanks for a job well done."

THE TEXAS EMS  
MONUMENT WAS  
DEDICATED BY THE  
TEXAS DEPARTMENT OF  
HEALTH ON NOVEMBER  
25, 1992, TO HONOR  
ALL EMS PERSONNEL IN  
THE STATE OF TEXAS. IT  
IS LOCATED AT  
1100 WEST 49TH,  
AUSTIN, TEXAS.

DEDICATION



## 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) 834-6740

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.

### Titus County EMS lights 20 birthday candles

Titus County EMS celebrated 20 years of service to the county on May 14, 1993. The service began in 1973 when area funeral homes gave responsibility for the ambulance service to the county. Currently, Titus County EMS employs 20 people full time, including 16 paramedics, and uses 18 more people on a reserve basis. The EMS runs eight ambulances: five are MICU, one is BLS with ALS capabilities, and two are on reserve. The service, based in the 165-bed Titus County Memorial Hospital, covers all 425 square miles of the county. Medics make about 3,200 calls each year.

Paramedic Ricky Reeves directs Titus County EMS. Other officers include paramedics Vic-

tor Wells, assistant director; Mike Western, training officer; and Jim Kain, field supervisor.

### Marathon sponsors fund-raising dinner

Marathon EMS and Volunteer Fire Department sponsored a community-wide Mexican buffet on May 18 to raise money for a new building for the ambulance and fire trucks. County Judge Berd gave certificates of appreciation to members of the EMS and fire department who helped quench the large grass fires which threatened the town in April.

Other events included a visit from Ready Teddy, who gave out coloring books and copies of *Texas EMS Magazine*, and conducted a CPR demonstration. The service raised several hundred dollars earmarked for the new building.

Several past directors of Titus County EMS attended the 20th anniversary of the service. From left, current EMS director Ricky Reeves, Robert Terry, David Ward, Nancy Smith, and Weldon Freeman.





# Local and Regional EMS News

## Company looking for stamp of approval

Quantum Chemical Corporation has submitted a proposal to the U.S. Postal Service requesting that it issue a first-class commemorative stamp honoring the nation's 500,000 emergency medical personnel. Other emergency medical personnel, including doctors and nurses, have been the subject of past commemorative stamps.

In May, the stamp passed an initial hurdle as the Citizens' Stamp Advisory Committee met to consider 85 commemorative stamp entries.

The EMT stamp was one of 12 proposals accepted for further consideration. The postmaster general will not make a decision about issuing the stamp until August, 1994.

## Call boxes debut in three counties

What happens when someone has an emergency along a highway? Beginning in May and June, stranded motorists in Tarrant, Hale, and Cameron counties can get immediate access to emergency responders with motorist-aid call boxes. The bright yellow call boxes, set at regular intervals along the road, offer a direct line to local emergency responders. Solar panels connected to an internal battery fuel the wireless call boxes.

A task force of the Advisory Commission on State Emergency Communications coordinated the call box program; Gene Weatherall, chief of the Bureau of Emergency Management, chaired the committee. Steve Barbre, an EMT who works for the 9-1-1 commission, assisted in implementing the call boxes.

In Hale County, call boxes sit along a 15-mile stretch of U.S. Highway 27 between Abernathy and Hale Center. One-mile intervals separate each of the 30 call boxes. Calls from those boxes will be routed to the Hale County Sheriff's Department.

Tarrant County motorists have call boxes at half-mile intervals along a seven-and-a-half-mile stretch of Interstate 30 between Highway 360 and Loop 820. Calls go to Arlington and Fort Worth communications centers.



*Call boxes—phones along roadways which link callers directly to emergency services—is a joint effort among the 9-1-1 commission, Texas Department of Transportation, and several private companies. Here Larry Buckendahl of GTE Government Information Services prepares to connect the phone to a solar power source. Photo: Steve Barbre*

## Local and Regional EMS News

*Mandi Stafford of Alvin is surrounded by many of the people who were first responders to a car wreck which almost took her life. Emergency personnel welcomed Mandi home from the hospital with a party.*

*In the back, from left, EMTs Jim Totty, Claudia Dehnam, Mickey Wester; Al Vaiani of Life Flight; and EMT Jack Hill. Front row, from left: Dave Kadau, RN, of Life Flight; Stafford; and RN Penny Psencik of Life Flight. Photo: Alvin Sun & Advertiser*



Cameron County call boxes are located at one-mile intervals along a ten-mile section of Highway 77/83 between San Benito and Brownsville. The Cameron County Sheriff's Department gets these calls.

### Hale Center elects new officers

Hale Center EMS elected officers recently. New officers are EMT Danny Ginn, president; EMT Daren Miner, vice president; EMT Diane Williams, secretary/treasurer; and Shirley Bandy, bookkeeper.

Other members of the volunteer service include EMTs Kim Norris, Keith Pryor, Glenn Schroeder, Dennis Mooney, Paul Loza, Andrew Madigal, Al Flores, Mike Watson, Jimmy Bradley, and Joyce Gillis. Hale Center EMS responded to 152 calls in 1992.

### Memorial Hospital EMS holds full-scale drill

Memorial Hospital EMS in Palestine plans to be prepared if the worst ever happens. Earlier this year the service planned and executed an elaborate train

crash drill involving ten patients and hazardous materials. As if that weren't enough to tax any system, 20 minutes before the drill began, units were dispatched to the scene of a real multi-vehicle wreck involving a rural volunteer ambulance and two passenger cars. While each of these calls happened—the real call for the wreck and the drill—another real call came in, this one for a heart attack. All EMS personnel were paged, including some off-duty personnel.

"I'm glad I was able to see a plan on paper applied in the field," said J.D. Hailey, EMS supervisor.

### Alvin EMS gives party for crash survivor

Mandi Stafford didn't know it, but the night of January 8 she had a guardian angel. Several of them, in fact. Stafford was a passenger in a car that crossed the center line and collided with a pickup, prompting response from Alvin EMS, Alvin Volunteer Fire Department, and Life Flight. The sixteen-year-old lost

her right foot just above the ankle, broke her left heel in seven places, and had glass embedded above her eye. Although she stayed in ICU for five days, she recovered.

The volunteers of Alvin EMS who made the call threw a party for Stafford welcoming her home when she got out of rehabilitation. The celebration featured a cake decorated with ambulances, fire trucks, police cars, and a helicopter. Stafford was also presented with EMS memorabilia including shirts, pins, a doll, and a key chain. Alvin volunteer EMT Tonya Douglas says the party helped raise Stafford's spirits, and helped her prepare for the long rehabilitation she faces.

Alvin EMS employs one full-time paramedic, and several other paramedics on a contract basis. The rest of the 55-member organization volunteers in 12-hour shifts three times a month. EMT Adrian Cook directs the service.

# Local and Regional EMS News

## Jewett rescue makes national magazine

No need to ask the Northwestern Resources Jewett Mine rescue team how they feel about practicing vertical rescues. The value of the twice-monthly exercises came home early last Thanksgiving as they were called to rescue an injured gas rig worker lying on a platform 70 feet above the ground. *Rescue* magazine chronicled the call in its March/April issue.

Team members overcame several challenges during the rescue. Because the call came before dawn, rescuers worked with one light on the platform and one on the ground—in between lay darkness. Additionally, the base of the platform was wider than the top, so rescuers stopped the Stokes litter at an intermediate level where the rig pyramided out and attached two tag lines from the ground to the litter to pull it

away from the base.

According to Dave Medick, the Northwestern safety supervisor, this rescue made the sixth off-property rescue in two years performed by the mine team, including four rope rescues and two vehicle extractions. In addition, the team performed three rescues at the Houston Lighting and Power Company plant.

## Roving bearamedic visits South Texas

According to the letters home, Ready Teddy has been a big hit in some South Texas communities lately. The bearamedic went to the city of Live Oak during EMS Week, where he visited a total of about 550 children at several elementary schools and day care centers.

"It was apparent all the children were very excited to see him," said paramedic Gerry Galindo. "All of the children

got a chance to shake Ready Teddy's hand and give him a big hug."

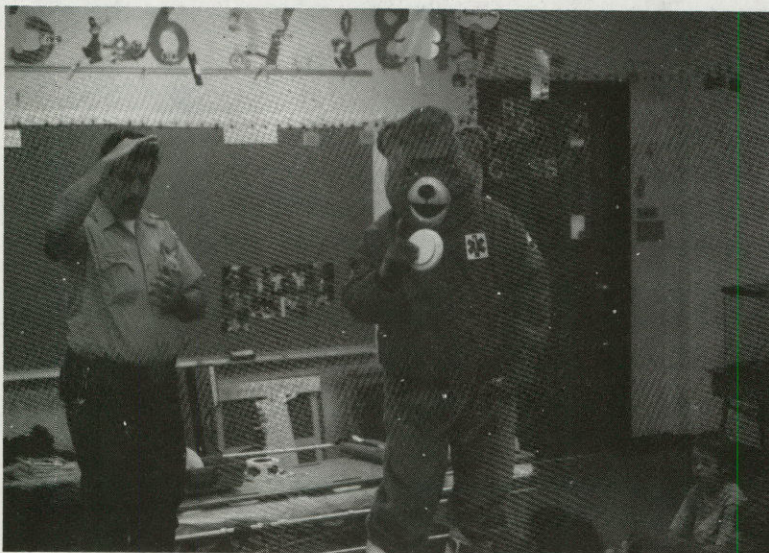
On Saturday of EMS Week, Ready visited a local grocery store where he gave stickers and coloring books to all the children. Three ambulances from area services were also on hand and medics gave tours to children and adults.

Earlier in the spring, Ready traveled to Uvalde, where he was invited to kick off a Drug Awareness Party at a housing project for low-income families. Sharing the stage with Ready was WADE—War Against Drugs Educator—a robot owned by the Border Patrol. All of the children got a tour of the ambulance.

In Boerne, the bearamedic played an integral part in the annual EMS Benefit, according to Kendall County EMS Training Coordinator Leslie Madden. She says Ready was instrumental in helping to raise \$10,000 for training programs for the county's 18 paramedics and 24 EMTs.

## Tow cuts ribbon on new EMS facility

Until recently, Tow EMS had to keep its ambulance out in the weather, parked in a lot in



*Paramedic Gerry Galindo and Ready Teddy go over safety tips for an elementary school in the City of Live Oak. As part of the demonstration, Ready Teddy demonstrates what a smoke alarm sounds like.*

## Local and Regional EMS News

*Tow EMS recently separated from the volunteer fire department and built a structure to house the ambulance.*

*From left, EMT-I Ray Stegmoller, ECA Michelle Stephenson, EMT Gay Burke, EMT Betty Ray, EMT Marie Weaver, EMT-I Destrie Bohannon, ECA Donna Johnson, and EMT Bobby Ray.*



nearby Buchanan Lake Village. That all changed in April when the volunteer service cut the ribbon on a new EMS facility complete with an ambulance bay, storage space and a meeting room. The service paid for part of the building through fund raisers and memorial contributions.

"The community is so supportive," says EMT Marie Weaver. "They have just been great to us."

Under the auspices of Llano County EMS, the eight Tow volunteers cover the northeastern part of the county including Shaw Island, Tow, Tow

Valley, Bluffton, and Buchanan Lake Village. Last year they made 64 calls.

### Fifteen complete emergency vehicle instructor course

Fifteen EMS personnel recently completed an Emergency Vehicle Operations Instructor course in Corpus Christi. Through their Texas A&M certification, the graduates may now train and certify local EMS personnel in safe emergency driving practices. Thirteen of the graduates work in Public Health Region 8, and the region

now boasts of 25 EVO instructors certified by Texas A&M.

"Our collective goal is to train every EMS professional in Region 8 to drive safely," says PHR 8 EMS Program Administrator Jay Garner. "And we will conduct as much continuing training as is necessary to keep safe driving practices an EMS way of life."

Completing the course were Robert Koonce, Rafael de la Garza III, and Harold Irvin, all of Victoria EMS; William Purser, Eastex EMS; Gary Graham and Steve W. Roberson, both of Roberson EMS; Daniel Lee Woodson, Richard Hooks, and Joe A. Narvaze, all of Corpus Christi Fire Department and EMS; Michael Beard and Carl Lee King, both of Calhoun County EMS; Wendy L. Greer-Carter of Sandia EMS; Andy McGee of Live Oak County EMS; John K. Hilton of Harlingen EMS; and Gaylon Wayne Freeman of Bellmead EMS. Instructors were Mike Paulus of Texas A&M, Sherwood Hamilton of the Texas Department of Safety, and Jay Garner.

