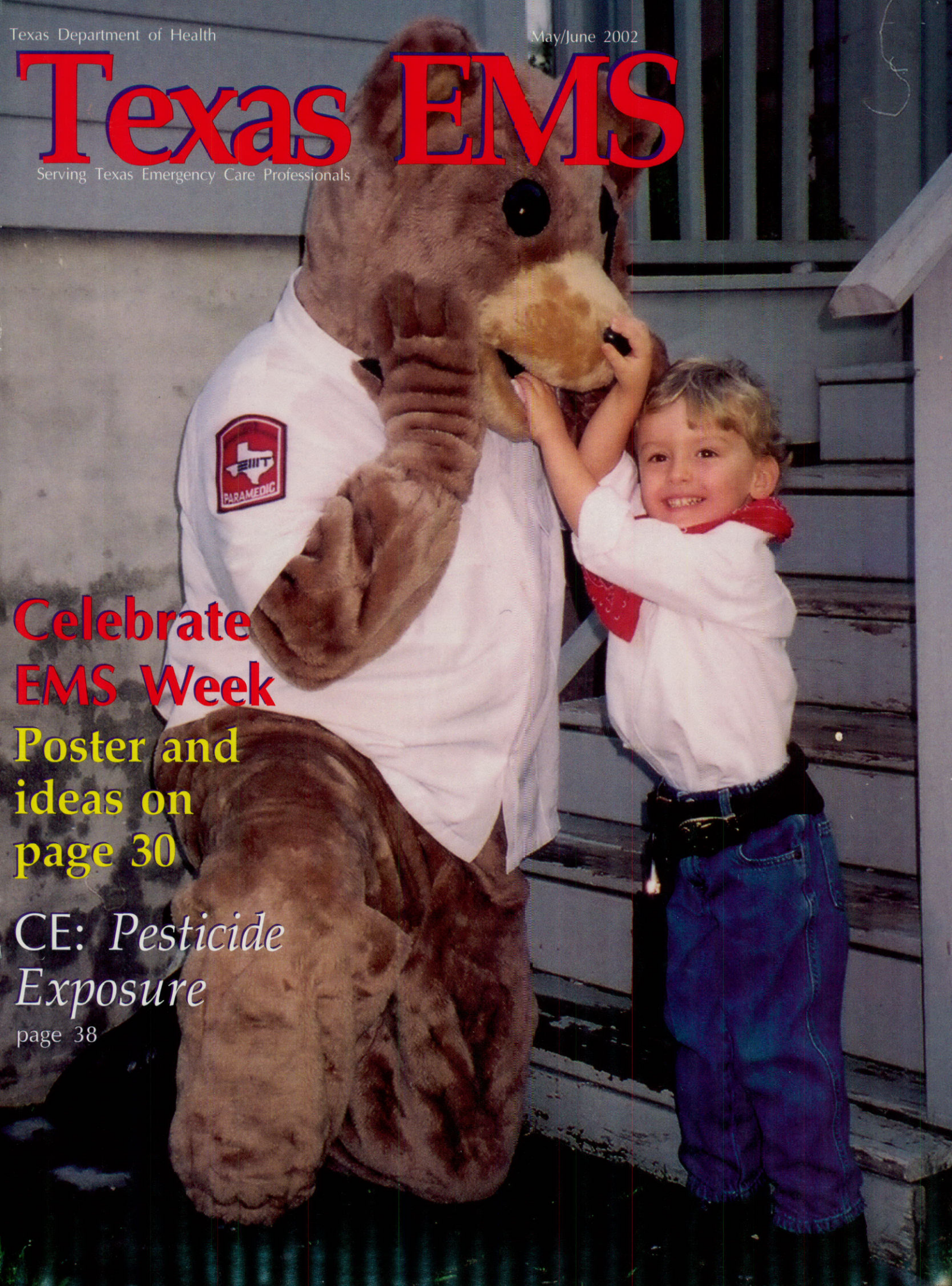


Texas EMS

Serving Texas Emergency Care Professionals



**Celebrate
EMS Week**
Poster and
ideas on
page 30

*CE: Pesticide
Exposure*
page 38

Texas EMS

Magazine

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Your point of contact with the agency that regulates Texas EMS—taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.

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Order these free materials for your community education programs.
Due to budget constraints, quantities limited to 500 copies of each item.

FAX your request to: 512/834-6736

Shipping information:

Contact _____

Organization _____

Shipping Address _____

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Telephone _____

Amount ordered Description

_____ **"Ready Teddy" coloring book.** 16 pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61)

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

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

_____ **(Updated) "I'm an EMS Friend" sticker.** Ready Teddy in a 2-1/2 inch, 3-color sticker.

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*Not available due to budget cuts.

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Name _____ Phone _____ - _____ - _____

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Please fill in current information already in our records

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Address _____ City _____ State _____ Zip _____ - _____

FEATURES

7 Texas EMS Awards Nomination form

Do you know an outstanding EMS person or organization? Nominate them for the Texas EMS Awards, given out each year at Texas EMS Conference. Now is the time to start gathering the information you'll need to send in with this nomination form.

14 Texas EMS Conference 2002

Here's your first look at the long list of preconference classes offered this year as well as the agenda for the conference. Don't delay in signing up for preconference classes—space in popular classes fills fast.

30 EMS Week 2002

Take a bow, EMS! This is your week to shine. Here's a look at the ACEP poster and some EMS Week photos, plus a few last-minute ideas.

33 CE rule proposed to the Board

The Bureau has proposed to the Board of Health the repeal of 157.38, the continuing education rule, while simultaneously proposing a new rule to replace it. You can comment on the rule by phone, mail or email. By JIM ARNOLD

34 Strategic planning hits the road

GETAC and TDH staff hit the road in March to find out what you thought about the future of EMS in a series of public hearings across the state. Read about what speakers wanted us to know about EMS issues, plus a little explanation about the final product: the blueprint for the future of EMS.

36 EMS in Poland

EMS where? John Rinard visits the Eastern European country to help set up BTLs and gives us a perspective on EMS from another part of the world. By JOHN RINARD, BS, LP

52 New transport policy put in place

The Bureau recently issued an interim policy to cover a new reimbursement rate from the Centers for Medicaid and Medicare. The policy was necessary for providers to be able to be reimbursed for this type of special transport.

CONTINUING EDUCATION

38 CE: Pesticide Exposures

With summer coming, arm yourself with knowledge about treating pesticide exposures while earning 1.5 hours of medical emergency continuing education. By LANCE VILERS, MA, NREMT-P

Texas EMS

M a g a z i n e

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THE PHOTO USED ON THIS PAGE WAS COURTESY OF THE DIVISION OF EMERGENCY PREPAREDNESS, TEXAS DEPARTMENT OF HEALTH.



ABOUT THE COVER:

Three-year-old "Big" James Eric Thomason of Austin, Texas, meets Ready Teddy. Ready Teddy, aka Ed Loomis, has coloring books and stickers available for EMS Week.



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To facilitate statewide, regional, and community systems that provide emergency and health care for all individuals.

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

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We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request. Materials will be returned if requested.

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Texas EMS

M a g a z i n e

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'Blueprint' for EMS future on track for September release

By the time you read this, the Governor's EMS and Trauma Advisory Council (GETAC) will have spent a grueling and enlightening weekend in Junction trying to put together a draft for a strategic plan from the data taken from hundreds of surveys, comments at the public hearings (see a summary of the hearings on page 32) and GETAC meetings—your vision for EMS regulation and EMS/trauma systems. The results of all this work should now be posted on our website (www.tdh.state.tx.us/hcqs/ems) which includes an email link for comment. GETAC would like your comments before the plan is finalized and submitted to the Legislature. It will be a blueprint that Texas policymakers can use when they are mapping the future of EMS/trauma systems in Texas. You will also have an opportunity for public comment at the GETAC meeting on May 31 in Austin. (Committee and task force meetings will take place over the prior two days.) For a schedule of the meetings, turn to page 6 of this issue or go to our website.

Speaking of commenting, you still have time to comment on the changes to 157.38, the continuing education rule (available on our website at <http://www.tdh.state.tx.us/hcqs/ems/157.38proposed.PDF>). The Texas Board of Health proposed that the current rule be repealed and replaced with a new rule at its March 24 meeting. The rule is scheduled to go to the June 13 board meeting for final approval, after consideration of any comments.

Unfortunately, the Bureau recently received the news that we were not awarded a federal Preventative Health and Human Services Block Grant for FY03. These funds currently support the salaries and other operating expenses of the EMS Information and Injury Prevention Team, which produces this magazine, the conference, and the Bureau's website, among other things. What this means is that we will now be relying on the conference, through grants from Texas Health Foundation, to offset some of the expenses associated with the conference. You may also see some changes with the magazine, as we may not be able to give as out as many complimentary subscriptions to providers. Watch our website and this magazine for details on any upcoming changes.

And finally, a little housekeeping. Or should I say a lot of housekeeping? The Bureau is moving to another floor in this building around the first week of May. We've been in this office for ten years, so we'll have a lot of stuff to pack. We will still have the same phone and fax numbers, and the same mailing address (all mail goes to our mailroom at the main building). Our new offices will be two floors up, which will give us a chance to do a little stair climbing each day to improve our health. Every little bit helps! We have a defibrillator here at the Bureau, but we would rather that everyone stay healthy. See you at GETAC or in our new offices.

EMS personnel concerned over telemarketing calls

We've heard reports over the last several weeks that telemarketers are calling EMS personnel and offering "free" supplemental insurance benefits. When asked how the company obtained the medic's contact information, the caller is stating that the Texas Department of Health (TDH) has provided the information to the caller. This may be true; information about EMS personnel (and anyone else state-certified or licensed in Texas, such as physicians, nurses, etc.) is public information, unless specifically exempted from disclosure by law. For example, social security numbers, driver's license numbers, and personal e-mail addresses are not subject to disclosure and must be maintained as confidential by our agency (for more information, see Chapter 552 of the Government Code at <http://www.capitol.state.tx.us/statutes/gvtoc.html> and various sections of the Occupations Code at <http://www.capitol.state.tx.us/statutes/octoc.html>). Additionally, a bill was passed in the last legislative session that requires a state agency to disclose the information it collects about you to you upon request (for more information on our privacy notice, go to our website at www.tdh.state.tx.us/

[hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems) and click on File Library.)

Therefore, anyone may request information on EMS personnel pursuant to the Public Information Act and TDH must comply. The law does not grant TDH the right to ask the requestor why they are requesting information or how they will use it once it is obtained. Additionally, we do not "profit" on such lists. We may only charge a fee to cover the costs of generating the information within limits (see TDH "Handling Requests for Public Information" policy at <http://www.tdh.state.tx.us/records.htm>)

In the past, the Bureau has made lists of EMS personnel available on our website. However, in response to concerns about this issue and others relating to 9/11, we took the lists of individuals, including EMS personnel, educators, and Medical Directors, off the Bureau's website in January. To obtain a listing of EMS personnel, someone now has to make an open records request through this office for that document. We had 17 requests for that information between January and April of this year.

In addition to removing the individual lists off of our website, the Bureau is currently evaluating the information we request as part of the

application process to assure its necessity to the certification/licensure process. Unfortunately, the data that are often considered the most sensitive are unique identifiers such as birth dates. These may be critical in helping to determine if the file of a person being reviewed/updated is the correct one (there are a lot of people named Garcia, Smith, Gonzales, Parker, Jones, etc. certified in Texas).

As for any claims made by telemarketers, TDH is not affiliated with, and does not endorse, any company offering insurance benefits. Any company or organization that says it represents TDH or that TDH endorses such insurance benefits would be engaging in false representations. We also recommend that you not provide any personal information to a telemarketer.

Any individual who wishes to report a complaint of inappropriate insurance benefit telemarketing is encouraged to call the consumer information line at the Texas Department of Insurance at (800) 252-3439 or follow complaint procedures described in the TDI website at www.tdi.state.tx.us.

Kathryn C. Perkins
Chief, Bureau of Emergency Management

Governor's EMS and Trauma Advisory Council

Meeting Notification

1100 West 49th Street, Austin, Texas

Wednesday, May 29, 2002

3:00pm-5:00pm	Diversion Task Force, Room M-739
3:00pm-5:00pm	Rural Task Force, Room K-100
5:00pm-8:00pm	Regional Advisory Council Chairs, Room M 739

Thursday, May 30, 2002

There will be no committee meetings on May 30. Instead, GETAC members will meet in an all day meeting to continue development of the strategic plan. Watch our website and e-lists for specific times and an agenda.

Friday, May 31, 2002

9:00am	Governor's EMS and Trauma Advisory Council (GETAC), Room M-739
--------	--

Do you have an injury prevention program but don't know how to evaluate it?

Or maybe there's another reason you haven't done an evaluation.

We want to hear the reasons you don't evaluate your program. These reasons will be used to plan a preconference workshop, Evaluating Your Injury Prevention Program.

Help our presenters design a workshop that meets your needs—and be rewarded! The person with the best reason for not evaluating his or her injury prevention program will receive six hours of free evaluation consultation by the workshop presenters.

So don't miss out—give your program a boost! Submit your best reason today for a chance to win! To submit an entry, send an e-mail to madeguzm@TexasChildrensHospital.org. Include your full name, address, telephone, and best reason not to evaluate.

2002 Texas EMS Award Nomination Application

This nomination is for:

- | | |
|--|--|
| <input type="checkbox"/> EMS Educator Award | <input type="checkbox"/> Private Provider Award |
| <input type="checkbox"/> EMS Medical Director Award | <input type="checkbox"/> Public Provider Award |
| <input type="checkbox"/> EMS Administrator Award | <input type="checkbox"/> Volunteer Provider Award |
| <input type="checkbox"/> Public Information/Injury
Prevention Award | <input type="checkbox"/> First Responder Award |
| <input type="checkbox"/> Citizen Award | <input type="checkbox"/> Air Medical Service Award |
| | <input type="checkbox"/> EMS Person of the Year |

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

Telephone number of nominee *Area Code:* _____

Your name _____

Your street address _____

City _____ State _____ Zip _____

Your level of certification _____

Your daytime telephone number *Area Code:* _____

Your service or other affiliation _____

Your signature _____ Date _____

Send awards to: Texas EMS Awards, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199.

Make 15 copies of the nomination packet. **Nomination packets should be limited to:** the completed form above; three typewritten pages of background information; one page of documentation or examples; and five letters. Only that number of pages will be forwarded to the Awards Committee. Any extra pages will not be reviewed.

Nominations must be postmarked by September 15, 2002.

If you have questions, contact your public health region EMS office or the Bureau of Emergency Management at (512) 834-6700.

We will announce award winners at Texas EMS Conference 2002 during the Awards Luncheon on November 26, 2002.

EMS Award Categories

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.

EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, regional, or state level who has made a positive contribution to EMS.

Public Information/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.

Citizen Award honors a private citizen for heroic lifesaving act or unique advocacy of EMS.

Private Provider Award honors a privately-owned commercial organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education and training.

Volunteer Provider Award honors an organization staffed by volunteers which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

First Responder Award honors a first responder organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.

Outstanding EMS Person of the Year honors an EMS certified person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

RAC provides PSAs

Does the sight of a child riding in the back of a pickup truck make you see red? You can do something about it! A law (SB399) passed in the last session of the legislature makes it illegal for children younger than 18 to ride in the back of a pickup truck. The previous law prohibited riding in pickup beds for children under 12 and at speeds greater than 35 miles per hour. The Lower Rio Grande RAC (TSA-V) has produced an excellent public service announcement (PSA) about the consequences of riding in the backs of pickup trucks. For about \$10 (VHS) and \$35 (Beta), the RAC will send you a copy of the PSA. All you do is add your own information and deliver it to television stations. For information, call Shannon Bingham at (956) 364-2022.

TEEX grants available next year

Texas Engineering Extension Service-EMS Training Institute (TEEX-ESTI) and the Texas Department of Transportation have combined resources to offer grant-funded training programs to rural and frontier EMS agencies throughout the eastern half of Texas and part of the Panhandle. The funding, which comes from the National Highway Traffic Safety Administration (NHTSA), targets education programs designed to improve effectiveness and efficiency of response to highway-based emergency calls. The program does this through access to low cost educational opportunities that include the following expenses: instructional salaries; coordinator fees; skills examinations; equipment supply and replacement; state and national certification fees; TDH course application fees; and travel and lodging. For more information on the grants and the areas covered go to www.teex.com/txdotems or email kelli.isaacks@teexmail.tamu.edu.



Local projects RFP coming soon

Looking for money for next fiscal year? The applications for the Local Projects Grants program should be available in late May. Go to the website at www.tdh.state.tx.us/hcqs/ems, click on Funding Sources and follow the links to Local Projects. Postcards with this information will be sent to TDH-registered first responder organizations and licensed providers. Local projects grants are available to licensed providers, TDH-registered first responders and other EMS support agencies. Questions may be directed to either Ed Loomis or Terri Vernon at (512) 834-6700 or email ed.loomis@tdh.state.tx.us or terri.vernon@tdh.state.tx.us.

CE ANSWERS FOR MARCH/APRIL 2002

- | | | | |
|------|-------|-------|-------|
| 1. A | 6. B | 11. C | 16. C |
| 2. A | 7. D | 12. B | 17. D |
| 3. C | 8. A | 13. B | 18. A |
| 4. C | 9. B | 14. D | 19. B |
| 5. D | 10. B | 15. A | 20. C |

Help for locating child safety seat inspections

A national survey conducted by DaimlerChrysler found that 97 percent of adults who drive children 8 and younger believe they correctly install child safety seats. Unfortunately, government studies have shown that only 20 percent of such seats are properly installed and used. To make matters worse, four out of ten parents don't know where to get their child safety seats inspected. To help parents and caregivers find the closest inspection facility, DaimlerChrysler has set up a toll-free number (866) SEAT-CHECK and a website, www.seatcheck.org. The website links to the NHTSA list of inspection sites. Auto crashes are the leading cause of death for children age 4 to 14. In 2000, more than half of the children under age 15 killed in car crashes were not restrained.



Terrorism courses offered online

Texas Engineering Extension Service (TEEX), along with the Department of Justice, the National Domestic Preparedness Consortium and the National Emergency Response and Rescue Training Center, is offering free online terrorism courses for EMS and other first responders. Two courses are currently available.



EMS Concepts for WMD Incidents focuses on the treatment of patients at mass

casualty sites while remaining aware of the unique considerations associated with terrorist events. *Terrorism Awareness for Emergency First Responders* addresses the unique requirements of terrorist incidents with a special emphasis on self-protection for first responders. Another course, *Public Works*, is under development and should be available soon. To register or for more information, go to www.teex.com/campus and click on Enter Campus.

No concert immune from emergency calls

Get enough people together at a concert and there's like to be an emergency call. *Academic Emergency Medicine*

found that the type of concert with the lowest likelihood of a call is rhythm and blues, while the highest likelihood occurs at a gospel concert. The record for the most number of calls in a day belongs to a grunge rock concert. And even classical concert-goers aren't immune: those concerts have the highest likelihood of having audience members suffer heart problems.

On Duty



False 9-1-1 caller faces big trouble

A 13-year-old Colorado middle school student is facing stiff fines after he allegedly called 9-1-1 on a cell phone to report his school was on fire. The student used a cell phone that a family member had found to place the call. On the 9-1-1 tape, students are heard laughing in the background. More than 18 firefighters responded with eight different trucks before it was determined that the school was not on fire. The student and his parents face at least \$1000 in fines and court costs, and a mandatory arson awareness class.

It's in the numbers

Wonder how EMS stacks up, numbers-wise, to RNs and LVNs? There are about 49,000 total certified EMS personnel in Texas, including about 14,000 paramedics. Compare that to 75,532 LVNs and 153,623 RNs.

That means there are about three RNs for every person certified and licensed in EMS.

EMS Obituary

Ken Magoon, an EMT student and firefighter with Medina Vally EMS and MICO Volunteer Fire Department, died on February 13, 2002, of cardiac arrest brought on by an asthma attack.

Online CPR classes offered

The National Safety Council (NSC) is now offering first aid and CPR training over the Internet. The courses, which run between \$15 and \$35, were developed through a joint partnership of NSC and Jones and Bartlett Publishers, Inc. Seven courses and course combinations are currently offered:



National Safety Council®

Basic First Aid and CPR, First Aid Standard, Adult and Pediatric CPR, Professional Rescuer CPR and Automated External Defibrillation. Skills training and testing is completed at a National Safety Council training center. Future courses and course combinations include Bloodborne Pathogens, and Adult CPR and AED. For more information about the classes or where the closest NSC training center is, go to www.SafetyCampus.com. NSC is a non-profit, non-governmental, international public service organization dedicated to improving safety and health and preventing injuries. Find more on the NSC at www.nsc.org.

