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September 11, 2001



Texas EMS

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_____ "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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FEATURES

- 12 Texas EMS Conference
- 21 GETAC Recap
GETAC sent rules to the Board of Health at the August 24 meeting.
- 26 What's new?
Recertification!
It was a long time coming, but Texas EMS personnel now have many ways to fulfill recertification requirements. By Jim Arnold
- 30 The Texas Connection
The events of September 11 shook the country and left people wondering how to help. Texas Task Force-1 was one of FEMA's elite search and rescue teams deployed to the World Trade Center devastation. By Marilyn Martell
- 36 Know your NBCs
According to the FBI, there are serious threats to the U.S. from biological and chemical weapons. This article will give you an overview of the what and how of those weapons. By Mitch Cooper

CONTINUING EDUCATION

- 40 Recognizing domestic violence
Do you know the right questions to ask if you suspect domestic violence? Earn 1.5 hours of special patients CE while you learn the right things to ask—and listen for.
By Gary Kesling, PhD, and Kate Martin, MEd

THE PHOTO ON THIS PAGE SHOWS RESCUE WORKERS IN THE FOREGROUND AND THE SKELETON OF THE WORLD TRADE CENTER BUILDINGS IN THE BACKGROUND. PHOTO USED WITH PERMISSION FROM THE WEBSITE OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY.

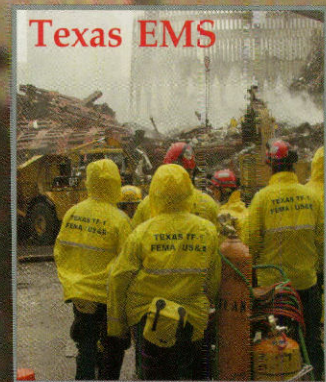
Texas EMS

M a g a z i n e

DEPARTMENTS

- 5 From This Side
Kathy Perkins
- 6 Deaths
- 7 FAQ: Standards
Linda Reyes
- 8 On Duty
Kelly Harrell
- 16 Local and Regional News
Penny Workman
- 24 Did You Read
Penny Workman
- 52 Disciplinary Actions
Chris Quiroz and Anthony Luna
- 58 Calendar
Jan Brizendine

ABOUT THE COVER: Texas Task Force 1 arrives in New York at Ground Zero to begin search and rescue. Photo used with permission from the website of the Federal Emergency Management Agency.





BUREAU OF EMERGENCY MANAGEMENT MISSION

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

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Texas EMS Conference 2001 will recognize September 11 incident

I had a list of things to talk about in this column, but most seem trivial in light of the events of September 11, 2001. So many are struggling with this tragedy—feeling sad, angry, anxious to help in some way, and trying to decide when it is okay to really enjoy life again. For the emergency health care community, this terrible incident was compounded by the loss of so many emergency personnel and the impact on the people, like the members of Texas Task Force 1, who went to New York City to help in the aftermath. Even the telephone number that calls for help, 9-1-1, has had its meaning forever affected. We will be recognizing this disaster in a variety of ways during the Texas EMS Conference later this month. I hope that many of you will be able to join us in Austin.

Despite this overwhelming event, there are a number of things happening that will impact Texas EMS. First, the Texas Board of Health adopted new rule 157.34 (recertification), which provides a variety of ways for individuals to recertify. This rule was a long time in development and some of you became frustrated with the process. However, it is a testament to that process that the adoption went so smoothly. The Board of Health members actually thanked staff for this accomplishment; most could not remember a packet of EMS rules coming through without controversy. **Implementation of the rule will be January 1, 2002.** See the article on page 26 for details.

The Governor's EMS and Trauma

Advisory Council (GETAC) met in August; a recap of that meeting is included on page 21. I would like to recognize San Antonio College's EMS Education program for bringing a class of EMT-I students to the meetings. One of the students even gave input during the public comment time. What a great idea to include state activities as part of an EMS education class.

GETAC and its standing committees/task forces will be meeting during the conference starting on Saturday, November 17th (see page 6 for a schedule). During these meetings, as a part of the strategic planning process required by HB-2446, GETAC/committee/task force members will have time on their agendas to hear input from you on where emergency health care in Texas, including EMS regulation and systems development, should be in the year 2010.

And, speaking of the strategic planning process, EMS providers, first responder organizations, hospitals, and EMS medical directors should have received a survey in the mail from GETAC. If your organization did not receive a survey, let us know and we will get one to you. Please complete the survey (one per organization only please) and return it in the enclosed envelope to Dr. Ed Racht, GETAC chair. Your input is critical in determining the future of emergency health care in Texas.

A final note: the holidays are upon us. We wish you a blessed and safe season.

TEXAS EMS CERTIFICATIONS
AS OF
OCTOBER 5, 2001

ECA	5,265
EMT	24,034
EMT-I	3,878
EMT-P	9,788
LIC-P	4,656
TOTAL	47,621
COORDINATOR	249
INSTRUCTOR	2,038
EXAMINER	1,143

EMS Obituaries

Texas EMS Magazine also wishes to recognize all emergency workers lost on September 11, 2001.

Benjamin Scot Bryan, 43, of DeSoto, a firefighter with the Dallas Fire Department, died September 5, 2001, of complications from lymphoma. He had been with the Dallas Fire Department for almost 17 years and was an EMS instructor.

Jan Castle, 53, of Hempstead, died of complications from surgery on October 8, 2001. An EMT, Castle worked for Waller County EMS.

Robert (Bob) Harris, 46, of Port Isabel, died September 15, 2001, in the Queen Isabella Causeway collapse. Harris, an EMT, was fire marshal for the City of Port Isabel and was returning from a second job on Padre Island when the bridge collapsed under his car.

Jesus Luna, 42, of Los Fresnos, died September 10, 2001, of cancer. Luna, a paramedic, had served as director of the City of Port Isabel EMS for many years. He has also worked at Valley Baptist Medical Center as a ER tech and as a paramedic with Los Fresnos EMS.

Harold Luster, 28, of Hearne, died September 20, 2001, in a car crash. A paramedic, Luster was an ER tech at St. Joseph Regional Health Center and a paramedic for St. Joseph EMS and Robertson County EMS.

GETAC/Committees Meeting Schedule

Saturday, November 17, 2001
The Hyatt - 208 Barton Springs Road

5:00pm-7:00pm Diversion Task Force (Texas Ballroom I)

Sunday, November 18, 2001
The Hyatt - 208 Barton Springs Road

9:00am - 12:00pm Trauma Systems (Foothills II)
9:00am - 12:00pm Education Committee (Hill Country A&B)
1:00pm - 4:00pm EMS Committee (Foothills II)
1:00pm - 4:00pm Medical Directors (Hill Country A&B)
4:00pm - 6:00pm Rural Task Force (Foothills II)
4:00pm - 6:00pm Combined Pediatric/Trauma Systems (Texas Ballroom I)

Monday, November 19, 2001
Austin Convention Center
500 East Cesar Chavez

9:00am - 12:00pm Regional Advisory Council Chairs (Room 3)
1:00pm - 3:00pm Injury Prevention Committee (Room 3)
3:00pm - 5:00pm Pediatric Committee (Room 3)
5:00pm Governor's EMS and Trauma Advisory Council (GETAC)

Other groups meeting in association with Texas EMS Conference

Saturday November 17

EMS Educators Association of Texas class, 8am-5pm, Hyatt, contact Lee Gillum at (979) 821-0297.
Texas Trauma Coordinators Forum, 9am-12noon, Hyatt, contact Jacky Betts at (940) 764-3631.
Texas Assoc of Air Medical Services, 5pm-7pm, Hyatt, contact Allen Helberg at (214) 956-0707.

Sunday November 18

Recertification Options Update, 8am-11am, Hyatt, contact Eddie Walker at (512) 834-6700.
EMS Educators Association of Texas class, 8am-5pm, Hyatt, contact Lee Gillum at (979) 821-0297.
Advanced Trauma Coordinator Core Course, 8am-5pm, Radisson, contact Lois Blough (915) 521-7984.
TCEP Medical Directors meeting, 9am-11am, Hyatt, contact Nancy Davis at (512) 306-0605.
TxDOT/TEEX/TTUHSC Grant Information session, 5:30pm-7:30pm, Hyatt, contact John Finard at 979/458-2262.
EMS Association of Texas, 7pm-9pm, Hyatt, contact Ron Haussecker at (979) 277-6267.

Monday November 19

BTLS Board meeting, 6pm-8pm, Hyatt, contact Nancy Davis at (512) 306-0605.
EMS Educators Assoc. of Texas meeting, 6pm-9pm, Hyatt, contact Lee Gillum at (979) 821-0297.
TAA Workshop, "The \$ and Sense of EMS Billing," 12-4pm, Hyatt, contact Daphne Neill at 816/431-2605.

By
Linda Reyes

FAQ *EMS Standards*

Q: *I heard there is a new certification application form we should be using. Where can I get the form?*

A: The form is available from our website. At our homepage: www.tdh.state.tx.us/hcqs/ems; click on File Library. From this site, you can download forms you need for certification, as well as other helpful EMS material.

Q: *Why has the Bureau separated the certification application into two forms?*

A: We are making plans to streamline all state certifications and licenses for implementation on the worldwide web. Therefore, we created one application for initial certification and another for recertification. Separating the application form is one step towards making the process comparable to other licensing processes and online certification/recertification possible.

Q: *Does TDH sponsor CE hours I can take on the world wide web?*

A: No, we do not sponsor CE hours. However, we have approved several internet CE agencies who offer EMS CE. They are: 1) Emergency Medical Certification, Inc. at: www.emcert.com 2) CE Solutions at: www.ems-ce.com or 3) Emergency Medicine Internet-work at: www.eminet.com. Contact the individual sites for their prices and instructions. Also, more and more colleges are offering courses via the worldwide web. Check with a college/

university who has TDH approval to conduct EMS programs.

Q: *If I send my CE certificates with my recertification application and fee, will I avoid being selected for CE audit?*

A: No. Do not send CE documentation unless you have been notified to submit CE material. It would be inefficient use of staff to review everyone's CE documents, as well as costly to store the records. The CE audit process allows us to randomly audit a statistically valid sampling of CE which is effective and manageable for Bureau staff.