*Fifteen EMS personnel recently completed an Emergency Vehicle Operations Instructor course in Corpus Christi. Back row, from left, Richard Hooks, Joe Narvaze, Steve Roberson, Gary Graham, and William Purser, and instructors Sherwood Hamilton and Mike Paulus. Kneeling from left, Wendy Greer-Carter, Michael Beard, Harold Irvin, Carl Lee King, Bob Koonce, Raphael de la Garza III, and Daniel Lee Woodson. Photo: Jay Garner*



# Local and Regional EMS News

## Texas Department of Health Public Health Region EMS Offices

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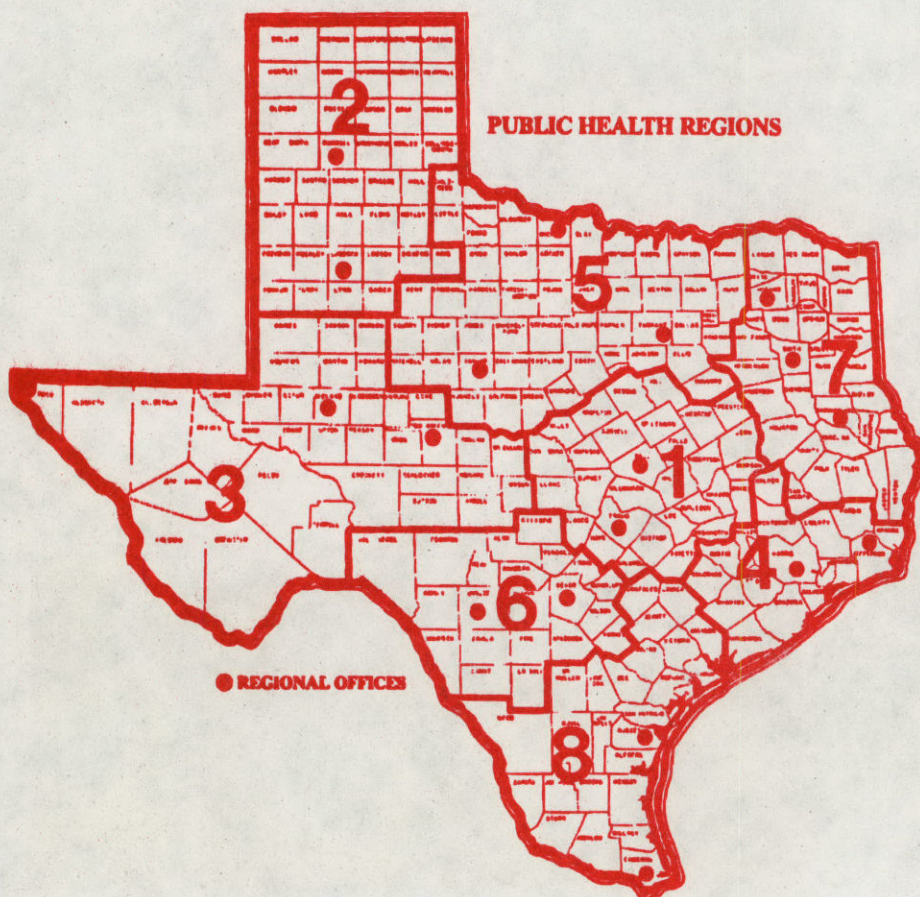
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(903) 595-3585

**Public Health Region 8**  
Jay Garner  
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Harlingen, Texas 78550  
(210) 423-0130

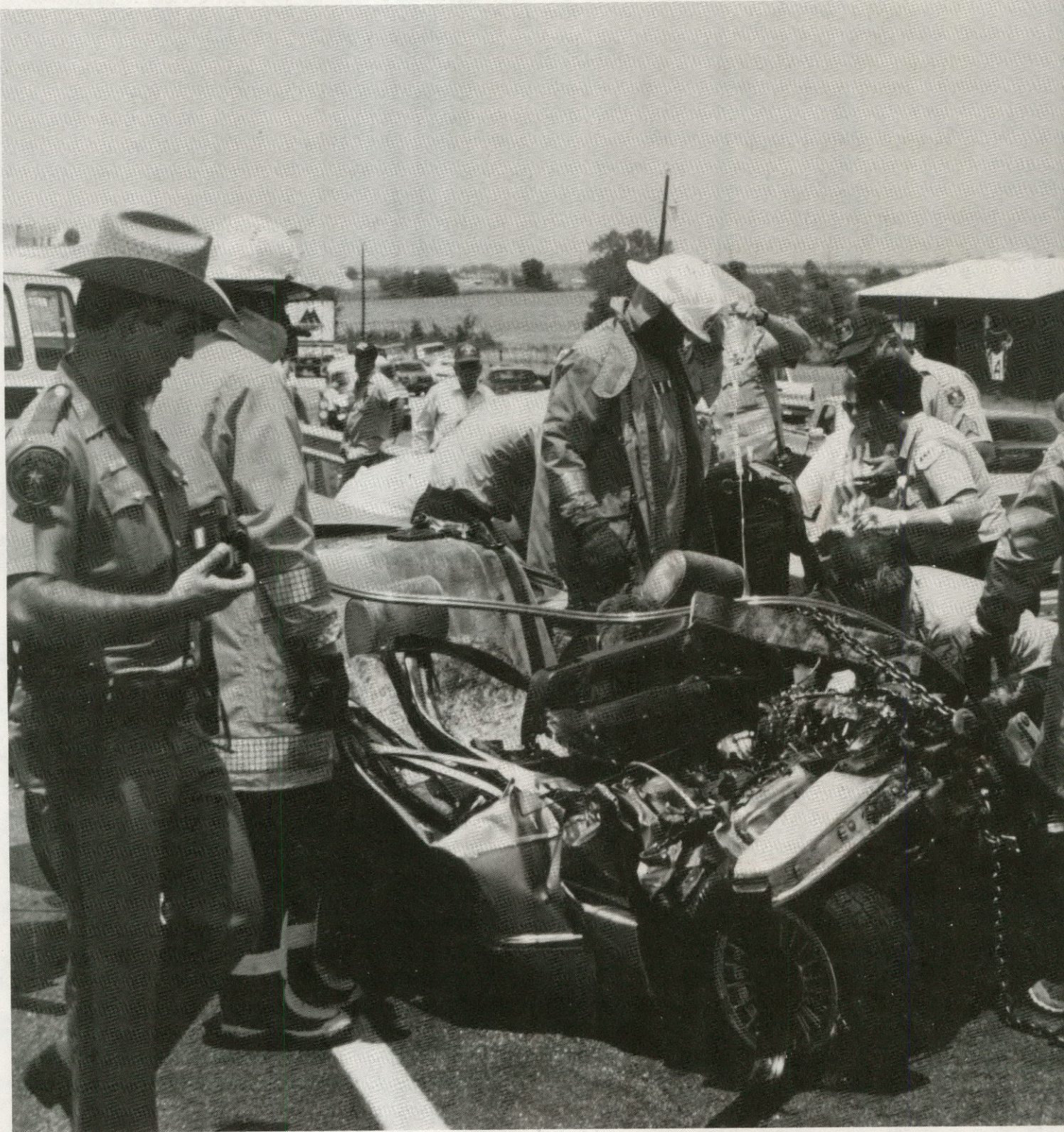
Rothy Moseley  
1233 Agnes  
Corpus Christi, Texas 78401  
(512) 888-7762



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Local and Regional EMS News

# *Injury Prevention:*



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# *Stopping the hurt before it starts*



LAST YEAR IN TEXAS SOME 70,000 TEXANS RECEIVED INJURIES, AND 10,000 OF THOSE TEXANS DIED OF THEIR INJURIES.

YOU KNOW THE STORIES. YOU WORK THEM.

IN HOUSTON, A CAR DRIVEN BY A DRUNK DRIVER SLAMS INTO THREE BICYCLISTS, SERIOUSLY INJURING TWO AND KILLING ONE.

IN AUSTIN, A CURIOUS 12-YEAR-OLD FINDS HIS FATHER'S GUN AND FIRES A BULLET THAT LODGES IN HIS PLAYMATE'S NECK.

By Alana S. Mallard

PHOTO BY TOM RINARD

IN TARRANT COUNTY, A RIDER LOSES CONTROL AND CRASHES HIS BICYCLE AND HIS HEAD INTO ROAD CONSTRUCTION.

IN ODESSA, A CHILD FALLS INTO AN APARTMENT SWIMMING POOL AND NOBODY DISCOVERS HER MISSING FOR 45 MINUTES.

IN HARLINGEN, A 74-YEAR-OLD WOMAN STUMBLES OVER A WELCOME MAT AT HER DAUGHTER'S HOUSE AND BREAKS HER HIP AND ELBOW IN THE FALL.

**A**s a profession, EMS provides secondary injury prevention—no further harm to the injured person—by intervening with prehospital basic or advanced life support, and speeds up tertiary injury prevention—surgical intervention to prevent death or long-term disability—by transporting their patients to the appropriate medical facility.

But more and more, EMS provides primary injury prevention—avoiding the injury in the first place—by developing awareness and action programs in their communities.

Injuries in Texas strike the young in huge numbers, and, increasingly, local ECAs, EMTs, and paramedics are trying to do something about it.

### Ready Teddy and Kids

We just passed the million mark in Ready Teddy coloring books. Kids in hundreds of Texas towns have

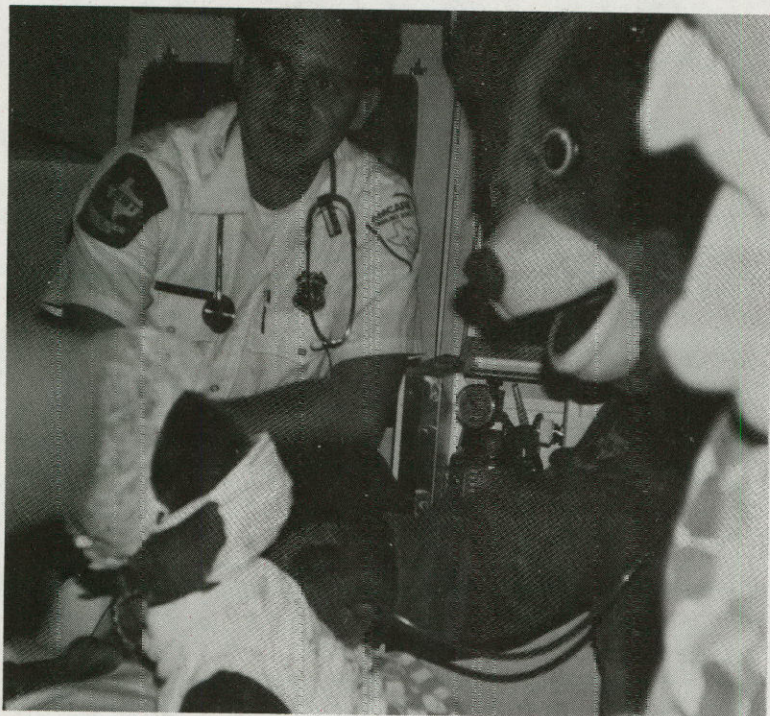
learned about preventing injuries from the nearly three-year-old bearamedic and his EMS pals. Children get coloring books, stickers, and posters featuring Ready Teddy, and the medics talk to kids about seat belts, school buses, walking, and bicycles.

In Central Texas, the East Williamson County Emergency Care Team uses Ready Teddy to talk to families and kids when they are healthy and OK instead of injured. The first responders teach children how to dial 911, how to prevent injuries, and what to do in case of an emergency, according to Shawn Newsom, president of the group.

"If Ready Teddy reaches one child and it saves one life, then Ready Teddy has done his job. Everything after that is just a bonus," Newsom told a reporter with the Taylor Daily Press during EMS Week.

The Ready Teddy Child Safety and EMS Awareness Program aims to educate and inform elementary





*Education, engineering, enforcement—the three E's of injury prevention. EMS personnel form a 45,000-person pool of public educators for injury prevention.*

*Photo by Sydney Wooten*

school-aged children, especially those in grades three to five. But children younger are curious about the fuzzy paramedic and children older like the ambulance that Ready's EMS friends usually bring to the presentations.

Twenty communities in Texas have purchased the copyrighted Ready Teddy costumes to help EMS with their injury prevention and EMS awareness presentation.

### Think Child Safety

The paramedics in Paris in East Texas use their Think Child Safety program to reduce injuries community-wide. For younger children, the medics target car seat and seat belt use, gun safety, and farm equipment safety. Their programs for high school students hit the traditional injury prevention topics of drug and alcohol use, seat belts, water safety, and gun safety, and then venture into areas not traditionally taught by EMS, including death, grief, and sexual assault.

Stewart Dodson, a paramedic with Paris EMS and one of the originators of Think Child Safety, tries to make the entire community aware of keeping the children safe. The Think Child Safety logo appears on a local train, on several cement trucks, on t-shirts, and, recently, on cars and trucks that qualify for the Mobile Safety Vehicle program in Paris.

Think Child Safety's most innovative and replicable program teams high school students and emergency workers as injury prevention educators for third graders. Police, fire, and EMS representatives work with Health Occupations Students of America classes at local high schools teaching them the causes and incidence rates of various injuries. The high school students in teams of three, accompanied by a police officer, firefighter, or paramedic, conduct the injury prevention class for the younger children. Last year the emergency workers and the high school students developed five lesson plans for the elementary school programs.

LAST YEAR, 60 PERCENT OF TEXAS' TRAFFIC FATALITIES INVOLVED ALCOHOL, AND LOCAL EMERGENCY MEDICAL SERVICES USE ANOTHER DRAMATIC METHOD TO BRING ATTENTION TO THE KILLER—A SIMULATED DRUNK DRIVING CRASH AT A LOCAL HIGH SCHOOL.

"LOOK AROUND YOU," THE FIRE CHIEF TOLD THE STUDENTS AT THE END OF ONE PROGRAM IN NEW BRAUNFELS, "ONE OF YOU WILL PROBABLY DIE THIS YEAR AT THE HAND OF A DRUNK DRIVER."

## DWI Awareness and Young People

EMS personnel serve as important advocates for injury prevention, and perhaps one of the most powerful uses of their advocacy occurs in DWI awareness programs.

The centerpiece of DWI awareness programs in Texas is the program begun by Austin EMS flight medic Allen Boutwell and continued now by paramedics Bonnie Liles and Ed Strout. The Austin EMS DWI Awareness Program uses a candid and graphic slide presentation to show the dangers of drinking and driving. Liles and Strout show slides of actual drunk driving crashes and family photos of people killed by drunk drivers.