Pilot dies returning from medical flight

A pilot returning from a flight to deliver an ill child for treatment died in a crash of his single-engine plane near the airport in Sinton in January. Alfred "Bubba" Thomas, 59, was returning from a trip for Miracle Flight for Kids in which he had transported a 4-year-old boy from Lufkin to Arlington. Thomas began making voluntary flights for children needing medical attention after getting his flight certificate in 1990.



Ice sculpture available as computer wallpaper

The weather's warm now in Texas, but if you're looking for real-

ly cool computer wallpaper, check out www.firehouse.com. The site offers wallpaper of the now-internet-famous photo of the ice sculpture depicting an angel comforting an exhausted New York City firefighter holding an American flag. The ice sculpture was created by Darlene Racicot of South Dakota, who has received hundreds of emails since the photo first began circulating on the Internet.

Widows fume over fire lawsuit

Widows of three firefighters killed last year in a Queens, New York, blaze say that they're appalled the father of the teen who started the fire is trying to profit from the blaze. The father contends he was badly injured during the June 2001 blaze because the storeowners kept the building in hazardous condition. A fire department investigation found that the fire started after the son, then 15, and a friend, then 13, sprayed graffiti behind the store and then accidentally knocked over a gasoline canister. A pilot light ignited the vapors and caused the fire that killed the three firefighters. The fire was considered an accident and neither teen was charged.

Looking in the most unlikely places

According to KPRC television station, a freak crash in Houston sent an SUV driver flying—literally. Early one morning in February, a 20-year-old man was traveling on an access road of a freeway when his Jeep Wrangler hit a curb, flipped into the air, and smashed into a two-story building. Emergency crews could not find the man until they realized he had been ejected in the crash and thrown over the building, landing on the other side. The man was transported to Ben Taub General Hospital.

Healthcare professions info on TDH web

Have you ever won-



dered what it takes to become an

acupuncturist? How about a code enforcement officer? Do you need to know how many dentists are women? The Health Professions Resource Center at TDH has the information, and is adding more information all the time. The program's missions include analyzing the supply and distribution of health care professionals; collecting and analyzing data about the education; and employment trends of health care professionals. EMS is currently in the process of providing information to the center for inclusion on the website. To learn more, go to www.tdh.state.tx.us/dpa/coverpg.htm.

On Duty



USDA announces grant program

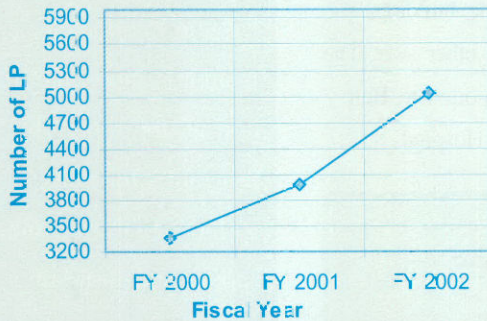
Looking for some money to help build a project in rural Texas? The USDA has federal funds available for its Rural Development Community Facilities Loan program. The effort is part of USDA's national program to help rural areas build and enhance essential community facilities. Community Facilities loan funds may be used to construct, enlarge or improve community facilities for health care, public safety and public services. These loans and grants are made to public entities and non-profit organizations. Examples of eligible projects include rural health care clinics, town halls, fire trucks, county safety equipment, jaws of life, early warning systems, community centers, libraries, day care centers and schools. For more information about USDA Rural Development programs in Texas, go to www.rurdev.usda.gov/tx or call Ray Copeland at (254) 742-9760.

EMS Personnel in Texas - 1984 through March 2002

	ECA	EMT	EMT-I	EMT-P	LP	Totals
FY 1984	10798	17144	861	3571		32374
FY 1986	10708	19788	1386	4579		36461
FY 1988	12872	20809	1812	5479		40972
FY 1992	9750	26633	2939	7620		46942
FY 1994	8772	25472	3277	8704		46225
FY 1996	8282	25520	3496	10067		47365
FY 1998	5860	21740	3595	11669		42864
FY 1999	5341	21749	3649	14427		45166
FY 2000	5024	22047	3780	9951	3364	44166
FY 2001	5058	23123	3831	9867	3989	45868
FY 2002	5324	24807	3989	9711	5032	48863

Fiscal year: September 1 - August 31

Number of Texas LPs
2000 through 2002

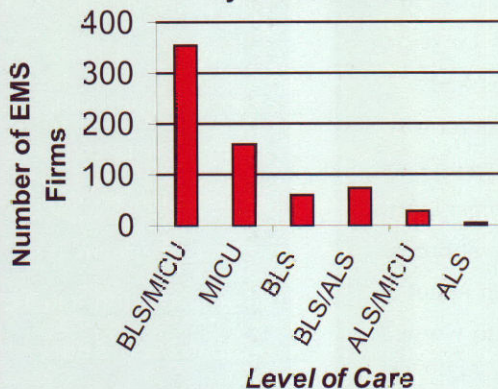


EMS Providers - Rural vs. Urban

	Rural	Urban	Total
Private	58	165	223
City	49	46	95
County	54	28	82
Fire Dept	38	104	142
Hospital	34	29	63
State	0	2	2
Police	1	0	1
	234	374	608

(This does not include frontier areas)

EMS Firms in Texas
By Level of Care



EMS Firms by Level of Care

BLS/MICU	353
MICU	158
BLS	60
BLS/ALS	75
ALS/MICU	27
ALS	3
	676

*These include Active, Reserve, and Transfer Vehicles

Federal grants offered to rural communities

The U.S. Department of Health and Human Services has grants available for rural health care. The Rural Health Outreach grants and Rural Health Network Development grants, funded by HHS' Health Resources and Services Administration (HRSA), support a wide range of programs and services vital to rural health care:

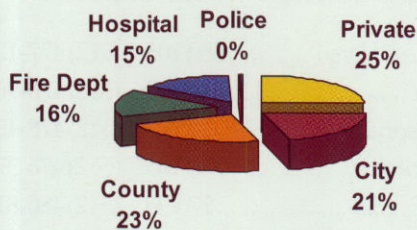
- Rural Health Outreach Grants help increase access to primary health care services for rural Americans within their own communities, especially for poor, elderly, disabled and minority residents. The program provides funding to 130 grantees to support services, including primary medical and dental care, mental health treatment, health promotion, health education and hospice care. These grants will help establish new partnerships between health organizations and schools, churches, emergency medical services providers, private practitioners and other groups to improve the delivery of clinical care.
- Rural Health Network Development Grants are awarded to public and nonprofit organizations representing networks of at least three health care providers or organizations to help strengthen regional and local service delivery systems in rural communities. By integrating clinical, information, administrative and financial systems, these networks help ensure that rural consumers get the best possible health care and enable providers to cut overhead by sharing resources. The grants will also cover costs of bringing in additional staff and technical experts.

In the current grant funding cycle, 49 new grantees will receive approximately \$9,207,048, including 10 new network development grantees sharing \$1,741,158, and 39 new outreach grantees sharing \$7,465,890. Current grantees share remaining funds.

Applications for next year's funds will be available in June. The due date for Outreach grant applications is September 13, 2002; the due date for Network Development grant applications is September 20, 2002. To be put on the mailing list to receive the applications, call (877) 477-2123 or email HRSAGAC@hrsa.gov. For the latest information, go to www.ruralhealth.gov. (Although most of the application materials are on the web, you must still call or email to receive the official application packet). For specific information, call Lilly Smetana at lsmetana@hrsa.gov or call (301) 443-6884.

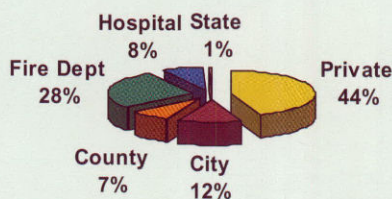
Texas EMS Providers

Rural



Texas EMS Providers

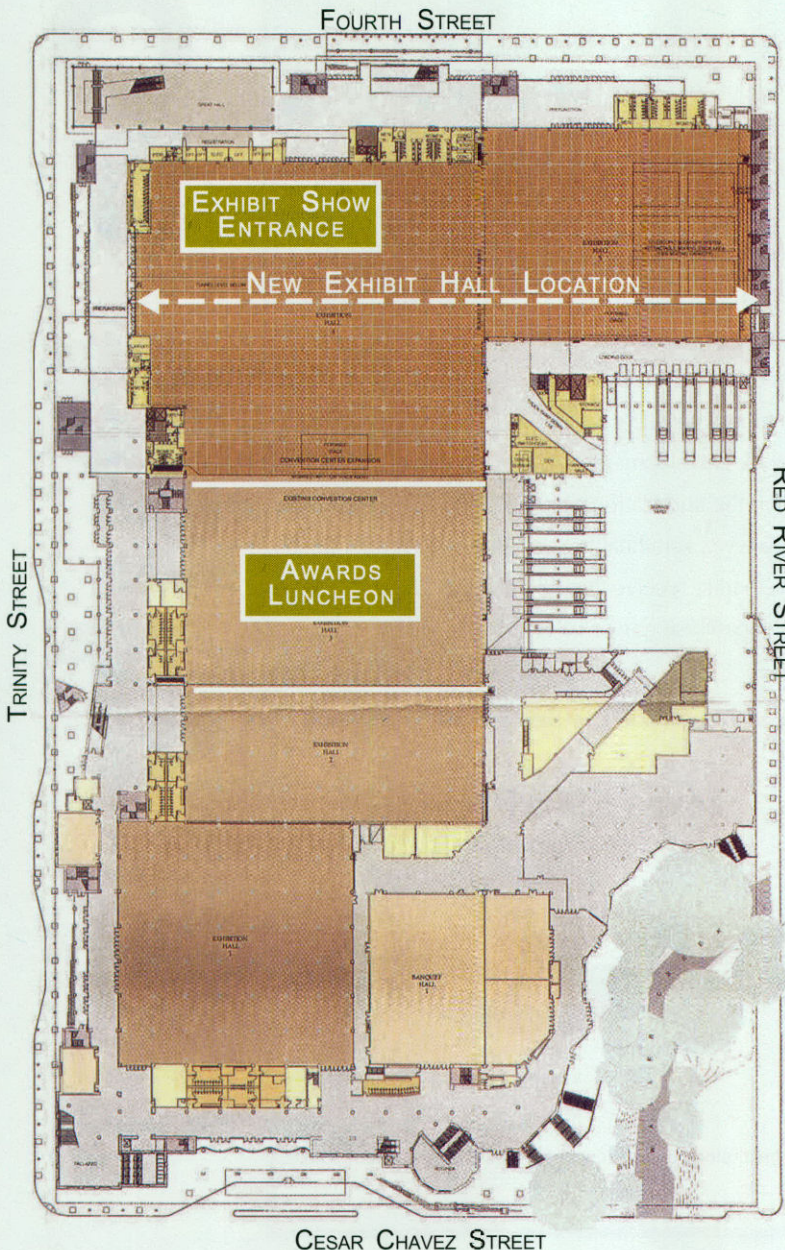
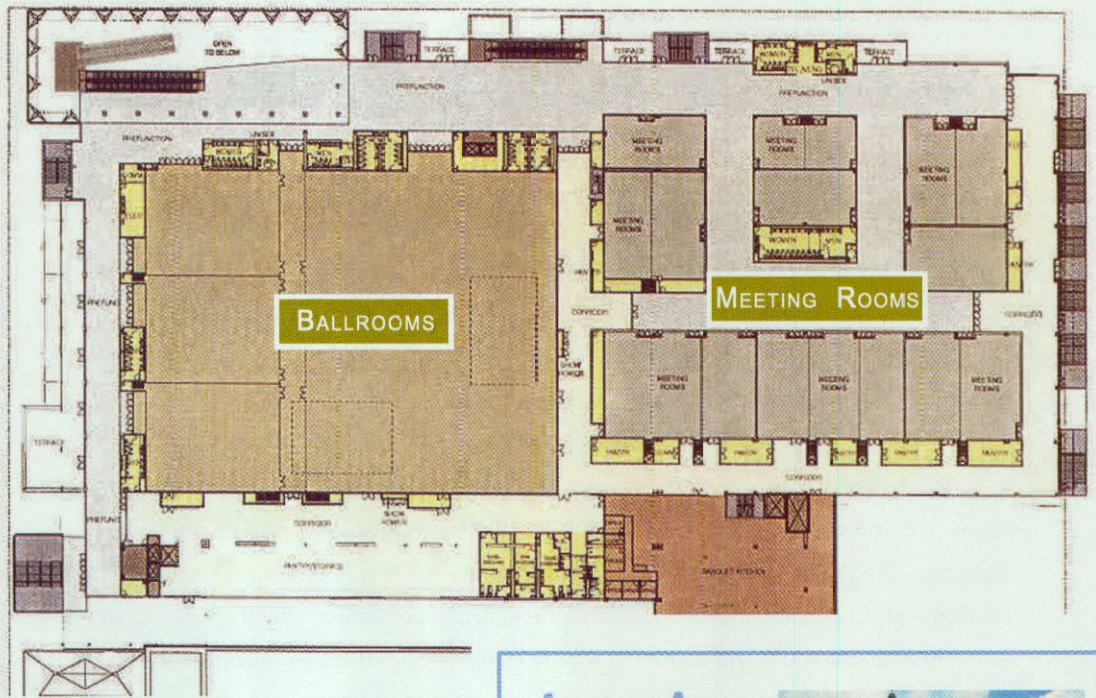
Urban



Legend: Private (yellow), City (red), County (orange), Fire Dept (green), Hospital (blue), State (purple), Police (dark blue)

Austin
Convention
Center
Austin, Texas

The new meeting
space and new
exhibit hall will
be ready for
Texas EMS
Conference 2002.



Austin

As the Capital City of Texas, it's only natural that the State Capitol Building is the cornerstone of Austin's sights (top photo). Some of Austin's additional attractions include Sixth Street (middle photo), which houses a wide variety of restaurants and shops; and beautiful Town Lake (bottom photo).



Hotels

Conference Hotels: Texas EMS Conference has contracted for special rates with eight downtown Austin hotels.

Hyatt (Host Hotel)	\$80/105	(512) 477-1234
Radisson	\$80/100	(512) 478-9611
Four Seasons	\$120/160	(512) 478-4500
Omni Hotel	\$80/105	(512) 476-3700
Sheraton	\$70/90	(512) 480-8181
Embassy Suites	\$149/159	(512) 469-9000
Marrriott Capitol	\$72/72	(512) 404-6946
Holiday Inn-Town Lake ..	\$62/62	(512) 472-8211

Schedule

Conference At-A-Glance

Tuesday, November 26

Sunday, November 24

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

Monday, November 25

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

*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:45 am - 1:15 pm Awards Luncheon Exhibit Hall (Exhibit
Hall open immediately after Awards
Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

Wednesday, November 27

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

Conference Adjourns

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

2002 Texas EMS Photography Contest entry form

Photographer's Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

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

E-mail Address _____

Mail to: Jan Brizendine, Texas Department of Health
1100 W. 49th Street, Austin, TX 78756-3199.

Deadline for entering: November 15, 2002

Tape this form to the back of the photo.

For more information call Jan Brizendine at (512) 834-6748.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2002**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmatted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Jan.Brizendine@TDH.state.tx.us.
- **The Texas Department of Health** will keep all photo entries and will have the right to publish entries in TDH publications. The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- **Photo ownership:** The ownership of the negative will remain with the photographer.

Texas EMS Conference 2002

November 24-27, 2002 - Austin Convention Center

REGISTRATION FORM

\$125 before November 1
\$150 after November 1

Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed.

First Name _____ Last Name _____
(Please type or print)

Address _____ City _____

State ____ Zip _____ Phone _____

e-mail address: _____

Registration information (512) 759-1720
Credit card registration fax to (512) 759-1719

For general information call (512) 834-6700
<http://www.tdh.state.tx.us/hcqs/ems/02conf.htm>

PRECONFERENCE CLASSES

If you are taking a preconference class, check the Preconference Class Title—the next four pages has class description and date.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$100, Weapons of Mass Destruction | <input type="checkbox"/> \$160, Cave Rescue | <input type="checkbox"/> \$100, 12-Lead | <input type="checkbox"/> \$85, Intro to ICS |
| <input type="checkbox"/> \$60, Capnography | <input type="checkbox"/> \$160, Confined Space/Industrial Rescue | <input type="checkbox"/> \$125, Spanish for EMS Personnel | <input type="checkbox"/> \$75, Moulage |
| <input type="checkbox"/> \$35, Helicopter Safety and Packaging | <input type="checkbox"/> \$150, Search and Rescue | <input type="checkbox"/> \$150, Violent Patient Mgmt | <input type="checkbox"/> \$125, Hospital Emergency ICS |
| <input type="checkbox"/> \$40, Child Safety Seat Distribution Training | <input type="checkbox"/> \$75, EMS Managing Hazardous Materials | <input type="checkbox"/> \$40, Injury Prevention Evaluation | <input type="checkbox"/> \$60, Child Safety Seat Tech Update |
| <input type="checkbox"/> \$25, Grant Writing | <input type="checkbox"/> \$125, Infection Control | <input type="checkbox"/> \$100, Working with the Deaf | |
| <input type="checkbox"/> \$20, Matrix of Injury Prevention Programs | <input type="checkbox"/> \$225, PHTLS | | |
| <input type="checkbox"/> \$160, High Angle | | | |

Preconference registration deadline October 11, 2002.

Total Preconference Class Fee \$ _____

If paying by credit card, fax your completed registration to: 512/759-1719. Registrations by fax will be accepted only if you are using a credit card—a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2002. No refund after 11/1/2002—there is an 18% administration fee if a refund is necessary.

	Amount
Conference Registration Fee	\$ _____
PreConference class fee included	+ _____
Total Amount enclosed	\$ _____

\$150 registration at the door

Sunday, November 24, 2002

1:00 pm - 7:00 pm Registration-Convention Center
3:00 pm - 7:00 pm Exhibit Hall Opens-Welcome Reception

Monday, November 25, 2002

7:00 am - 6:00 pm Registration-Convention Center

Tuesday, November 26, 2002

7:00 am - 3:00 pm Registration-Convention Center

Make check payable to:
Texas EMS Conference

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

Official Use Only	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExpress
Date Rec'd. _____	Credit Card No: _____
Type of Pmt. _____ <small>(If check, write #)</small>	Card Holder _____ Card Exp _____
Amt. Rec'd. _____	Signature of Card Holder _____

Texas EMS Conference 2002

November 24-26, 2002 - Austin Convention Center

EXHIBITOR REGISTRATION FORM

Marketing opportunities: Please have someone give me a call about special marketing opportunities and sponsorships.

For exhibitor information: Call 512/834-6748

Floorplan website: www.tdh.state.tx.us/hcqs/ems/02floor.htm

If paying by credit card, you may fax your completed registration to:
Fax 512/759-1719

(Information used for name badge and printed program - *please type or print clearly*)

Firm Name _____

Contact Person _____ Please check this box to verify that you have read the Rules and Regulations on page 4.

Address _____ City _____

State _____ Zip _____ - _____ Phone _____ - _____ FAX _____ - _____
Area Code Area Code

Contact's e-mail address _____ Number of exhibit hall client passes needed:
(No charge; not personalized) _____

Type of business/products (Please be specific) _____

Two representatives per exhibit space included in the registration fee. Additional booth workers are welcome and will be charged \$75 each—include this amount in your total. Staple a printed or typed list to the back of this form if you need more room. (Please print clearly).

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The floorplan is located at <http://www.tdh.state.tx.us/hcqs/ems/02floor.htm>

Please reserve the following exhibit space (s):

How many booths?

_____ 10' X 10' Booth @ \$725	\$ _____
_____ 10' X 10' Booth(s) (2 or more) @ \$700 each	\$ _____
_____ 20' X 30' Vehicle space* @ \$800	\$ _____
_____ 20' X 30' Vehicle space(s) (2 or more) @ \$775 each	\$ _____
_____ Extra booth workers @ \$75 each	\$ _____
* Vehicle Booths: For ambulance only	\$ _____

Total Enclosed _____

Write in booth number(s) requests from the floorplan—although the floorplan can change daily, all efforts will be made to honor booth choices.

1st choice _____

2nd choice _____

3rd choice _____

Let us choose for you _____

Make check payable to:
Texas EMS Conference

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

I am enclosing at least 50% of the total exhibit fee with this form. I understand that the balance is due by September 1, 2002.

Late fees: After 10/1/2002, each 10X10 is \$825; each 20X30 is \$900.

No refunds after 10/1/02; an 18% administration fee charged.