Q: *I am trying to comply with the CE audit requirements, but I can not find a course completion certificate for a course I completed last year. What can I send you to prove I completed the class?*

A: Contact the provider and ask for a copy of the course certificate or verification in writing. The CE provider is responsible for furnishing each participant documentation of completion specifying the CE provider, title, date and location of program, content areas and contact hours and grades or pass/fail, if applicable.

Q: *I have moved twice in the last year and have never notified the Bureau of my new address. What is the easiest way to get this information to your office?*

A: There are several ways to update your records with address changes and new employer infor-

mation: 1) send us a note by U.S. mail; 2) send an email message to emscert@tdh.state.tx.us; 3) call the certification voice line at 512-834-6769; 4) contact your regional office. Be sure to tell us if you'd like the address changed on your subscription to *Texas EMS Magazine*.

Bureau Websites

Bureau web home page address:

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

www.tdh.state.tx.us/hcqs/ems/stdhome.htm

Internet certification verification now on web site

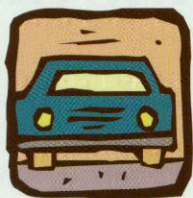
Certification verification phone line: 512-834-6769

Fax number: 512-834-6714

Email: emscert@tdh.state.tx.us

AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell



Child air bag deaths decline 90 percent in five years

The National Safety Council reports that the rate of child deaths from air bags declined more than 90 percent between 1996 and 2000. The rate declined dramatically despite triple the number of passenger air bags on the road. A primary reason for the decline is a shift in how adults report securing children in motor vehicles. A new survey found that no drivers of vehicles with air bags reported placing children under four years old in the front seat. Only ten percent of those drivers with air bags said they allowed children ages 5-12 to ride in the front seat. However, the study's authors noted that children are still being killed by air bags, illustrating that self-reported behavior is not always the same as actual behavior. From 1996 to 2001, more than 191 people, including 116 children, died from air bag related injuries. For more information, go to www.nsc.org/news/nr022801.htm.

New Illinois law targets reckless drivers at emergency scenes

Ever been trying to work a wreck scene while motorists speed by the emergency lights? A new law in Illinois will make motorists pay for doing that—up to \$10,000. The law is named for Chicago Fire Department Lt. Scott Gillen, who was killed in December 2000 when a car roared past flares and emergency lights at a scene and crushed Gillen against a fire truck. The law calls for a fine for drivers who don't proceed cautiously around parked emergency vehicles with lights activated. Illinois drivers who break the law can also lose their licenses for up to one year if property is damaged, and up to two years if someone is hurt.

Texas child safety seat law strengthened

On September 1, a new child passenger safety law took effect. Under previous law, any child under the age of two should have been buckled in a safety seat. Under the new law, a child who is younger than age five and less than 36 inches in height must be secured in a child safety seat during operation of the vehicle. The law also requires that all children ages four to 15 be secured with a seat belt regardless of their position in the vehicle. Also, anyone over the age of 17 must be restrained in a seat belt if seated in the front seat. For more information, visit TDH's Safe Riders page at www.tdh.state.tx.us/injury/safe/index.htm.

CE ANSWERS FOR SEPTEMBER/OCTOBER 2001

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

Educational videos available from insurance organization

The Insurance Institute for Highway Safety has several reasonably priced videotapes for sale about injury prevention. Titles include "Understanding Car Crashes: It's Basic Physics," which talks about what happens to vehicles and their occupants in crashes; "Children in Car Crashes," which shows crash test footage of how unrestrained infants and children are injured in crashes; "Making Safer Roads," which explains how one in four deaths on U.S. roads involves hitting a hazard along the road; and several more. The average cost of the videos is \$35. For more information, go to www.hwysafety.org/videos.htm. The Insurance Institute for Highway Safety is a non-profit organization dedicated to crash and auto safety research.

British Medical Journal bans word 'accident' from pages

In June, the British Medical Journal announced that it is banning the use of the word "accident" in its pages. The journal explained its position in an editorial. An accident, the authors argue, is often understood to be unpredictable—and therefore unavoidable. However, most injuries and precipitating events are predictable and preventable. As expected, the decision unleashed a host of proponents—and opponents. If you want to read the entire article and all the email responses, go to <http://bmj.com> and click on Searches and Archives. In search criteria, list Davis, R as the author and 'bans accidents' as the subject. That should bring up the article and the responses.

Congress moves to expedite payments to families

A few days after the September 11 attacks,



Congress passed a measure to expedite

payments of Public Safety Officer Benefits to families of firefighters and police officers killed in the attacks.

In normal circumstances, it takes several months to process an application and to pay survivor benefits.

The bill requires the Bureau of Justice Assistance to pay the benefit of \$151,635 to beneficiaries within 30 days after being notified of the death by appropriate agencies. Both houses of Congress unanimously passed the legislation and it was sent to President Bush for signature.

On Duty

Attempt made to hijack medical airplane

A man held a knife to the neck of a medical transport pilot in September in an attempt to hijack the plane from a Deming, New Mexico, airport. The University of New Mexico Hospital plane had arrived around 9:45 p.m. to transport a baby. While paramedics went to the hospital to get the patient, the pilot stayed behind. A hooded man entered from the back door and threatened the pilot. As the plane headed down the runway, the back door opened and made a loud noise. When the pilot veered off the runway, the man struck the pilot in the head with a radio device, possibly a police scanner. He then fled. The pilot was taken to the hospital where she was treated and released. Another plane was dispatched to pick up the patient.

'Baby Moses' law expanded

The 1999 law that allows emergency care providers to take possession of an abandoned child younger than 30 days was expanded in the last legislative session. The new law, effective since September 1, allows parents to leave infants up to 60 days old with emergency medical services providers. Parents are protected from prosecution as long as the baby isn't harmed.

The EMS provider has no legal duty to detain or pursue the parent and may not do so unless the child appears to have been neglected or abused. The provider does not have to determine the parent's identity but may give the person a form for voluntary disclosure of the child's medical facts and history. In Texas last year, 18 babies were abandoned and five were left in designated safe places.

Online memorial created

A website has been created to honor those emergency responders who lost their lives on September 11. The names of the fallen are listed as well as how to donate to various recovery efforts. The site also posts tributes to the emergency responders. If you'd like to read some of the tributes, or to post your own, go to: www.9-11memorial.org.

Websites offer drug street terms



Do you feel like sometimes you could use a little translation when

you're talking to patients about street drugs? A couple of websites may help you navigate the world of drug slang. You can find info at www.drugs.indiana.edu/slang, or www.whitehousedrugpolicy.gov/streetterms. Both sites are searchable by first letter of the term. In addition, the U.S. government site is searchable by drug and by topic.



Three firefighters refuse to ride truck with flag

After the September 11 attacks, many wanted to show their patriotism and support by flying the American flag—including the Miami-Dade County Fire Department. All county fire engines were ordered to carry the American flag in honor of the firefighters and police officers killed in New York on September 11. Yet three of that service's firefighters refused to ride the trucks because they were flying the flag. Officials said the three firefighters complained that the flag is offensive because it represents oppression. The crew chief ordered that the flag be removed so that the seven-member unit could answer 9-1-1 calls. One of the firefighters subsequently rode a flag-flying fire truck a few days later without any protest.

Standards for hand signals being developed



The American Society for Testing and Materials (ASTM) is developing *A Standard Guide for Hand Signals During Water Rescue Operations* to offer uniform communications methods during surface water rescue. The signals will be based on the *Safety Code of the American Whitewater Affiliation* adopted in 1959 and revised in 1989, plus other commonly-used signals that most rescue operations are using. ASTM plans to publish the information early in 2002. For more information, contact Emily K. King at 614/265-6504 or at Emily.King@dnr.state.oh.us. Established in 1898, ASTM is one of the largest standards development and delivery systems in the world.



TDH website offers U.S. health objectives

Looking for the national injury prevention objectives? The U.S. Healthy People 2010 injury prevention goals are linked off TDH's epidemiology website at www.tdh.state.tx.us/injury/reports/2010objs.htm. Healthy People 2010 is a set of goals released every ten years by the U.S. Department of Health and Human Services.

FDNY may find rebuilding force a challenge

In addition to the grief over losing hundreds of its firefighters, FDNY will soon be facing another challenge: how to replace those who died in the line of duty, plus those who are retiring as a result of the terrorist attack. Fire department officials are still determining how to cope with the devastating losses that included the department's top brass. The department faces other challenges as well. Ninety-five of the missing firefighters worked in special operations, which requires additional training. And 89 vehicles were destroyed, including 18 fire engines, 13 ladder trucks and five rescue trucks. However, a class of 150 recruits is midway through its 25-week training period and a second class of 300 recruits began training the first week of November.

Texas EMS Conference 2001

November 18-21, 2001
 Austin Convention Center — Austin, Texas

Conference Hotels

OmniHotel	\$70/90
(512) 476-3700	
Marriott Capitol	\$65/65
(512) 404-6946	
Hyatt (Host Hotel)	\$70/95
(512) 477-1234	
Radisson	\$70/100
(512) 478-9611	
Four Seasons	\$120/160
(512) 478-4500	
Sheraton	\$70/90
(512) 480-8181	
Embassy Suites	\$134/144
(512) 469-9000	
Rates may be higher as of November 1.	

Recertification Options

Update: TDH State EMS Coordinator Eddie Walker teaches a two-hour class on how the new recertification rules will affect anyone recertifying. Registration begins at 8 am; class begins at 9 am on Sunday, November 18, at the Hyatt. Cost is \$10. No need to preregister but come early to pay and avoid the last minute rush. For information, email eddie.walker@tdh.state.tx.us or call him at (512) 834-6700, ext. 2313.