Austin's program received the Inspiration Award during the annual meeting of the U.S. Conference of Mayors last month as part of the 1993 National City Challenge to Stop Drunk Driving. The program was

also recognized nationally when Boutwell received the paramedic of the year award from the National Association of EMTs.

Besides giving presentations at high schools, Liles and Strout also developed a four-hour training program for EMS and fire departments interested in starting DWI awareness programs for their communities. Thirteen other Texas cities have implemented similar programs based on the Austin EMS program.

In Houston recently when she kicked off the Gulf Coast EMS DWI Awareness Program, Thelma Lemley referred to Liles and Strout as the "parents of the DWI awareness program" for their assistance to her and to communities around Texas in establishing local programs. Lemley's Gulf Coast program has 26 DWI awareness trainers from Houston-area EMS groups.

East Bernard paramedic David Rives, one of the Gulf Coast DWI Awareness Program trainers and a



*Young children can be an important influence on the prevention behavior of their parents and other relatives. And children become EMS supporters in the process.*

*Photo by Sydney Wooten*

program specialist with Public Health Region 4, said they gave the presentation at a local high school just before prom and "made it through prom and graduation without any alcohol-related crashes." Rives said an alcohol-related crash about two weeks later involved two students who had been absent the day of the presentation.

Last year, 60 percent of Texas' traffic fatalities involved alcohol, and local emergency medical services use another dramatic method to bring attention to the killer—a simulated drunk driving crash at a local high school.

New Braunfels Fire Department and Arlington Fire Department have both done the simulations, and the programs make an impact in their realism and serious nature. Volunteers moulage students with critical injuries and generally at least one student in the crash will be covered with a sheet, simulating a DOS. "Look around you," the fire chief told the students at the end of one program in New Braunfels, "one of you will

probably die this year at the hand of a drunk driver."

Years ago, some astute social worker observed that it was not enough for society to patch up the emotional hurts people suffer, that we need to try to prevent that pain to make everyone more productive. Patching people up, she said, is like pulling drowning people out of the river as they come past you. It's time to go upriver and see why people are falling in the water.

And it's just like that in EMS. It's hard to imagine a time that EMTs won't be treating injuries; but we can make life better for all of us if we try to help people stop hurting themselves and others. These upriver programs of injury prevention can keep some Texans from drowning in the rough waters of needless trauma.

Editor and new grandmother Alana Mallard kept the safety of her 6-week-old grandson Zachary in mind as she researched this article. And yes, that's Zack on the next page.

# Buckle up Your Baby and Take a CPR Course

THE BUREAU OF EMERGENCY MANAGEMENT offers two video programs aimed at community members and available for free loan to EMS groups.



The 30-second EMS for Children public service announcement, designed for broadcast by your local television station, urges parents to always strap their child into a safety seat. When you borrow the tape, work with your local station to

have it copied and tagged with your television and EMS credits.

In Texas in 1991, 116 children ages 4 and younger and 72 children from ages 5 to 9 died in motor vehicle crashes. A recent sample of Texas EMS records shows 40 percent of injured children ages 4 and younger rode unrestrained. In injured children ages 5 to 9, 55 percent

rode unrestrained.

The 17-minute video, "Heroes," emphasizes the importance of citizen CPR. The 1,200 registrants at Texas EMS Conference '92 saw "Heroes" during the opening session of the conference.

Besides convincing members of the public to take a CPR course, "Heroes" can play an important positive role in EMS recruitment and public awareness. "Heroes," a reenactment of a cardiac call made by Fort Bend County EMS near Houston, evokes powerful emotions as it portrays the four links in the chain of survival.

If you want a copy of "Heroes" to add to your video library, send your request with a blank video tape to the health department's film library. You can borrow both "Heroes" and the EMS for Children Buckle Up PSA free of charge from the film library.

## Media Order Form

Complete this coupon and return to: Film Library, Texas Department of Health  
1100 W. 49th Street, Austin, TX 78756-3199  
(512) 458-7260

Please send me:

Organization \_\_\_\_\_

**Heroes**  
\_\_\_\_\_ Date to receive  
\_\_\_\_\_ Date to return

Name \_\_\_\_\_ SS# \_\_\_\_\_

*Copy on my enclosed blank tape*

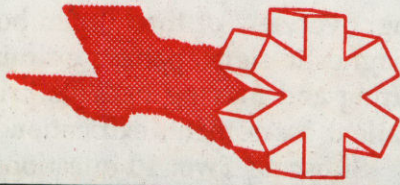
Address \_\_\_\_\_

**Buckle Up PSA**  
\_\_\_\_\_ Date to receive  
\_\_\_\_\_ Date to return

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Listing of EMS Media for CE Credit** (No credit for individual viewing, must be in classroom setting)

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Area Code/Phone Number) (Area Code/Phone Number)



# CANDIDATE TESTING

## GUIDELINES

THE TEXAS DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MANAGEMENT

These candidate testing guidelines are part of a pamphlet developed by the Bureau's Certification Program for distribution to testing candidates with the application for certification. Pamphlets will also be available from the Bureau of Emergency Management and from the public health region EMS offices.

TAKING YOUR CERTIFICATION EXAM IS ONE of the first steps in what we hope will be a long and rewarding career in EMS for you. Because of the importance of this exam, much time and energy has gone into assuring its fairness and validity. Texas Department of Health designed its EMS exams to measure whether a candidate has the knowledge required of an entry-level provider at a particular level of certification. The goal of EMS education in Texas is to prepare our EMS personnel to provide the best prehospital care in the country to our citizens. The Texas Department of Health's Certification Program does its part by providing the state exams and letting you know what to expect when you take a state exam.

This information is organized into three sections that describe what happens before the exam, during the exam, and after the exam. Each section contains information which should help you perform to the best of your ability on the exam.

### Before the Test

A blue-print outline of the four areas of EMS certification follows. The exam headings form an outline that will enable you to study the necessary and appropriate subjects for the exam.

#### EMT-PARAMEDIC EXAM

**Subscale One--Preparatory:** 31 questions on anatomy and physiology, initial patient assessment and management, airway and ventilation, pathophysiology of shock, general pharmacology (15.5%).

**Subscale Two—Trauma:** 30 questions on general trauma management, traumatic clinical conditions, burns (15%).

**Subscale Three—Cardiovascular:** 54 questions on cardiac conditions (history, patient assessment, management), cardiac drugs, EKG recognition and management, special procedures (27%).

**Subscale Four—Medical:** 50 questions on respiratory conditions, endocrine conditions, nervous system conditions, acute abd/GU and reproductive conditions, anaphylaxis, toxicology, alcoholism, drug abuse, infectious diseases, environmental injuries (25%).

**Subscale Five—Special Patients:** 26 questions on OB/GYN, neonatal, pediatrics, geriatrics, behavioral emergencies (13%).

**Subscale Six—Prehospital Environment:** 9 questions on roles and responsibilities, EMS systems, medical/legal considerations, EMS communications, rescue, major incident response, stress management, medical terminology (4.5%).

Subscales 1-5 are considered critical. A score of 70 is required on each. The paramedic exam has 230 questions; 200 are active and 30 are pilot questions.

#### EMT-INTERMEDIATE EXAM

**Subscale One:** 25 questions on general patient assessment, initial management (25%).

**Subscale Two:** 30 questions on airway management (30%).

**Subscale Three:** 30 questions on assessment and management of shock (30%).

## Testing Guidelines

The purpose of certification exams is to assure that EMS personnel have adequate knowledge to care for the public.

**Subscale Four:** 15 questions on roles and responsibilities, EMS systems, medical/legal considerations, medical terminology, EMS communications (15%).

Subscales 1-3 are considered critical. The EMT-I exam has 110 questions; 100 are active and 10 are pilot questions.

### EMT-BASIC EXAM

**Subscale One:** 4 questions on EMT roles and responsibilities (4%).

**Subscale Two:** 15 questions on lifting and moving, extrication, ambulance operations (15%).

**Subscale Three:** 10 questions on airway obstruction, respiratory arrest, airway adjuncts (10%).

**Subscale Four:** 6 questions on cardiac arrest (6%).

**Subscale Five:** 10 questions on bleeding and shock, soft tissue injuries (10%).

**Subscale Six:** 9 questions on fractures and dislocations of upper and lower extremities, pelvis, and hip (9%).

**Subscale Seven:** 8 questions on injuries of the head, eye, face, neck, and spine (8%).

**Subscale Eight:** 6 questions on injuries of the chest, abdomen, and genitalia (6%).

**Subscale Nine:** 14 questions on medical emergencies, psychological aspects of emergency care (14%).

**Subscale Ten:** 8 questions on burns and hazardous materials, environmental emergencies (8%).

**Subscale Eleven:** 4 questions emergency childbirth (4%).

**Subscale Twelve:** 12 questions on patient assessment, anatomy and physiology (12%).

The EMT exam has 120 questions; 100 are active and 20 are pilot questions.

### EMERGENCY CARE ATTENDANT EXAM

**Subscale One:** 11 questions on ECA roles, responsibilities, and train-

ing, overview of the human body, diagnostic signs, patient examination, lifting and moving patients, triage, patient assessment, extrication (22%).

**Subscale Two:** 10 questions on airway care/pulmonary resuscitation, aids to resuscitation (20%).

**Subscale Three:** 7 questions on cardiopulmonary resuscitation, medical emergencies (heart attack, stroke, diabetes, and epilepsy) (14%).

**Subscale Four:** 14 questions on shock, bleeding, and primary patient survey, injuries to tissues and internal organs, injuries to extremities and splinting, injuries to skull, spine, and chest (28%).

**Subscale Five:** 8 questions on poisons, drugs, and emotional disturbances, environmental emergencies, childbirth (16%).

The ECA exam has 60 questions; 50 are active and 10 are pilot questions.

**Test Characteristics** State certification exams are based on objectives of the Department of Transportation (DOT) National Standard Curriculum for EMS training programs.

Each exam has two types of questions, pilot and active. Pilot questions are new questions placed on the exam for statistical purposes only. These questions do not count against you if you answer them incorrectly. Active questions do count toward your exam score and have been validated by their performance as pilot questions. You will not be able to distinguish the pilot questions from the active questions so you should answer all questions to the best of your ability.

The exam is in a multiple-choice format and you mark your answers on a Scantron bubble-type answer sheet.

**Scoring** We determine your grade by dividing the total number of correct answers by the number of active questions. Each exam is broken into subscales.



Grades in these subscales are similarly determined by dividing the number of correct answers by the number of active questions. Therefore, each question has as much weight as others in that subscale. Some subscales are critical and require a passing grade for you to pass the exam.

**Pass-Fail** The passing grade on the exam is 70. A candidate must also pass each of the critical subscales in the paramedic and intermediate exams. If you fail any one of the critical subscales, you must re-take the entire exam. For example, John Gage fails subscale four of the paramedic exam. He must now re-take the entire exam, not just subscale four.

**Score Reporting Procedures** Your exam will be sent to the Certification Program in Austin for grading, and your exam results will be mailed to you within 30 days of testing. Due to the high number of candidates testing, we will not report exam scores over the telephone.

**Exam Changes** The certification exams are changed every six to eight months to increase validity and decrease word-of-mouth knowledge of specific test questions. All exams are based on a specific blueprint that mandates the number of questions on each topic. Statistics are gathered on each question to determine its difficulty, and we use these statistics to assure that each new exam has the same average score as the last exam. Because of this, new exams are as similar to old ones as possible while still adding new questions.

**Effective Test-taking** The purpose of certification exams is to assure that EMS personnel have adequate knowledge to care for the public. We must assume that candidates fail an exam because they don't know the material, not because they don't know how to take the test. The following suggestions can help you learn to take a multiple-choice test.

### Understand the Question

**Guideline 1:** Do not read extra meaning into the question; assume it is direct and to the point.

**Guideline 2:** Understand exactly what the question is asking before considering answers.

**Example:** Packaging a patient includes all of the following EXCEPT:

- A. Stabilizing all impaled objects.
- B. Immobilizing all fractures.
- C. Securing the patient to the stretcher.
- D. Removing all impaled objects.

*The question asks you to identify the one incorrect response. Three responses are correct and one response is incorrect. The correct answer is D. Packaging a patient does not include removing all impaled objects.*

**Guideline 3:** Rephrase the question in your own words so that it is clear in your mind.

**Guideline 4:** When a question asks for all but one of the answers, ask yourself whether each possible answer is true or false in relation to the question.

**Example:** Signs of effective cardiopulmonary resuscitation include all of the following EXCEPT:

- A. A carotid pulse with each compression. True.
- B. Lung expansion with each ventilation. True.
- C. Pupils that remain fixed and dilated. False.
- D. Return of skin color to a normal state. True.

*The correct answer is C. Pupils which remain fixed and dilated do not indicate effective CPR, while a carotid pulse, lung expansion, and a normal skin color do.*

**Guideline 5.** After choosing the correct answer, refer back to the question and verify that your

We must assume that candidates fail an exam because they don't know the material, not because they don't know how to take the test. Do not read extra meaning into the question; assume it is direct and to the point.



## Testing Guidelines

Do not go back and change an answer unless you are sure your new response is correct.

choice does answer the question. Guideline 6. When a question asks you for the correct order for a procedure, make a mental list of how you would perform the task. Then check each answer against your list and eliminate all choices which do not match.