Official Use Only

Date Rec'd. _____

Type of Pmt. _____
(If check, write #)

Amt. Rec'd. _____

MC Visa AmExpress

If paying by credit card, you may fax your completed registration to:
Fax 512/759-1719

Credit Card No: _____

Card Holder _____ Card Exp _____

Signature of Card Holder _____

Pre-conference Classes

Friday, Saturday, Sunday

Weapons of Mass Destruction – 24-hour class, \$100, Hyatt, Friday-Sunday 8am-5pm, CE Category: 8-Prep; 8-Patient Assessment; 4-Clinically Related Operations; 4-Medical

This course, sponsored in part by a grant from the U.S. Department of Justice, will equip EMS and medical personnel with the skills to ensure proper patient triage, treatment and transport in the event of exposure to WMD (biological, nuclear, chemical and explosive weapons). Exercises will reinforce classroom lectures. Course will cover triage, mass decontamination, treatment and stabilization, and proper techniques for protecting the responders and limiting cross-contamination. For information, call Merlene Gayle at (979) 845-6827 or email her at merlene.gayle@teexmail.tamu.edu.

Saturday

Capnography – 4-hour class; \$60, Hyatt, Saturday 2-6pm, CE Category: Airway

In this course, you will learn about the perihospital use of capnography, a new clinical trend in ventilation. Capnography is considered the standard of care in all patient care environments and is in the AHA Guidelines 2000. The class discusses common terminology, physiology of CO₂, physics technology, clinical applications and waveform analysis, and will be reinforced by multiple research studies and case presentations. For information email Bob Page at bpagemlm@prodigy.net.

helicopter transport. This class will cover what factors to consider when choosing a landing zone, how to secure a landing zone, and how to operate safely around the aircraft. It will also cover special considerations when packaging patients for helicopter transport. Students will have an opportunity to participate in hands-on exercises. Lunch and transportation will be provided. For information contact Casey Ping at (512) 802-0200 or email at casey.ping@ci.austin.tx.us.

Child Safety Seat Distribution program training (4-hour)- 4-hour class, \$40, Hyatt, Saturday 2-6pm, CE Category: Additional

This class equips participants to conduct a short educational program to parents and caregivers in conjunction with child safety seat giveaway programs. Perfect for RACs who give away carsseats. For information call Johnny Humphreys at (512) 458-7111 ext. 6640 or email Johnny.Humphreys@tdh.state.tx.us.

Grant Writing – 4-hour class, \$25, Hyatt, Saturday 1-5 pm; CE Category: Additional

Students will gain a working knowledge of the requirements of constructing effective funding proposals. Participants will receive specific examples of funding proposals and program objectives that may be used as a template for future funding proposals. Will include hands-on exercises. Funding resources will also be shared, including names of local and national foundations and an overview of government programs that may provide funding for specific client programs. For information contact Donna George at (254) 202-9466 or email dgeorge@hillcrest.net.



Helicopter Safety and Packaging

–4-hour class, \$35, STAR Flight Hanger, (Meet at the Hyatt at 8:15am) CE Category: Clinically Related Operations

In this class co-sponsored by Austin/Travis

County's STAR Flight and San Antonio's AirLife, learn the basics of safe ground operations and patient packaging for

The Matrix of Injury Prevention Programs 3-hour class, \$20 Hyatt, Saturday 11 am – 2 pm CE Category: Additional

This is a fun and interactive injury prevention class where you will create a "take-home" injury prevention program based on the specific needs of your community. Perfect for people who are limited on time and resources for developing and executing a comprehensive injury prevention program. Lunch and doorprizes provided by injury prevention sponsors. For information, call Charla Mitchell at (806) 441-0242 or email her at spems@aol.com.

Pre-conference Classes

Saturday & Sunday

High Angle – 16-hour class, \$160, 8am-5pm, Austin Fire Department Training Tower and cliffs at a greenbelt (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid -0.5

Learn the basics of high angle rescue in this comprehensive two-day introductory course. Participants will have hands-on training in rappelling, hauls/lowers, basic knots, anchors, patient assessment and patient packaging. This class will fill fast. This class will award 16 hours of CE and includes all necessary equipment except personal helmets (fire okay) and leather gloves. If you are afraid of heights, this class is not for you – you will be hanging on ropes 80 feet in the air at times. Limited to 25 students. Lunch, a t-shirt and transportation included. For information, please contact Mike Foegelle at (254) 778-6744 or email him at mike.foegelle@tdh.state.tx.us or email John Green at john@texasroperescue.com.

Cave Rescue – 16-hour class, \$160, 8am-5pm, Austin Caves (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid-0.5

Learn the basics of cave rescue in this comprehensive two-day course. This physically strenuous introductory cave class provides lots of hands-on training in patient assessment, patient packaging, hauls/lowers – all while underground in some of Austin's popular caves. All necessary equipment is provided except leather gloves and knee pads. Since you will be crawling through tight spaces in the dirt and mud, this class is not for anyone claustrophobic or who minds getting muddy. Limited to 25 students. This class will fill fast so sign up early. Lunch, a t-shirt and transportation included. For information contact Mike Foegelle at (254) 778-6744 or email mike.foegelle@tdh.state.tx.us or email John Green at john@texasroperescue.com.

Confined Space and Industrial Rescue – 16-hour class, \$160, 8am-5pm, Shaw Training Center (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid-0.5

This course will refresh and reinforce the

use of rope rescue rigging skills and techniques utilized in the industrial environment. With 3 hours of lecture and 13 hours of hands-on skills and scenarios, participants should be prepared for a mentally and physically challenging class. Prerequisites REQUIRED: CORE or other confined space rescue class to the Operations level for non-permit entry rescue; NFPA 1670 Rope Operations or equivalent; and must actively participate on an Emergency Response Team or in the scope as a supervisor, authorized entrant or attendant during standard job capacity. Copies of certificates or class history must accompany registration along with daytime phone. Student must provide helmet, full-body or Class III harness, laced-up lug-soled boots, leather gloves and rugged clothing (FRC not required). For information, contact John Green at john@texasroperescue.com.

Search and Rescue – 16-hour class, \$150, Hyatt, Saturday/Sunday 8am-5pm, CE Category: Additional

Interested in search and rescue? Learn the general responsibilities, skills, abilities and equipment needed by anyone participating in search and rescue missions in this 16-hour course. The course will combine classroom instruction with practical, hands-on exercises that will simulate a real search and rescue mission. Topics include navigation, reading maps, search techniques, safety rules and common radio practices. Participants should wear appropriate clothing (no shorts or sleeveless shirts) and sturdy boots (no cowboy boots) or sturdy tennis shoes. Bring water, notebook, pen and simple, flat-base compass. Some snacks provided but lunch on own both days. For information, call Mike Stephens at (936) 674-6926 or email him at mikedstephens@hotmail.com.

EMS Managing Hazardous Materials – 16 hours; \$75, Radisson, Saturday/Sunday 8am-5:30pm, CE Category: Clinically Related Operations

Come and see how EMS can respond to a hazmat incident in



Pre-conference Classes

this hazardous materials class designed specifically for EMS responders. This class awards 16 hours of CE and is limited to 40 students. For information contact Louis Berry at (512) 834-6700 or email Louis.Berry@tdh.state.tx.us.

Infection Control – 16-hour class, \$125, Austin EMS Training Facility, Saturday/Sunday 8am-5pm (meet at Hyatt at 7:15am), CE Category: Preparatory

This intense, two day seminar covers the basics of infection control in the prehospital setting. Topics include: chain of infection, disease spread, cleaning and disinfection, law compliance, immunizations, bioterrorism and post exposure treatments. For more information contact Penny Workman at (512) 834-6700 or email Penny.Workman@tdh.state.tx.us.

PHTLS – 16-hour class, \$225, Hyatt, Saturday/Sunday 8am-5pm, CE Category: Trauma

The new 5th edition Pre-Hospital Trauma Life Support (first time in Texas) will be introduced at the conference. The topics have been updated with the existing new research in emergency medicine. Course participants, as well as current PHTLS instructors, will be eligible to attend the instructor course on Monday night. If you have any questions concerning the new course or the instructor roll out please contact Anne McGowan at ABM@HLKN.TAMU.EDU or (979) 845-2202.

EMS Coordinator Seminar –14-hour class, \$225, Hyatt, Saturday 12-6pm, Sunday 8am-5pm, NO CE

This course is intended to train Course Coordinators for Texas. Participants will be selected through a competitive application process. Limited to 30 attendees. No CE will be awarded. TDH regional offices will be accepting applications until July 15. To apply, send letter stating your intent and qualifications to your regional office. Attendees will be selected by August 1 and sent invoices. In order to confirm registration, the fee must be submitted to TDH no later than September 27, 2002. Lunch will be provided on Sunday only. Class

includes workbook that will be mailed to participants after fees are submitted. For information on the course and evaluation criteria, contact your regional office. Regional offices are listed on page 27 of this magazine.

Sunday

12-Lead ECG Interpretation Workshop- 8-hour class; \$100, Hyatt, Sunday 8am-5pm, CE Category: Medical

This nationally-acclaimed course is a high energy, fast-paced interactive workshop that keeps the student involved and focused. Favorite conference instructor Bob Page utilizes a multi-media presentation and proven techniques to deliver a workshop designed for field paramedics, no matter how much experience they have with 12-leads. This course is designed for fast learning and to gain experience by working more than 200 12-leads in the course. By the end of this workshop, participants will have working knowledge and easy-to-use tools necessary to determine axis and hemiblocks, bundle branch blocks, wide complex tachycardias and acute MI recognition. For information on class content, email Bob Page at bpagemlm@prodigy.net.

Spanish for EMS Personnel – 8-hour class; \$125, Hyatt, Sunday 8am-5pm, CE Category: Additional

Your patient speaks fluent Spanish; you don't. What do you do now? Designed for the non-native speaker, SFEMSP will enable you to obtain a patient history, complete the PCR, improve your vocabulary and pronunciation, ask illness and trauma-specific questions, and best of all, how to encourage a short reply. Whether you are a beginner, or *habla* a little, this course is for you! For information contact Lynne Dees at dosgatos@airmail.net.

Violent Patient Mgmt – 8-hour class, \$150, Hyatt, Sunday 8am-5pm, CE Category: Special Considerations

Learn techniques in violent patient management that are designed for use in a field setting, and are used to protect the professional and the client while minimizing the chance for injury to both. Minimizing liability for both the professional and the



Pre-conference Classes

employer, while still protecting the client and the public, is emphasized. Learn a variety of control techniques using pressure points to assist with the management of the combative patient. In addition, learn how to restrain these patients safely, effectively and legally using equipment you already have in your possession. Limited to 24 students. For information contact Maria Ngo at interact@acncanada.net.

Injury Prevention Evaluation – 4-hour class, \$40, Hyatt, Sunday 9 am-1 pm, CE Category: Additional

Do you have an injury prevention program but wonder about its effectiveness? What kind of an impact or difference is the program making? Learn how to analyze your program's effectiveness by applying proven program evaluation techniques. Find out if your program has had adequate formative evaluation; if your program goals and objectives are appropriate; and if your program design is evaluation friendly. For information contact Michael DeGuzman at (832) 824-2642 or email him at madeguzm@TexasChildrensHospital.org.

Working with the Deaf – 8 hours, \$100, Hyatt, Sunday 8am-5pm, CE Category: Additional

Learn basic sign language for medical personnel as you gain an understanding of deafness and learn appropriate signs to communicate and understand medical needs. After this class, you'll be able to ask the patient basic medical questions and communicate what you need the patient to do. Taught by Nancy Wheeler, a Texas Commission for the Deaf certified interpreter and an EMT. For information contact Nancy Wheeler at intrepidlady@hotmail.com.

Intro to ICS – 4-hour class, \$85, Hyatt, Sunday 8am-12pm, CE Category: Clinically Related Operations

Federal law mandates use of a standardized incident management system for many types of incidents, including hazmat, natural disasters and terrorism. Most public safety responders use Incident Command System for large and small incidents. This class will use Module 1 (I-100) from the Standardized Emergency Management System, and will employ supplemental material and practical applications to increase

the attendee's knowledge of ICS. For information contact Jeff Rubin at jeff.rubin@tvfr.com, or (503) 723-6754.

Moulage – 5-hour class, \$75, Austin Convention Center, Sunday 9 am – 2 pm, CE Category: Additional

Learn the basic concepts of disaster makeup using simple, easily purchased materials. Techniques covered include bruising, lacerations, burns, penetrating injuries and types of terrorism injuries. In addition to learning basic moulage techniques, students will learn the basics of setting up and preparing for a MCI exercise. Wear old clothes that can get ruined! This fast-paced class has no break for lunch so bring some snacks. Students will receive an intro moulage kit. Class limited to 30 students. For information contact Penny Workman at (512) 834-6700 or email penny.workman@tdh.state.tx.us.

Hospital Emergency ICS – 4-hour class, \$125, Hyatt, Sunday 1-5pm, CE Category: Additional

Federal law mandates use of a standardized incident management system for hazmat incidents and response to terrorism. New JCAHO standards require standardized hospital-based ICS training. This class includes a brief ICS orientation, nature and terminology of HEICS, specifics of the system, and guidelines for implementation. The class is targeted toward hospital and public safety employees tasked with assisting hospitals in emergency planning, training, and response, who have direct or significant supporting roles in emergency operations. Provides 4 hours of training in HEICS, representing the full recommended curriculum. Attendees with no prior ICS exposure are recommended to take the Introduction to ICS class in the morning. For information contact Jeff Rubin at jeff.rubin@tvfr.com, or (503) 723-6754.

Child Safety Seat Technician Update - 6-hour class, \$60 Hyatt, Sunday 1-6pm, CE Category: Additional

This class provides new information and serves as a refresher of core knowledge and skills for certified child passenger safety technicians. Must be certified as a Child Passenger Safety Technician. For information contact Johnny Humphreys at (512) 458-7111 ext. 6640 or email Johnny.Humphreys@tdh.state.tx.us.



Local & Regional EMS News

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

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

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
Bureau of Emergency
Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700
Fax (512) 834-6736

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

Americana Ambulance honors military personnel

In December, Americana Ambulance in San Antonio honored its active duty and reserve duty personnel during the Christmas gathering. During the party, employees who were in or had been in the military were called to unfold a flag and everyone joined in for the Pledge of Allegiance. Since several employees had recently been activated into military service, a photo of the flag surrounded by former and present military personnel was sent to them in a Christmas card. The service also remembered the personnel in public service for their actions during and following the September 11 tragedy.

Laredo FD participates in WMD training

Laredo FD recently completed a four-day Weapons of Mass Destruction: Unified Incident Command course. The course was presented by Texas Engineering Extension Services and sponsored by the U.S. Department of Justice. Focusing on responses to terroristic events, the training allowed LFD personnel to coordinate responses to several scenarios, including a vehicle-train collision with multiple casualties. The vehicle-train scenario was filmed to be replayed to the high school students and the general public to increase awareness of the potential dangers at railroad intersections. This training increased Laredo's overall readiness for terrorism events.

Employees of Americana Ambulance in San Antonio gathered around an American flag for a Christmas photo for its members who had been activated and would be overseas during the holiday season.



Local & Regional EMS News

30 years of service for Hughes Springs VEMS and one of its volunteers

In February, Hughes Springs VEMS celebrated 30 years of service to the Hughes Springs area. The service has one ECA, 15 EMTs and five EMT-I's, works closely with Cross Roads Cornett VFD/FR and is training first responders in the Avinger area. Hughes Springs VEMS also honored Chester Wilson for his 30 years of volunteer service to HSVEMS. Wilson began volunteering at HSVEMS in 1972 and has held his ECA certification ever since it became a requirement to assist on an ambulance in Texas. Wilson was honored for his time and dedication to the service and was presented a watch engraved with his name and years of service.

Firefighters, EMS honored by citizens

The citizens of Guadalupe County honored their firefighters and EMS personnel at a dinner and presentation in Seguin in March. Pat Barrett, of the Emergency Services Training Institute at Texas A&M University, discussed the changes in the emergency responders' jobs since the September 11 events. Recognized for five years of service were Victor Perez; Darren Billings, EMT-P; Victor Morgan, EMT-I; Patrick Hoeffner, EMT-I; and Ronnie Dill, EMT-I. Raymond Bogen, EMT, was recognized for 35



Hughes Springs VEMS celebrated 30 years of service to the Hughes Springs area. Members of Hughes Springs EMS are, from left, Ron Wertz, Melissa Wallace, Ricky Wallace, Chester Wilson, Patsy Wertz, Peggy Jenkins, Candie Smith, Monica Brock, Cissie Wallace, Tom Jenkins, Mickey Rorex and Deborah Abernathy. Members not pictured: Carla Wertz, Kyle Harrison, Tommie McKinney, Larry Trevino, Cathy Smith, Joe Brown, Deena Riiddle, Brenda Smoak, Laurie Hall, Marvin Naron, Ricky Lewis, Marty Vejvoda, Nowel Higgins and William Dannelley.



Chester Wilson, ECA, was honored in February for 30 years of service to Hughes Springs VEMS.

years of service to the city of Seguin. Terry Murdoch, EMT-P, was awarded the Firefighter of the Year award and Tara Murdoch, EMT-P, was awarded the EMS Technician of the Year award.

Citizen fire academy leaves woman prepared for crisis

The Bryan/College Station Eagle recently had an article discussing how the skills a woman learned at the College Station FD Citizens Fire Academy helped her save her grandson. Marlene Albers was at her son's office building with her grandchildren when one of them began choking on a piece of hard candy. Albers performed the Heimlich maneuver, dislodging the candy from the child's mouth. Both College Station FD and Bryan FD have citizen fire academies.

Local & Regional EMS News



Pictured are several students who recently graduated from an ECA class in El Paso County. The class was paid by a grant from TDH.

Socorro holds ECA class

Socorro VFD, in El Paso County, recently graduated 12 students from an ECA class. The class was paid by a grant from TDH. The students completing the class were Ricardo Resendez, Hector Gallegos, Teresa Mijares, Jorge Cardenas, Karla Acosta, Victor Candelaria, Eric Ponce, Alejandra Magallanes, Enrique Magallanes, Robert Mefford, Maurice Rodarte and Blas Pulido Jr. David Pearse coordinated the class. For more information on TDH's ECA grant program, contact Eddie Walker at (512) 834-5700, ext. 2313.

MCHD, county officials honor emergency workers at reunion

Officials for the Montgomery County Hospital District and for Montgomery County honored EMS and fire department crews who have resuscitated victims of sudden cardiac arrest at the Valentine's Day Heart-Throb Reunion. The event reunited crews with some of the people they had resuscitated over the years. The *Houston Chronicle* had articles about some of the victims saved by MCHD emergency personnel and said that CPR, automatic electronic defibrillators and the drug Retavase helped save these victims.

Paramedic honored by newsletter

The University of Texas Health Science Center at San Antonio's *The News* recently had an article about Victoria Smith, EMT-P, a rescue training coordinator in the school's emergency medical technology. Smith also serves on the Texas Task Force 1 and was deployed to the 2002 Winter Olympics in Salt Lake City, Utah. The article discusses some of the procedures for training for the task force and details some of the other events for which the Texas Task Force 1 has been activated.

Rice University EMS receives honors

Rice University EMS, in Houston, recently received two awards from the National Collegiate EMS Foundation. The REMS web site was recognized as the "Web Site of the Year" for its accuracy, usefulness and interactive capabilities. And REMS was awarded the "Striving for Excellence in Campus EMS" award for the second time. Similar to an accreditation process, this award is designed to establish benchmarks for collegiate EMS agencies.

CareLite receives air medical safety award

CareLite was honored with an air medical safety award by

Local & Regional EMS News

American Eurocopter at the December meeting of the Association of Air Medical Services. The award was given to the service for completing more than 50,000 consecutive accident-free EMS missions. Established in 1979, CareFlite operates five medical helicopters, a fixed wing service and ground ambulances in more than 100 counties in north central Texas.

Nacogdoches Memorial Hospital EMS holds EVOC class

In December, Nacogdoches Memorial Hospital EMS conducted annual EVOC training for 104 EMS, fire department and first responder personnel.

The course emphasized safe driving, since driving is a large component in emergency response, yet driver training is not regularly practiced. The classes were conducted in conjunction with the Emergency Services Training Institute of Texas Department of Transportation, Texas Engineering Extension Services.

MedStar spreads Christmas cheer

Several Rural/Metro-MedStar employees visited Fort Worth area nursing homes in December and sang Christmas carols for the residents. They also delivered gift packages for some of the residents. The MedStar singers

were Kim Riley, Brenda Hefelfinger, Tony Wood, Carolyn Peace, Anita Allen, Mark Hull, Penny Hale, Jason Carter and Rebecca Jones.

McGregor VEMS holds fundraiser, gets new ambulance

McGregor VEMS held an Irish Stew fund raiser in March. The meal included Irish stew, cornbread, Irish bread, dessert and drink. This event was one of the many fundraisers that MVEMS does throughout the year. MVEMS also received a new 2002 Ford AEV 450 in March. MVEMS provides emergency medical service in McGregor and the surrounding communities and assists in mutual aid to nearby areas.

14,000 child safety seats to be distributed through Texas RACs

Beginning this summer, approximately 14,000 child safety seats will be given to Texas RACs to distribute to low-income families. The number of seats each RAC receives will depend on child population, restraint usage rate for children and injury rate and fatality rate for children in each area. The seats will be given to the public in conjunction with educational programs and car seat check-up events. Free of cost to the family, the seats were part of a



An ambulance is safely maneuvered through the course as part of the EVOC training classes in Nacogdoches. Safely maneuvering the ambulance is one of the most important, and least practiced, skills of emergency personnel.