Patch Exchange

Monday,
 November 19, 1-2 pm,
 outside Exhibit Hall

Bring patches for trading!
 Sponsored by La Porte EMS. For information, email Joe Berry at berryj@ci.la-porte.tx.us

Agenda

Sunday, November 18, 2001

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

Monday, November 19, 2001

- | | |
|-------------------|---|
| 7:00 am -6:00 pm | Registration in the Convention Center in Palazzo |
| 8:15 am -9:30 am | Opening Session in Ballroom A-C with Ken Bouvier |
| 9:45 am -10:45 am | Workshop Breakouts Ballroom A, Rooms 4-10 (Third floor) |
| 10:00 am -6:00 pm | Exhibit Hall Open |
| 11:00 am -12 noon | Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor) |
| 12 noon -1:00 pm | Lunch in Exhibit Hall |
| 2:00 pm -3:00 pm | Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor) |
| 3:15 pm -4:15 pm | Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor) |
| 4:30 pm -5:30 pm | Workshop Breakouts Ballroom A and C, Rooms 4-10 (Third floor) |

Tuesday, November 20, 2001

- | | |
|--------------------|---|
| 7:00 am -3:00 pm | Registration in the Convention Center in Palazzo |
| 7:30 am -8:30 am | Early Bird Workshop Breakouts
Ballroom A-C, Rooms 4 - 10 (Third floor) |
| 8:45 am -9:45 am | Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor) |
| 9:00 am -11:45 am | Exhibit Hall Open (closed during Awards Luncheon) |
| 10:00 am -11:00 am | Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor) |
| 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 Ballroom A-C, Rooms 4-10 (Third floor) |
| 3:00 pm | Exhibit Hall Closes |
| 3:15 pm -4:15 pm | Workshop Breakouts Ballroom A-C, Rooms 4-10 (Third floor) |
| 4:30 pm -5:30 pm | Workshop Breakouts Ballroom A-C, Rooms 4- 10 (Third floor) |

Wednesday, November 21, 2001

- | | |
|-------------------|---|
| 8:30 am -9:30 am | Workshop Breakouts Ballroom A-C, Room 6 |
| 9:45 am -10:45 am | Workshop Breakouts Ballroom A-C, Room 6 |
| 11:00 am -12 noon | Workshop Breakouts Ballroom A-C, Room 6 |

Conference Adjourns

M O N D A Y

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
8:15 am - 9:30 am										
KEN BOUVIER				EMS @ Large Events			BALLROOMS A—C			
9:45 a.m. - 10:45 a.m.	Racht, MD Most Important Clinical Issues <i>(Additional)</i>			<u>Mgmt Track</u> Stevenson & Jones Electronic Patient Care Records <i>(Additional)</i>	<u>Nursing Track</u> Elliott Take this Job & Make it Work	Lawrence Bloodborne Pathogens <i>(Prep)</i>	Salter Relax, Don't Push <i>(Sp. Pts)</i>	<u>Educators Track</u> Hill Internet Connection <i>(Additional)</i>	Page Airway Dogs <i>(Prep)</i>	Callsen Real World Terrorism Response <i>(Additional)</i>
11:00 a.m. - 12:00 a.m.	Hollett EMS Visits Golden Pond <i>(Sp. Pts)</i>	Wagenhauser, MD Arkansas on Ice: Disaster Planning <i>(Additional)</i>	Wright Operation Stroke <i>(Medical)</i>	Hendricks Would I Work for Me? <i>(Additional)</i>	Freeman Forensics: Saving the Pt & the Evidence	DuGray Violent Patient Mgmt <i>(Sp. Pts)</i>	Gordon, MD America's Obesity Epidemic <i>(Medical)</i>	Sabala Teaching Critical Skills <i>(Additional)</i>	Frey SCUBA Emergencies <i>(Medical)</i>	Bouvier How to Fix a Broken Cowboy <i>(Trauma)</i>
2 p.m. - 3 p.m.	Pepe, MD Ventilatory Mgmt of the Trauma Pt <i>(Prep)</i>	Kleiner, PhD Spine Injured Athlete <i>(Trauma)</i>	Shook, MD Pediatrics <i>(Sp. Pts)</i>	Callsen Extreme Customer Service <i>(Additional)</i>	Hudson & Cottrell Cardiac Emergencies	Wigginton, MD Gender Related Differences <i>(Cardi)</i>	Corn Inhalant Abuse <i>(Medical)</i>	Cloud Implementing Competencies in EMS Education <i>(Additional)</i>	Page Parrot Medicine <i>(Additional)</i>	Strout Understanding Diabetes <i>(Medical)</i>
3:15 p.m. - 4:15 p.m.	Fowler, MD Shock Assessment <i>(Trauma)</i>	Corn GHB & Other Club Drugs <i>(Medical)</i>		Charpentier Dilemmas in Figuring Overtime <i>(Additional)</i>	McGowan The Pediatric Burn Patient	Gordon, MD Blunt Trauma <i>(Trauma)</i>	Dodson Circle of Protection <i>(Sp. Pts)</i>	Baker Using WEBCT to Help Teach <i>(Additional)</i>	Harbert Abuse of the Elderly <i>(Sp. Pts)</i>	Phillips MVCs & Multiple Pts --2 hrs-- <i>(Trauma)</i>
4:30 p.m. - 5:30 p.m.	Genzel, MD Really Cool Slides! <i>(Trauma)</i>	Fowler, MD Ask the EMS Doc <i>(Additional)</i>		Johnson You're Not Going to Believe This <i>(Additional)</i>	Stalder & Allday EMS Preparation for International Deployments <i>(Additional)</i>	Villers Keeping Compassion in EMS <i>(Additional)</i>	Baker Understanding AV Blocks <i>(Cardi)</i>	Sabala Retrofitting Old School Paramedics <i>(Additional)</i>	Olthoff Let the Good Times Roll: Consequences <i>(Additional)</i>	continued from above <i>(Trauma)</i>

TUESDAY

Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 4 (190)	Room 5 (219)	Room 6 (322)	Room 8 (265)	Room 9AB (252)	Room 9C (258)	Room 10 (330)
7:30 a.m. - 8:30 a.m.	Villers Pearls & Pitfalls in Cardiac Mgmt (<i>Cardi</i>)	Page Role of Capnography in EMS (<i>Prep</i>)	Turner Law Enforcement Chemical Agents (<i>Additional</i>)	Mgmt Track Reiter Customer Service (<i>Additional</i>)	Ed. Track Kolar & Drees Successful EMS Ed. (<i>Additional</i>)	Johnson C-Spine Clearance (<i>Prep</i>)	Corn Autoerotic Asphyxiation (<i>Medical</i>)	Salter I Can't get the Tube (<i>Prep</i>)	Hinson A New Look at RSI (<i>Prep</i>)	White Pulse Oximetry (<i>Prep</i>)
8:45 a.m. - 9:45 a.m.	Stout, MD Brain Attack: Treatment of TIA & Stroke (<i>Medical</i>)	Hollett Recognizing Domestic Violence (<i>Additional</i>)	Bouvier Bang, Bang: You're Not Dead (<i>Trauma</i>)	Hawkins & Kerby Compliance Risk Guidance (<i>Additional</i>)	DeMartino Facilitating Self-Directed Learning (<i>Additional</i>)	Phillips Pt Consent & Refusal Issues (<i>Prep</i>)	Fowler, MD AV Block (<i>Cardi</i>)	Lawrence Understanding Lab Values (<i>Prep</i>)	Mailman, MD Diving Injuries: Case Studies (<i>Medical</i>)	Sirbaugh, DO Pedi Non- Transports: What to Do? (<i>Sp. Pts</i>)
10 a.m. - 11 a.m.	Bolleter Lessons from Accidental Angels (<i>Additional</i>)	Pepe, MD Active Compression Decompres- sion (<i>Cardi</i>)	White Pedi Emergencies with Confidence (<i>Sp. Pts</i>)	DeLoach Volunteer Retention & Recruitment (<i>Additional</i>)	Dees The Unteachables (<i>Additional</i>)	Racht, MD Pitfalls in Field Airway Mgmt (<i>Prep</i>)	Yates Paramedics in the ED (<i>Additional</i>)	Gandy Understanding Inotropes (<i>Cardi</i>)	Spears, MD See911Sono. com (<i>Prep</i>)	Hinson Current Concepts in Seizure Mgmt (<i>Medical</i>)
2:00 p.m. - 3:00 p.m.	Yates Mechanism of Injury (<i>Trauma</i>)	Gandy Drug Interactions (<i>Prep</i>)	Loyacono Prehospital Family- Centered Care (<i>Additional</i>)	Wallace Establishing an Effective FTO Program (<i>Additional</i>)	Nelson Alzheimer's Pts: Challenge for SAR/EMS (<i>Sp. Pts</i>)	Wagen- hauser, MD When Old Folks Break (<i>Sp. Pts</i>)	Pepe, MD Termination & Waiver of Resuscitation (<i>Prep</i>)	DuGray Stress for Success in EMS (<i>Additional</i>)	Turner How to Interpret Street Language (<i>Additional</i>)	Hollett Multisystem Trauma Patient (<i>Trauma</i>)
3:15 p.m. - 4:15 p.m.	Salter Severe Head Injuries (<i>Trauma</i>)	Rich Airway Mgmt (<i>Prep</i>)	Brackett What you Don't See Could Kill (<i>Prep</i>)	Glenn The Lying Game (<i>Prep</i>)	Gandy Modified Chest Leads (<i>Cardi</i>)	Waites Municipal Response to Industrial (<i>Additional</i>)	DeTulio Clandestine Drug Labs (<i>Additional</i>)	Puryear Right Ventricular AMI's (<i>Cardi</i>)	Wuertz Post Exposure Propylaxis (<i>Prep</i>)	Frey Hotter than a Jalapeño (<i>Sp. Pts</i>)
4:30 p.m. - 5:30 p.m.	Phillips Alcohol Related Emergencies (<i>Medical</i>)	Boen, Henderson & Higgins Disaster Medical Response (<i>Additional</i>)	Tate Agricultural Emergencies (<i>Trauma</i>)	Wheeler Communicat- ing with the Deaf/Hard of Hearing (<i>Sp. Pts</i>)	Barr, PhD A Resource for Victims of Crime (<i>Additional</i>)	Ianier Diabetes: Living <u>with</u> it or Dying <u>of</u> it (<i>Medical</i>)	Cloud Mad Cow Disease (<i>Medical</i>)	Tancred Screening for Domestic Violence in Special Populations (<i>Sp. Pts</i>)	Ozenberger & Corson EMS & Hyperbarics (<i>Medical</i>)	Wolford Black Tar & Mexican Mud (<i>Medical</i>)

WEDNESDAY				
Room/ Capacity	Ballroom A (1,444)	Ballroom B (304)	Ballroom C (360)	Room 6 (322)
8:30 a.m. - 9:30 a.m.	Brackett Practical Exercises in Patient Assessment (Prep)	Tapia The Adrenalin Factor (Additional)	Thomas EMS Documentation (Prep)	Wright Submersion Injuries (Medical)
9:45 a.m. - 10:45 a.m.	Bolleter Patient Assessment Realities (Prep)	Spranger The Snakes of Texas (Medical)	Dralle Kinematics of Motor Vehicle Trauma and GSW's (Trauma)	Wallace EMS & HazMat: What you Must Know (Additional)
11:00 a.m. - 12:00 p.m.	Turner Less than Lethal Rounds (Trauma)	Van Cleve Willing Hearts, Tied Hands (Additional)	Waites Industrial Trauma (Trauma)	Etheridge Tissue Hypoperfusion (Trauma)

Directions to the Austin Convention Center

Coming from north on I-35

Exit on 8th Street, turn right on 1st Street (East Cesar Chavez Street); the convention center will be on the right.