*Example:* Choose the correct order of assessment in the primary survey:

- A. Circulation, breathing, airway
- B. Circulation, airway, breathing
- C. Breathing, airway, circulation
- D. Airway, breathing, circulation

*You know that the primary survey consists of checking your ABCs with airway first. The first three answers do not begin with airway, therefore the only remaining choice, D, must be the correct answer.*

### Know the Types of Questions

**FACTUAL QUESTIONS:** Phrased so that they ask you for facts.

*Example:* The most common cause of an airway obstruction in the unconscious patient is:

- A. Impacted teeth
- B. The tongue
- C. Inhaled vomitus
- D. Foreign bodies

*The tongue is the most common airway obstruction in an unconscious patient; therefore, B is the correct answer.*

**APPLICATION QUESTIONS:** Ask you to translate, apply, interpret, or illustrate your knowledge in a particular situation.

*Example.* Your 60-year-old patient has the following symptoms: paralysis on one side, confusion, blurred vision, dizziness, and headaches. These symptoms may be indicative of:

- A. Cerebrovascular accident
- B. Heat exhaustion

- C. Spinal cord injury at level C2
- D. Acute abdomen.

*Of the listed choices, only a CVA will result in all of the listed symptoms.*

**ASSESSMENT QUESTIONS:** Require you to separate or calculate information into a specific answer.

*Example:* Your patient has been in a fight. There is bleeding from the nose and lips, and his blood pressure is 110/70. The pulse is 90 and strong. You should suspect:

- A. Femoral injuries
- B. Neurogenic shock
- C. Alcoholism
- D. Facial injuries

*Facial injuries best fit the given description.*

**CLINICAL JUDGMENT QUESTIONS:** Ask you to make a clinical decision about a situation, such as choosing the most appropriate and timely treatment or prioritizing treatment.

*Example:* You arrive at the scene of a fall and find a stable patient complaining of pain in the lower leg. The leg is swelling, tender to touch, and deformed midway between the ankle and the knee. In treating this patient you should:

- A. Sling and swathe the patient's extremity
- B. Immediately transport the patient to the hospital
- C. Immobilize the lower leg with rigid splints
- D. Tie the legs together and transport immediately

*The correct treatment would be to immobilize the injury with board splint.*

**Have a Strategy** These strategies are merely suggestions and should not replace your clinical knowledge and judgment when answering questions.





- Your first response is usually correct.
- Do not go back and change an answer unless you are sure your new response is correct.
- The answer to a question may be found in a following or preceding question. For example, a patient receives an injury and you are asked to label the injury. If another question concerns a patient with the same injury, you may be able to confirm your first answer.
- Questions sometimes are grouped in a sequence. When this occurs, watch to see that all of your answers are connected or represent each other in the same framework.
- Answers that contain "always" and "never" are not usually the correct choice.
- Try not to spend more than one minute on a particular question. If you are having difficulty answering, move on to following questions and come back after finishing the remainder of the test.
- When "all of the above" or "none of the above" appears as an alternate, it is probably the correct answer.

Remember, these strategies are just guidelines. Using your own judgment, knowledge, and training is your best strategy to pass your certification exam. Review your material and study when you are mentally strong. Become familiar with the exam material and review all of the essential information. Rely on your knowledge; it is your biggest asset.

**Test Question Evaluation** Exam questions are based upon DOT objectives and developed by educators, providers, and medical directors. We determine the validity of new questions by using them as pilot questions and analyzing the following

statistics: difficulty, reliability, a breakdown of answers, and discrimination index.

Difficulty measures the percentage of students who picked the correct answer for a question. A breakdown of answers looks at how many students chose each possible answer. A question discriminates consistently and positively if the students with the top scores get it correct, students with lower scores miss it, and students in the middle split evenly. When a question meets each of the above standards, we consider it a valid question and it may be used as an active question on future exams.

**Time Limits** The following is a breakdown of time allowed for each exam.

Paramedic	4 hours
Intermediate	2 hours
EMT	2 hours
ECA	1 hour

**Supplies and Equipment** You will need to bring two #2 soft-lead pencils. Calculators, heart rate rulers, notebook paper, and other aids may not be used on the exam. Scratch paper will be provided.

**Registration** Once you have completed your course, call your regional office to determine your eligibility to test and schedule a date to take your written exam. Occasionally, testing sites fill to capacity. In this event, you may be asked to test at the next available date. You should bring your receipt and a picture ID to the test site. Please arrive before the posted exam time in order to check in.

**Reasonable Accommodations** The Bureau of Emergency Management will offer reasonable and appropriate accommodations for the written component of the certification examination for those persons with documented disabilities. Individuals

When "all of the above" or "none of the above" appears as an alternate, it is probably the correct answer.



## Testing Guidelines

You should also stay informed of issues that affect your profession. One way to stay informed of important issues in your profession is to subscribe to the *Texas EMS Magazine*. You will receive a complimentary issue of the magazine and subscription information when you are certified.

with disabilities may request an accommodation by completing a request form available from the regional EMS offices and the Bureau of Emergency Management. These requests will be evaluated on a case-by-case basis.

**Due Process** You will receive your exam results in the mail with a breakdown of your score on each subscale. We will not give exam results by phone. We scan each answer sheet twice to be sure of the results and will handgrade any exam which fails by three or less points.

### During the Test

**Administration of the exam.** No questions about the exam content may be asked after the exams are distributed. However, questions not concerning content are appropriate prior to distribution. No materials such as calculators, dictionaries, or notes will be allowed in the exam site. If you wish to leave the room during the examination, you must have the examiner's permission. You may be asked to turn in your exam and leave for any of the following reasons:

- Suspected cheating
- Unauthorized admission to the test site
- Abusive or uncooperative behavior
- Attempting to remove exam materials from the room
- Attempting to take an exam for someone else

**Security** The exam monitor will be in charge of security. The test area should be void of any collaborative or disruptive behavior before and during the test. Any attempted removal of exam material is a violation of copyright laws and will not be tolerated. Anyone attempting to take questions out of the exam, whether by writing them down or memorizing them will have their exam results nullified and may have their certification revoked. You have

an ethical obligation to report any attempts of violating these conditions. During the exam the monitor will not offer any assistance or comment on any candidates performance.

### After the Test

**Exam results.** We will mail your results within 30 days of the date you took your test. If you fail the exam you will be mailed your scores, a retest application, and a letter describing your options. If you failed by less than four points, we will hand grade your exam. We will not give out exam results over the phone. If you wish to discuss your results you may contact the EMS education coordinator at the Certification Program in Austin.

**Re-examination** If you fail your initial exam you will have 90 days from your course completion date to take a retest. You should schedule this test with your regional office and bring your completed application and fee to the test site.

If you fail your retest, or did not take your initial exam, you will have two years from the date of your course completion to take a refresher course to test again.

If you are not certified within the two years following your course completion date you must retake an entire initial course.

**Certification** Once you have successfully passed your examination, you will be issued a certificate and a wallet card. Your certification will be good for four years. Please notify your regional office of your new address if you move.

During your certification period you will be expected to maintain and increase your medical knowledge through continuing education. There are many CE opportunities available throughout Texas. Several national journals publish CE articles and the Texas Department of Health Film Library has many EMS videos available.



# EMS Certification Test Results

January - March 1993

From January 1 through March 31, 1993, 189 classes tested across the state.

REGION	SCHOOL TYPE	CLASS ID	CLASS SIZE	EXAM AVERAGE	MONTH	COORDINATOR
1	Independent	721427	10	91.80	Mar	Black
5	Independent	362401	9	91.56	Mar	Tanner
2	EMS	132415	5	91.20	Feb	Eads
3	Sr College	011493	7	90.29	Feb	Burchett
3	EMS	111490	8	90.00	Mar	Andrus
3	Independent	001397	5	89.60	Feb	Faulkner
8	Independent	037425	11	89.45	Feb	Reger
5	Fire Department	614401	11	89.27	Jan	Garcia
1	Independent	861449	8	88.00	Feb	McGowan
1	Independent	751440	13	87.69	Mar	Crutsinger
5	Fire Department	634401	11	87.45	Mar	Runnick
1		901414	7	87.43	Feb	Sneed
4	Jr College	093068	9	87.33	Mar	Whitener
1	Independent	862414	6	87.33	Jan	McGowan
3	Independent	211432	12	87.00	Mar	Andrus
5	Jr College	804401	11	86.91	Mar	Vinson
5	Independent	433402	5	86.80	Mar	Wilson
5	Independent	332401	8	85.75	Feb	Murray
4	Independent	223091	12	85.33	Mar	Reichel
4	Independent	293093	14	85.00	Mar	Cook
7	Jr College	026001	9	84.89	Mar	Lanier
1		902460	9	84.89	Jan	Sneed
5	Independent	433403	8	84.50	Feb	Wilson
4	Independent	223371	8	84.25	Jan	Reichel
4	Independent	223092	7	83.71	Mar	Reichel
5	Jr College	615401	8	83.50	Jan	Meeks
5	Fire Department	503401	17	83.06	Mar	Erwin
8	Fire Department	530406	16	83.00	Mar	Rodriguez
1	Independent	751432	9	82.89	Feb	Crutsinger
1	Independent	122477	12	82.83	Feb	Reichel
7	Independent	075421	10	82.80	Jan	Clark
7	EMS	184001	13	82.77	Feb	Cutler
5	Independent	614401	6	82.67	Mar	Rudnicki

Emergency  
Care  
Attendant

Compiled by  
Kaylene Farthing

## Emergency Care Attendant (con't)

4	Jr College	123122	5	82.40	Mar	Brant
8	Fire Department	791433	8	82.25	Jan	Rubio
5	Independent	372402	8	81.50	Feb	Barton
4	Independent	333366	8	80.75	Jan	Lemley
4	Independent	333365	6	80.67	Jan	Lemley
6	Independent	492416	8	80.00	Jan	Spaldin
2	EMS	032402	26	79.38	Mar	Mitchel
5	Jr College	413401	22	79.18	Mar	Pickard
5	Independent	433406	16	79.00	Jan	Wilson
1	Jr College	022481	12	79.00	Jan	Southerland
4	Jr College	063384	16	78.63	Feb	Gooley
8	EMS	761400	15	77.47	Feb	Garner
2	Sr College	013414	5	76.80	Jan	Coker
7	Fire Department	215419	9	75.78	Jan	Hutchison
4	Independent	203162	6	73.33	Mar	Davenport
5	Fire Department	895401	6	70.67	Feb	Reed
1	Independent	131431	5	70.00	Mar	Baskett
3	Hospital	233421	12	69.33	Feb	Clark
8	EMS	560429	5	66.80	Jan	Moseley
5	Fire Department	041401	9	65.56	Mar	Duggan

## Emergency Medical Technician

Averages listed here are for 100 EMT classes with an average grade of 82.

REGION	SCHOOL TYPE	CLASS ID	CLASS SIZE	EXAM AVERAGE	MONTH	COORDINATOR
3	Fire Department	011386	42	93.64	Mar	Celaya
5	Fire Department	252301	15	91.87	Feb	Smith
3	Independent	001397	14	91.57	Jan	Faulkner
1	Fire Department	512378	13	90.31	Feb	Frick
3	Fire Department	012301	10	90.20	Jan	Eubank
5	Hospital	011301	10	89.70	Mar	Caster
6	Sr College	011381	16	89.63	Jan	Garoni
6	Sr College	011383	26	89.15	Mar	Garoni
5	Fire Department	242399	5	89.00	Mar	Murray
4	Jr College	054057	22	88.09	Feb	Hatch
1	Fire Department	031325	11	87.55	Feb	Smith
3	Fire Department	012302	13	87.46	Jan	Amerson
5	Fire Department	011301	11	87.36	Mar	Lindahl
4	Jr College	054065	17	87.35	Feb	Hatch
4	Jr college	133337	11	87.18	Jan	Hamilton
6	Independent	121301	15	87.13	Mar	Malone
3	Fire Department	012303	6	86.83	Jan	Amerson
3	Independent	211323	9	86.78	Mar	Andrus
2	Jr College	032322	15	86.67	Mar	Nickell
6	Independent	252304	5	86.40	Feb	Jechow
4	Jr College	053009	13	86.38	Mar	Stevens

8	Jr College	510331	15	86.33	Feb	Gonzalez
2	EMS	062338	11	86.18	Feb	Vinson
2	Sr College	013336	5	86.00	Feb	Coker
1	Independent	902392	19	85.89	Feb	Persons
4	Jr College	052126	23	85.78	Mar	Stevens
6	Jr College	021303	10	85.70	Mar	Rakowitz
5	Independent	372401	6	85.67	Feb	Barton
5	Fire Department	614401	6	85.50	Jan	Garcia
2	Jr College	032328	20	85.50	Jan	Giesler
4	Jr College	043268	8	85.50	Jan	Hatch
1	Hospital	012368	18	85.50	Jan	Moshinskie
1	Independent	932369	17	85.47	Jan	Richter
5	Jr College	202301	14	85.43	Mar	McDonald
2	Sr College	013334	13	84.62	Jan	Coker
1	Independent	172397	9	84.33	Mar	Gregory
4	Jr College	054066	18	84.28	Mar	Hatch
7	Jr College	014308	9	83.89	Feb	Howland
4	Jr College	133052	17	83.53	Mar	Hamilton
3	Hospital	233431	6	83.33	Feb	Clark
3	Hospital	213301	6	83.33	Feb	Barnett
5	Independent	815301	7	83.29	Feb	Tippie
1	Jr College	052366	11	83.27	Jan	William
4	Jr College	123349	14	82.93	Jan	Brant
8	EMS	067340	18	82.89	Jan	Reger
5	Jr College	413301	24	82.79	Mar	Pickard
5	Jr College	825301	8	82.75	Mar	Wade
5	Jr College	202306	25	82.68	Jan	McDonald
1	Independent	942367	23	82.65	Jan	Salter
4	Jr College	123120	22	82.32	Mar	Brant
6	Independent	111306	8	82.25	Feb	Bell
5	Sr College	232302	23	82.00	Jan	Shelton
5	Independent	372301	22	81.86	Feb	Barton
5	EMS	644301	6	81.83	Jan	Norton
4	EMS	013323	27	81.81	Jan	England
1		901414	5	81.80	Feb	Sneed
5	Independent	011301	25	81.60	Feb	Petty
4	Jr College	103331	9	81.56	Jan	Gaines
5	Independent	815302	15	81.47	Feb	Pippie
4	Jr College	123347	9	81.11	Jan	Brant
3	Jr College	032371	5	80.80	Feb	Davidson
1	EMS	142353	5	80.80	Jan	Derrick
5	Jr College	202307	20	80.60	Jan	McDonald
4	Jr College	093016	5	80.60	Feb	Whitener
4	Jr College	033019	7	80.43	Mar	Eubanks
4	Jr College	033294	21	80.38	Jan	Eubanks
4	Jr College	093017	8	80.38	Feb	Whitener
4	Independent	223022	11	80.27	Mar	Reichel
5	Hospital	403304	33	80.15	Feb	Sherard