Local & Regional EMS News

grant from the Texas Department of Transportation to TDH's Safe Riders Program. For more information contact TDH's Safe Riders Program at (800) 252-8255 or the Emergency Health Care System program at (512) 834-6700.

Dublin EMS adds new ECAs

Dublin EMS, in Erath County, recently received a grant from TDH to hold an ECA class. Seven students graduated from the course and passed the ECA test. New ECAs are Cynthia Burkes, Steven Estep, Helen Garcia, Cliff Jackson, Dan Parker, Jonathan Riley and David Zinck. Leslie Cantrell-Hughes coordinated the class. For more information on TDH's ECA grant program, contact Eddie Walker at (512) 834-6700, ext. 2313.

Carrollton FD receives another CAAS accreditation

The City of Carrollton Fire Department recently received accreditation again from the Commission on Accreditation of Ambulance Services. The process for accreditation involves a thorough review of all phases of a service's operations. According to fire department sources, in February 1996 the fire department was the first fire-based EMS service in the nation to receive accreditation from



Dr. Joan Shook, chief of Emergency Service with Texas Children's Hospital, examines a little girl in the emergency department that handles about 200 patients a day.

CAAS. The fire department is under the direction of Fire Chief Bruce Varner.

Children's hospital keeps growing

Texas Children's Hospital continues to expand to keep up with an increasing number of patients. When the current expansion and renovation are completed in 2003, the Texas Children's Gordon Emergency Center will have the capacity to treat approximately 85,000 patients a year—more than three times the amount it was planned to accommodate when it was built in 1990. With the expan-

sion, the hospital hopes to strengthen its role as one of the largest and most preeminent children's hospitals in the nation. The ED now handles about 200 patients a day.

Send in your EMS Week stories

What is your service doing for EMS Week? Texas EMS Magazine is looking for stories and photos to run all year in Local and Regional News. You can send your stories and photos by mail to: Texas EMS Magazine, 1100 W. 49th, Austin, Texas 78756, or email them to Kelly Harrell at Kelly.Harrell@tdh.state.tx.us.

Local & Regional EMS News

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcqs/ems/regions.htm>
 1100 West 49th Street
 Austin, Texas 78756-3199
 (512) 834-6700

Public Health Region 1
<http://www.r01.tdh.state.tx.us/ems/emshome.htm>

Terry Bavousett
 P.O. Box 60968, WTAMU Station
 Canyon, Texas 79016
 (806) 655-7151

Denny Martin
 1109 Kemper
 Lubbock, Texas 79403
 (806) 744-3577

Public Health Regions 2 & 3
<http://www.tdh.state.tx.us/hcqs/ems/r2&3home.htm>

Kevin Veal
 1301 South Bowen Road, Suite 200
 Arlington, TX 76013
 (817) 264-4500

Jerry Bradshaw
 4309 Jacksboro Hwy, Suite 101
 Wichita Falls, Texas 76302
 (940) 767-8593

Andrew Cargile
 1290 S. Willis, Suite 100
 Abilene, Texas 79605
 (915) 690-4410

Public Health Regions 4 & 5
<http://www.tdh.state.tx.us/hcqs/ems/r4&5home.htm>

Brett Hart
 1517 W. Front Street
 Tyler, Texas 75702-7854
 (903) 533-5370

Public Health Region 6
<http://www.r06.tdh.state.tx.us/ems/r6home.htm>

C. Wayne Morris
 5425 Polk Street, Suite J
 Houston, Texas 77023
 (713) 767-3333

Public Health Region 7
<http://www.r07.tdh.state.tx.us/ems/ems.htm>

Rod Dennison
 2408 S. 37th St.
 Temple, Texas 76704-7168
 (254) 778-6744

Public Health Region 8
<http://www.r08.tdh.state.tx.us/r8home.html>

Lee Sweeten
 1021 Garner Field Road
 Uvalde, Texas 78801
 (830) 278-7173

Steve Hanneman
 Fernando Posada
 7430 Louis Pasteur
 San Antonio, Texas 78229
 (210) 949-2050

Public Health Regions 9 & 10
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

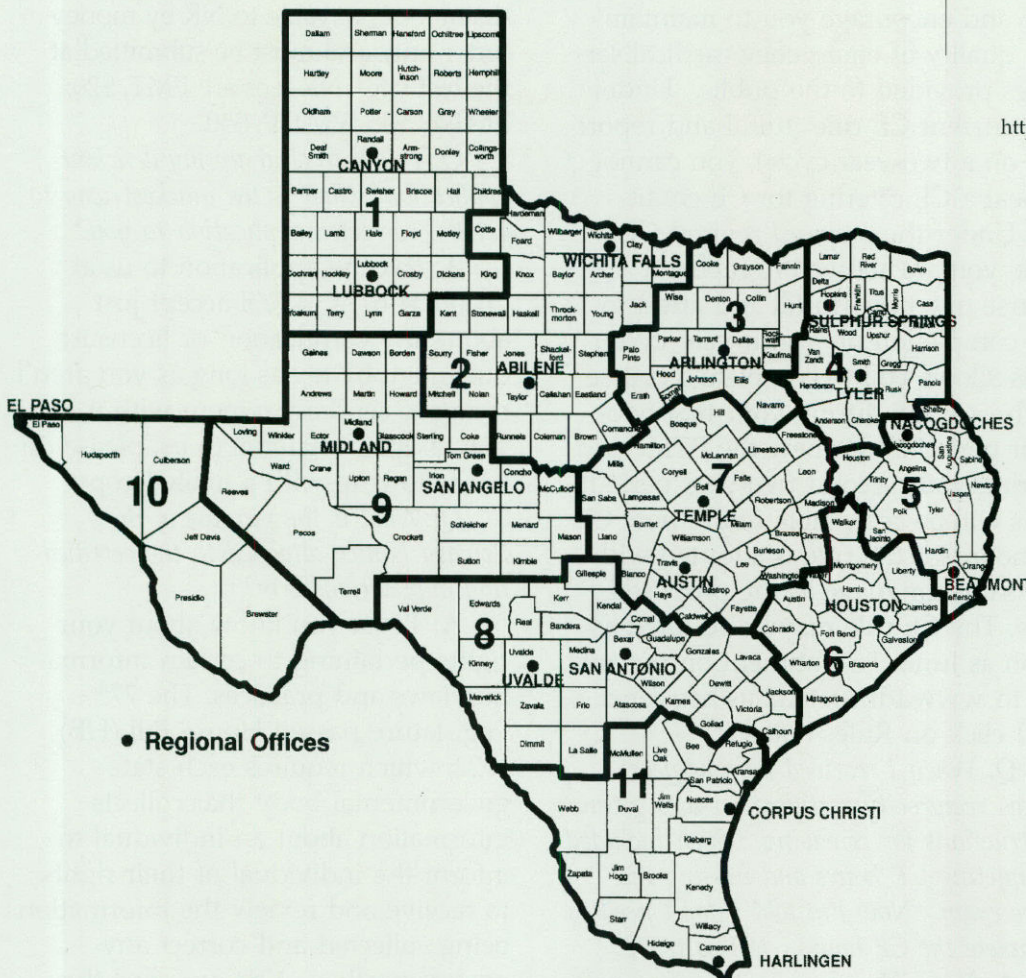
Tom Cantwell
 Anthony Viscon
 401 E. Franklin, Suite 210
 El Paso, Texas 79901
 (915) 834-7708

Leland Hart
 2301 N. Big Spring, Ste. 300
 Midland, Texas 79705
 (915) 683-9492

Public Health Region 11
<http://www.tdh.state.tx.us/hcqs/ems/r11home.htm>

Noemi Sanchez
 601 W. Sesame Dr.
 Harlingen, Texas 78550
 (956) 423-0130

Rothy Moseley
 1233 Agnes
 Corpus Christi, Texas 78401
 (361) 888-7762 x281



By
Linda Reyes

FAQ *EMS Standards*

Bureau web home page
address: <http://www.tdh.state.tx.us/hcqs/ems>
EMS Standards home page:
<http://www.tdh.state.tx.us/hcqs/ems/stdhome.htm>
Internet certification
verification is now on web
site.
Certification verification
phone line:
512-834-6769
Fax number:
512-834-6714
email: emscert@tdh.state.tx.us



*Still need an
EMS Week
packet?*

Call (512) 834-6700,
EXT. 2380 or go to
the website at
[www.tdh.state.tx.us/
hcqs/ems](http://www.tdh.state.tx.us/hcqs/ems)

EMS Week
May 19-25, 2002
Help is a Heartbeat
Away

Trauma Month
May

Q: *One of my co-workers seems to think it is okay to take the same CE class two or three times. Is this acceptable?*

A: No, not if the CE is repeated during a two-year period. Reporting you have completed CE hours for a course you repeated multiple times is not acceptable. The CE requirements are intended to keep you knowledgeable of current techniques and practice and encourage you to maintain the quality of emergency medical services provided to the public. Under the current CE rule (fulfill and report CE on a two-year cycle), you cannot repeat a CE offering for CE credit.

Under the *proposed* revised CE rule, you are allowed to repeat a course one time (fulfill and attest to CE completion on a four-year cycle). This allows you to complete a course such as BTLS during your first two-year period and renew the BTLS card during your second two-year period. This will be acceptable under new CE standards if the rule is adopted with the same language as the proposed rule. The CE rule may be adopted as soon as June. To comment on the rule, go to www.tdh.state.tx.us/hcqs/ems and click on Rules/Policy.

Q: *When I received my one-year Texas reciprocity certificate, I was given instructions for renewing, which included completing CE hours and passing the state exam. Now I'm told I don't need to complete the CE hours. Is this true?*

A: Yes. The new certification rule, effective January 1, 2002, does not require you to complete CE during the one-year reciprocity period. However,

you must pass the exam.

The exam you will complete is the National Registry (NR) assessment exam. Even though you may have already passed the NR exam, you must pass the exam during the one-year reciprocity period. In addition to the state application fee, you will be required to pay a testing fee to NR to take the assessment exam. The additional fee is payable to NR by money order only and must be submitted **at the test site**. NR fees are EMT, \$20; EMT-I, \$45; EMT-P, \$50.

Q: *I need to clear up my deficient application. What is the quickest way to get the corrected application to you?*

A: Fax the application to us at (512) 834-6714. We'll accept just about any certification or licensure document by fax as long as you aren't trying to send a payment with it. If you fax your material to us, please do not follow-up with a mailed copy.

Q: *What is the purpose of the Privacy Notice attached to the certification application form?*

A: To let you know about your rights pertaining to certain information laws and practices. The 77th Legislature passed House Bill (HB) 1922, which requires each state governmental body that collects information about an individual to inform the individual of their rights to receive and review the information being collected and correct any misinformation. You can read the HB on-line at Texas Legislature Online: <http://www.capitol.state.tx.us/capitol.htm>.

By
Eddie Walker, EMT-P

FAQ *Education*

Q: *I am the administrator of a First Responder Organization and recently read on your website information about ECA training. Could you give me more information about it?*

A: The Emergency Care Attendant Training (ECAT) Program came about as a result of House Bill 2446, which mandates TDH to "provide or facilitate the provision of initial training for emergency care attendants, if the training is not available locally." The cost of the class and books are free to the students; however, they may have some expenses not covered by TDH, such as buying notebooks and other supplies. The requirements necessary for one of these classes to occur are: 1. It must be in a rural or underserved area of the state. 2. The training must be provided at times and places that are convenient to the students. 3. At least three students are required for the training to take place. 4. All students completing the course are required to provide one year of service as an Emergency Care Attendant with the local emergency medical services provider or first responder organization.

Q: *I have five students for the ECA class but other area departments want to send some people to the class. Is this allowed?*

A: Yes. Oftentimes it is easier to teach one larger class than two or three smaller ones. These students will sign an agreement with their department to volunteer for that one-year period after gaining certification.

Q: *Since these people will be volunteers with a department after they complete the course and pass the state exam, will they be exempt from the application fees?*

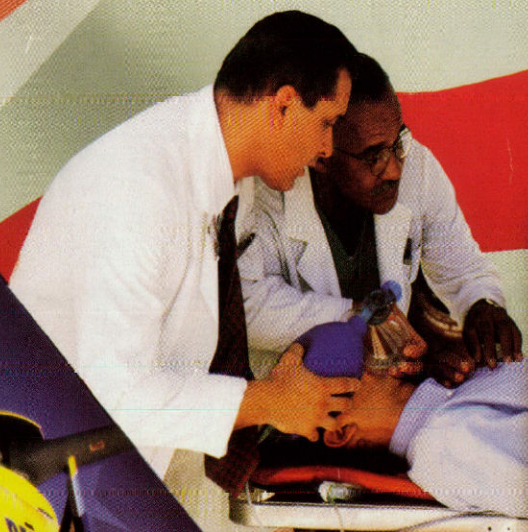
A: The volunteers will be exempt from the application fees **if** they are volunteering with a Registered First Responder Organization **or** licensed EMS service. If they respond with a department that is not a Registered First Responder Organization or licensed EMS service, they will be required to pay the application fees. See the March/April issue of *Texas EMS Magazine* (in print or on the web at www.tdh.state.tx.us/hcqs/ems) for more information about volunteer fee exemptions.

Q: *How can I get more information or apply for one of the Emergency Care Attendant Training classes?*

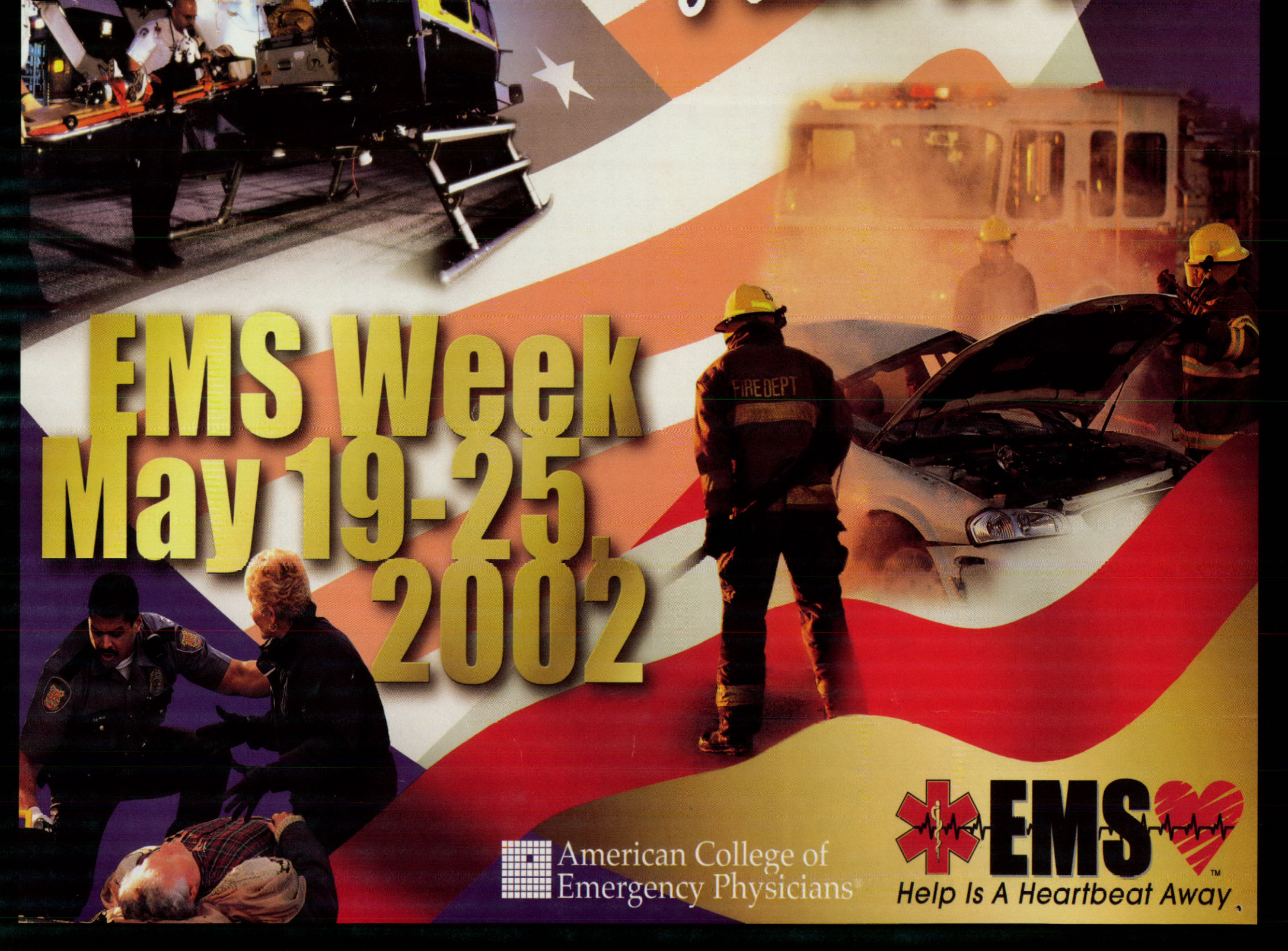
A: You may contact Eddie Walker, Bureau of Emergency Management EMS Education Specialist at 512-834-6700, ext. 2313, for more information.

TEXAS EMS CERTIFICATIONS AS OF APRIL 7, 2002

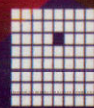
ECA	5,336
EMT	24,827
EMT-I	4,010
EMT-P	9,672
LIC-P	5,098
TOTAL	48,943
COORDINATOR	355
INSTRUCTOR	2,010
EXAMINER	549



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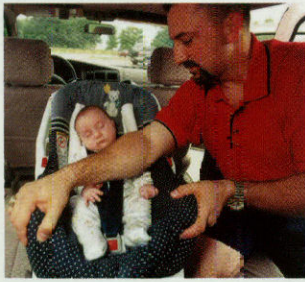
EMS Week May 19-25, 2002



American College of
Emergency Physicians[®]



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Help Is A Heartbeat Away.



EMS Week

A pat on the back: EMS Week and Trauma Month honor emergency medicine

Are you still looking for an event for EMS Week? Below are some ideas that were mailed out in the EMS Week packets that went to nearly 1,300 EMS providers and first responders. We still have a few packets left if you didn't get one. Call us at (512) 834-6700 if you have any questions about EMS Week.

- **Seasonal Safety Tips.** Prepare fact sheets on seasonal safety, such as summer safety (swimming, boating, skating and cycling) and winter safety (skiing, frostbite, and hypothermia). You might also create safety tip sheets for special occasions such as Halloween (trick or treat), Prom Night (drinking and driving prevention), and Fourth of July (fireworks).
- **Infant CPR.** Consider an evening lecture for parents about infant care and emergency techniques that might be helpful.
- **Stage a Mock Emergency.** Stage an automobile, lightning, boating, or drowning incident, and show how the EMS system would help them.
- **Outdoor Search and Rescue.** Teach children how to avoid getting lost while hiking or picnicking, how to make it easier for rescue teams to spot them, and how to survive, plus what to take on outdoor trips for health and safety.
- **Photo Displays.** Set up photos of your emergency department, ambulance, and other EMS functions for display at local libraries, schools, and shopping malls.
- **Shopping Mall Displays.** Your EMS personnel can spend a day at a local shopping mall, handing out materials and answering questions about EMS. You can display rescue equipment, ambulances, transport helicopters, etc., and provide breathalyzer demonstrations, BP checks, safety information, etc.
- **Safety Days and Open Houses.** A great way to get the word out about EMS and the role it plays is to provide services to the community. Examples: free blood pressure/glucose testing clinics; I.D. fingerprinting for children; medical I.D. cards or Vials of Life for senior citizens; free safety checks (car seats, bicycles, smoke detectors, etc.)
- **Classroom Talks.** Encourage teachers to invite you to their classrooms to talk about EMS and staying safe.
- **Home Safety Program.** Have EMS personnel give a lecture on home safety, including pediatric and geriatric information, medical tips, and general safety ideas.

EMS Week photos top to bottom: A tour of the fire station is always a popular activity any time of the year; a car seat safety check can show parents if a car seat is installed correctly—or not; proper instruction on wearing a helmet could save a head injury later on; and bicycle rodeos can lay the foundation for safe riding habits. Ready Teddy is very popular with children—contact your regional office to see about using a Ready Teddy costume and getting coloring books.

By Jim Arnold

'Clean-up' CE rule proposed to Board of Health

On March 24, 2002, TDH's Bureau of Emergency Management proposed to the Board of Health the repeal of the current rule, §157.38, to be replaced with a new §157.38. The rule concerns the approval and requirement for the accrual of continuing education credit for emergency medical services personnel. The adoption of §157.34 in September, relating to options for recertification, necessitated the development of the new rule pertaining to the CE options. The rule is scheduled to go before the Board of Health for adoption, after consideration of any comments, at the June 13 meeting. Rules must be proposed to the Board of Health and, after a public comment period, can be adopted at a subsequent meeting.