The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.

Texas EMS Conference registration area will be in the Austin Convention Center Palazzo at 1st Street and Trinity.

Coming from south on I-35

Exit on 1st Street (East Cesar Chavez Street) and go left across I-35; the convention center will be on the right.

The Austin Convention Center parking garage is at 1st Street (East Cesar Chavez Street) and Brazos Street; the entrance is on Brazos Street.

Texas EMS Conference registration area will be in the Austin Convention Center Palazzo at 1st Street and Trinity.



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.

Possum Kingdom West Side VEMS purchases new ambulance

Possum Kingdom West Side VEMS recently purchased a 2000 Ford E450 Marque Type III ambulance. The vehicle was purchased with money that the organization raised, a grant from TDH and funds from Palo Pinto County. With this recent acquisition, PK West VEMS has upgraded to one BLS with MICU capability unit and one BLS with ALS capability unit. The service currently has seven volunteers to staff the vehicles.

SAFES EMS hires new EMS director

SAFES EMS, in Schertz, recently hired Dudley Wait as its EMS director. Wait began his EMS career with Texas A&M

University EMS in 1985 and has worked in a variety of EMS agencies including volunteer, third service, private and fire-department based. He most recently served as the operations manager for Sunstar EMS system in Florida. SAFES EMS serves approximately 250 square miles on the northeast side of San Antonio.

Oldest Texas medic celebrates another birthday

Babe Aycock, a paramedic with Mart EMS, celebrated her 86th birthday in August. The oldest active medic in Texas, Aycock has received numerous awards for her service to her community, including being inducted into the Texas EMS Hall of Fame. She recently renewed her certification for another four years. She was

Possum Kingdom West Side VEMS members stand with their new ambulance. The vehicle was purchased with money raised by the provider, funds from Palo Pinto County and a grant from TDH.



Local & Regional EMS News



Mart EMS recently celebrated Babe Aycock's 86th birthday. Attending the celebration were, from left, Mike Foegelle, TDH Region 7 EMS office; Babe Aycock, EMT-P; and Jimmie Dolezilek, EMT-P, president, Mart EMS.

instrumental in starting Mart EMS when she was the city's mayor in 1984.

Aransas County EMS hosts water rescue training

Aransas County EMS hosted a water rescue training class in July. Personnel from ACEMS, the Medical Explorers Post, Rockport Police Department, and the US Coast Guard Auxiliary participated in the training.

The training focused on an organized response to water rescues, improving communications with other agencies during rescues, continuing patient care from water to boat to land and insuring personal safety during rescues.

Jacksonville firefighters honored for elderly woman's rescue

Glen Wilburn, EMT-P/firefighter, and Kevin Chancel-

lor, EMT-P/firefighter, of Jacksonville EMS, were honored by the Police and Fire Fighters Insurance Association for their rescue of an 88-year-old woman who was trapped in her burning home when she could not unlock her iron security door. The firefighters entered the house through the back door, carried the woman to safety and began medical care. The association presented the firefighters with a plaque and a framed letter recognizing the men for their lifesaving actions.

STRAC helps inform area providers during national crisis

The South Texas RAC in San Antonio kept local agencies informed about how national events affected the availability of

Local & Regional EMS News

hospitals during the September 11 tragedy. Since STRAC's service area includes two large military trauma centers, STRAC updated its various providers on the status of the various hospitals in the San Antonio area and of the two air medical services.

North Lake Brownwood VFD educates children during EMS Week

As part of EMS Week activities, North Lake Brownwood VFD allowed the students from the local elementary school to tour the service's ambulance. Personnel allowed the children to lay on the stretcher, took the children's blood pressures and measured oxygen levels, and

answered questions about the ambulance and the equipment. The service also gave out brochures and Ready Teddy colorings books during a community meeting.

Houston has its first AED save after placing AEDs in public buildings

A program to put AEDs in Houston's public buildings paid off in August when a 50-year-old man was saved by one of the machines. When the man went into cardiac arrest while riding a city bus, the driver Keith Jones flagged down Houston police officer Mark Caronna. The officer took the machine from a nearby city public works building and used the machine to revive the man long enough for paramedics

to arrive and give him additional treatments. Jones and Caronna were given certificates of commendation from Mayor Lee Brown of Houston for their lifesaving efforts.

Canyon Lake Fire/EMS celebrates Texas EMS Week

Canyon Lake Fire/EMS celebrated Texas EMS Week in May. The service held EMS demonstrations at the local schools, a blood drive at a local grocery store and a health fair for the community's senior citizens.

Edwards County EMS gets first save with AED

Edwards County EMS, located in Rocksprings, had its first save with an AED in August. EMTs Pauline Erekson and Rupert Pena, and EMT student Rachel Escamilla, responded to a 83-year-old woman with chest pains. While transporting the patient to a landing zone for the responding Critical Care air ambulance, the patient coded. After two shocks, the patient regained a heart rhythm, spontaneous respirations and could respond to medics' questions. Critical Care transported her to a San Antonio hospital. The patient is now at home with an implanted defibrillator.

Merle Lemond, EMT, right, explains how a pulse oximeter works to some school children, while Kathy Sellers, EMT, checks a boy's blood pressure. North Lake Brownwood VFD let the local children tour the ambulance during Texas EMS Week.



Local & Regional EMS News



Representatives of the US Public Health Service and TX-4 DMAT who worked at this year's Operation Lone Star are, from left, Commander Ed McNerney, US Public Health Service; Dean Ross, EMT; Bud Pulsipher; Carol Safi, EMT; Diana Pulsipher, RN; Commander Epi Elizondo, USPHS; Pam Manley, EMT; James Lee, EMT-P; Ozro Henderson, RN/LP, TX-4 DMAT commanding officer; Kirk Higgins, PA; and Gordon Keahey.

TX-4 DMAT participates in Operation Lone Star

Eighteen members of the Texas-4 Disaster Medical Assistance Team participated in the fourth annual Operation Lone Star, conducted in the Rio Grande Valley during the last two weeks of July. They were joined by Marine Corps and Navy reservists, Texas Army National Guardsmen, Texas Air National Guardsmen, and representatives from TDH, Texas A&M University, Texas State Technical College, San Antonio College of Medical and Dental Assistants, University of Texas at San Antonio Health Science Center and representatives from Hidalgo County. Participants established field clinics and provided free medical and dental

care for more than 7,000 indigent patients. More than \$1 million in medical and dental care and pharmaceuticals were dispensed. TX-4 DMAT's primary mission at the event this year was communication. The team established a communications system covering 966 square miles that included one repeater, four base stations and 28 portable radios.

Hereford EMS purchases three new units with community contributions

Through the generosity of Hereford businesses and residents, Hereford EMS recently replaced its aging ambulance fleet with three new ambulances. When HEMS was unable to secure grant money to replace the older, unreliable ambulances,

the service turned to its community and asked for donations towards the purchase of new units. Donations totaling \$200,000 were received, allowing the service to buy three new units and put \$50,000 in a fund for future replacement of ambulances.

Stockdale EMS educates area students during Texas EMS Week

Stockdale EMS visited the elementary school and the local HeadStart program during Texas EMS Week. Ready Teddy and SEMS volunteers handed out coloring books and stickers and talked to the children about calling 9-1-1 and staying safe. They also allowed the children to tour the ambulance.

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>

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 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>

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 Wichita Falls, Texas 76302
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 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
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 (713) 767-3333

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

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 2408 S. 37th St.
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Public Health Region 8
<http://www.r08.tdh.state.tx.us/r8home.html>

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 Fernando Posada
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 San Antonio, Texas 78229
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Public Health Regions 9 & 10
<http://www.tdh.state.tx.us/hcqs/ems/r910home.htm>