## Emergency Medical Technician (con't)

## Emergency Medical Technician (con't)

6	Independent	571307	14	80.14	Feb	Scott
7	EMS	066303	7	80.00	Jan	Elbert
7	Jr College	064301	14	79.79	Jan	Miles
5	Jr College	222301	16	79.75	Mar	Baskett
7	EMS	156332	15	79.73	Jan	Vaught
5	Hospital	473302	10	79.60	Jan	Mount
4	Jr College	033326	5	79.60	Jan	Eubanks
4	Jr College	103334	14	79.36	Jan	Gaines
4	Jr College	093367	6	79.17	Mar	Whitener
4	Jr College	113343	17	79.00	Jan	Hill
2	EMS	102326	8	79.00	Mar	Peters
4	Jr College	113342	14	78.93	Jan	Hill
7	Jr College	026334	13	78.92	Jan	Lanier
5	Fire Department	825301	15	78.87	Feb	Reed
8	Jr College	281334	6	78.83	Feb	Anderson
4	Jr College	113341	11	78.64	Jan	Hill
5	Jr College	845301	6	78.33	Jan	Wade
4	Jr College	123345	8	78.25	Jan	Brant
7	EMS	034335	8	78.13	Jan	Land
4	Jr College	053008	21	77.90	Feb	Stevens
1	Independent	892359	9	77.78	Jan	Partin
8	EMS	510333	15	77.53	Feb	Atwood
4	Jr College	103332	19	77.47	Jan	Gaines
2	Jr College	012333	5	76.60	Jan	Whitfield
2	EMS	032402	5	76.20	Mar	Mitchell
8	Jr College	281350	7	76.00	Feb	Anderson
7	EMS	135305	7	75.57	Mar	Clark
5	Independent	805301	9	75.44	Jan	Strachan
2	EMS	162347	19	75.32	Mar	Peters
1	Fire Department	012351	12	74.92	Jan	Seales
8	EMS	690337	15	74.67	Feb	Mitchell
1	Independent	602359	13	72.38	Jan	Sneed

## Emergency Medical Technician- Intermediate

Averages listed here are for 5 EMT-Intermediate classes with an average grade of 82.

REGION	SCHOOL TYPE	CLASS ID	CLASS SIZE	CLASS AVERAGE	EXAM	MONTH	COORDINATOR
2	EMS	121205	12	88.92	Feb	Brown	
5	Jr College	814203	6	88.00	Jan	Bradshaw	
4	Jr College	124306	10	83.60	Jan	Brant	
4	Jr College	124364	3	82.67	Jan	Brant	
4	Jr College	124304	11	77.18	Feb	Brant	

REGION	SCHOOL TYPE	CLASS ID	CLASS SIZE	EXAM AVERAGE	MONTH	COORDINATOR
8	Fire Department	510108	19	88.95	Feb	Mitchell
4	Jr College	054081	24	85.85	Mar	Hatch
8	Fire Department	520100	3	85.50	Mar	Carrion
5	Sr College	011101	39	84.94	Mar	Auerbach
4	Jr College	054005	11	84.73	Feb	Hatch
6	Sr College	011101	10	84.65	Feb	Garoni
1	Hospital	012105	14	84.57	Jan	Moshinskie
5	Independent	011103	5	84.00	Feb	Petty
4	Jr College	052124	8	83.56	Mar	Stevenson
4	Jr College	114208	12	83.54	Feb	Hill
2	Sr College	011104	10	83.50	Feb	Coker
6	Independent	351181	4	82.13	Jan	Naughton
3	Sr College	011185	7	81.00	Mar	Burchett
1	Hospital	012107	8	80.63	Feb	Moshinskie
2	Jr College	011105	8	80.19	Jan	Croy
1	Independent	602148	13	80.15	Feb	Sneed
4	Jr College	054374	6	79.50	Feb	Stevenson
5	Independent	011104	6	79.17	Jan	Petty
7	Hospital	044101	5	79.10	Feb	William
4	Jr College	124217	20	78.97	Jan	Brant
8	Jr College	510101	8	78.94	Mar	Gonzalez
2	Jr College	011104	6	78.25	Feb	Croy
4	Independent	444361	8	78.13	Mar	Gooley
1	EMS Service	162156	13	78.04	Mar	Haussecker
4	Jr College	114314	9	76.61	Mar	Hill
1	Independent	871199	6	76.00	Jan	Mras
3	EMS	382158	9	76.00	Mar	Roberts
3	Jr College	042170	6	75.00	Feb	Lewis
5	Hospital	403103	6	74.33	Jan	Clark
7	EMS	196107	4	72.50	Mar	Sypert

## Emergency Medical Technician-Paramedic

Averages listed here are for 31 EMT-Paramedic classes with an average grade of 82.

By Billy Sladek

# New laws on ambulance markings, CE, emergency districts affect local EMS

EMS bills that became law...

**House Bill 81**, by Bob Glaze, allows Texas Department of Health to transfer title to certain state property in the possession of an EMS provider to that provider. Governor Richards signed HB 81 on May 17, 1993, and the bill becomes effective on September 1, 1993.

**House Bill 84**, by Ted Kamel, requires the removal of emblems, markings, and equipment that identify an emergency vehicle upon transfer of the vehicle's ownership. Governor Richards signed HB 84 on

June 3, and the bill becomes effective on September 1, 1993.

**House Bill 241**, by Dan Kubiak, changes the EMS examination fee to an application fee and requires the Texas Board of Health to establish rules for continuing education programs and examinations of EMS personnel. Governor Richards signed HB 241 on May 23, 1993, its effective date.

**House Bill 394**, by Libby Linebarger, allows counties to hold elections to consider raising the emergency services district's maximum tax rate from two cents per \$100 of taxable value of property to three cents per \$100 of taxable value of property if any area in the emergency services district lies in a rural fire prevention district. Governor Richards signed HB 394 on May 26, 1993, the bill becomes effective on August 30, 1993.

**House Bill 895**, by Jim Solis, pro-

vides exemption from vehicle registration fees for certain vehicles owned or leased by nonprofit or government-operated EMS providers. Governor Richards signed HB 895 on May 17, 1993, and the bill becomes effective on August 30, 1993.

**House Bill 937**, by Ron Lewis, protects employees from termination if they leave work in response to disaster and allows for compensation and reinstatement should the employer violate this act. HB 937 exempts emergency personnel. Governor Richards signed HB 937 on June 17, 1993, and the bill becomes effective on August 30, 1993.

**House Bill 1824**, by Sherri Greenberg, establishes the conversion of a rural fire prevention district to an emergency services district in the rural fire prevention district code (Chapter 794 of the Health and Safety Code); repeals the conversion section in Chapter 775 of the Health and Safety Code; and emphasizes the legislative intent of converting a rural fire prevention district to an emergency services district. HB 1824 becomes effective on August 30, 1993.

**House Bill 2385**, by Leticia Van de Putte, establishes an Emergency Medical Services for Children Program in the Texas Department of Health and supports pediatric emergency system integration. This law sets up a seven-member advisory committee with liaison members to Texas EMS Advisory Council and Trauma Technical Advisory Committee. Texas Board of Health receives authority from HB 2385 to implement a pediatric emergency

*This listing includes many of the EMS-related bills tracked by the Bureau of Emergency Management during the 73rd Regular Session of the Texas Legislature. On June 20, Governor Richards signed into law 255 bills affecting and protecting many areas of our lives.*



medical system based on recommended rules from the EMS-C Advisory Committee. Governor Richards signed HB 2385 on June 3, 1993, and the bill becomes effective on August 30, 1993.

**Senate Bill 184**, by Gonzalo Barrientos, removes transfer service exemption for air ambulances from the EMS Act and requires air services that advertise as ambulances to have a Texas Department of Health EMS provider license. Governor Richards signed SB 184 on June 2, 1993, and the bill becomes effective on September 1, 1993.

**Senate Bill 473**, by Royce West relates to training for persons licensed by the Commission on Law Enforcement Officer Standards and Education. Governor Richards signed SB 473 on June 19, 1993, and the bill becomes effective on September 1, 1993.

**Senate Bill 773**, by John Whitmire, funds up to seven poison control centers and gives coordination responsibilities to Texas Department of Health and State Advisory Commission on Emergency Communications. SB 773 outlines poison center activities, indemnifies poison centers and employees, and establishes an advisory committee. Governor Richards signed SB 773 on June 15, 1993, and the bill becomes effective on September 1, 1993.

**Senate Bill 1229**, by Don Henderson, specifies the reporting and audit requirements for emergency services districts and rural fire prevention districts, and outlines the procedure to convert from a rural fire prevention district to an emergency services district. Governor Richards signed SB 1229 on May 19, 1993, and the bill becomes effective on September 1, 1993.

And bills that didn't become law...

**House Bill 219** by Dan Kubiak would have added EMS personnel to current law that provides financial assistance to surviving dependents of certain personnel who die on duty.

**House Bill 342** by Dan Kubiak would have limited liability for volunteer fire departments.

**House Bill 405** by Ted Kamel would have funded trauma care through an Indigent Emergency and Trauma Care Fund.

**House Bill 592** by Jack Harris would have expanded Good Samaritan coverage.

**House Bill 907** by Roberto Gutierrez would have given EMS contractors the same liability limits as their governmental contracting agency.

**House Bill 1035** by Keith Oakley would have amended legislation on emergency vehicle lights.

**House Bill 1100** by Robert Gutierrez would have exempted EMS personnel from damages relating to patient care.

**House Bill 1667** by Sergio Munoz had the same content as HB 907.

**House Bill 1862** by Robert Saunders,

would have required state agencies to renew certificates, licenses, registrations, and permits without requiring an examination. Governor Richards vetoed HB 1862 on June 19, 1993.

**House Bill 1885** by Leticia Van de Putte would have designated six regional poison control centers. SB 773 was passed in lieu of HB 1885.

**House Bill 1928** by Peggy Hamric would have specified reporting and audit requirements for emergency services districts.

**House Bill 2776** by Billy Clemons would have funded trauma systems with a \$1 fee added to driver's licenses.

**Senate Bill 669** by Gonzalo Barrientos would have made certain audit requirements of rural fire prevention districts and emergency services districts.

**Senate Bill 919** by Eddie Lucio would have exempted nonprofit or governmental EMS providers from vehicle registration fees. HB 895 was passed in lieu of SB 919.

**Senate Bill 1263** by Judith Zaffirini would have established an EMS for Children program. HB 2385 was passed in lieu of SB 1263.

Billy Sladek, the Bureau's staff services director, tracked some 127 bills during the most recent session of the Texas Legislature. In his six years in EMS, Sladek has tracked bills during 2 sessions, both regular and special.

# Did you read... By Paul Tabor, EMT-P

A precedent-setting federal ruling recently upheld the right of the National Registry of EMTs (NREMT) to cancel a passing score when evidence exists that a candidate memorized test questions while taking the exam earlier.

Recently there was a fatality involving a firefighter who was charging a Luxfer DOT-E 7235 4500 PSI hoop-wrapped aluminum cylinder according to a report to the National Institute for Occupational Safety and Health.

**A** precedent-setting federal ruling recently upheld the right of the National Registry of EMTs (NREMT) to cancel a passing score when evidence exists that a candidate memorized test questions while taking the exam earlier. Ruling in the case of *Grace MacKenzie v. The National Registry of Emergency Medical Technicians et al*, U.S. District Judge James L. Graham wrote: "The plaintiff's effort to reconstruct the examination was a violation of the oral instructions she received at her first examination, at which time she was told that she must not copy any material from the examination or make recordings of the examination."

Ohio paramedic Grace MacKenzie formed a study group with four fellow students after she twice failed the NREMT paramedic examination. Group members used their collective memory to reconstruct and look up the answers to 118 of the 150 questions on the NREMT exam.

"We think the decision sets a precedent, not only for EMS but for all certification and licensing exams," said NREMT Executive Director William E. Brown. "A federal judge has ruled that it's illegal behavior to memorize test questions, go out of the room and write them down and share them with others. It compromises the purpose of the exam."

*JEMS, "Inside EMS," Marion Angell Garza, February, 1993.*

**T**he National Institute for Occupational Safety and Health (NIOSH) was recently informed of a fatality involving a firefighter who was charging a Luxfer DOT-E 7235 4500 PSI hoop-wrapped aluminum cylinder.

One other failure has occurred with this type of cylinder. As a result of this failure, the DOT/Research and Special Programs Administration issued a notice requiring a neck reinforcing ring to be added to both newly-produced and field-deployed cylinders since October 1, 1985.