The proposed rule was developed in conjunction with the Education Committee for GETAC, a special task force on rural CE issues, the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), the Texas Higher Education Coordinating Board, and the Governor's EMS and Trauma Advisory Council.

Significant changes in the rule include:

- The provision for a much wider range of educational activities for EMS personnel than previously allowed, including credit for clinical practice and research;
- The inclusion of content areas not

previously allowed that address certain non-clinical, yet operationally essential, elements such as rescue techniques, emergency vehicle operations, bioterrorism preparedness, and medicolegal documentation;

- Expanded accessibility of CE venues to include self-study, distributive education, web-based opportunities, as well as precepted laboratory and didactic workshop presentations;
- More tightly defined quality control of activities, based on national educational guidelines;
- A 25 to 30 percent reduction in the overall number of required hours;
- The allowance for retro-approval of certain education activities, when appropriate;
- The elimination of the previously required interim reporting process for the participant; and
- Enhanced auditing by the department of the education programs providing the CE and the certifiants' participation.

The official comment period for the proposed repeal and the new rule ends on May 4 although comments will be accepted after that. Comments can be made in writing to Jim Arnold, Texas Department of Health EMS, 1100 W. 49th, Austin, Texas 78756 or by email on the website at www.tdh.state.tx.us/hcqs/ems. Click on Rules/Policy and go to Proposed Rules.

One change in the rule includes the provision for a much wider range of educational activities for EMS personnel than previously allowed.

Mapping it out

Strategic Plan will provide direction for EMS regulation and EMS/Trauma systems

At the Amarillo meeting, from left, Fred Hagedorn, Pattilou Dawkins and Gary Cheek.



Just a little less than a year ago, after the Texas Legislature wrapped up its session, the Bureau of Emergency Management began making plans on how to implement new legislation. One of those bills, HB 2446, directed GETAC to develop a strategic plan for the future of EMS regulation and EMS/Trauma systems to present to the next session of the Legislature. Since then, GETAC and the bureau staff have taken input from constituents, designed comprehensive surveys, taken input from constituents, sent out the surveys, taken input from constituents and tabulated the surveys, entering into the computer the comments on each survey. Surveys were sent to all EMS providers, first responders, hospi-

tals and medical directors (see box). In late April, GETAC held a weekend retreat to start sorting through the raw data and to decide how the data can best be presented in the final report to the Legislature. The results of that retreat are posted on our website at www.tdh.state.tx.us/hcqs/ems. You can make comments through an email link off our website, by mail or by phone. Or you can come to GETAC on May 31 and comment.

In addition, GETAC heard comments at a series of public hearings around the state in March. Below are some of the public comments taken at each meeting.

Amarillo — March 21

GETAC Members: Gary Cheek, Pattilou Dawkins, Fred Hagedorn MD

Constituents: 77 sign-ins

Issues: The rural nature of the area; serious diversion and ED overcrowding; the cost of providing services; cost and availability of pharmaceuticals/medical supplies; funding; decreasing reimbursement for services; paperwork; staffing problems; trauma patient transports to non-designated facilities; the Balanced Budget Act with decreased Medicaid funding; and concern about viability of volunteer services.

Corpus Christi — March 22

GETAC Members: Ed Racht MD, John L. Simms, Pete D. Wolf, Judge Arlene Marshall

Constituents: 29 sign-ins

Issues: More work shifting to the RACs; need to increase RAC participation; new Medicare fee schedule; state regulations; non-funded trauma patients; increase in indigent patients; complexity of Medicare reimbursement process; hospital district

The response on the surveys was impressive. Separate surveys were sent to EMS providers, medical directors, hospitals and first responder organizations. Below is the final tally. Part A of the surveys was the multiple-choice answers; Part B was the essay/opinion portion. The comments were, for the most part, extremely helpful in determining where we are in EMS, where EMS should be in 2010 and how the profession should get there.

Survey Overall Return Rate: 30 percent

Surveys	Part A	Part B
EMS: 749	384 (51%)	272 (36%)
MD: 740	130 (18%)	27 (04%)
Hosp: 372	229 (62%)	76 (21%)
FRO: 2290	520 (23%)	121 (5%)
Totals: 4151	1263 (30%)	496 (12%)

funding; EMTALA concerns; cost of malpractice insurance and lawsuits; staffing shortages; patient transfers; and paperwork in small facilities.

El Paso — March 21

GETAC Members: Rebecca Campuzano-Salcido, Ed Racht MD, Pete D. Wolf

Constituents: 36 sign-ins

Issues: Need for operational funding; new Medicare fee structure and decreasing reimbursement rates; lack of local government funding; training obstacles; hospital bed capacity; and staffing shortages in hospitals.

Harlingen — March 22

GETAC Members: Raymond P.

Holloway, Ed Racht MD, Mario Segura, Pete D. Wolf

Issues: Too many providers; too easy to get a provider license; number of lawsuits; problem with staffing; quality and number of EMS students; cost of malpractice insurance; number of lawsuits; loss of physicians to other areas; indigent /undocumented workers; staffing shortage; low reimbursement rates; diversion; and shortage of ER beds and critical care beds.

Nacogdoches — March 14

GETAC Members: Lance Gutierrez
Constituents: approximately 35 attendees

Issues: Funding; diversion and ED

overcrowding; number and quality of EMS students; transferring patients; provider licensure rules; training obstacles; EMS wages; training for medical directors; patient transfers; EMS/hospital reimbursement; continuing education obstacles; quality improvement in EMS.

San Angelo – March 21

GETAC Members: Ed Racht MD, Pete D. Wolf

Constituents: 45 sign-ins

Issues: Training obstacles; number and quality of EMS students; paramedic wages; paramedic curricula; education for medical directors; trauma transfers; and patient transfers.

Governor's EMS and Trauma Advisory Council

EMS/Trauma System Strategic Planning
Development Document - Process/Timeline

Status April 2002

Task	Responsible Party	Projected Completion Date	Status
Development and finalization of survey instruments and process	Rural Task Force	8/31/01	Completed 10/1/01
Survey Mailout-EMS Medical Directors, FROs, EMS Providers, & Hospitals	BEM	9/14	Completed 10/23/01
GETAC letter to Stakeholders	BEM	9/14	Completed by email 10/23/01
Survey reminder card mailout	BEM	12/1	Completed
Other "promotional" activities (e-list postings, magazine, etc.)	BEM	11/30	Completed
GETAC/Standing Committee Hearings	GETAC/Standing Committees	11/17-19	Completed
		1/30- 2/1	Completed
		5/29-31	Scheduled
Surveys entered	Contractor	2/15/02	Completed
Other On-Site Public Hearings	GETAC	3/31	Six hearings completed
Survey data collated/ analyzed	TDH	3/31	Initial analysis for retreat completed
Retreat Packets, including draft of background materials to GETAC	BEM	4/5	Completed
GETAC retreat	GETAC/BEM	4/19-21	Scheduled at Texas Tech facility in Junction Texas
Goals/Recommendations developed	GETAC	4/21	
Strategic Plan Document Drafted	BEM	4/30	
Review of draft plan	GETAC/TDH/ Stakeholders	6/30	
Strategic Plan Document Finalized	BEM	7/31	
Strategic Plan Document Printed and Ready for Dissemination	BEM	10/1	

By John Rinard, LP

EMS *in Poland*

On a recent trip to help initiate a BTLIS chapter in Poland, I had the opportunity to learn about the health-care system for the estimated 38 million citizens in that country. This is a country that toiled under foreign rule for more than 200 years, and has not historically been known for being wealthy. It was therefore a surprise for me to discover the progress that had been made in the health care system. And then there's the history: Krakow has been reported to operate the second oldest EMS system in the world, behind Vienna.

My travels took me to Krakow, a city located in the southeastern part of the country with a population of approximately one million people. Among the points of interest in this area are a national forest, the oldest salt mine in the world, and, within a short drive, Auschwitz. In the beginning, Krakow was actually two cities divided by a river. In an effort to join the towns, the river was re-routed by approximately 200 meters.

The system: The hospital system is not unlike that of Texas many years ago in that there is not an organized trauma system. However, there is a conscious effort underway to begin development of a system. The hospitals scattered through Krakow and the surrounding area work on a rotation basis for receiving patients from the EMS system. Through this process EDs receive, on average, 50 patients per day.

The unemployment rate in Krakow ranges near 18 percent and that includes physicians. The annual pay rate averages the equivalent of \$5000/year

or 20,000 zlotys (Polish currency). As a result, many hospital clinicians have migrated to the prehospital system in an effort to augment their pay or in a few cases to voluntarily continue practicing medicine until an opening occurs on-staff with a local facility.

EMS education: The EMS system has certification levels for both EMT and EMT-P. The paramedic programs are located in academic settings and take about three years to complete. Current curriculum does not include academic level classes but rather focuses on clinicals and basic understanding of the skills and didactic knowledge necessary for completion of patient care responsibilities.

The regulatory body for health care in Poland, the Ministry of Health, has not established an expiration period or recertification process, therefore many of the issues faced in Texas have not surfaced yet. In addition, there is not an established process to require CE, nor to specify content or number of hours. This issue is now one of many being addressed. Other issues that the ministry is making plans to address in the near future include disaster management programs and emergency medical dispatch. CISM has also moved to the forefront following the recent loss of a flight nurse and two search and rescue staff.

EMS resources: Like European towns, Krakow is laced with a narrow road system, which forces the use of smaller ambulances. The EMS system staffs approximately 1000 ground-based units, which are divided into trauma (BLS) and cardiac (ALS) units. Each unit is staffed with a crew of four: a driver, paramedic, nurse, and



The interior of an ambulance in Poland.

Involved in EMS since 1980, John Rinard is completing his 10th year as a member of the Board of Directors for BTLIS International. In addition, Rinard is the EMS WMD Program Supervisor at TEEEX Emergency Services Institute in College Station, Texas.

physician. As it does in other parts of Europe, this level of staffing allows a high level of care to be provided to patients in the prehospital environment. A lack of established standards for medical staffing means that onboard physicians range in training from trauma surgeons to anesthesiologists, and all fields in between. While the system provides patients with the opportunity for immediate physician contact, it lacks a standardized drug list, protocols or online medical direction. Regular shifts are 12 hours long. However, as with all systems, shifts may extend to 24 hours or more. Local EMS agencies also provide tactical support for law enforcement operations as well as a technical search and rescue team.

The trauma units are equipped with LifePak 5s, a wide variety of fluids including Dextran, surgical airways and a large inventory of medications. ALS units carry LifePak 12s and all units have the routine complement of backboards, KEDs, scoop stretchers and stair chairs. The one noticeable exception was easy availability of MAST.

Crew quarters are similar in nature to what you might find at any station in Texas, the one difference being the availability of one or more basic clinic rooms that are set up in each station.



The helicopters are used for scene missions and facility transfers in 12-hour blocks of time, which start at sun-up and end with darkness. It is a matter of Polish policy that helicopters will not be launched during the night. This is based on a lack of instrumentation and training in night flights.

These allow duty physicians to assess and initiate treatment for walk-in patients.

The air transport system currently uses 15 helicopters augmented by two fixed-wing aircraft that are available for longer transports throughout Europe. The Ministry of Health has recently received funding that will allow all helicopters to be replaced within the next couple years with newer models carrying increased instrumentation, range and fuel efficiency. Both ground and air transports are provided under a government subsidy without patient or insurance billing.

Overall, although there is much to be done in setting up the system (see below), I was impressed with Poland and its EMS system.



Krakow, a city located in the southeastern part of the country with a population of approximately one million people, has been reported to operate the second oldest EMS system in the world, behind Vienna.

Interesting in helping Poland with its EMS system?

In an effort to assist the Ministry of Health in further developing the trauma and prehospital system I would like to ask for copies of the following items:

- Protocols
- Trauma system guidelines
- Diversion guidelines
- Helicopter protocols

When submitting, please include a letter authorizing the Ministry of Health to use the information. Please submit the letter and documents to: John Rinard, c/o TEEX ESTI EMS Program, 1595 Nuclear Science Rd, College Station, TX 77840.



Managing organophosphate exposures

"Dispatch to Medic 2 and County First Responders: Respond to Interstate 10 at County Road 88 for an overturned truck." On arrival the first responders find an 18-wheeler on its side with a granular substance spilling from the trailer onto the highway. A passerby has stopped to help and is standing waist-deep in the substance, assisting the driver out of the cab of the truck. The first responders identify the chemical through identification tags as Orthene and notify the police and fire departments of a potential HAZMAT scene. When the ambulance arrives, the 30-year-old bystander who was helping the driver is found sitting on the side of the road. A physical exam reveals that the patient appears drowsy and is drooling excessively, diaphoretic and short of breath. Her pulse is regular at 52 beats per minute, respirations 28 per minute and labored, blood pressure 124/88, skin is flushed and diaphoretic, pulse

Left, EMS personnel practice decontamination procedures during HAZMAT training class.

oximetry shows 94 percent saturation on outside air, and ECG reveals sinus bradycardia in lead II.

A visit to your local hardware store or garden nursery is all it takes to become aware of the fact that Americans have immediate access to some of the most potent and deadly pesticides ever produced. Despite the fact that not one species of insect has been eradicated by pesticide use, there are a wide variety of chemicals used in agricultural and structural insect control and home and garden use. One particular pesticide chemical, organophosphate (OP), is widely available and used by the public in several products such as Orthene, Dursban and Spectracide.

Despite laws that regulate the use of organophosphates, poisonings continue to occur due to inadvertent and suicidal exposures. Emergency care providers may encounter these patients and may also become a victim without the proper understanding of and training about these common pesticides. To understand the body's response to

Glossary on page 45.

Learning objectives

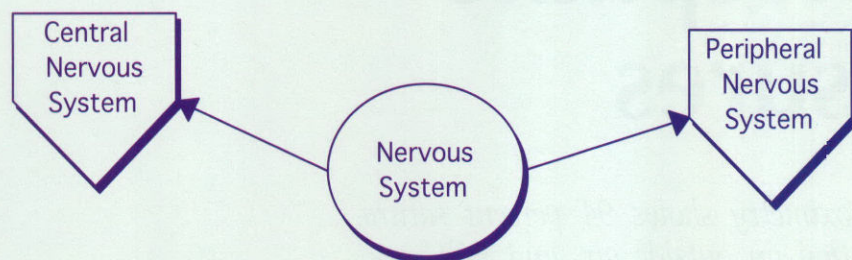
After completing this article, the reader should be able to:

1. Describe the structure of the body's nervous system.
2. Identify the neurotransmitters of the sympathetic nervous system.
3. Describe the two types of receptors in the sympathetic nervous system.
4. List common signs and symptoms seen with organophosphate exposures.
5. Describe acceptable treatments for organophosphate exposures.
6. Describe general HAZMAT principles relating to organophosphate exposure.
7. Identify the five components of medical management for patients exposed to organophosphates.

OP exposure is to understand the body's nervous system.

Anatomy and physiology

The nervous system is the body's



command and control system. In order for the body to respond appropriately to stimuli from both the outside and within, the body must be able to first receive the information, to feel the heat from a hot iron for example, and then must formulate an action such as quickly pulling the hand from the hot iron. The system that is being used primarily is the peripheral nervous system (PNS). Using our example of touching the hot iron, when the brain signals the hand or any other type of skeletal muscle to pull back, the PNS is utilizing its subdivision, the somatic nervous system. But what happens when the brain must tell different types of tissue, such as the heart or the smooth muscle of the gastrointestinal tract to respond? Now the brain sends its impulse via the second subdivision of the PNS called the autonomic nervous system (ANS). These impulses are done without the body's conscious attention, hence the term autonomic. Thankfully we do not have to "think" to breath, slow the heart rate or secrete insulin.

But even at the level of the ANS there is still a further subdivision. Simply put, those activities that are automatic do one of two things—prepare the body for stress or for "vegetative" functions such as digestion. These two divisions of the autonomic nervous system are called the sym-

thetic and parasympathetic nervous systems and it is here that we will see the effects of not only OPs but many drugs with which a person may come into contact.

Sympathetic nervous system

The role of the sympathetic system is to prepare the body for a stressful situation. Running down the street, swimming across the pool or being frightened by a sound in the night—these are all examples of the body preparing for action. The heart rate increases, the bronchioles expand and the pupils dilate. When the nerves of the sympathetic system leave the spinal cord (at the T1-L2 vertebral level), they contact the organs and it is here that a chemical is released that initiates the "fight or flight" response. That chemical is **norepinephrine (NE)**.

Parasympathetic nervous system

Whereas the sympathetic nervous system is referred to as the "fight or flight" system, the parasympathetic nervous system is known as the "feed or breed" system. The parasympathetic nervous system works to slow the body down for rest or to digest food. Following a meal, blood flow is shunted from muscles and directed to the gastrointestinal tract aiding in the digestive process. When the nerves of the parasympathetic system leave the spinal cord (at the level of the cranial and sacral vertebrae), they release a different chemical that initiates the "vegetative" functions. That chemical is **acetylcholine (ACh)**.

The primary nerve of the parasympathetic system is the vagus nerve. When released into the synapse, ACh activates receptors to cause a particular action. Once that action is complete the ACh must be re-

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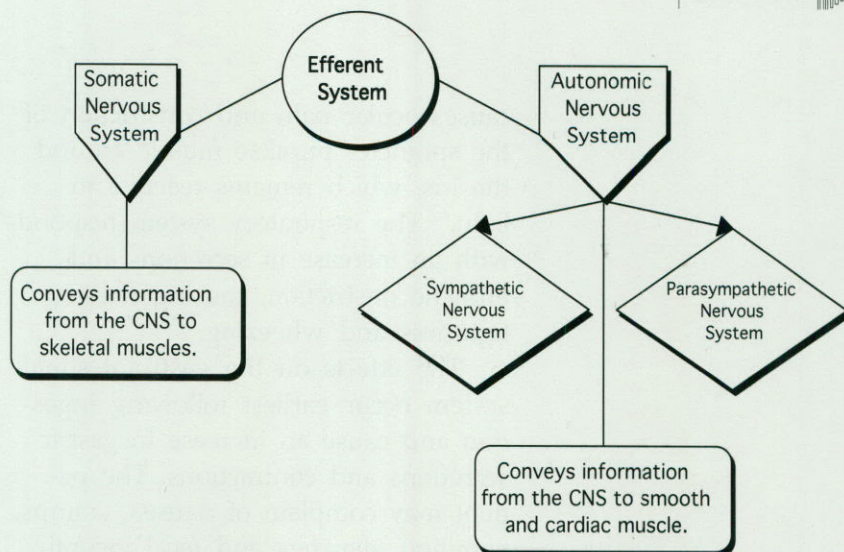
moved from the synapse and one method of removal is by an enzyme called **acetylcholinesterase (ACh-E)**. Because of this action organophosphate pesticides are also called *acetylcholinesterase inhibitors* or *anticholinesterase agents*.

More information about neurotransmitters

ACh and NE are examples of the body's primary neurotransmitters. These chemicals are released from the ends of nerve cells, cross a small gap or synapse, and interact with receptors found on tissues or on receptors found in a ganglion. Ganglia are points along the length of nerves where neurotransmitters are released and interact with receptors (called pre-ganglionic receptors). It is the post-ganglionic receptors that are the main concern because it is here that the effects on the organs and tissues are seen.

Action of organophosphates

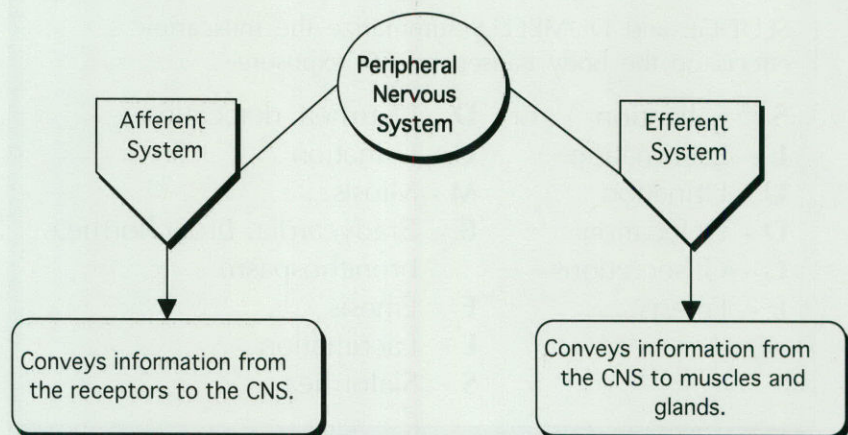
Despite a wide variety of OP chemicals, they all elicit their toxicity based on inhibition of ACh-E. As mentioned before, ACh-E breaks down ACh as it is released from the neuron in the gap or synapse between the end of the neuron and the receptor with which the neuron is in contact. There are two types of receptors in the nervous system—**nicotinic** and **muscarinic**. ACh (and other neurotransmitters in the body) and these two receptors function similar to a lock and key. When the neuron releases ACh (the key) it will only fit into one type of keyhole (the receptor). These receptors are located throughout the body and are found on all types of tissues. When a neurotransmitter (the key) is released it "looks" for the appropriate receptor (the lock). Once ACh stimulates the receptor, a particular action is carried out in the body. For example, when ACh binds to cho-



linergic nicotinic receptors that are located on the surface of the skeletal muscle membrane, the membrane depolarizes and the muscle contracts.¹

When there is an acute exposure, such as the one in our opening case study, the OP effects will be referable to the patient's CNS due to the lack of ACh-E; i.e., there is now a build-up of ACh. How the body's CNS responds to this exposure depends on the exposure being localized or systemic.