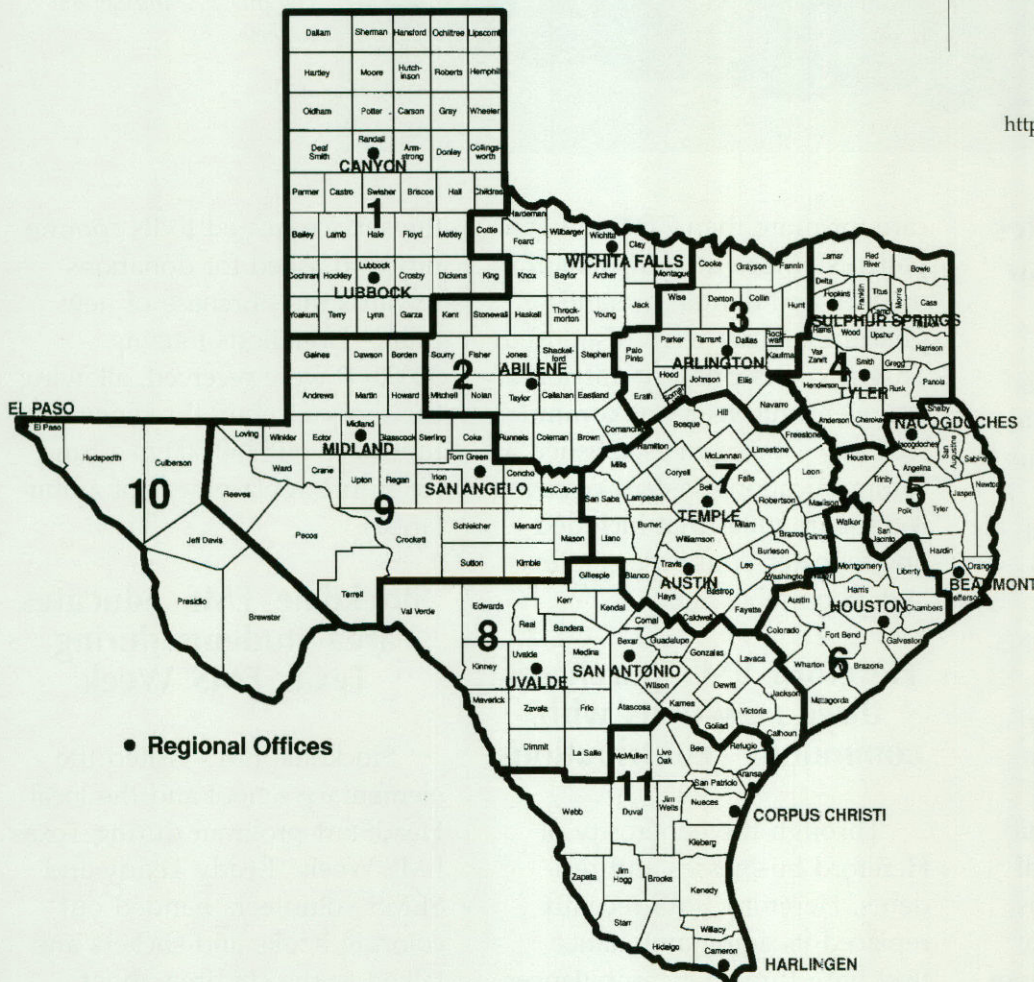
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Public Health Region 11
<http://www.tdh.state.tx.us/hcqs/ems/r11home.htm>

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• Regional Offices

August 24 GETAC sends rules to Board of Health

The Governor's EMS and Trauma Advisory Council (GETAC) met on August 24th in Austin. After GETAC approved minutes from their May 11th meeting (see the Bureau of Emergency Management website www.tdh.state.tx.us/hcqs/ems, click on Governor's EMS and Trauma Advisory Council), members heard reports from the chair, staff, standing committee chairs and task force leaders. Dr. Ed Racht, chair of GETAC, discussed the following:

- Proposed that a standing committee chair appointment be permanent for the duration of that member's GETAC term unless the member requested to be replaced. Also proposed that the committee membership be reviewed annually with the opportunity for the GETAC and standing committee chairs to re-appoint members and/or appoint new members. No objection was voiced to these proposals.

- Proposed that if critical time-sensitive requests for GETAC input (e.g. legislative, media) should come in between meetings, the chair would seek input from the Executive Committee prior to responding to the request; for critical non-time-sensitive issues, the chair would seek input from all members; and for issues on which GETAC has already taken action, the chair would simply respond. In all cases, the final response would be shared with all GETAC members. No objection was voiced to these proposals.

- Requested that the Texas Hospital Association and Texas Organization of Rural and Community Hospitals provide input at the next Trauma Systems Committee meeting regarding the issue of the state implementing "Trauma Facility" highway signs.

- Will be seeking guidance from TDH attorneys regarding the concept of GETAC "position papers."

- Recognized the phenomenal efforts of EMS and trauma personnel, including the Southeast Texas Regional Advisory Council, in the aftermath of Tropical Storm Allison.

Issues addressed by Richard Bays, associate commissioner for Consumer Health Protection:

- Major departmental projects, including the transfer of Medicaid to the Health and Human Services Commission; implementation of a new administrative software package that could have a temporary effect on voucher payments; the continuing work of the Regulatory Review team, including the drafting of a new regulatory philosophy, development

GETAC took the following actions:

- 1) Unanimously voted to recommend that the Texas Board of Health propose, for public comment, revised rule 157.130, EMS and Trauma Care System Account (may be viewed at www.tdh.state.tx.us/hcqs/ems/emshome.htm by clicking on Rules);
- 2) Requested BEM to bring the issue of denial of insurance claims when a patient tests positive for alcohol or drugs to the attention of the Texas Board of Health with a request that TDH begin dialogue with the Texas Department of Insurance regarding this issue;
- 3) Requested that the Texas Association of RAC Chairs and the Diversion Task Force report to GETAC at the November meeting.

of risk assessment tools, and implementation of regional performance plans.

- The changes in membership on the Texas Board of Health; and issues that are affecting the Bureau's FY02 budget and could impact the grant programs.

Kathy Perkins, chief of the bureau, addressed the following:

- The comment period for proposed new §157.34 (Recertification) and revised §157.33 (Certification) and §157.38 (Continuing Education) has been completed. Few comments were received. (Update: The Board of Health adopted the rules on September 21. Implementation will begin January 2002.)

- The FY02/03 appropriations bill (SB-1) included a rider that directs TDH to adjust the formula for distribution of the EMS allotment (70 percent) of the EMS and Trauma Care System Account (9-1-1 monies) so that the result is that 60 percent is distributed to rural/frontier counties and 40 percent to urban counties. The EMS allotment cannot be distributed until §157.130 is revised, although dissemination of the other allotments should begin in September. Staff requested a recommendation from GETAC for BOH action on this rule.

- The 2001 Legislative session resulted in many bills that impact BEM, the EMS and Trauma constituencies and/or GETAC. HB 2446, relating to EMS, was discussed at length. Highlighted were the requirements that appointments to GETAC result in 50 percent representation from rural areas, GETAC strategic planning (see more on this issue below), the EMD resource center pilot, the plan for

BEM implementation of a Peer Assistance policy, and the initial ECA training project implementation. Also discussed was SB 531, relating to requiring TDH, in consultation with the General Services Commission, to study the cost and feasibility of installing automated external defibrillators in state buildings, as well as Appropriation Bill Rider 28 which allows only public members of GETAC to be reimbursed for travel expenses and Rider 60 which sets aside ~\$260,000 in FY02 for initial ECA training.

- The Bureau published a Request for Proposals for development of the state EMS certification/licensure examinations. Only one proposal, from the National Registry of EMTs, was received. That proposal is currently being evaluated.

- Web broadcast of GETAC meetings may become a possibility in the next year or two, which could significantly increase direct participation by those who cannot travel to Austin.

- HB 2446 included the following language: "The advisory council shall assess the need for emergency medical services in the rural areas of the state. The advisory council shall develop a strategic plan for: (1) refining the educational requirements for certification and maintaining certification as emergency medical services personnel; and (2) developing emergency medical services and trauma care systems." The timeline for this project will be a challenge. A packet, which included a strategic planning development document, current status documents, histories of EMS regulation and EMS/Trauma systems development, and the draft surveys, was provided to GETAC.

Strategic planning activities will include the surveys (EMS providers, first responder organizations, hospitals, EMS medical directors); public hearings (at the November standing committee meetings and in 3-4 locations around the state early next year); development of a draft strategic plan for constituency review and input, and finalization and dissemination of the plan.

David Zane, director of the trauma registry, provided an update on Trauma Registry activities, including the TRAC-IT project. He also informed GETAC about a new organization that is being considered called the Texas Injury Prevention Network.

Major issues from the standing committees and task forces included:

- The Diversion task force will be broadening its membership to include representation from additional interested constituencies.

- The Trauma Systems and Pediatric committees will meet together in the future to discuss pediatric categorization and enhanced integration of pediatric issues into systems development.

- The Combined EMS and Education committees discussed the following general principles in regards to the issue of health care professional equivalency:

- A need exists to explore the issue of health care professional equivalency.
- There are defined curricula for health care professionals and commonalities/differences can be identified among the various curricula.
- A curriculum/course of study could be developed to address the

differences in curricula.

- It is not necessary for an individual to repeat areas of competency/knowledge base.
- A process for identification of individual deficiencies can be developed.
- The three health care professionals this group should address include: registered nurses, licensed physician assistants, and licensed physicians. Registered nurses will be the first group to be discussed.
- EMS provider staffing is related to but separate from health care professional equivalency.
- Established a workgroup including Neil Coker, Muriel Lanford, and Dr. John Ansohn to review the paramedic and nursing curricula to identify commonalities and differences and report back to the combined committee and GETAC.

Public comment was heard by GETAC on TDH, standing committees and task force reports and other general issues.



Don't forget to send in your strategic planning surveys by December 1.



Did you read?

Do you buy specialty foods, attempting to eat more healthy food? The Florida Department of Agriculture and Consumer Services laboratory tests packaged foods to see how the actual food product compares with the information printed on the nutritional label. Since 1999, the agency has found that nearly 1,000 items had inaccurate food labels. In 2000, more than one in ten bakery products and candies were misbranded. Most commonly found on the list of misbranded products were specialty and regional products, many of which cost significantly more than the national brand. Experts theorize that few national brands were listed as misbranded because the companies were more cautious about getting the information correct. Federal laws allow most products a 20 percent variance on the label and up to a ten percent margin of error in lab testing. From *San Antonio Express-News*, "Nutritional facts' often are fiction," by Mitch Lipka, September 12, 2001.

Working out may actually turn back your body's aging process, according to a study at the University of Texas Southwestern Medical Center. The study was a follow up to a 1966 study. The 1966 study had a group of 20-year-old men perform physical tests, spend three weeks in bed and then perform a six-month moderate exercise program. Five of the same group were examined in 1996; only two had kept a regular exercise program, all had gained weight and their amount of body fat had doubled. The five were enrolled in a moderate exercise program and built up to approximately five hours of exercise a week over a six-month period. Researchers found that the men's cardiovascular test results after six months of exercise were comparable to those at the start of the 1966 study, leading researchers to conclude that even older adults who've failed to maintain fitness can

benefit from an exercise program. From *The New York Times*, "Workouts May Help Turn Back Clock," by John O'Neil, September 11, 2001.

Are you asking your patients about herbal pills ingested? An investigative arm of Congress has found that many seniors are spending millions of dollars on supplements that are advertised as anti-aging potions. A General Accounting Office report has found that some common herbal supplements can have serious health consequences for the elderly because they can aggravate medical conditions, interact with medications, and may contain harmful contaminants such as pesticides, and that many of these supplements don't work as promised. From *Houston Chronicle*, "Herbal pills could harm the elderly," September 14, 2000.