It is recommended by NIOSH that users of Luxfer DOT-E 7235 4500 PSI cylinders immediately inspect all such cylinders and remove from service any cylinders that meet any one or more of the following criteria:

1. A steel neck reinforcing ring is not present.
2. The service life (15 years from date of manufacture) has expired.
3. A current hydrostatic test date is not stamped on the cylinder neck. Each DOT-E 7235 4500 PSI cylinder must be hydrostatically retested every three years in accordance with requirements of the Code of Federal Regulations, Title 49, Part 173.34(e).

*"Notice to Respirator Users," Department of Health & Human Services, Public Health Service, Centers for Disease Control, National Institute for Occupational Safety and Health—ALOSH, 944 Chestnut Ridge Road, Morgantown, WV 26505-2888.*

**T**exas accounted for the largest share of U.S. hospitals cited by federal authorities for "dumping" undesirable patients, a consumer advocacy group said. Since patient dumping was outlawed by Congress in 1986, nearly one-quarter of the 268 hospitals found to have engaged in the practice were in Texas, Public Citizen's Health Research Group said. Federal health

Citations used with permission.

regulators found 82 patient-dumping violations at 68 Texas hospitals through the end of 1992, according to Department of Health and Human Services records analyzed by Public Citizen.

*Austin American-Statesman, "Texas worst violator of patient-dumping law, group says," page A16, Friday, May 21, 1993.*

**T**he nation's factories reported releasing 3.38 billion pounds of toxic chemicals into the environment in 1991, down 9 percent from the previous year, the government said. The 1991 data, the most recent data available, showed the states with the most toxic releases were Louisiana, Texas, Tennessee, Ohio, and Indiana. Texas industrial facilities released more than 410 million tons of toxic chemicals in 1991, the EPA said, less than worst-ranked Louisiana's 458 million tons but far more than third-worst Tennessee's 215 million tons.

*Austin American-Statesman, "EPA: U.S. factories reduced toxic chemical releases in '91," page A8, Wednesday, May 26, 1993.*

**A** recent study suggests that advanced life support (ALS) care offers potentially significant survival advantages to trauma victims. The value of ALS training in the prehospital care of cardiac arrest patients has been well documented. Similar data "supporting a positive impact of ALS care in trauma patients is lacking."

This study was designed to determine if the county per capita trauma death rates were associated with the level of EMT training. Authors used the North Carolina EMS system to investigate traumatic deaths in the years 1986 to 1988. When all possible confounding variables were taken into consideration, "ALS versus BLS was the single most significant independent predictor of county death rates."

The authors note that these results do not necessarily oppose scoop-and-run treatment of injured patients. They suggest however, that "in addition to rapid transport, ALS training may improve patient outcome after injury." The authors do not compare rural ALS with urban ALS, stating that "it would not get directly to the question of transport time." Additionally, the investigators note that their findings do not identify which aspects of an ALS program might be responsible for decreasing trauma death rates.

Comments on the above study stated that it seemed relatively clear that the presence of ALS-trained rescuers was independently associated with a better outcome. The unanswered question is: why? The challenge, then, is to identify the aspects of prehospital care that improve outcome so that they may be implemented on a widespread basis.

*ACLS Alert, "Advanced life support training decreases trauma deaths," page 53, Volume 6, Number 4, American Health Consultants, Inc., Publisher.*

**H**ear attack patients were about five times as likely to die within six months of leaving the hospital if they were severely depressed after their attack than if they were not, a study found. About one in five hospitalized heart attack patients is significantly depressed after the attack, and the new result argues for treating their mood disorder, said researcher Dr. Francois Lesperance. It is not clear just how depression raises the short-term death risk, but it may involve both biological and behavioral effects, said Lesperance, a psychiatrist at the University of Montreal and the Montreal Heart Institute.

*Austin American-Statesman, "Depression after heart attacks adds to death risk," page A27, Thursday, May 27, 1993.*

Louisiana, Texas, Tennessee, Ohio, and Indiana ranked highest for releasing toxic chemicals into the environment in 1991. Louisiana ranked highest with 458 million toxic tons.

A recent study suggests that advanced life support (ALS) care offers potentially significant survival advantages to trauma victims.

Heart attack patients were about five times as likely to die within six months of leaving the hospital if they were severely depressed after their attack than if they were not, a study found.

Every public safety agency in California is served by Enhanced 9-1-1—providing emergency dispatchers with the telephone number and the address of the calling party. The seamless E9-1-1 system is financed through a small surcharge (about 13 cents) on every monthly phone bill.

**M**ethodist Medical Center in Dallas is embarking on a new and innovative treatment program for patients suffering from nonhemorrhagic strokes. These patients will be treated with the thrombolytic drug t-PA. In the past, any history of stroke was a contraindication for the administration of t-PA to patients suffering from acute myocardial infarction. The results from studies conducted around the country on the use of t-PA in stroke patients show many to have experienced complete reversal of all neurological deficits.

The EMS Resources Department at Methodist Medical Center of Dallas is in the process of re-educating prehospital providers in the treatment of stroke patients. They are now encouraging the use of the term "brain attack" instead of stroke or CVA.

Dr. Kenneth Pool, medical director of the Neuroscience Center at Methodist Hospital, stresses that recent medical efforts have produced new treatments for stroke patients. Pool notes that giving sugar appears to be counter-productive, so obtaining a history in the field becomes very important. He also advocates the use of Ringer's for suspected stroke patients and feels there is a 240-minute time frame from onset of symptoms to beginning treatment if we are to effect a positive outcome.

For further information, contact Karen Yates, RN, EMS Resources Supervisor, at 214/944-8411.

*Region 5 EMS Adviser, "Brain Attack, It's Not Just a Stroke Anymore," April, 1993.*

**R**onald Reagan was California governor in 1972 when he signed the law requiring basic 9-1-1 services in that state by 1985. Now only a few years later, every public safety agency in California is served by Enhanced 9-1-1—providing emergency dispatchers

with the telephone number and the address of the calling party. California joins Delaware, Rhode Island, Maryland, and Minnesota with seamless E9-1-1 coverage. The E9-1-1 system is financed through a small surcharge (about 13 cents) on every monthly phone bill.

*9-1-1 Magazine, "Corporate News," March/April, 1993.*

**T**he American Ambulance Association's *Infection Control Public Service Announcement* is a public information tool for all ambulance services. The 30-second video public service announcement focuses on the reasons that health care workers, and specifically ambulance service workers, must wear protective gear, such as gloves and masks, to prevent the transmission of infectious diseases to both patients and employees. The public service announcement is a great way to gain visibility for your company and to educate the public about an important health care topic.

Call the American Ambulance Association at (916) 483-3827 to place your order by phone or to get an order form. Please specify either VHS or Broadcast Beta format. AAA Member: \$15.00 each. Non-Member: \$25.00 each. Add \$5 shipping.

*Ambulance Industry Journal, March/April 1993.*

**Y**our local elementary school wants an EMT to come speak about EMS and safety. What will you do? You could show the National SafeKids videotape, "The Kids' Safety Quiz." Best for third and fourth graders (although some second and fifth graders might benefit, too), the video uses a game-show format to cover dozens of safety rules, from smart bicycling to proper response to emergencies. And, the game-show host is a wise-cracking robot who whisks the contestants into another dimension to

test their safety knowledge.

The video is thirty-three minutes long. "The Kids Safety Quiz" costs \$50 from the National SafeKids Campaign, 111 Michigan Avenue, Washington, DC 20010. The purchase includes an instructional guide and sample SafeKids literature.

*The Florida EMS Newsletter, "Ready-Made Prevention Talk for Elementary Schools," Jim Pollard, Spring 1993.*

**T**he National Highway Traffic Safety Administration recently released its innovative *National Standard Curriculum For Bystander Care*. The curriculum rejects traditional classroom-based methods of teaching first aid in favor of a simplified, multi-media approach of informing citizens on how to save lives at the scene of motor vehicle crashes. At its heart, the curriculum outlines for bystanders "six simple steps for saving lives": recognizing the emergency, deciding to help, contacting EMS, preventing further injuries, assessing the victim, and providing life-sustaining care, if needed. Target audiences include adults and children down to primary grades and persons frequently on the highways, such as truck drivers.

For additional information or to receive your own copy, contact John Chew, EMS Division, NTS-2, Traffic Safety Programs, NHTSA, 400 Seventh Street SW, Washington, DC 20590 or call (202) 366-5440.

*The Florida EMS Newsletter, "National Standard Curriculum for Bystander Care," Jim Pollard, Spring 1993.*

**A**mong the 96 million cyclists in the United States, approximately 950 fatalities and 580,000 emergency department visits occur annually as a result of bicycle injuries. Approximately 62 percent of these deaths and 32 percent of the injuries involve head trauma. Helmets are effective in reducing head injuries: the estimated risk for

head injuries among persons not using helmets is 3.0-6.7 times greater than that among persons using helmets. However, fewer than 2 percent of U.S. children and fewer than 10 percent of all U.S. bicyclists wear helmets.

*Morbidity And Mortality Weekly Report, "Bicycle Helmet Promotion Programs—Canada, Australia, and United States," Volume 42, Number 11, March 26, 1993.*

**S**oftball and baseball are among the most frequent causes of sports-related emergency department visits in the United States, accounting for an estimated 321,000 injuries in 1989. Approximately 71 percent of softball-related injuries are caused by sliding. This report summarizes the findings of a study on the impact of breakaway base use on sliding injuries among college and professional minor league baseball players.

The findings in this report suggest that breakaway bases decrease the risk and severity of sliding injuries. The potential public health impact of increased use of breakaway bases is important: In the United States, 712 college and 168 minor league teams compete in organized baseball. In addition, an estimated 40 million adults participate in organized softball leagues that play approximately 23 million games per year.

Most base-sliding injuries result from judgment errors of the runners, poor sliding technique, poor timing, or inadequate physical conditioning. Breakaway bases are a passive intervention that modifies the outcome of these factors. The quick-release feature of the breakaway bases decreases the impact load generated against the athlete's limb and subsequent trauma.

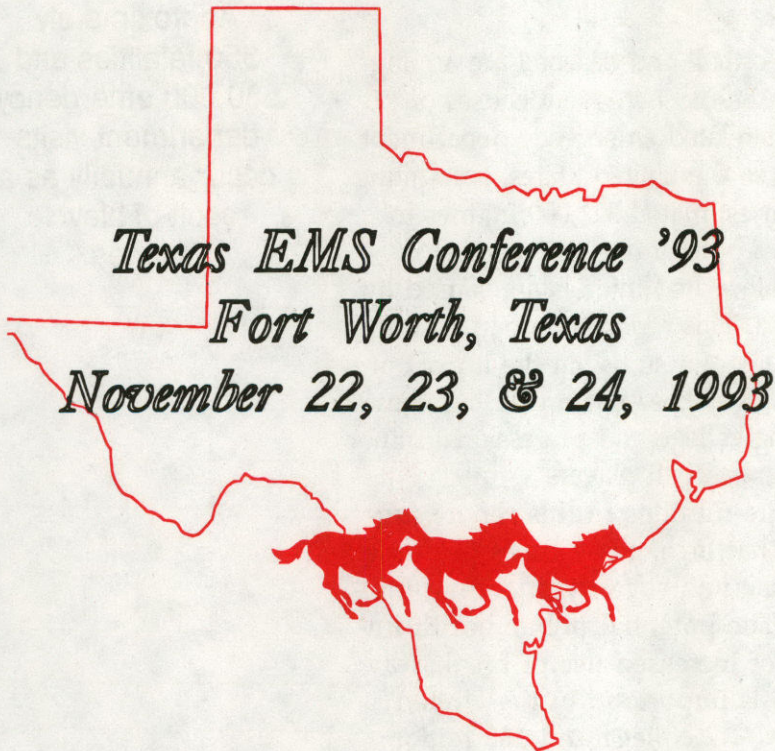
*Morbidity And Mortality Weekly Report, "Sliding-Associated Injuries in College and Professional Baseball—1990-1991," Volume 42, Number 12, April 2, 1993.*

Approximately 950 fatalities and 580,000 emergency department visits occur annually as a result of bicycle injuries.

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# TEXAS EMS CONFERENCE '93

-- The National EMS Conference of Texas  
November 22, 23, and 24, 1993



*et ready now, because as they say in Texas, we're fixing to move the conference. In November we'll be going to the north Texas home of cowboys and culture — Fort Worth.*

Texas EMS Conference '93, the eighth annual EMS educational meeting sponsored by Texas Department of Health, takes on a national flavor as we move north to Texas' transportation hub and the heaviest population



**EXHIBITORS**

1993 Texas EMS Conference Exhibitor Registration Form Make check to: **Texas Health Foundation**  
Mail to: **Texas EMS Conference '93**  
P.O. Box 26399  
Austin, Texas 78755-0399  
*Call Jan Brizendine at (512) 834-6740 for exhibitor details.*

Firm Name \_\_\_\_\_ \$450 through 11/1/93  
 Representative's Name \_\_\_\_\_ \$550 after 11/1/93  
 \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Enclosed \$ \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Type of business/products \_\_\_\_\_  
 How many booths? \_\_\_\_\_ Ambulance space? \_\_\_\_\_ Electrical power? \_\_\_\_\_

**Exhibit Setup** *November 21 Sunday*  
 10:00 am - 12:00 pm Vehicle move-in  
 12:00 pm - 5:00 pm Booth set-up  
 6:00 pm - 8:00 pm Exhibits Open

**Exhibit Tear-down** *November 23 Tuesday*  
 7:30 pm Tear-down  
 9:00 pm Exhibit Hall Closed

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November 22-24, 1993, Fort Worth, Texas — it's the EMS place to be. Join us again for outstanding education in luxurious surroundings at an affordable price. - Alana S. Mallard

Use these coupons to register now at the special conference rate for 1993. Call (512) 834-6740 for information about the conference. Read the Texas EMS Magazine for complete information about Texas EMS Conference '93 activities.