There can be local effects due to the OP vapor action at the site of contact with the eyes, the respiratory tract or the skin. Following an exposure to the vapors, as when applying OP to vegetation by a sprayer, ocular and respiratory effects occur first. When the OP comes into contact with the eye (or even after inhalation), it



causes ocular pain and constriction of the sphincter pupillae muscle around the iris, which remains reactive to light. The respiratory system responds with an increase in secretions and bronchoconstriction, causing chest tightness and wheezing.

The effects on the gastrointestinal system occur earliest following ingestion and cause an increase in gastric secretions and contractions. The patient may complain of nausea, cramps, vomiting, diarrhea and fecal incontinence. OP exposure affects skeletal muscle and causes muscle **fasciculations**, cramps and weakness. Increases in ACh stimulate receptors of the cardiovascular system which causes the heart rate to decrease and the blood pressure to drop.

The mnemonics SLUDGE and DUMBELLS (see box) summarize the muscarinic effects on the body caused by OP exposure (or any chemical that inhibits ACh-E).

If death occurs from the exposure, it can range from five minutes to nearly 24 hours and is usually caused by respiratory failure.²

Treatment

Regardless of the patient's presentation or the route of exposure, all OP

poisonings should be considered medical emergencies. The patient should be evaluated by a physician and if possible the poison control center notified. As a consequence of the extensive involvement of the entire nervous system, the life-threatening signs (respiratory depression, bronchospasm, bronchial secretions, pulmonary edema, muscular weakness) resulting in hypoxemia will require immediate artificial respiration and suctioning via an endotracheal tube to maintain a patent airway.³ To counteract muscarinic effects, atropine is highly effective. Atropine has several classifications. It is a parasympathetic **antagonist**, a vagolytic and an anti-muscarinic agent.

When given in frequent small doses, it antagonizes the receptors responsible for the SLUDGE presentation. Atropine can be thought of as causing anti-SLUDGE. Larger doses, as high as several grams, are often given to patients undergoing treatment in the hospital. When administering atropine in the field under direction from medical control, titrate atropine to the disappearance of the secretions (dry mouth and nose) and sweating, and to the appearance of **mydriasis**.

The only true antidote to OP poisoning is administration of pralidoxime or 2-PAM. Because OPs are anti-ACh-E, the method of ridding the body of excessive build-up of ACh is to reactivate the ACh-E. This is how pralidoxime works. Reserve pralidoxime for moderate to severe OP exposure. It can be repeated over several days; however if it is to be given, give it soon to maximize its benefits.

Include diazepam in the treatment regimen for some OP poisonings; it helps to relieve mental anxiety and counteract some aspects of the CNS signs that are not affected by atro-

SLUDGE and DUMBELLS summarize the muscarinic effects on the body caused by OP exposure

S - Salivation	or	D - Diarrhea, defecation
L - Lacrimation		U - Urination
U - Urination		M - Miosis
D - Defecation		B - Bradycardia, bronchorrhea, bronchospasm
G - GI secretions		E - Emesis
E - Emesis		L - Lacrimation
		S - Sialorrhea

Drugs for Organophosphate Poisoning

Medication	Dosage
Atropine	1-2 mg IV q 20 - 30 min (mild to moderate poisoning) or 5 mg IV (severe poisoning) until sweating and salivation disappear and mydriasis appear
2-PAM	1.0 g IV over 20 -30 min (mild to moderate poisoning). Repeat 1.0 g IV if no improvement

pine. Activated charcoal may also be given for ingested organophosphates.

Much of the treatment for OP exposure is directed toward general supportive measures. First and foremost is termination of exposure by removing the patient from the source or by washing the contaminated skin with copious amounts of water.

Get the patient away from the poison and the poison away from the patient.

Secondly, maintain a patent airway and supplement inadequate respirations with frequent suctioning and oxygen administration.

Field Considerations

Remember, the most important aspect of OP exposure treatment is to remove the patient from the source of exposure. This usually takes the form of decontamination with copious amounts of water and soap. Soap is necessary because most OP pesticides are **hydrophobic** and **lipophilic**. In order for decontamination to be effective, the patient must first have all clothes removed. Liquid pesticides are easily absorbed by shoes, belts, and watch bands, in addition to the clothes themselves, giving the patient a constant source of a dermal OP exposure. This is known to happen

when a patient is placed on a backboard with a poison-soaked shirt left under the patient or when the shoes or boots are left on the patient.

When decontamination is absent or inadequate, the patient then becomes a source of exposure to the responding or transporting ambulance crew and then to the emergency center where the patient is transferred. Again, get the patient away from the poison and the poison away from the patient.

The next consideration is the same for all HAZMAT exposures and is the one most often overlooked—be aware of the hazard potential. Hazardous materials can be obvious or they can be virtually unnoticeable. Always be on the alert for the potential of a HAZMAT incident at any incident scene. Once the determination has been made that a HAZMAT scene exists, responders should locate information about the involved substances using appropriate references, such as Material Safety Data Sheets (MSDS), the Department of Transportation Emergency Response Guidebook, and CHEMTREK, and then implement an **incident command system**. Remember, for the first-in responders the first priority is scene isolation. Keep others away and keep unnecessary equip-

ment from being contaminated.⁴ The hot zone entry team and decontamination personnel should utilize Level A protection due to the potential for exposure. Level A protection consists of a fully encapsulating chemical-resistant suit and a self-contained breathing apparatus. Level D protection, essentially a work uniform, can be used by staging and transport personnel after adequate patient cleaning and decontamination. Patients presenting with dyspnea, apnea, ventricular dysrhythmias, symptomatic bradycardias, seizures or coma indicate that the patients should be transported to an emergency center immediately after decontamination.

After evaluating the possible materials involved, determine the need for evacuation. Hospitals, homes, neighborhoods and bystanders are all potential suspects for evacuation depending on the chemicals involved and the weather conditions.

The next incident activity is the medical management of involved persons and involves five components.⁵ First is the rescue of persons involved or exposed; this is the point of greatest risk to rescue personnel due to the possible need for chemical protective clothing (CPC) and respiratory protection. Second, after the victim is removed from the chemical source, is decontamination—removing the chemical from the victim. The importance of field decontamination can not be overemphasized and consists of making the patient as clean as possible. However, if gross decontamination with large amounts of water is needed, the water used must also be contained to prevent further release into the environment. The sooner the patient becomes decontaminated, the sooner response personnel can reduce

protective measures and downgrade their level of protection.

Third, implement a system of triage if the number of patients involved are numerous or taxes the available resources. In general, the most senior medical officer should handle triage due to the need for “gut instincts” when triaging a large number of people. There are three classes of people seen at a HAZMAT scene: those exposed and symptomatic, those exposed but not symptomatic, and those not exposed but symptomatic. Termed *epiæmic psychogenic illness*, these patients may exhibit nausea, vomiting, shortness of breath and dizziness and can strain the medical resources at the scene. This is one reason that the medical officer with the most experience is placed in triage. He/she may be able to elicit the true exposure patients.

Fourth is the medical treatment itself. Exposed patients will need oxygen, cardiac monitoring, frequent vital signs and/or medication. The biggest problem with treatment is that resources can easily become overwhelmed. For example, in an acute organophosphate exposure one patient alone may require 10 - 15 mg of atropine which may deplete the supply of several ambulances. Personnel involved in the medical management of exposed patients should also utilize poison control centers. The poison control center may advise on treatment and will also alert receiving hospitals should a large number of patients be transported to emergency rooms by ambulance or by private vehicles from neighboring areas.

The fifth area of medical management is transport. When transporting a contaminated patient to the hospital, special care must be taken to

avoid contamination of the ambulance and other patients. The patient should be as clean as possible before transport but transport personnel should continue to use protective equipment, cover exposed equipment, use disposable sheets, open windows during transit, and cover wooden backboards (to prevent the wood from absorbing the chemical). Any equipment or supplies that come into contact with the patient should be either discarded in marked biohazard waste bags or decontaminated. Special care should be used when transporting patients by helicopter from a HAZMAT scene. When field decontamination is incomplete, the flight crew could experience difficulty breathing or seeing.⁵ The landing zone should be in an area that both prevents the helicopter from flying through an unsafe area and prevents downdrafts that affects vapors or fumes at the scene.

The last incident activity involves containment and cleanup of personal protective equipment, medical equipment and vehicles. Another area often overlooked is a scene evaluation or critique of the incident. As soon as possible after the incident, the responding personnel and departments should review the incident and response and determine the strengths and weaknesses of the call to be better prepared should a similar situation arise again. Also if warranted, implement a Critical Incident Stress Debriefing session.

We now recognize that the patient in the opening scenario has a significant organophosphate pesticide exposure. The priorities are scene safety, field decontamination of the patient with water and soap, assisting ventilations, oral suctioning, vital signs monitoring, administration of atropine and 2-PAM, and transfer to an emergency center. The provider who understands the

anatomy and physiology of the nervous system understands how organophosphates affect the body and will be better able to recognize and care for the patient who has been exposed to this potentially deadly group of chemicals.

Glossary

- Acetylcholine**— The neurotransmitter at the junction between the parasympathetic postganglionic fiber and the effector cell.
- Acetylcholinesterase**— Enzyme essential for breaking down acetylcholine.
- Antagonist**— Something opposing or resisting the action of another; a blocker.
- Bronchorrhea**— Excessive secretion in the bronchi.
- Fasciculations**— Involuntary muscle contractions.
- Hydrophobic**— A compound that is insoluble in water; "water-fearing."
- Incident Command System**— a management program designed to control, direct, and coordinate emergency response operation and resources.
- Lipophilic**— A compound that is soluble in fats; "fat-loving."
- Nicotinic**— Cholinergic receptor located on postganglionic autonomic neurons.
- Muscarinic**— Cholinergic receptor located on postganglionic autonomic neurons.
- Mydriasis**— Dilation of the pupil.
- Norepinephrine**— The neurotransmitter between the sympathetic postganglionic fiber and the effector cell.
- Sialorrhea**— Excess secretion of saliva.

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1. Rhoades, Pflanzler: *Human Physiology*. Fort Worth, TX: Saunders College Publishing, 1992.
2. Goodman, Gilman: *The Pharmacological Basis of Therapeutics*. New York: Macmillan Publishing Company, 1985.
3. Klaassen: *Casarett & Doull's Toxicology*. New York: McGraw-Hill, 1996.
4. Agency for Toxic Substances and Diseases Registry: *Emergency Medical Services: A Planning Guide for the Management of Contaminated Patients*. Atlanta: US Department of Health & Human Services, Public Health Service.
5. Hazardous Material Toxmedic Training Course: Arizona Emergency Medicine Research Center, The University of Arizona, College of Medicine, Tucson.

CE Questions for Managing organophosphate exposures

ECAs, EMTs and EMT-Is must answer 1-10 for credit; paramedics must answer all 15 for credit.

- The somatic and autonomic nervous systems are divisions of the:
 - central nervous system.
 - sympathetic nervous system.
 - peripheral nervous system.
 - vegetative system.
- Examples of tissue under voluntary control include the:
 - gastrointestinal tract.
 - skeletal muscle.
 - pupillary muscle.
 - smooth muscle.
- Another term for an organophosphate insecticide is/are:
 - norepinephrine.
 - acetylcholine.
 - cholinesterase agents.
 - acetylcholinesterase inhibitors.
- The most important aspects of treating an organophosphate exposure is to:
 - implement an ICS.
 - remove the patient from the poison source.
 - identify the exact chemical structure of the poison.
 - call CHEMTREC.
- The medical term for pupil dilation is:
 - mydriases
 - meiosis
 - myalgia
 - muscarinic
- Life-threatening signs of organophosphate exposure include:
 - urination.
 - short-term memory loss.
 - respiratory depression.
 - increased heart rate.
- You are called to a scene where you find a 27-year-old who has ingested two gallons of Malathion (a liquid organophosphate insecticide) in an apparent suicide attempt. You find him supine on the floor, responsive to painful stimulus with large amounts of foamy secretions from his mouth and nose and his shirt is covered with the insecticide and secretions. His vital signs are BP: 100/78, RR: 10 and shallow, HR: 44 and regular, ECG: sinus bradycardia without ectopy. The skin is cool and moist.
 - Given the above information, the first priority for this patient will be to:
 - Notify the local police.
 - Implement an ICS.
 - Notify poison control.
 - Prevent rescuer contamination.
 - BLS treatment for this patient should be directed at:
 - Designating the hot zone.
 - Suctioning the mouth and nose.
 - Preventing bystanders from entering the area.
 - Identifying the chemical name of pesticide.
 - Muscarinic effects on the body caused by organophosphate pesticides include:
 - Mydriasis
 - Tachycardia
 - Brochodilation
 - Bronchorrhea
 - Nerves of the "fight or flight" system release which neurotransmitter?
 - Acetylcholinesterase
 - Dopamine
 - Norepinephrine
 - Atropine
- Atropine should be administered at a dose of:
 - 1.0 g IV over 20-30 minutes.
 - 1.0 – 2.0 mg IV q 20 minutes to a total of 0.04 mg/kg.
 - 1.0 – 2.0 mg IV q 20 minutes until anti-SLUDGE appears.
 - 1.0 mg/kg over 20-30 minutes.
- Cardiac monitoring should be initiated due to:
 - The difficulty in palpating a radial pulse.
 - The possibility of tachyarrhythmias developing.
 - Stimulation of acetylcholinesterase.
 - Stimulation of muscarinic receptors.
- Atropine is indicated in OP exposures because it is a/an:
 - Anti-muscarinic agent.
 - ACLS medication.
 - True antidote for OP poisoning.
 - Enzyme reactivator.
- When a large number of patients are involved, the most senior medical officer should be placed in the triage area because:
 - He/she will need to perform many ALS interventions.
 - He/she will need to speak to on-scene physicians.
 - He/she will need more experience to effectively triage.
 - He/she will need to diagnose more severe associated injuries.
- The only true antidote for OP poisoning is:
 - Administration of anti-muscarinic agent.
 - Administration of acetylcholinesterase reactivator.
 - Administration of anti-nicotinic agent.
 - Administration of oxygen.

This answer sheet must be postmarked by June 19, 2002.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
areacode

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
areacode

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

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

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, Texas 75390-8890

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

Answer Form

Check the appropriate box for each question.

ECAs, EMTs and EMT-Is must answer 1-10 for credit; paramedics must answer all 15 for credit.

- | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 9. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 6. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 7. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 8. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | | | | |

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



Did you read?

Medical experts from the Department of Health and Human Services, the Centers for Disease Control and Prevention, the National Institutes of Health and the American Diabetes Association recently issued new guidelines for screening and treating “prediabetes,” also known as impaired glucose tolerance or impaired fasting glucose. Two recent studies have found that individuals who score 110 to 126 on the fasting glucose test are in a pre-disease state. Those individuals reduced their risks of developing diabetes by 58 percent when they started moderate exercise and lost 5 to 7 percent of their weight. From *USA TODAY*, “Medical experts warn of the dangers of ‘prediabetes,’” by Anita Manning, March 28, 2002.

Some school districts have begun sending letters home to notify parents that their children might be showing signs of obesity, suggesting that parents consult family doctors about their children’s health.

In an effort to address the epidemic of obesity, some school districts, in conjunction with local health departments, have begun sending letters home to notify parents that their children might be showing early signs of obesity. Letters were also sent to parents of children who were severely underweight. The letter provided information on the child’s body mass index, which is based on the child’s weight and height, and suggested that parents consult family doctors about

their children’s health. The schools also provided information about nutrition and free health and nutrition seminars. While some parents were unhappy about their children being judged by their weight, other parents were addressing the potential issue by trying to encourage exercise and nutrition. From *The New York Times*, “Letters on Students’ Weight Ruffle Parents,” by Bonnie Rothman Morris, March 26, 2002.

Some survivors and relatives of those killed in the Oklahoma City bombing have sued Iraq in federal court, claiming that the country was behind the attack. Filed by Judicial Watch, a Washington legal group, the lawsuit seeks \$1.5 billion for 14 victims and states that the bombing was not as simple as the U.S. government has portrayed it. From *Austin American Statesman*, “Oklahoma bombing victims sue Iraq,” March 15, 2002.

An individual’s fitness may be a better indicator of their length of life, even more so than several other risk factors. In this study, patients with and without heart disease were given treadmill tests of increasing difficulty. Researchers found that a 12 percent increase in life length for each increase of one metabolic equivalent when exercising as hard as one could on a treadmill. A metabolic equivalent (MET) is the amount of oxygen used by an average seated person. The study found that people who could not get beyond four METs (equivalent to walking at four mph) were at twice the risk of premature death than those who could get past eight METs (equivalent to jogging at six mph). Aside from age, fitness was a better indicator of potential life length than

smoking, heart problems, high blood pressure, diabetes or cholesterol. From *Houston Chronicle*, "Treadmill test easy gauge of life span," by Janet McConnaughey, March 14, 2002.

A comprehensive study in the CDC's Morbidity and Mortality Weekly Report found that 790 injured people were treated at the hospitals nearest the collapsed World Trade Center over the 42 hours following the September 11 attack. Most had inhalation and eye injuries and were treated on an outpatient basis, but eighteen percent were hospitalized for their injuries. People began arriving at the hospitals within minutes of the attack, with the number of arrivals peaking three hours later. Most had received care within seven hours of the attack. The data from this study indicated that most people either walked away or died during the disaster. From the CDC's *Morbidity and Mortality Weekly Report*, "Rapid Assessment of Injuries Among Survivors of the Terrorist Attack on the World Trade Center — New York City, September 2001," January 11, 2002.

The Florida Legislature recently passed a bill enlarging the definition of 'service dog' to include individuals who use trained service dogs to alert them of impending seizures. Federal law prohibits denying service and access to people with service dogs. Since the federal law doesn't define 'service dog' more clearly, many state laws define 'service dogs' as hearing and seeing-eye dogs. The Florida legislation expands the definition to include seizure-alert dogs. Scientific studies have found that some dogs might be able to accurately predict seizures long before humans can feel them. Seizure-alert

dogs are trained to bring their owners the phone and medications and to keep the owners immobile and protected during seizures. From *The New York Times*, "Seizure-Alert Dogs May Get Seeing-Eye Status in Florida," by Dana Canedy, March 29, 2002.

By mid-life, Americans have a 90 percent chance of developing high blood pressure. Findings in the 53-year-long Framingham Heart Study have found that more than 85 percent of the participants eventually developed at least mildly high blood pressure, with approximately 40 percent having moderate to severe high blood pressure, and that number rose to 90

A recent study found that approximately 1,400 college students are killed, 500,000 are injured and 70,000 are sexually assaulted each year in alcohol-related incidents.

percent when the patients already taking blood pressure medications were taken into account. Researchers noted that maintaining ideal body weight and getting adequate nutrition and exercise can help prevent high blood pressure. Known as "the silent killer," high blood pressure is believed to affect more than 50 million Americans and causes increased risk for heart disease and stroke. From *Houston Chronicle*, "Risk of hypertension 90% in midlife, study says," by Lindsey Tanner, March 11, 2002.

A recent study by a National Institute of Alcohol Abuse and Alcoholism task force found that approximately 1,400 college students are

Did you read?

Did you read?

killed, 500,000 are injured and 70,000 are sexually assaulted each year in alcohol-related incidents. The study also found that while the number of college students who abstain from drinking has risen to 19 percent from 15 percent, the 42 percent of college students who binge drink account for more than 70 percent of the alcohol consumed by students. Binge drinking is defined as five consecutive drinks for men and four consecutive drinks for women. The researchers equated the number of college students who are killed in alcohol incidents each year to half of the World Trade Center casualties. The research-

Researchers at the Children's Hospital in Philadelphia and engineer students at the University of Pennsylvania have designed a collapsible handlebar for children's bikes.

ers are concerned that these figures show that college drinking should receive more attention as a major health concern. From *Houston Chronicle*, "Study reveals sobering effects of college drinking," April 9, 2002.