The American Academy of Pediatrics is warning that acetaminophen, the active ingredient in Tylenol, has become so commonplace in medicines that the potential for overdoses has increased dramatically. The drug is found in medicines for fever, for colds, for colds and cough and for flu, and dosing is different from product to product and between products made for adults and products made for children. Pediatricians are concerned that parents may not realize just how much acetaminophen their child has ingested. Acetaminophen overdoses can cause health problems ranging from nausea to liver damage and death. From *Houston Chronicle*, "Doctors: Kids at risk of Tylenol overdose," October 1, 2001.

A Wisconsin campaign aimed at educating parents and doctors about the overuse of antibiotics in children with the common cold has been effective in decreasing the number of prescriptions written. The campaign is part of a two-prong study researching

the number of antibiotic prescriptions written in areas where doctors and parents are educated about the potential problems with incorrect treatment of illnesses, and researching the number of drug-resistant infections that children have. More than 150 doctors and about 500 children were included in the 1997-98 study. Information stressing that most colds and coughs are caused by viruses and that antibiotics could actually worsen a child's health was placed in clinics and day-care centers. Researchers found that antibiotic pill prescriptions fell by 19 percent and liquid prescriptions fell by 11 percent in the group that received the educational information, compared to an eight percent decline in prescribed antibiotic pills and a 12 percent increase in liquid medication in the control group. Researchers are hoping that eventually the study will find that the number of drug-resistant infections in children will decrease as the use of antibiotics drops. From *Houston Chronicle*, "Campaign effective in curbing antibiotics overuse," by Marilyn Marchione, September 11, 2001.

Giving low doses of amphetamines to stroke patients who have lost the ability to speak may help improve their recovery. A recent study, based on animal research that showed that brain injuries healed faster when the animals were given norepinephrine, found that ten of 12 patients who received the medication along with their regular speech therapy showed significant improvement within a week. Only two of the nine patients receiving a placebo with the speech therapy showed similar improvements. Considering the benefits of medication and speech therapy, researchers are now studying the long-term effects of this treatment. From *The New York Times*, "Amphetamines May Help Stroke Patients," by John O'Neil, September 11, 2001.

Venezuela is experiencing a dengue fever epidemic. At least six people have died and more than 36,600 people have gotten sick this year. The nation's health ministry has stated that at least 3,000 of those who are sick have contracted a fatal form of the disease. Dengue fever is passed to humans from infected mosquitos. From *Austin American-Statesman*, "Dengue fever epidemic in Venezuela," September 7, 2001.

Japanese medical researchers have found that the same bacteria that causes stomach ulcers, *Helicobacter pylori*, virtually causes all cases of stomach cancer and are researching to see if it would be possible to eradicate stomach cancer by

Acetaminophen, the active ingredient in Tylenol, is found in medicines for fever, colds, cough and flu—this dramatically increases the potential for overdoses.

treating people infected with the bacteria with antibiotics. The bacteria is very common, found in 30 to 40 percent of the U.S. population and in up to 90 percent of the population in some countries, and easy to test for. The researchers found that stomach cancer developed in 2.9 percent of those infected with the bacteria, but in none of those not infected or treated for the infection. The researchers also found that patients with intestinal ulcers did not develop cancer over ten years, but 3.4 percent of those with stomach ulcers did, and that the highest percentage of patients with stomach cancer were in people who had suffered from indigestion, but no ulcer. From *The New York Times*, "Most Cancers Of Stomach Are Traced To Bacterium," September 13, 2001.

Did you read?

By Jim Arnold

What's new? Recertification!

New plan gives you four options now and one more to come

After years of discussion, Texas finally has a new way to recertify in EMS—several ways, actually. Beginning January 1, 2002, you will be able to choose a method of recertification that is best for you. Rule §157.34, adopted by the Board of Health in September, creates a “Cafeteria Plan” of recertification options for all levels of EMS certification.

There will be four options to choose from now, with a fifth option yet to come as the mechanics of the process are worked out. The options are:

1. Recertification Examination
2. Continuing Education
3. National Registry
4. Formal Recertification Course
5. Participation in a provider's approved Comprehensive Clinical Management Program (Not yet available)

Which option is best for you? Here are the details of each option to help you decide.

Option 1: The Test

Option 1 is the only option that requires you to take a written examination. It is designed to be a last resort option for those who have been unable to acquire sufficient continuing education credit or meet the requirements of any of the other options. You can take the examination up to one year prior to your expiration date.

But remember: Once you have elected to recertify by examination, you can't change your mind and elect to recertify using another option. If you submit your recertification application with

the examination option checked, you are locked in to taking the test.

As opposed to the old recertification evaluation exam that measured just entry level knowledge, this new recertification exam will be constructed by the National Registry to measure competencies expected of medics who have been practicing in EMS for at least four years. It will address issues of current practice such as new treatment modalities, new drug therapies and new response procedures that have recently emerged in the EMS field.

You will have three chances to pass the test. If you fail the first attempt, you may apply for a retest (with the appropriate fee) and try again. If you don't succeed in passing that one, you may apply for a second retest (with another fee) and try for the third time.

Hopefully, three times will be a charm. If not, you can get another three shots at the test by taking a formal recertification course and applying again. A note of warning, however: if you fail the second go-around, you will have to take an initial training course all over again.

Other than submitting the application and appropriate fee, and taking the test, nothing else is required for recertifying by examination. No continuing education credits or skill proficiency verifications are required for this option.

Summary of Option 1 requirements:

- Test must be within one year of expiration date;
- You must submit application with fee and schedule an examination



- with one of the regional offices;
- You may not select any other recertification option after submitting your application;
- If you fail, you may retest twice after submitting retest applications and fees;
- If you fail both retests, you must complete formal recertification course before attempting examination process again;
- If you are unsuccessful in passing after taking the recertification course, you must complete a full initial program.

Option 2: Continuing Education

The continuing education option is intended for those certificants who have the opportunity and desire to continue their education through participation in learning activities all throughout their certification periods.

Although you will be held accountable for maintaining evidence of the CE hours you have obtained, at the time of recertification all you need to submit is the application and the appropriate fee. The CE summary form and skills proficiency form are no longer required. Simply check the Continuing Education Option box on the application, sign it and submit it. You will be recertified. A note of warning: the bureau will randomly audit persons recertifying under the CE option for up to five years after application date. Make certain that you receive a certificate of participation for each CE offering you take and keep those certificates safe in case you are audited. If you cannot show evidence of CE completion during an audit, you can be decertified.

The Bureau and the Governor's EMS and Trauma Advisory Council are currently working on amending the CE rule to expand the opportunities available for continuing education credit. Some of the areas under consideration include removing the two-year CE submission requirement, more latitude in self-study activities, credit for voluntary clinical experiences both in emergency departments and on emergency EMS responses, and in-

teractive learning software products. Even without the anticipated rule changes, you can now get credit for activities that haven't been allowed previously. Specifically, while you still are required to obtain approximately two-thirds of the total number of hours required in specific clinical content areas, the remaining one-third can be obtained in any "approved category," such as EVOC classes and high angle rescue (See table A).

Summary of Option 2 requirements:

- Continuing education hours accrued over four-year period;
- CE reporting form no longer required;
- CE program approval remains the same;
- You must maintain CE records for random audits for up to five years;
- More latitude allowed for approval of non-content specific offerings, i.e., EVOC, rescue, self-defense, etc.

Option 3: National Registry

Obtaining National Registry certification may be the most simple method for recertifying. If you choose to become nationally registered prior to your expiration date, all you need to do is check the National Registry box on the application, enter your National Registry identification number and the date of its expiration, and submit it along with the fee. A copy of the NR certificate is not required.

As long as you maintain your National Registry status, you need do nothing else to be eligible for recertification in Texas. Of course, you will have to meet the National Registry's criteria for recertification every two years if you chose this option.

Summary of Option 3 requirements:

- Must be currently nationally registered at time of recertification;
- Submission of NR certificate not required (we have access to the NR database for verification);
- Must indicate NR expiration date on application.

Recertification option class available during preconference

Want to know more about the recertification options? TDH State EMS Coordinator Eddie Walker will teach a two-hour preconference class on how the new recertification rules affect you on Sunday, November 18, at the Hyatt, from 9am to 11am. Cost is \$10. Registration begins at 8am. No need to preregister but come early to pay and avoid the last minute rush. For information, call Eddie Walker at (512) 834-6700, ext. 2313, or email him at eddie.walker@tdh.state.tx.us.

Jim Arnold is assistant bureau chief for EMS regulation at the Bureau of Emergency Management and the state EMS director.

(A) Continuing Education

Content Areas for CE	ECA	EMT-B	EMT-I	EMT-P
Preparatory	3	6	9	12
Airway Mgmt/Ventilation	3	6	9	12
Patient Assessment	2	4	6	8
Trauma	3	6	9	12
Medical	9	18	27	36
Special Considerations	3	6	9	12
Clinically Related Operations	1	2	3	4
Minimum Units—Content Areas	24	48	72	96
Add'l Units—any Content Area	12	24	36	48
Total for Recertification Eligibility	24	48	72	96

Option 4: Formal Recertification Course

Option 4 is available for those certificants who have been unable to acquire sufficient CE credits and who prefer not to sit for the exam or become nationally registered. This formal recertification course is not the same thing as the old refresher course. The Recertification Course is specifically designed to enhance the your knowledge and skills in all areas of current EMS practice.

The course is taught in a traditional classroom fashion, with live instructors, textbooks, skills labs and tests. The curricula for these courses include the same content areas as required for the continuing education option but require fewer hours to achieve eligibility for recertification. The theory behind this concept is that formal classroom instruction is a more intense learning activity resulting in higher competencies and longer retention by the student (See table B).

There are no restrictions on how the courses may be scheduled. You may find a college program that is conducting a recertification course over the period of a single semester or a program running an intense eight-hour-a-day course. Your employer may also decide

to have the course conducted as a series of routine in-service classes over a period of years.

The course may be conducted as a distance learning program, such as one that is video-conferenced or conducted through live internet access, so long as there is an approved instructor physically present in the classroom to assist with the skills training.