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Mail to: Texas EMS Conference '93  
PO Box 26399  
Austin, Texas 78755-0399

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Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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M

# Tips for Writing a Successful Proposal or Request for Funding

*It's almost time, so you'd better sharpen those pencils and get ready to complete your request for funding from the Texas Department of Health, EMS Local Projects.*

By Rhonda Blackmore

There are basic rules about asking for money:

1. Proposal writing is a sales job. Anytime you approach a funding source, you are selling your organization, your project and yourself. For the most part, this sales job must be done in writing.
2. Funding sources want to give money away! These sources will usually award funds to organizations that are best able to sell their project as being necessary.

The most difficult part of writing a successful proposal is to make sure you are telling the funding

source the information they need to know to decide that they want to give you money. You have to know what types of projects the source wants to fund, and what, if any, priorities the source has. Who do they most want to give the money to and for what? You can usually get this information from the application materials provided by the funding source or by calling the primary contact. If the information is unclear, you should ask as many questions as necessary to make the information understandable to you.

As you prepare to write a proposal, you'll need a few basic pieces of information. Make information-gathering a team effort with each part assigned to a member of the organization. Use the list below as a guideline.

1. Know your organization—



type of organization, primary reason for existence, how long it has been around, nonprofit status, background and qualifications of officers.

2. **Know your service area**—square miles, population, average age, access to health care, physicians, hospitals, clinics, average income.

3. **Know the problem in your community**—what is the problem in the area, how can the problem be fixed, who is the best person or organization to be responsible for fixing the problem, are they willing to participate?

4. **Know the project**—what will the project be, who will be responsible for overseeing the project and what are their qualifications, how will the project be implemented, will the project continue once the original funding is finished?

5. **Know the cost of the project**—how much will the project cost, how is the cost determined, what are the local financial resources available, or what exactly will the funds you are requesting be spent on?

6. **Know how to evaluate the project**—how will you determine

that the project was successful, who will be responsible for the evaluation?

You should make every effort to put the information together in the format suggested by the organization. Use a typewriter, or a computer if possible, so that the information can be easily read. This will allow you to make corrections easily. If allowed or requested, submit supporting documentation (e.g., letters of support, organizational charts, proof of nonprofit status). In order for this to be effective, make sure those people really know and understand your request. They may be called to provide additional information.

Send the application materials to the funding source, sit back and think positive. You may soon be notified that you have written a successful proposal!

Rhonda Blackmore, GN, EMT-P, is the Local Projects Grant Manager.

To receive a grant application kit, complete this coupon and return to:

**Applications due August 31**

Organization \_\_\_\_\_

Type of Organization \_\_\_\_\_  
(EMS, VFD, FD, Hospital)

Name \_\_\_\_\_  
(Person Requesting Application)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (Area code/number) \_\_\_\_\_

EMS Local Projects  
Bureau of Emergency  
Management  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199

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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) 834-6740.

\* **Culpepper, Harold**, La Porte, Texas. Denial of certification. EMS rule 157.44(b)(1), criminal history.

**Eubanks, Nancy A.**, Dickinson, Texas. Six months probation of EMS Course Coordinator certification through October 5, 1993. EMS rule 157.64(a)(1)(D), falsification of course completion certificate documents.

**Flesher Ambulance Service**, Van Alstyne, Texas. Eighteen months probation of suspension of provider license through September 10, 1993. Violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

**Grace, Joe W.**, Galveston, Texas. Denial of certification. EMS rule 157.44, felony conviction.

**Hilton, Scott**, Beaumont, Texas. Six months probation of EMT certification through September 30, 1993. EMS rule 157.51(a)(4)(I) and (T), falsification of application for certification.

**Hughes Springs Volunteer Ambulance Service**, Hughes Springs, Texas. Twelve months probation of emergency medical services provider license through November 1, 1993. Health and Safety Code, Chapter 773.050, failure to staff EMS vehicle with at least two certified personnel.

\* **LaCour, Sylvester J.**, Laredo, Texas. Emergency suspension of EMT certification. EMS rule 157.51(v), obtaining or attempting to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course and scope of employment as EMS certificant.

\* **Massey, Donna Rae**, Huntsville, Texas. Emergency suspension of EMT-P certification. EMS rule 157.51(a)(1), failure to pass skills test and retest.

\* **Moss, Andre**, Fort Worth, Texas. Denial of certification. EMS rule 157.44(b)(1), criminal history.

\* **Owen, David E.**, Brownsville, Texas. Suspension of EMT certification for one year through June 5, 1994. EMS rule 157.51(a)(4)(s), violating a rule or standard that would jeopardize the health or safety of a patient.

\* **Rasco, James D.**, Leakey, Texas. Denial of EMT certification. EMS rule 157.44, criminal history.

**Repp, Pamela**, Dickinson, Texas. Suspension of EMT certification through September 30, 1993. EMS rule 157.53(a)(3) and (6), felony conviction while certified and falsifying the application for certification.

\* **Sanders, James Ricky**, Corrigan, Texas. Suspension of EMT certification for one year through June 10, 1994. EMS rule 157.51(a)(2)(A), failing to follow the EMS standards of care in management of patient and/or (D), performing advanced level of treatment without medical direction or supervision.

\* **Schleiper, Mark Alan**, Alamo, Texas. Suspension of EMT-P certification for one year through June 5, 1994. EMS rule 157.51(a)(4)(s), violating a rule or standard that would jeopardize the health or safety of a patient.

**Sjolander, Chad M.**, Georgetown, Texas. Cancellation of EMT certification. EMS rule 157.51(a)(4)(J), felony conviction while certified.

**Sorrells, Jerry**, Breckenridge, Texas. Twenty-four months probation of provider license through January 12, 1995. Health and Safety Code, Chapter 773.050, failure to staff emergency vehicle with at least two certified personnel.

**Stewart, Andrew A.**, San Antonio, Texas. Eighteen months probation of EMT-Intermediate certification through May 21, 1994. EMS rule 157.51, mis-

\*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.

demeanor convictions while certified.

**Sullivan, Terrance Joseph**, Austin, Texas. Cancellation of EMT-Paramedic certification. EMS rule 157.51(a)(2)(U), EMS certificate or license suspended or revoked in another state.

\* **Tippie, Candice**, Jacksboro, Texas. Twelve months probation of EMS course coordinator certification through April 5, 1994. EMS rule 157.64(a)(1)(D), falsification of course completion document and/or (H) failure to maintain the integrity of the course.

\* **Urrutia, Sergio A.**, Dumas, Texas. Cancellation of EMT certification. EMS rule 157.51(4)(J), conviction of felony while certified.

**Wood, James**, Grandview, Texas. Suspension of EMT-Paramedic certification. EMS rule 157.51(a)(2)(A) and (B), failure to follow EMS standards of care and failure to follow physician protocol.

**Wooten, Sydney L.**, Adkins, Texas. Revocation of EMS course coordinator and examiner certification. EMS rule 157.64(a)(1)(D), falsification of course completion documents, and (c), skills examination standards.

**Wright, Gilbert**, Olney, Texas. Twenty-four months probation of EMT certification through October 1, 1994. EMS rule 157.51(s), violating any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient.

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## How does an EMT become an EMS educator?

### Commonly Overlooked Facts

**Coordinators** A coordinator must have been a certified instructor for at least one year prior to applying for coordinator status.

**Instructors** A TDH instructor course may be waived if another recognized educational program which addressed adult learning methodology was completed. Examples: TCLEOSE Instructor Course, Commission on Fire Protection Methods of Teaching Course, State Teacher's Certification.

**Examiners** Examiners must pass written exam and receive a letter of acknowledgment before being eligible for skills examination evaluation.

APPLICATION PROCEDURES FOR COORDINATOR, instructor or examiner (CIE) certification differ a little from those required for other levels of EMS certification. Since we get a lot of questions on this topic, we decided it may be helpful to explain some of the finer details.

**Apply Before Entering Course** Unlike ECA, EMT, EMT-I, and EMT-P candidates, CIE candidates should apply in advance of enrolling in a course. If you cannot meet the certification requirements it would be nice to find out before rather than after spending time and money on a course. You may get an application from your regional office, but you should send it directly to the central office in Austin for processing.

**Dual Application and Fees** Only one application and one fee are necessary if you apply for coordinator/examiner or instructor/examiner certification on the same form. If you do not charge or accept compensation for practicing as a coordinator, instructor, or examiner you are exempt from paying application fees.

**Mean Score Requirement for Initial Coordinators and Instructors** Although mean score achievement is no longer required for recertifying candidates, it is still in effect for initial coordinators and instructors.

You must meet the mean score on your most recent EMT, EMT-I, or EMT-P exam to be eligible to initially certify as a coordinator or instructor.

**Endorsement and Sponsorship** For initial coordinator certification you must include a letter from the EMS entity which will sponsor the EMS training, along with letters of intent from potential hospital and ambulance internship sites. Coordinators must include a letter of intent from a potential medical director if you intend to coordinate advanced courses. Initial instructors must list the EMS training entity for which they will instruct.

**High School Diploma or GED** Coordinators and instructors must have graduated from an accredited high school or received a GED.

**Passing Ratios, Instructor Hours, and Skills Examinations Conducted** Once you have become a coordinator, instructor, or examiner you must keep track of certain information. To recertify as a coordinator you must show that at least 80 percent of your students pass their certification exams. As a recertifying instructor, you must show that you have taught at least 16 hours during your two-year certification period. Examiners must conduct and record a minimum of 20 examinations during their certification period to be eligible to recertify.

Update . . . Update . . . Update . . . Update . . . Update . . . Update . . . Update

**Instructor Courses Must Include Full 40 Hours in Classroom** Candidates in EMS instructor courses have previously been allowed to complete many of the 40 required hours outside of the classroom as precourse work. This allowance no longer applies. Only courses that incorporate all 40 hours of instruction within the classroom will be approved.

**TAEMT Voting:** At the recent legislative session, HB 241 was introduced by Kubiak. This bill did a couple of things, one of which did away with recertification testing at the state level. Nurses, doctors, and even licensed pest control people do not have to continue retesting. As an educator, I feel that the initial test is valid and useful, but recertification testing at the state level is a waste.

As the elected president of Texas Association of EMTs, I fully and without question supported HB 241. I state this from a personal view and also from reading input from the TAEMT member survey on licensure. This is what you TAEMT members told me you wanted and this information was passed on to the TAEMT Board of Directors. As president, I feel that your opinion comes first. Had I not personally been in support of 241, I knew that you, the membership, did support it and I would have still supported the bill out of duty.

Your elected Board of Directors do not apparently feel the same way. At a recent Board of Directors meeting in Austin, a motion by Treasurer Carl Voskamp stated that "TAEMT oppose this bill by lobbying against it." To my dismay, this motion passed. So, membership, I feel that your views are not being recognized at the TAEMT executive level.

The bright side of this issue is that we are involved. Doctors, EMTs, providers, and firefighters have been battling it out during this legislative ses-

sion. I remember when things just happened to us. Today, we make things happen. There are many opportunities coming up to you and I challenge you to take advantage of them. There will be other legislative sessions and we will be there. At the TDH conference in November we will be electing new Board Members.

*Sherrie C. Wilson, EMT-P, Dallas  
President, Texas Association of  
EMTs*

**Feedback, please:** HI-Tech Ambulance is soliciting information for a course of programmed instruction being

developed for nurse continuing education credit.

This instruction will emphasize the nursing skills necessary for working with ambulance crews to insure ongoing patient care is not interrupted during patient transfers.

Information is needed to help identify the need and scope of this instruction. EMS organizations that routinely conduct patient transfers are asked to submit comments outlining recurring problems and suggestions to me at P.O. Box 301030, Houston, Texas 77230.

*Jim Becka  
Houston*

## Emergency Medical Dispatch Update

The members of the Bureau's Communication Task Force report themselves on track in developing the Emergency Medical Dispatch (EMD) Program for Texas. This committee will make recommendations about the EMD Program and will guide the Bureau's System Development Program towards the goal of statewide implementation of EMD.

We reported erroneously in the April issue of *Texas EMS Magazine* that the Bureau began negotiating for use rights to the APCO card EMD system. In fact, the Bureau and the task force have examined emergency

medical dispatch products marketed by several firms. Our review will help us determine whether we need to make modifications to existing products for additional instructions in remote areas with delayed EMS responses. Additionally, the task force will make recommendations about those emergencies that require additional instructions.

You can apply for one of the slots in the Bureau's EMD Instructor Course scheduled for July by contacting Mike Polk at (512) 834-6740, extension 2358, and submitting a short, one-page biographical information sheet.

# Calendar

## Meetings

August 6, 1993. **Quality Management Class.** Public Health Region 2 Office, 1109 Kemper, Lubbock. \$25. Rhonda Blackmore 512/834-6740.

August 6-8, 1993. **Basic Water Rescue Preparedness Course.** \$100. Vicky Smith, UTHSC-San Antonio, 210/614-6074.

August 7, 1993. **Quality Management Class.** West TX A&M Univ., Police Dept. classroom, Canyon. \$25. Rhonda Blackmore 512/834-6740.