An official at the National Highway Traffic Safety Administration is applauding Ford Motor Company for their new BeltMinder system. The new BeltMinder system reminds drivers to buckle up with up to five minutes of intermittent beeping and a flashing light on the instrument panel. A study has found that 76 percent of vehicle drivers with the BeltMinder system buckle up, as compared to 71 percent in other vehicles. NHTSA offi-

cial have stated that a five percent increase in seat belt use would prevent more than 1,000 deaths and 20,000 injuries each year. The BeltMinder system is standard on all of Ford's 2002 model vehicles. From *Houston Chronicle*, "Safety official praises Ford seat belt idea," March 5, 2002.

Researchers at the Children's Hospital in Philadelphia and engineering students at the University of Pennsylvania have designed a collapsible handlebar for children's bikes. The collapsible handlebar consists of a cylinder placed on the ends of the handlebar that contains grease and a spring. When a child impacts the handlebar, the spring will contract, taking more than half of the force of the impact, and then slowly return to its original shape. The researchers are petitioning the Consumer Product Safety Commission to set performance standards for bicycle handlebars. More than 800 U.S. children are hospitalized each year for abdominal injuries caused by handlebar impacts. From *The New York Times*, "Device Aims to Cut Injuries From Handlebars," by Yudhijit Bhattacharjee, March 5, 2002.

While many studies have documented the physical and mental effects of being unhappy, researchers compared college undergraduates who scored in the top 10 percent on several different happiness measures with 60 averagely happy students and 24 unhappy students. The very happy students were found to be more social and extroverted than the other two groups. They also spent less time alone, reported strong relationships with family and friends and could recall more good events in their lives than bad ones. And they scored the

lowest on the Minnesota Multiphasic Personality Inventory, a personality test that measures mental pathologies. The very happy students were also found to have bad days, showing that the students were not emotionally stuck in a manic phase. However, researchers could find no link between these behaviors and happiness, because many of the unhappy and averagely happy individuals also reported these behaviors. The researchers theorized that unpleasant emotions might be considered the motivating force to push people into making necessary changes to make themselves happier in life. From *The New York Times*, "Exploring Life at the Top of the Happiness Scale," by Erica Goode, January 29, 2002.

New research lends credence to the possibility of using PET scans in the early diagnosis of Alzheimer's disease. The researchers found that PET scans accurately detected Alzheimer's 93 percent of the time in their study. Currently, Alzheimer's can only be definitely diagnosed when the brain is dissected after the individual's death. Researchers studied 284 patients in the U.S., Belgium and Germany for two to nine years, of which about half developed Alzheimer's and other forms of dementia. In that time, 138 of them died and underwent autopsies to definitely determine if they had Alzheimer's. PET scans show the brain's use of glucose, and Alzheimer's is suspected if PET scans show little to no use of sugar in the areas of the brain responsible for language and memory processing. Earlier diagnosis could allow patients to better prepare for their lives as the disease begins to affect their abilities. From *Houston Chronicle*, "Scans may help early diagnosis of Alzheimer's," by Lindsey Tanner, November 12, 2001.

Rand Corp. study found that obese Americans spend more for health care and medications than smokers. Using data from two national health surveys, economists estimated the outpatient and hospital costs for smokers and obese individuals. They found that obese individuals spent more primarily because the extra weight can cause long-term health complications. Smokers die from lung cancer, which tends to kill more quickly than many long-term health problems. The U.S. Surgeon General has recently warned that obesity was gaining on tobacco as the leading cause of premature death in the U.S. From *Houston Chronicle*, "Obesity proves costly, study shows" March 12, 2002.

Rio De Janeiro is in the grips of a dengue fever outbreak. Local papers estimate the number of people ill with dengue fever to have exceeded 100,000 just in the state of Rio De Janeiro alone. (Official figures state that 40,000 cases and 17 fatalities have been reported.) So many individuals have contracted the disease that national athletic competitions and the filming of a popular soap opera were temporarily postponed until the players and actors got well. The disease is a viral infection spread by the *aedes aegypti* mosquito and is most commonly found in tropical areas. It has also been reported along the Texas-Mexico international border. There are several forms of dengue fever, and the victims suffer high fever, rash and severe pain (leading the disease to be commonly called "breakbone disease"). The most dangerous form is the hemorrhagic dengue fever, which can cause internal bleeding, vomiting, severe abdominal pain and death. From *The New York Times*, "Tens of Thousands in Rio State Believed Ill With Dengue Fever," by Larry Rohter, February 25, 2002.

Did you read?

Specialty care transports get special reimbursement rate

Background The Centers for Medicare and Medicaid (CMS) Ambulance Reimbursement Schedule, implemented April 1, 2002, provides for a special reimbursement rate for Specialty Care Transports (SCT), defined as interfacility transfers of critical patients needing medically necessary specialized interventions that are beyond the general scope and practice of the paramedic as defined in the National EMS Education and Practice Blueprint. CMS does not specify the parameters of the SCT, including what the additional training for the paramedic should be, but, rather, leaves that definition up to state agencies.

Texas law and regulations provide for the development by policy of such parameters as a category of specialized emergency medical service vehicles.

Statutory requirement

§773.045 of the Texas Health and Safety Code, pertaining to Specialized EMS Provider qualifications, provides that “a provider using a vehicle qualifies as a specialized emergency medical services provider if the vehicle is designed for transporting the sick or injured by air, water, or ground transportation”; and the provider has personnel and sufficient equipment and supplies to provide for the specialized needs of the patient transported.

§157.11 of the Texas Administrative Code, pertaining to EMS Provider Licensure, provides that the Specialized EMS unit,

when response-ready or in-service, be staffed by a minimum of two certified or licensed personnel whose certification or licensure level be determined by the type and application of the vehicle and approved by the medical director.

Policy Specialty Care Transports are defined as the interfacility transfers of critically ill or injured patients requiring specialized interventions, monitoring and/or staffing. To qualify as a Specialty Care Transport, the following minimum parameters shall be met:

Qualifying interventions

Patients with one or more of the following IV infusions:

- Vasopressors – (Examples: Isuprel, Dobutamine, Dopamine, Epinephrine, Norepinephrine, Phenylephrine, etc.);
- Vasoactive Compounds - (Examples: beta blockers, Nitroprusside, Nitroglycerine, etc.);
- Antiarrhythmics – (Examples: Pronestyl, Amiodarone, Milrinone, etc.);
- Fibrinolytics - (Examples: TPA, Retavase, Heparin, etc.);
- Tocolytics – (Examples: Magnesium Sulfate, Ritodrine, etc.);
- Blood or blood products; and/or
- Any other parenteral pharmaceutical unique to the patient’s special health care needs.

And, one or more of the following special monitors or procedures:

- Mechanical ventilation;
- Multiple monitors;

- Cardiac balloon pump;
- External cardiac support (ventricular assist devices, etc);
- Any other specialized device or procedure unique to the patient’s health care needs.

Equipment All specialized equipment and supplies appropriate to the required interventions shall be available at the time of the transport.

Minimum Required Staffing

One currently certified EMT-Basic and one currently certified or licensed paramedic with the additional training as defined below; or, a currently certified EMT-Basic and a currently certified or licensed paramedic accompanied by at least one of the following:

- a registered nurse with special knowledge of the patient’s care needs;
- a certified respiratory therapist;
- a licensed physician; or,
- any licensed health care professional designated by the transferring physician.

Additional Required Training for Certified/Licensed Paramedics

Evidence of successful completion of post-paramedic training and appropriate periodic skills verification in management of patients on ventilators, 12-lead EKG and/or other critical care monitoring devices, drug infusion pumps, and cardiac and/or other critical care medications, or any other specialized procedures or devices determined at the discretion of the provider’s medical director.

The policy was effective March 29, 2002.

Disciplinary Actions

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

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

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

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

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

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

TDH Index of EMS/Trauma Systems Policies can be found at <http://www.tdh.state.tx.us/hcqs/ems/spolicy.htm>

Adams, Chadwick, Tyler, TX. 24 months probated suspension of EMT-P certification through October 12, 2003. EMS Rules 157.37(c)(2)(3)(G).

Amb-Trans Ambulance Service, San Antonio, TX. 24 months probated suspension of EMS provider license and a \$2,500 administrative penalty through June 30, 2002.

Aranda, Carlos, San Antonio, TX. 12 months probated suspension of ECA certification through September 7, 2002. EMS Rules 157.37(c)(2)(3)(G).

Arredondo, David, Rio Grande City, TX. 24 months probated suspension of EMT certification through June 30, 2002. EMS Rules 157.44(c)(2)(B)(vii).

Baldwin, John, Spring, TX. 24 months probated suspension through August 2003. EMS Rule 157.36(b)(1)(2)(26)(27) and (28).

Banda, Irene, Taft, TX. Suspension of EMT certification thru May 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

Barrera, Richard L., Round Rock, TX. 24 months probated suspension of ECA certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G).

Bewley, Avery, Axtell, TX. Decertification of EMT-I certification effective December 28, 2001. EMS Rules 157.36(b)(10).

Blake, Danny, Dayton, TX. 24 months probated suspension of EMT certification through August 13 2003. EMS Rule 157.37(c)(2)(3)(G).

Boettcher, Laura G., Houston, TX. 24 months probated suspension of EMT certification through August 3, 2003. EMS Rule 157.37(c)(2)(3)(G).

Bowman, John C., Bowie, TX. 12 months probated suspension of EMT certification through June 29, 2002. EMS Rule 157.37(c)(2)(3)(G).

Bradshaw, Billy, College Station, TX. 24 months probated suspension of EMS Coordinator and EMS Examiner certifications through September 2002. EMS Rules 157.64(2)(a)(G), (H), (P) and (R).

Bratcher, Josh, Harper, TX. 12 months probated suspension of ECA certification through September 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

Brazosport College, Brazosport, TX. Letter of reprimand against educational program effective October 19, 2001. EMS Rules 157.32(t)(2)(A).

Brown, Jack D., Cleburne, TX. 48 months probated suspension of EMT certification through November 3, 2004. EMS Rules 157.37(c)(2)(3)(G).

Brown, Kelly James, Kilgore, TX. Suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24).

Browning, Kenneth P., Breckenridge, TX. 24 months probated suspension of EMT certification through October 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Bryan III, Charles**, Baytown, TX. 12 months suspension of the EMT-P certification through February 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(26) and 157.36(b)(28).

Buckner, Mallie Wayne, Port Arthur, TX. Suspension of ECA certification for CE violations through June 30, 2002. EMS Rules 157.36(b)(1), (2), (21) and (28).

Buford, Justin F., Lafayette, Louisiana. 12 months probated suspension of EMT certification through December 13, 2002. EMS Rules 157.37(c)(2)(3)(G).

Bull, Kenneth, Fort Worth, TX. Letter

of reprimand against EMT-P certification effective December 19, 2001. EMS Rules 157.36(b)(3).

* **Buster, Zack**, Glenn Heights, TX. 12 months probated suspension of EMT certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

* **Byers, Danny**, Earth, TX. 60 months probated suspension of the EMT-P certification through March 2007. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(23); 25 TAC 157.36(b)(25); 25 TAC 157.36(b)(26); 157.36(b)(28); 157.36(b)(29); 157.37(a)-(c); and the Occupations Code Chap 53.

* **Campos, Roberto**, Harlingen, TX. 12 months probated suspension of ECA certification through March 12, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

* **Cantu, Jr., Fernando**, San Juan, TX. 12 months probated suspension of EMT certification through March 23, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Cerda, Gilberto, Laredo, TX. 6 months suspension and eighteen months probated suspension of EMT certification through November 2002. H&SC 773.064 (a).

Champion EMS, Longview, TX. 18 months probated suspension through May 2002 and a \$30,000 administrative penalty. EMS Rules 157.19(c)(1)(U), (H) and (M).

* **Coffman, David**, Normangee, TX. 3 months suspension and 45 months probated suspension of EMT certification through June 30, 2005, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

* **Colburn, Robert**, Cuero, TX. 12 months probated suspension of LP certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Cole, Patrick J., Keller, TX. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Contreras, Camile, North Charleston, South Carolina. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G).

* **Crane, Truman**, Leander, TX. 12 months probated suspension of EMT certification through February 8, 2003, a misdemeanor conviction. In violation of

Disciplinary Actions

EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Cranfill, Jamie, Goldsmith, TX. 24 months probated suspension of EMT certification through August 8, 2003. EMS Rules 157.37(c)(2)(3)(G).

Cravens, Charles, Winters, TX. Letter of reprimand against EMT-P certification effective October 22, 2001. EMS Rules 157.36(b)(1), (2), (26) and (28).

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

Cruz, Jesus, Wharton, TX. 12 months probated suspension of EMT certification through January 2, 2003. EMS Rules 157.37(c)(2)(3)(G).

Dahse, John, Freeport, TX. Letter of reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(7).

Dailey, Barton, Pearsall, TX. 12 months probated suspension of EMT-I certification through August 22, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Dallas Fire Department**, Dallas, TX. 6 months probation of a \$21,000 administrative penalty effective February, 21, 2002. EMS Rules 25 TAC 157.16(b); 157.16(c); 157.16(d)(1); 157.16(d)(17); 157.16(d)(19); 157.11(i)(1); 157.11(i)(1).

DeBerry, Anthony C., Midland, TX. 12 months probated suspension of EMT certification through September 11, 2002. EMS Rules 157.37(c)(2)(3)(G).

Desopo, James A., Waco, TX. 12 months probated suspension of EMT certification through December 4, 2002. EMS Rules 157.37(c)(2)(3)(G).

Downey, Allen, Wichita Falls, TX. Decertification of EMT certification effective November 15, 2001. EMS Rules 157.36(b)(1), (2), (6), (7), (18), (19), (21), (26), (27) (28) (29).

Eisenmenn, Bradley G., Austin, TX. 24 months probated suspension of EMT certification through May 30, 2003. EMS Rules 157.37(c)(2)(3)(G).

* **Elliott, Ginger**, Omaha, TX. 12 months probated suspension of EMT certification through February 19, 2003, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Englade, Larry J., Laporte, TX. 12 months probated suspension of EMT-P certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Estes, Phillip, Chilton, TX. 24 months probated suspension of EMT certification through July 31, 2002. EMS Rules 157.51(b)(8), (25) and (28).

Estrada, Jamie, San Juan, TX. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Evans, Krystal S., Taylor, TX. 24 months probated suspension of EMT certification through August 8, 2002. EMS Rules 157.37(c)(2)(3)(G).

Farnsworth, Kim, Stafford, TX. 12 months probated suspension of EMT certification through August 22, 2002. EMS Rules 157.37(c)(2)(3)(G).

Florence, Gertrude, Leaky, TX. Suspension of EMT certification thru September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

* **Flores, Roswitha**, San Juan, TX. 12 months suspension of the EMT-I certification through February 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(22); 25 TAC 157.36(b)(23); 25 TAC 157.36(b)(25); 25 TAC 157.36(b)(26); 157.36(b)(28); 25 TAC 157.36(b)(29); and 157.37(c)(2)(3)(G).

Galvan, Martin, Jr., Rio Grande, TX. 48 months probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G).

Garza, Bart, Edinburg, TX. 42 months probated suspension of EMT-I certification through April 12, 2004. EMS Rules 157.37(c)(2)(3)(G).

Garza, Jess, Jr., Perryton, TX. 24 months probated suspension of EMT certification through November 2, 2002. EMS Rules 157.37(c)(2)(3)(G).

Gladson, Alan E., Fort Worth, TX. 24 months probated suspension of EMT-P certification through December 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

Golden, Donna, League City, TX. 12 months probated suspension of EMT certification through May 2002. EMS Rules 157.51(b)(1), (2), (10), (23) and (25).

Gonzalez, Rolando, Rio Grande City, TX. 36 months probated suspension of EMT

certification through August 22, 2004. EMS Rules 157.37(c)(2)(3)(G).

Gordan, Carl L., Houston, TX. 24 months probated suspension of EMT certification through May 9, 2003. EMS Rules 157.37(c)(2)(3)(G).

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

Granger, Tracey, Beaumont, TX. Letter of reprimand of EMT-P certification effective January 16, 2002. EMS Rules 157.36(b)(1), (2), (21), (28).

Guerrero, Arturo, Anthony, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

Gutierrez, Jesus, Houston, TX. Letter of reprimand against EMT-B certification effective October 22, 2001. EMS Rules 157.36(b)(1), (2), (4), (28), and (29).

Hall, Christine S., Alvin, TX. 24 months probated suspension of EMT certification through August 31, 2003. EMS Rules 157.37(c)(2)(3)(G).

Hansen Jr., Richard Allen, El Paso, TX. Suspension of EMT-I certification thru August 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

Harris, Kevin L., McAllen, TX. 4 years probated suspension of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Harris, Patrick, Houston, TX. 12 months probated suspension of EMT certification through January 25, 2003, for a misdemeanor deferred adjudication probation. In violation of EMS Rules 157.37; 157.36(b), (c).

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

Hill, Tommy, N., Claredon, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

Hill, Virgil A., Austin, TX. 12 months probated suspension of EMT certification through May 30, 2002. EMS Rules 157.37(c)(2)(3)(G).

Hitchcock, Mike, Blanco, TX. 24 months probated suspension of EMT certification

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

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

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through October 22, 2003. EMS Rules 157.37(c)(2)(3)(G).

Hix, Dustin A., Royce City, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Hobbs, Malcolm, Lewisville, TX. Suspension of ECA certification thru July 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

* **Horner, Jason**, Houston, TX. 12 months probated suspension of EMT certification through February 19, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Hurst, Richard Ashley, Temple, TX. 24 months probated suspension of EMT-P certificate through June 30, 2002. EMS Rules 157.44, 157.51(b)(16).

* **Jackson, Michael**, Houston, TX. 48 months probated suspension of EMT certification through March 7, 2006, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Jarmon, Sr., Joseph Lloyd, San Antonio, TX. Suspension of EMT certification thru October 2003 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

Jewett EMS, Inc., Jewett, TX. 24 months probated suspension and a \$1,500 administrative penalty probated of EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U) and 157.13(c).

Jones, Douglas, Royce City, TX. Suspension of ECA certification thru May 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

Jones, Duke K., Houston, TX. 24 months probated suspension of EMT-P certification through September 24, 2003. EMS Rules 157.37(c)(2)(3)(G).

Jordan, Russell, Dickinson, TX. Letter of reprimand against EMT-I certification effective October 22, 2001. EMS Rules 157.36(b)(1), (2), (4), (28) and (29).

Kellar, Shanna, Terrel, TX. 4 years probated suspension of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Keller, Kristen, Lake Jackson, TX. 12 months probated suspension of EMT

certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G).

Keys, Melissa M., Longview, TX. 12 months probated suspension of EMT certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G).

Kowalski, Michael, Friendswood, TX. 12 months probated suspension of EMT-P certification through January 2003. EMS Rules 157.36(b)(2), (3), (26).

Lane, Amanda, Longview, TX. 12 months probated suspension of EMT-P certification through September 2003. EMS Rules 157.51(b)(1), (2), (10) and (25).

Lemon, James, Channelview, TX. 12 months probated suspension of ECA certification through October 9, 2002. EMS Rules 157.37(c)(2)(3)(G).

Lopez, Jacob R., Corpus Christi, TX. 12 months probated suspension of EMT certification through November 30, 2002. EMS Rules 157.37(c)(2)(3)(G).

Martinez, Michael J., Texas City, TX. 12 months probated suspension of EMT certification through September 27, 2002. EMS Rules 157.37(c)(2)(3)(G).

Mask, Steven, Abilene, TX. 24 months probated suspension of EMT certification through October 12, 2003. EMS Rules 157.37(c)(2)(3)(G).

Masters, Casey, Rowlett, TX. 24 months probated suspension of EMT certification through November 16, 2003. EMS Rules 157.37(c)(2)(3)(G).

Mata, Joseph, Uvalde, TX. 24 months probated suspension of EMT-I certification through November 2002. EMS Rules 157.36(b)(1), (4), (7), (13), (26) and (28).

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

Mauro, Donald, Houston, TX. 12 months probated suspension of EMT certification through May 2002. EMS rules 157.51(b)(1), (2), (10), (23) and (25).

McCrary, Ronnie, L., DeKalb, TX. 12 months probated suspension of EMT certification through January 3, 2003. EMS Rules 157.37(c)(2)(3)(G).

McDonald, Debra, Schertz, TX. 24 months probated suspension of EMT-P certification through April 2003. EMS Rules 157.36(b)(1), (6), (26) and (28).

McGee, Thomas R., Kingsville, TX. 24 months probated suspension of EMT

certification through January 11, 2003. EMS Rules 157.37(c)(2)(3)(G).

McGrew, Robert, Houston, TX. 24 months probated suspension of EMT certification through June 21, 2003. EMS Rules 157.37(c)(2)(3)(G).

Medevac EMS, Inc., Brownwood, TX. Letter of reprimand against provider license effective October 22, 2001. EMS Rules 157.16(d)(12) and (18).