As long as you successfully complete the course prior to your expiration date, you may be recertified simply by checking the Formal Recertification Course box on the application, entering the course number and the coordinator's name, and submitting it along with the fee. You do not have to sit for a state recertification examination with this option; your certificate of course completion will be sufficient.

Summary of Option 4 requirements:

- Must be a formal, classroom-presented, live participation training course;
- Distance learning presentations acceptable if an instructor/proctor is present;
- May be conducted as in-service program throughout certification period;
- Must meet same requirements as for initial courses;
- A course coordinator is required.

Option 5: Comprehensive Clinical Management Program

Option 5 is still under development. This option is designed to benefit those certificants working for EMS providers with involved, active medical directors. The basis of the option will require that the provider organization have in place a Comprehensive Clinical Management Program (CCMP) that meets certain criteria relating to quality management, performance preception, QI-driven continuing education, periodic protocol testing, etc. and be accredited by the department as a premier provider service.

Certificants participating in an ap-

proved provider's CCMP will be eligible for recertification simply by submitting the medical director's signature on the application along with the fee.

Summary of Option 5 requirements:

- A certificant who is enrolled in an accredited provider's Comprehensive Clinical Management Program (CCMP) may recertify by submitting an affidavit signed by the firm's medical director.
- This option is currently under development and will not be available until the process has been finalized, piloted and committed to rule.

Late Recertification

If you do not complete the requirements for recertification prior to your expiration date, you will be allowed 90 days after expiration to complete them, regardless of the option chosen. The only penalty will be a late fee of one and a half times the regular fee. **Certification will not be continued beyond the expiration date**, but you will be allowed to reinstate it as long as you complete the requirements within the 90-day period.

If you do not complete the recertification process within 90 days after expiration, you will not be allowed a choice of options. After 90 days, you may **only** be recertified by taking a formal recertification course and passing the recertification examination. There is also a penalty of double the certification fee.

If more than a year has passed since your expiration date, you may only regain certification by completing another initial training program.

Summary of Late Recertification Requirements:

Late recertification

Up to 90 days past expiration date

- Must pay one and a half times the fee;

(B) Formal Recertification Course Minimum required contact hours and content

Content Areas	ECA	EMT-B	EMT-I	EMT-P
Preparatory	3	6	9	12
Airway Mgmt/Ventilation	3	6	9	12
Patient Assessment	2	4	6	8
Trauma	3	6	9	12
Medical	9	18	27	36
Special Considerations	3	6	9	12
Clinically Related Operations	1	2	3	4
Total Minimum Contact Hours	24	48	72	96

- Certification is **not** continued after expiration date;
- May complete chosen recertification option without further penalty.

Delinquent Recertification

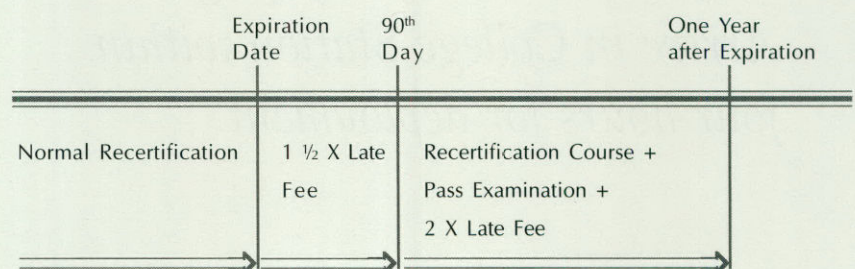
If 90 days and less than one year past expiration:

- Must pay two times the fee;
- Regardless of option chosen, must take a formal recertification course and must pass written recertification examination;
- If recertification course completed during fourth year of certification, you may sit for examination without retaking course.

Lapsed Opportunity

- After one year past expiration date, applicant must take full initial training program.

Recertification timeline



On September 11, 2001, the world watched in horror as terrorists attacked America's megametropolis: New York City and Washington, D.C. Thousands of unsuspecting victims were buried under tons of burning and twisted rubble.

Two thousand miles away in Central Texas, 62 emergency response professionals—members of the elite FEMA Response System Texas Task Force 1—received a simple message by pager: *Arrive in College Station within four hours for deployment.*



The Texas

Texas Task



The photos on page 34 & 35 are used with permission from the website of the Federal Emergency Management Agency. Other photos from the Texas Task Force website at <http://usar.tamu.edu>

Connection

Force 1 responds

By Marilyn Martell

Marilyn Martell is public information director for Texas Engineering Extension Service.

"We were activated by FEMA to be ready to depart for the Pentagon or the World Trade Center in New York, where we would assist in the search & rescue operations," says G. Kemble Bennett, director of both the Texas Engineering Extension Service (TEEX) and Texas Task Force 1 (TX-TF1).

TX-TF1 is one of only 28 Federal Emergency Management Agency (FEMA) urban search and rescue (US&R) teams in the country. Administered by TEEX, TX-TF1 is made up of three teams of 62 members each, representing 48 fire departments and organizations around the state, including experts in locating and extricating victims trapped in collapsed structures and confined spaces. TX-TF1 also is one of six national Weapons of Mass Destruction response teams, specially trained to work in chemical, biological and/or radiological contaminated environments, carrying specialized equipment.

"We knew we were representing Texas," says Bennett. "We were anxious to locate survivors, help families and represent our country and state proudly."

Eager to depart for ground zero, team members arrived quickly to the team headquarters in College Station. Although prepared to deploy within hours, the team's departure was held up for four days.

"In an incident of this magnitude, there's a lot of hurry up and wait. And waiting was really difficult for all of us," says Bennett. "We wanted to get there and get to work, as soon as possible. We knew every minute reduced our chance of finding someone alive."

The team set up in College Station, waiting for the next move of deployment. Late Sunday night, TXTF1 received the official notification. Two military aircraft would arrive in Austin, Texas, the following day, to carry the team and its \$1.5 million cache of supplies to the disaster.

On September 17th, two C-141's arrived at the Air National Guard hangar at Austin-Bergstrom International Airport. The large crafts provided enough room on-board to add eight additional team members and 20,000 extra pounds of equip-



ment.

Conversation on the loud military craft was impossible, so team members spent the four-hour flight reading, sleeping or simply thinking about what was to come.

The team arrived at McGuire Air Force Base in New Jersey, and then spent the night at the adjacent Fort Dix. The next day, the team loaded onto buses and moved into its command center: the Jacob Javits Center on Manhattan Island, 20 blocks from

the World Trade Center site.

The convention center was transformed into an US&R camp; temporary partitions created meeting rooms and command posts for

The Texas Task Force team was activated and could have gone to the Pentagon site (top photo). The team arrived in New York on September 17th and began working in shifts. After a full shift and decontamination procedure, each worker's day stretched to 16 exhausting hours.



Texas Task Force 1 Search and Rescue Team

- Armstrong, Bill
- Baring, Richard - San Antonio FD
- Baxter, Scott
- Bennett, Kemble - TEEC
- Brown, Susann - Search One
- Castillo, Ralph - Austin FD
- Clark, Joseph - Houston FD
- Clopton, Dawn - Austin FD
- Cole, Richard - Houston FD
- Conway, G. Kent - Lucerte Software
- Corbin, Randy - FETN
- Corliss, Denise - Cy - Fair FD
- Craven, Michael - Dallas FD
- Dean, Kenneth - Fort Worth FD
- Deeds, Robert - Search One
- Dempster, Jerry - Octagon Engineering Co.
- Dennison, Rod - Texas Dept. of Health
- Dibrell, Christopher - Austin FD
- Dixon, Jeffery - Denton FD
- Donoho, Michael - Bryan FD
- Dubose, Charlie - San Antonio FD
- Duggan, David - Castle Hills FD
- Fiero, David - Austin FD
- Fuller, Brad - Denton FD
- Gallagher, Tim - TEEC
- Garcia, Rene - USAA
- George, Shane - San Antonio FD
- Gilliland, Patrick - Systemware Inc.
- Guarino, Al - TEEC
- Gunnels, William - College Station FD
- Hair, Mark - Austin FD
- Hempstead, Stanley - Denton FD
- Hill, Scott - TAMU Dept. of Architecture
- Holtz, Roger - Austin FD
- Hopper, Gregory - Sugarland FD
- Hubbard, Mitchell - The Woodlands FD
- Jones, James - Grapevine FD
- Kahney, Todd - Houston FD
- Kidd, Wesley "Nim" - San Antonio FD
- Le Blanc, Stephen - Corpus Christi FD
- Maher, Travis - Austin FD
- Martinez, Eddie - Austin FD
- Mathison, Clyde - Houston FD
- Mathews, Cory - Bryan FD
- Mc Clendon, "MAC" - Albemarle Corp.
- Meier, Dennis - San Antonio FD
- Minson M.D., Mathew
- Montgomery, Mike - Cy - Fair FD
- Parker, Billy - TEEC
- Peacock, Jay - Fort Worth FD
- Potter, Robert - Richland Hills FD
- Reitz, Joanne - The Claridge Association
- Reynolds, Todd - TEEC
- Rickman, Michael - Dallas Water Utilities
- Ritchie, Mark - Houston FD
- Roberts, M.D., Daniel - Scott & White Hospital
- Robinson, Samuel - Fort Worth FD
- Rogers, James - Corpus Christi FD
- Sparks, Steven - Houston FD
- Swanson, David - Houston FD
- Taylor, William - Bryan FD
- Tortorice, Anthony - Houston FD
- Trevino, Alejandro - Austin FD
- Valdez, Timothy - College Station FD
- Vallery, Bryan - Longview FD
- Weidler, Warren - Austin FD
- Wier, Richard - Fort Worth FD
- Willborn, Frank - San Antonio FD
- Wilson, Jason "Bear" - Houston Volunteer FD
- Withers, Bert - Houston FD
- Wright, Stephen - Nacogdoches EMS
- Wright, Kenneth - Houston FD

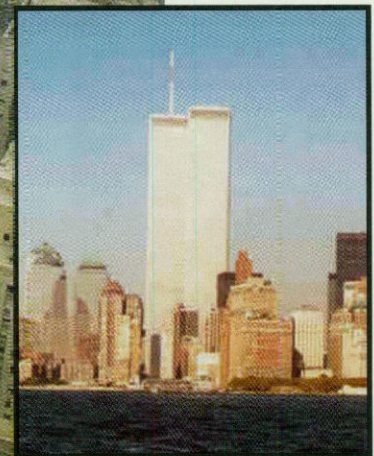
Texas Task Force 1, one of the elite response teams FEMA called upon to assist in the search & rescue of the World Trade Center, worked in 12-hour shifts to dig through the rubble.