August 13, 1993. **Grants Management Class.** Bryan, TX. \$25. Rhonda Blackmore, Texas Dept. of Health. 512/834-6740.

August 14, 1993. **Quality Management Class.** Bryan, TX. \$25. Rhonda Blackmore, Texas Dept. of Health. 512/834-6740.

August 14, 1993. **A "Family Day" for EMS, fire and police personnel.** Canyon, TX. Bring your family and enjoy a cook-out (food provided by Aero Care). Softball, volleyball, horseshoes and a golf scramble. Contact Maridel at the West Texas State University Police Dept., PO Box 295, Canyon, TX 79016 or call 806/656-2302.

August 16-21, 1993. **Wilderness EMT Course.** Texas Tech University Center. 48-hour program leading to certification as Wilderness EMT. \$360. \$160 housing and meals. Contact EMS Program, Texas Tech University Health Science Cntr., 3601 Fourth St., Lubbock, TX 79430 or 806/743-3218.

August 21, 1993. **Third Annual Deaf Smith General Hospital/Hereford Golf Tournament,** to benefit Hereford EMS. Pittman Municipal Golf Course in Hereford. Tee times begin at 8:30am. \$45. 806/364-2141, ext. 128 or ext. 121.

August 22-26, 1993. **Team Rescue Conference and Exposition.** Radisson Hotel Virginia Beach. Virginia Beach, VA. For fire chiefs, rescue squad members, industrial rescue personnel plus paramedics and EMTs involved in technical rescue. Contact JEMS Conference Division at 1-800-266-JEMS.

August 22-27, 1993. **Interagency Emergency Communications Instructors Course,** Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

August 28, 1993. **Train The Trainer**

**Workshop.** Meeting OSHA's training requirements for occupational exposure to bloodborne pathogens. Austin, TX. 512/837-6983.

September 10-12, 1993. **Vertical Rescue Technician, Level 1.** \$100. Vicky Smith, UTHSC-San Antonio, 210/614-6074.

September 11, 1993. **Quality Management Class.** Crosby, TX. \$25. Rhonda Blackmore, Texas Dept. of Health. 512/834-6740.

September 13, 1993-February 4, 1994. **Formal Paramedic Course at Houston Community College.** Houston, TX. HCCS-Southeast. Contact George Hatch or Vicki May. 713/641-9645.

September 13-November 3, 1993. **EMT Intermediate Course at Houston Community College.** Houston, TX. HCCS-Southeast. Contact George Hatch or Vicki May. 713/641-9645.

September 13-17, 1993. **Rescue I-Basic Confined Space/Structural Rescue.** Beaumont, TX. 40 hours. \$425. Roco 1-800-647-7626.

September 18-19, 1993. **Pediatric Pre-hospital Provider Course.** Course level - Fundamental. Victoria College, contact S. Bolleter 512/572-6447.

September 18-19, 1993. **Mass Casualty Incident Management Seminar.** 512/837-6983.

September 19-24, 1993. **Interagency Emergency Communications Instructors Course,** Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

September 21-22, 1993. **Basic CISD Training.** 16 hours. 8:00-5:00, Austin Convention Center, Austin, TX. Instructors: Cameron Brown and Joan Lanning, Ph.D. \$100, includes continental breakfast, lunch, parking and handouts. Sponsors: Austin EMS and Central Texas CISM. For more information call 512/398-7320 or 512/392-2295.

September 24-25, 1993. **Ninth Annual Tri-State Trauma Symposium.** Amarillo, Texas. \$75. 806/354-6086.

September 23-25, 1993. **10th Anniversary Congress, Trauma Heroes.** West Edmonton Mall, Fantasyland Hotel. Edmonton, Canada. 1-800-264-2857.

September 27-October 1, 1993. **Rescue III-Advanced Team Development.** Beaumont, TX. 40 hours. \$525. Roco 1-800-647-7626.

September 28-30, 1993. **HazMat Southwest.** Dallas, Tx. The environmental management and technology conference. 708/469-3373.

September 30, 1993. **Caregiver, Caretaker.** \$45. Co-sponsor: Area Health Education Center Southwest. Texarkana College. 903/838-4541 ext. 382.

October 3-8, 1993. **Interagency Emergency Communications Instructors Course,** Austin, TX. Contact Vander Phelps, Advisory Commission on State Emergency Communications, at 512/327-1911.

October 7, 1993. **Mental Health and Aging.** \$40. Texarkana College. 903/838-4541 ext. 382.

October 7-9, 1993. **Vertical Rescue Technician, Level II.** \$125. Vicky Smith, UTHSC-San Antonio, 210/614-6074.

October 8, 1993. **Legal Concepts Update.** \$15. Texarkana College. 903/838-4541 ext. 382.

October 13, 1993. **AIDS Update.** \$15. Co-sponsor: Texas Dept. of Mental Health & Mental Retardation. Texarkana College. 903/838-4541 ext. 382.

October 14, 1993. **AIDS Training for Drug and Alcohol Abuse Counselors.** \$25. Co-sponsor: Texas Dept. of Mental Health & Mental Retardation. Texarkana College. 903/838-4541 ext. 382.

October 21-23, 1993. **Pediatric Pre-hospital Provider Course.** Course level - Advanced. Houston-Northwest College. Contact D. Stevenson/H. Bennett at 713/492-0825.

October 22, 1993. **Death and Dying.** \$45. Co-sponsor: Heritage Care Group. Texarkana College. 903/838-4541 ext. 382.

October 23, 1993. **Ethics and Cultural Awareness.** \$35. Texarkana College. 903/838-4541 ext. 382.

October 23-24, 1993. **Pediatric Pre-hospital Provider Course.** Course level - Fund./Adv. Dallas-Metrocrest Medical Services. Contact A. Stadthagen at 214/484-1158.

October 25, 1993-February 4, 1994. **Paramedic Completion Course at Houston Community College.** Houston, TX. HCCS-Southeast. Contact George Hatch or Vicki May. 713/641-9645.

October 26-31, 1993. **National Association of EMTs Annual Educational Conference.** Cervantes St. Louis Convention Center. Contact JEMS Conference Division at 1-800-266-JEMS.

October 27-31, 1993. **Emergency Vehi-**

# Calendar

**cle and Fleet Management Conference and Exposition.** St. Louis, Missouri. Contact JEMS Conference Division at 1-800-266-JEMS.

November 1-5, 1993. **Rescue I-Basic Confined Space/Structural Rescue.** Beaumont, TX. 40 hours. \$425. Roco 1-800-647-7626.

November 12-14, 1993. **Intro to Confined Space.** Vicky Smith, UTHSC-San Antonio, 210/614-6074.

November 16-18, 1993. **HazNat West/Fall '93.** Long Beach Convention Center, CA. 708/469-3373.

November 19, 1993. **Caring for the Cognitively Impaired Patient.** \$35. Co-sponsor: Heritage Care Group. Texarkana College. 903/838-4541 ext. 382.

November 22-24, 1993. **Texas EMS Conference '93.** Fort Worth Tarrant County Convention Center. Contact Texas Department of Health, Bureau of Emergency Management 512/834-6740.

December 2, 1993. **Diabetes Update.** \$35. Co-sponsor: American Diabetes Association. Texarkana College. 903/838-4541 ext. 382.

## For Sale

**For Sale:** 1986 Ford E-350 Type II Wheeled Coach Code III PSE light bar, dural grille, 100 watt speakers with halogen lights. Intersection lights. ALS. Slide in oxygen. New AC. 33k mile on new long block. \$6,750. Monday-Friday 9-5 214/330-5556.

**For Sale:** 1988 Ford Diesel Type II Ambulance, National Conversion, \$14,000 or best offer, excellent condition; 1987 Ford Diesel Type I modular ambulance, \$14,000, or best offer; 2 Life-Pak 5 ECG Mon./defib. units single lead, no sync. for \$2,000 each or best offer; Life-Pak 5 ECG monitor single lead \$1,250 or best offer; 2 Life-Pak 5 battery pak chargers, \$300 each; 1 MRL 450 SL ECG Mon./defib. unit with rapid charger \$2,000 or best offer; 5 FW model 30 stretchers w/mattress \$400 each. Mike Scudder 915/837-3028.\*

**For Sale:** 1982 Type 3 \$11,500 or with loaded 1993 chassis completely reconditioned \$41,900. Reliable Emergency Vehicles. Glen Pratt 1-800-460-VALU. 100% financing available.\*

**For Sale:** 1984 Type I \$10,500 or loaded

with 1993 chassis and completely refurbished \$40,900. Reliable Emergency Vehicles. 1-800-460-VALU. 222 S. Patrick, Dublin, TX 76446. 100% financing available.\*

**For Sale:** Thumper. Complete with soft case. Never been used. \$3000. Cathy 210/554-2891.\*

**For Sale:** 2 1984 Ford Type II Wheeled Coach Ambulances with new engines, tires, ALS cabinets, one-man stretcher. Tony or Tina 713/774-6494.\*

**For Sale:** Lifepak 5's and 10's for sale with three month warranty. Apcor/Motorola telemetry radios available. Progressive Medical International 619/746-0636.+

## Jobs

**Paramedic and EMTs:** San Antonio, Corpus Christi and Austin divisions. Free uniforms. Send resume or apply in person to: Rosella Kliewer, Human Resources, Anderson Ambulance, 11921 Starcrest, San Antonio, TX 78247 or 210/491-5906.+

**EMS Education/Coordinator:** Must be a certified instructor examiner with coordinator certification. For further information, please contact Daine Abbott at 903/723-4384.\*

**EMTs and Paramedics:** Reliable Ambulance Service, 5201 Mitchelldale, Houston, TX, has positions open. A great job opportunity. To set up an interview call 713/850-7211.\*

**Medical Director:** Part-time prehospital emergency medical training and medical control. Minimum of 12 hrs. per week. Must be licensed/eligible for license in Texas, familiar with with the design and operations of EMS systems. Pay is commensurate with qualifications and ED salary. Metrocrest Medical Services, a non-profit organization is located in Farmers Branch, TX. Respond by June 15 to Richard Best, Exec. Dir., 2997 LBJ Freeway,

**EMT-B, EMT-I, and EMT-P.** 12, 18, and 24-hour shifts available. Continuing education available. Pay DOE. New and recently certified EMTs for first time job accepted. Apply 7800 Bissonnet, #200, Houston, TX. No resumes.\*

**EMS Positions:** For statewide listing, send \$3.50 to Texas Employment for EMS, PO Box 540911, Grand Prairie, TX 75054.+

## Announcements

**For Rent:** CPR manikins for rental use. Contact Steve in Dallas at 214/242-5883.

**CPR Classes:** Every Saturday in the Dallas area. Call Steve at 214/242-5883.

**Bloodborne Pathogens Training Program.** Fulfills OSHA standards. Rick Murray 817/295-4707.

+ This listing is new to this issue.

\* Last issue to run.

## Moving? Renewing your subscription? Placing an ad?

**Moving?** Let us know your new address—the post office does not forward this magazine to your new address. Use the subscription form in the magazine to change your address and mark the change of address box. We don't want you to miss an issue!

**Renewing your subscription?** Paid subscriptions have a 4-digit number on the mailing label. Example: 9304 means the subscription expires with the April, '93 issue. Use the subscription form in the magazine to renew your subscription and mark the renewal box.

**Placing an ad?** To place an ad in the calendar section, write the ad (keep the words to a minimum, please) and fax to *Texas EMS Magazine*, 512/834-6736 or send to the address below. Ads will run in two issues and then be removed.

For circulation and calendar information call or write Jan Brizendine at 512/834-6740 or *Texas EMS Magazine*, 1100 West 49th, Austin, Texas 78756-3199.

## Help me, Rhonda: Local Projects manager oversees grants

**Y**ou can take what Rhonda Blackmore says to the bank—literally. As EMS local projects manager, Rhonda helped award more than \$1 million to emergency medical services

in the last two years for equipment, training, and even ambulances.

"They can apply for anything related to emergency prehospital care," Rhonda says.

Grants have come a long way since Rhonda joined the Bureau in 1990. Back then, Rhonda monitored just 10 grants for a total of approxi-

mately \$135,000; last year she oversaw 92 grants. And in the next two years, Rhonda will help award about \$1.5 million.

In addition, Rhonda notifies the public of grant availability, develops informational materials, and coordinates the grant review process. This year, applying for a grant will be easier than ever.



*Rhonda Blackmore says the key to receiving EMS grant money is to get in an application before August 31.*

"We have completely revised the grant process so that they just submit a letter that includes the budget," Rhonda says. "In years past, they had to submit a packet of information."

While the application process is easier, it leaves no room for procrastinators. Because the health department was just recently notified about the availability of the funds, applications are due in Austin August 31. Rhonda welcomes phone calls from services about how to apply.

"My favorite part of this job is getting to talk to EMS folks all over the state," she says.

When it comes to evaluating EMS needs for the grants, Rhonda can count on plenty of experience. She's worked in almost every aspect of EMS: street paramedic, instructor, personnel recruiter, and communications specialist for Austin EMS. She currently holds certification as a paramedic.

The Corsicana native also just completed her associate of science in nursing degree from Regents College in New York. She begins working part-time in the evenings at Johns Hospital in Taylor this month. The nursing degree came at no small price: Rhonda worked part-time at Brackenridge Hospital and full-time at the Bureau the entire time she was in school. Next spring she will begin taking classes at Southwest Texas State University to complete her bachelor's degree in health care administration.

Rhonda and her husband, an investigator with the Austin Police Department, live outside Austin in Elgin with their two dogs, four cats, and two horses.

If you have questions about the grants or would like an application, call Rhonda at (512) 834-6740.

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