* **Meyn, Jason**, Bayview, TX. 12 months probated suspension of EMT certification through February 19, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Middleton, Michael E., College Station, TX. 12 months probated suspension of EMT-P certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Miller, Jason, Corpus Christi, TX. 24 months probated suspension of ECA certification through October 22, 2003. EMS Rules 157.37(c)(2)(3)(G).

Mitchell, Marklyn, Stockton, TX. 24 months suspension of EMT-I certification through April 12, 2003. EMS Rules 157.51(b)(16), (23), (24), (25), (28) and 157.44(c)(1)(C).

* **Mitchell, Zane**, Alvarado, TX. 6 months actual suspension followed by forty-nine (49) months probated suspension of EMT-P certification through September 8, 2006, a misdemeanor/felony or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

* **Moreno Jr., Pedro**, Harlingen TX. 12 months probated suspension of EMT-P certification through March 7, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Murray, Jeffrey, Schulenburg, TX. Decertification of the EMT-P certification effective September 20, 2001. EMS Rules 157.36(b)(1), (2), (3), (4), (7), (26) and (28).

Navarro, Kimberly D., Yoakum, TX. 12 months probated suspension of EMT-P certification through July 19, 2002. EMS Rules 157.37(c)(2)(3)(G).

Nelson Jr., Melvin, McGregor, TX. Suspension of ECA certification thru June 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

* **Nickels, Nicky**, Muleshoe, TX. 12

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

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DISCIPLINARY ACTIONS

months probated suspension of EMT-P certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

* **Norris, Michael**, Amarillo, TX. Denial of EMT certification application effective March 13, 2002. Federal felony conviction in 1997, and also for a felony conviction in 1998 in violation of EMS Rules 25 TAC 157.37(a), and/or, 157.37(c)(1), and/or 157.37(c)(2), and/or 157.37(c)(3), and/or 25 TAC 157.36(c)(1), and/or 157.36(c)(3) and/or Chapter 53 of the Occupations Code, Consequences of Criminal Conviction.

North Bosque County EMS, Inc., Meridian, TX. 24 months probated suspension through January 31, 2003 and an administrative penalty of \$5000 probated through January 31, 2003. EMS Rules 157.16(b) and (c) and (d)(4), (14), (17) and (19).

North Texas EMS, Fort Worth, TX. 24 months probated suspension and administrative penalty of \$6,000 against provider license through January 10, 2004. EMS Rules 157.16(b); 157.16(c); 157.16(d)(1), (10), (11), (12), (14), (19); 157.11(l)(1), (3), (12), (13) and (e)(6).

Olthoff, Matthew D., Arlington, TX. 12 months probated suspension of EMT-P certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Orta, Fermine, Roma, TX. 24 months probated suspension of ECA certification through November 2003. EMS Rules 157.36(b)(1), (2), (17), (18), (21) and (28).

Parker, Michael, Waco, TX. Suspension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

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

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

Pro-Medic EMS, San Juan, TX. \$2,000 administrative penalty against provider license effective January 15, 2002. EMS Rules 157.16(d)(1), (19); 157.11(d)(3)(B), (l)(9), (l)(13), (l)(15)(B).

Pulido, Gilbert, Laredo, TX. Suspension

of EMT certification thru September 2003. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

* **Rankel, Richard**, Spring, TX. 12 months probated suspension of EMT certification through February 11, 2003, a misdemeanor or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

* **Reece, Shawn**, Houston, TX. 12 months probated suspension of EMT certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

* **Rehonic, Victor**, Grande Prairie, TX. 12 months probated suspension of EMT-P certification through February 13, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

Riffe, Jennifer, Dublin, TX. Letter of reprimand against EMT-B certification effective October 22, 2001. EMS Rules 157.36(b)(1), (2), (26) and (28).

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

Rios, Heradio, Rio Grande City, TX. Denial of ECA application for certification effective October 23, 2001. EMS Rules 157.36(b)(1), (2), (17), (18), (21) and (28).

Ripley, Jimmy J., Winters, TX. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G).

Robertson County EMS, Franklin, TX. 24 months probated suspension and a \$1,600 administrative penalty of the EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.13(c)(3), (5) and (6).

* **Rocha, Carolina**, Carrizo Springs, TX. 6 months suspension followed by 24 months probated suspension of the EMT-I certification effective March 4, 2002. EMS Rules 25 TAC 157.51(b)(1), 157.51(b)(2), 157.51(b)(10) and 157.51(b)(25).

Rock, Barbara, Freeport, TX. Letter of reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(26).

* **Rodriguez, Deinea**, Houston, TX. 24 months probated suspension of EMT

certification through February 11, 2004, a misdemeanor or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Rodriguez, Luis, Ccllege Station, TX. 12 months probated suspension of EMT certification through October 29, 2002. EMS Rules 157.37(c)(2)(3)(G).

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

Ruben, Allen M., Houston, TX. 12 months probated suspension of ECA certification through May 9, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Ruiz, Ramon**, Van Horn, TX. 12 months probated suspension of the EMT certification through March 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(7); 25 TAC 157.36(b)(26) and 157.36(b)(28);

Rural Metro Abilene, Abilene, TX. \$15,000 administrative penalty probated for 12 months through June 2002. EMS Rules 157.16(d)(1), (10), (14), (17) and (19).

Rural Metro Ambulance Service-Dallas, Dallas, TX. 24 months probated suspension of EMS provider license through May 31, 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.11(d)(1)(A).

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

* **Salazar, Eloy**, Corpus Christi, TX. 12 months probated suspension of EMT-I certification through March 11, 2003, a misdemeanor conviction/deferred adjudication. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Schaefer, Steven, Uvalde, TX. 12 months probated suspension of EMT certification through June 21, 2002. EMS Rules 157.37(c)(2)(3)(G).

Shipp, Patrick L., Lar.leville, TX. 4 years probated suspension of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii).

* **Smith, Danny, R.**, San Antonio, TX. 12 months probated suspension of EMT-P certification through March 4, 2003, a

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misdemeanor pre-trial diversion probation. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

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

Smith-Green, Tonya Sue, Burleson, TX. 48 months probated suspension of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Snyder, Michael, Baytown, TX. 12 months probated suspension of EMT certification through October 23, 2002. EMS Rules 157.37(c)(2)(3)(G).

South TX Rural Health Services, Inc., Cotulla, TX. 24 months probated suspension through May 31, 2002. EMS Rules 157.19(c)(1)(A), (B) and (U).

Southworth, Raymond N., Kyle, TX. 12 months probated suspension of EMT certification through June 7, 2002. EMS Rules 157.37(c)(2)(3)(G).

Spears, Richard D., Iowa Park, TX. 24 months probated suspension of EMT certification through September 11, 2003. EMS Rules 157.37(c)(2)(3)(G).

Spencer, Shannon Ray, Deer Park, TX. 12 months probated suspension of EMT certification through November 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

Steger, John S., Denton, TX. 24 months probated suspension of EMT certification through May 15, 2003. EMS Rules 157.37(c)(2)(3)(G).

Stillwell, Landon, Dallas, TX. 36 months probated suspension of EMT certification through November 6, 2003. EMS Rules 157.37(c)(2)(3)(G).

Strimpell, Marc, San Antonio, TX. 24 months probated suspension of EMT-P certification through April 4, 2003. EMS Rules 157.37(c)(2)(3)(G).

* **Sulecki, Christopher, Hockley, TX.** 24 months suspension of the EMT certification through February 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(7); 157.36(b)(26); and 157.36(b)(28).

Tanner, Stewart R., Palacios, TX. 12 months probated suspension of ECA certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

Taylor, Steven C., Powderly, TX. 12 months probated suspension of EMT

certification through July 5, 2002. EMS Rules 157.37(c)(2)(3)(G).

Thomas, David, Early, TX. 12 months probated suspension of EMT certification through September 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

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

Tidwell, Jeremy W., Orange, TX. 12 months probated suspension of EMT certification through September 24, 2002. EMS Rules 157.37(c)(2)(3)(G).

Tiner, James H., Vidor, TX. 12 months probated suspension of EMT certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

TLC Ambulance Service, Houston TX. Letter of reprimand against EMS provider license effective December 19, 2001. EMS Rules 157.16(d)(19).

* **Trans Care Medical Transport, Fort Worth, TX.** 12 months probated suspension of the EMS provider's license and a \$5,000 administrative penalty, which all but \$1,000 is probated for 12 months through February 28, 2003. EMS Rules 25 TAC 157.16(b); 157.16(c); 157.16(d)(1); 157.16(d)(19); 157.11(l)(13); 157.11(i)(1)(E); and 157.11(i)(1)(L).

Trevino, Robert P., Troy, TX. 12 months probated suspension of EMT-I certification through December 15, 2002. EMS Rules 157.37(c)(2)(3)(G).

Turnbow, Brandon L., Lubbock, TX. 24 months probated suspension of EMT certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G).

Turner, Charles L., Fort Worth, TX. 12 months probated suspension of EMT-P certification through May 30, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **VanDeventer, Robert, Comanche, TX.** Decertification of EMT certification effective March 13, 2002, for a felony deferred adjudication probation. In violation of EMS Rules 25 TAC 157.37(a), and/or 25 TAC 157.36(c)(1), and/or 157.36(c)(8), and/or 157.36(c)(9).

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

Vasquez, Michael P., Temple, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Walker, Edwin, Bastrop, TX. Letter of reprimand against EMSC certificate effective October 19, 2001. EMS Rules 157.43(m)(3)(B).

Wankowski, Jason D., Mertzon, TX. 12 months probated suspension of EMT certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G).

Warren, Andrew, Floresville, TX. 36 months suspension (first 18 months actual suspension, second 18 months probated suspension) of EMT-I certification through December 2004. EMS Rules 157.51(b) (25).

* **Waters, Christopher, Austin, TX.** 12 months probated suspension of EMT certification through March 23, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Weststarr Ambulance, Odessa, TX. 12 months probated suspension of provider license and \$22,000 administrative penalty probated for 12 months through August 2002. EMS Rules 157.16(b), (c), and (d)(1), (4), (17), (19); 157.11(d)(2), (1)(2), (f), (g), (i)(1).

White, Ben, Houston, TX. Letter of warning of the EMT certification effective July 2, 2001. EMS Rules 157.36(b)(13) and (26).

Williams, David T., Dallas, TX. 24 months probated suspension of EMT certification through November 26, 2003. EMS Rules 157.37 (c)(2)(3)(G).

Wright, Christopher A., Cedar Hill, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Zachary, Jessy L., Humble, TX. 48 month probated suspension of EMT-I certification through December 5, 2004. EMS Rules 157.37(c)(2)(3)(G).

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

* These listings are new this issue. Denials, revocations and administrative penalties will be printed in three consecutive issues. Suspensions will be printed until suspension or probation expires.

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Meetings & Notices

Calendar

June 8-12, 2002. **126th Annual SFFMA Training Conference & Convention.** Beaumont, TX. For more information call 512/454-3473.

Jobs

Paramedics/EMT-Is: Immediate need at AMR Arlington. Brand new trucks and equipment. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

911 Dispatchers: AMR Arlington. Premier system, brand new trucks and equipment. AMR Arlington provides exclusive 911 services to the Arlington Metro area serving 330,000 people. Competitive compensation & benefit packages. Medical, dental and vision

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (*a 15-working-day process*), then on to our mailing service (*a 4-day process*), and then to the post office to get mailed out. Please send in your calendar items six weeks in advance to make the next issue.

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

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

insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

Paramedics/EMTs: AMR Austin operations. New increased wage rates. AMR Austin is proud to have served Austin for over 20 years. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs: AMR San Antonio. New highly competitive wages rates. 911 provider for Bexar County. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs/ Paramedics & CCT-Paramedics: AMR Dallas is a diversified operation providing emergent and non-emergent transportation to include critical care transport. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs/Paramedics: AMR Houston. Competitive pay rates and one of the most competitive compensation & benefit packages. Excellent protocols and experience. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs/Paramedics: 911 Provider for Cleburne. One of the most competitive compensation & benefit packages, excellent protocols and experience. Medical, dental and vision

insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs: AMR Hunt County now hiring part time. For more information/application, contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

Medics: Hiring quality personnel at all levels for newly organized and progressive ambulance service. Service provides emergency services at the BLS, ALS, and MICU levels in the Houston Metro area. Top pay for experience and skills at all levels. We also welcome newly certified EMS personnel. EMS continuing education will be provided in-house. Contact the human resources dept. at MP Ambulance Service 713/723-6001. +

Paramedics: Lubbock County EMS is currently accepting applications. Must have BLS and ACLS. 12 and 24 hour shifts are available. Competitive salaries starting at 30,285.00 per year. This is a 911 service for the city of Lubbock provided by University Medical Center. Excellent benefit package and uniforms are provided. Call 806/743-1444 or www.teamumc.org for an application. +

Paramedics: North Channel EMS, servicing East Harris County, has full-time positions available. Competitive wages, full benefits, paid holidays/vacation/sick days. New equipment and facility, free in-house continuing education, and very aggressive. Contact Troy Koterak, North Channel EMS, 332 Freeport, Houston, TX 77015. 713/637-0900.

Paramedics: Full-time positions available. Cypress Creek EMS is the 911 provider for Northern Greater Houston, TX area. Competitive salary, excellent benefits, and progressive atmosphere. Submit a resume to: HR Dept, CCEMS 16650 Sugar Pine Lane, Houston, TX 77090-3657 or jobs@ccems.com +

EMTs, EMT-Is, Paramedics: Life Care Ambulance, Inc., a 911/transfer company in Harris County, is hiring full-time and part-time positions. Can accommodate school schedules. Competitive wages, benefits. Contact Tina Krenek at 713/868-7944 or fax resume to

Meetings & Notices

713/688-1902. +

Operations Manager: \$34,000-\$40,000. Bulverde-Spring Branch EMS accepting applications for an operations manager. Benefits. Paramedic with 5 yrs exp/2 yrs mgmt exp. Mail resume to Bulverde-Spring Branch EMS PO Box 38, Spring Branch, TX 78070. *

Firefighter/Paramedic: \$2,727/mo. Must be certified. City pays 70% of family health insurance premium. Apply at or send resume to City of Kerrville, Personnel Dept., 800 Junction Hwy Kerrville, TX 78028, 830/792-8300, fax 830/792-3850. *

EMT, EMT-I Paramedics: The US Naval Reserve is hiring part-time positions. One month experience required. Excellent benefits and retirement package. Contact Joel Greenwood 1-800-544-2562 ext. 248. *

Paramedics: Llano County EMS is accepting applications. Upgraded pay scale with health/dental insurance, 401K. Paid CE and training available for swiftwater, vertical, lake rescue, and scuba. Mail resume to Llano Co. EMS, 200 W. Ollie, Llano, TX 78643, 915/247-7890. *

EMS Instructor: Associate degree in EMS, fire science, emergency mgmt or related field (bachelors or masters preferred) and 3 years full-time paid experience with fire department or EMS service. Prefer 3 years as a EMS instructor or NFPA fire instructor II. Associate degree candidates must be willing to attain a bachelors degree within 5 years and a masters within 8 years. Submit application with position title #021184TXEMS. Package must include cover letter, resume/CV, 3 letters of recommendation, and photocopies of transcripts by close of business on April 26, 2002. Alamo Community College District, HR Dept., 201 W. Sheridan, San Antonio, TX 78204, fax 210/208-8052, 210/208-8051 or emresume@accd.edu.*

Fax items for this section to 512/834-6736

There is no charge to run items in this section.

Mail or fax meetings, classes, job postings or items for sale.

For Sale

For Sale: 2 folding stretchers, 1 set immobile vac splints, Ferno stair chair stretcher model 28, oscillomate model 9000 auto B/P with cuff sizes, resuscitator lsp demand valve, all slightly used. Send offer to hallambbit@itexas.net or call 817/579-6822 DEB. +

For Sale: 1995 F350 type III ambulance with 78,000 miles \$38,500. Call 830/980-9452 or e-mail bsbems@gvtc.com.*

For Sale: Dictaphone Guardian Recorders. 24 and 32 Channel, Pro logic available. Previously owned. Call 407/292-5246 or 972/979-2604. *

Miscellaneous

"Quick! How do you dial 9-1-1?" Lifelines and laughlines of a firefighter paramedic. Captain Randy Nickerson of Denton, TX Fire Department reflects on some of most memorable moments of his career—some hilarious, some horrific—in this thoughtful and amusing book. Tattersall Publishing, 940/565-0804, www.tattersallpub.com. +

EMS Specialties. Multi-part run tickets, telephone labels, scratch pads, t-shirts, etc. Free brochure. AAA Graphics, 281/331-3615. +

Rope Rescue Training: Training for fire, EMS, law enforcement and industry in Technical Rescue, Rope Rescue, Fire Rescue, Cave Rescue, Vehicle Rescue and Wilderness First Aid. John Green 361/938-7080, www.texasroperescue.com. +

CPR manikins, new and used: CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact Ron Zaring, Manikin Repair Center, Houston, 281/484-8382, fax 281/922-4429.

Specialized Billing: EMS and Fire billing services to counties, municipal paid and volunteer services through Texas utilizing the latest hardware and EMS software. For info contact Karen Laake or Bruce Glover at 1-800-999-2417.*

CPR Classes: \$25.00 per person in house six person minimum or \$35.00 your location six person minimum. Call 281/837-8375.*

MBS MedExpress Billing Service: Complete billing services for ambulance services. Contact 713/530-0334.*

Express Billing: Electronic billing including Medicare, Medicaid, insurance. Custom reports, consultation for EMS office and field employee on HCFA guidelines. Call 877/521-6111, 713/484-5700 or fax 713/484-5777, www.eexpressbill@aol.com*

EMS/Fire Billing: Electronic claims, standard and individualized reports, education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893 or visit www.healthclaimsplus.com.*

CE Solutions: EMS continuing education, accepted in more than 40 states. Internet, software and workbook formats. Click on www.ems-ce.com for 2 free CE hours (first visit), call 888/447-1993.*

+ This listing is new to this issue.

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

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EMS Profile: MedStar



MedStar staff pictured are, in the first row, from left to right, Shane Gregory, EMT-I; Jeff Popp, EMT-P; and Joe Milam, EMT-P. Second row, left to right, are: Chris Schroeder, EMT-P; Warren Smith, EMT-P; Carole Stokes, EMT-i; Stephen Russell, EMT; Reggie Willis, EMT; and Timothy Johnston, EMT.

Name of service: MedStar

Number of personnel: MedStar has 28 full-time and ten part-time EMT-Basics; 13 full-time and four part-time EMT-Intermediates; 88 full-time and 39 part-time paramedics; and 15 full-time and three part-time dispatchers. Crews work 12-, 16- or 24-hour shifts, and are posted all over the service area to reach any given call in the quickest time possible. We also have nine full-time and five part-time supply technicians and five full-time fleet mechanics.


Our service area consists of 14 cities: Fort Worth, Lake Worth, Blue Mound, Sanson Park, Forest Hill, Saginaw, Lakeside, Haltom City, Westover Hills, Burleson, Haslet, White Settlement, River Oaks and Westworth Village. MedStar's executive director is Jack

Eades; the medical director is Dr. John Griswell; and Mike Collins acts as division general manager for Rural/Metro Ambulance. MedStar paramedics must be certified in Advanced Cardiac Life Support, Pre-Hospital Trauma Life Support and Pediatric Advanced Life Support. The average paramedic in the MedStar system has served professionally for five years, and is estimated to have seen approximately 7,500 patients.

Years in service: MedStar was born in 1986; Rural/Metro has been contractor since August 1, 1999.

Number of units and capabilities: MedStar has 42 MICU-capable ambulances. We also have four support vehicles: one provides restocking of medical supplies for the crews; one assists units with mechanical problems; and two alternative transport vehicles provide wheelchair transport. MedStar does in-field 12-lead EKG interpretation and capnography, and is currently implementing Rapid Sequence Intubation. We participate in research, with the goal of improving prehospital care. Rural/Metro-MedStar also recently received CAAS Accreditation; less than 100 services nationwide have earned this honor.

Number of calls: MedStar processes well over 70,000 emergency calls a year.

Current projects: MedStar works fiercely to serve the community—with several public education programs: Safety Clowns, who talk about safety issues and distribute free bike helmets; CPR classes, including healthcare provider level; Shattered Dreams presentations, where we re-enact the aftermath of DWI accidents to encourage kids not to drink and drive; Healthy Halloween, where we distribute safety tips to parents and give the kids goodie bags with an EMS theme; and Have A Heart, which focuses on raising heart/stroke awareness. We offer free blood pressures tests for our local senior citizens; undertake an annual summer fan drive for those in our area without air conditioning; raised money for and walked in last year's American Heart Association's annual Heart Walk; held a blood drive last year in conjunction with an area blood center; and sang carols at local nursing homes, providing gift packages to those residents with no family to share the holidays with. 

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