The twin towers alone contained: 43,600 windows (14 acres of glass), 208 elevators, 7,000 toilets, 40,000 doorknobs, 200,000 tons of steel and 425,000 cubic yards of concrete.
—*Time Magazine.*

27.5 million square feet of commercial office space is believed to be destroyed or damaged.

The photo on the next page shows another team of rescue workers going into a cave of iron and concrete debris. The photo on the left shows the New York skyline's proudest icon, the World Trade Center buildings, are now gone. Inset photo of the towers by Al Lewis.



each of the federal teams on site. A large sleeping area was kept dark, where hundreds upon hundreds of cots filling the space accommodated exhausted rescue workers.

On September 19th, the team split into two teams, with the first group digging into its twelve-hour shift at the World Trade Center site at 7:00 pm. The second half replaced them at

7:00 am. The round-the-clock mission would continue until Tuesday, September 25th. After a full shift and decontamination procedure, each worker's day stretched into 16 exhausting hours.

"The pictures you see on TV and in print do not convey what it's really like at the World Trade Center," says Bennett. "The first time we saw

it, everyone became silent. We stood there in awe, each having a roller coaster ride of emotions. Then we huddled together, pushing our emotions aside. We had work to do—suffering and anger could come later."

During each twelve-hour shift, team members passed through several heavily guarded security



checkpoints and reported to the designated sector chief: a New York City firefighter. Team members would then search "voids," uncovered openings within the rubble. Telescoping microphones and cameras would inspect the void, as highly trained US&R dogs tracked a multitude of scents. Once determined stable, team members would then inspect the openings and tunnel in as far they could, looking for survivors.

An ordained minister served as team chaplain, keeping an eye on the mental and emotional impact the work was taking. Although the team was physically exhausted, the team psyche remained strong.

During its seven days at the site, the team did not recover any survivors. But it did contribute much to the effort at the site.

It was TX-TF1 that first discovered parts of an airplane, including landing gear, wiring, seats and the fuselage. On another day, work at the site stopped and was replaced by applause from others on site, as the Texas team completed a difficult task: using high-angle rescue techniques to safely scale a large, unstable mass of metal and cut it into pieces with a blowtorch for removal.

"It was a very uplifting and unifying moment," says Bennett. "You could feel a real connection between every rescue worker there. After that, they were saying 'y'all' in thick New York accents while we said 'yous guys' with a Texas drawl."

On September 25th, the team completed its final shift at the World Trade Center site and spent its last night of its mission back at

Fort Dix. After several delays, the team boarded a chartered commercial aircraft and returned to Austin, Texas, on September 26th.

Close to 200 family members and scores of media reporters and cameras welcomed the team. As the plane slowed to a halt, it received a unique honor any emergency responder can appreciate: a water arch formed by the power spray of two fire truck hoses.

After a brief hero's welcome and luncheon, the team loaded onto buses to make the two-hour trip to College Station for a formal debriefing. Goodbyes were quick, but heartfelt, as handshakes turned into hugs. The Texas Task Force 1 mission was complete: a valiant display of professionalism, and no injuries. The State of Texas, and indeed the nation, should be proud.

*The more you know before
you go, the safer you'll be*

Know your NBCs*

By Mitch Cooper, MBA

* Nuclear, biological,
chemical



Driven by the first World Trade Center bombing in 1993, the bombing of the Murrah Building in Oklahoma City and subsequent bombings at Khobar Towers, Centennial Park in Atlanta, abortion clinics and two U. S. embassies, the U.S. government has been preparing for potential terrorist attacks by planning and training at the local, state and federal levels for the past nine years. Much of this has been accomplished with little fanfare, press coverage or attention by the general public.

The events of September 11, 2001, changed all this. No longer can we say, "It can't happen here." When 19 terrorists flew four planes into the World Trade Towers, the Pentagon and the ground in Pennsylvania, our lives may have changed forever.

Terrorism is defined as "the unlawful use of force or violence against persons or property to intimidate or coerce a government or civilian population in the furtherance of political or social objectives." And while we don't like to admit it, intimidate us they did. Turn on any TV news station or news diary program and all you hear about is the threat of further violence and the potential for use of nuclear, biological and/or chemical (NBC) weapons.

This very real threat presents many unique challenges to first responders. It's important to study the effects of nuclear, biological and chemical exposures individually to determine the impact on victims and on your response.

The intentional release of NBC warfare material into a civilian community would create a unique emergency scene. If the attack succeeded, a mass casualty incident would result, requiring emergency medical responders to facilitate the treatment of dozens, hundreds or even thousands of victims.

Nuclear threats

There are two fundamentally different threats in the area of nuclear terrorism. One is the use, or threatened detonation, of a nuclear bomb. The other is the detonation, or threatened detonation, of conventional explosives incorporating nuclear materials.

The number of nations with nuclear capability is small, and each places a high priority on the control of its nuclear weapons. There are reports, however, that 50-100 one-kiloton suitcase nuclear devices are missing from the former Soviet Union. However, these devices are supposedly protected with a Permissible Action Link that renders the weapon harmless until the proper code is entered.

An attack where nuclear materials are incorporated into a conventional explosive, spreading radioactive materials around the bombing site, is more likely. That means first responders need to be concerned about long-term health issues. Nuclear radiation is an invisible threat whose adverse effects may be delayed for days to years depending on the dose. The risk to victims and responders varies by the route of exposure and the type of radiation released. Fortunately, there are instruments designed to check for the presence of radiation. This is not the case with all chemical and biological weapons.

Terrorist attacks are orchestrated to instill fear and panic—the challenge for emergency responders is planning, training and exercising so much that you remain cool and calm in a very chaotic environment.

The Austin Fire Department responds to a hazmat spill in Austin.



Chemical

Agents designed to kill or incapacitate

- Nerve agents	Tabun, Sarin, Soman, VX
- Cyanide	Hydrogen cyanide
- Pulmonary intoxicants	Phosgene, Chlorine
- Vesicants	Mustard, Lewiste
- Riot control agents	Mace, Pepper spray
- Incapacitating agents	BZ

Biological agents

Biological agents are readily accessible to terrorists and are relatively easy to produce. They are primarily an inhalation threat and are usually dispersed in their aerosolized form. They have effects that usually go undetected for days, until large numbers of the population begin to present with a similar pattern of symptoms, ranging from incapacitating to lethal.

There are three categories of biological agents. They are bacteria (i.e. plague and anthrax), viruses (i.e. smallpox and hemorrhagic fevers) and toxins (ricin and botulinum). In order for a biological agent to be effective, it must be toxic for humans, capable of being produced in sufficient quantity to meet target requirements and stable from the time of preparation to post-release.

Chemical agents

Chemical agents are generally liquids that are disseminated as vapors or aerosols. They vary in their ease of evaporation, have an onset time of a few seconds to hours, and are designed to irritate, incapacitate, injure or kill. Chemical agents present both an inhalation and dermal threat.

There are several categories of chemical agents. They are nerve agents (i.e. tabun, sarin and soman), cyanide, pulmonary intoxicants (i.e. phosgene and chlorine), ammonia, vesicants (i.e. mustard and lewisite) and riot control agents (i.e. mace and pepper spray).

Inhalation of a large concentration of a nerve agent or cyanide can cause loss of consciousness and convulsions within seconds. A high concentration of phosgene may produce irritation in the eyes and nose initially, but the major effect will not appear for hours.

In some instances, large numbers of symptomatic victims will be found evacuating themselves from a building after a chemical weapon release. In others, a few victims may be found unresponsive. The first responder may be unaware that a chemical weapon was responsible and may themselves become victims unless they consider the following:

- Remain cool and calm. This will help you make more accurate decisions and help control stress and hysteria among the casualties.
- Do not become a victim. Assess the scene carefully and initially from a safe distance.
- Never enter the scene until it is declared safe and secure by the incident commander.
- Always set up the triage area in a safe and secure location.
- Always wear proper personal protective equipment (PPE).

The first wave of victims is usually the least injured. Casualties that can walk and talk require minimal care and should be directed to a safe triage area in preparation for the second wave of injured patients.

Challenges of a terrorism mass casualty incident (MCI)

A mass casualty event associated with a terrorist attack poses special hazards to the first responders.

In any terrorist (or hazardous materials) event there is the potential of NBC contamination. Mass decontamination is very difficult to perform. Re-

After the September 11 attacks, Texas activated its Emergency Operations Center, staffed in part by the Division of Emergency Preparedness.



moving the victim's clothing accomplishes 80 percent of the decontamination procedure, but that still leaves a substantial amount of contaminant to be dealt with.

In all probability, use of NBC weapons will result in large numbers of casualties. Many of the victims will be suffering from psychosomatic ailments produced by the stress of the incident. They can create major logistical problems for the healthcare system and should be transported to a casualty collection point where they can be observed by medical personnel and "defused" by crisis intervention teams.

Transportation of victims can become a major obstacle. Fire department vehicles, ambulances, military assets, law enforcement vehicles and buses have all been used to transport patients during mass casualty incidents. These resources must be properly managed, keeping in mind the vehicles themselves may become contaminated.

Remember that a terrorist incident is also a crime scene. Responders must ensure the preservation of evidence by reducing evidence contamination, protecting responders and preventing potential perpetrators from re-entering the scene.

Many difficult decisions must be made under high stress conditions in a MCI. Using a simple triage system will help ease the burden of dealing with a NBC incident. The actual system used will vary depending on local protocols.

Characteristics of a terrorist event

- Similar to HAZMAT events
- Potential for mass casualties
- Crime scene
- Widespread psychological impact
- EMS and hospitals may be come overwhelmed

Biological

Use of microorganisms or toxins from living organisms to produce death or disease in humans, animals and plants

- | | |
|-------------|----------------------|
| Bacteria | Viruses |
| - Anthrax | - Smallpox |
| - Plague | - VEE |
| - Tularemia | - Hemorrhagic fevers |
| - Q fever | |

Planning, training and exercises

Terrorist attacks are orchestrated to instill fear and panic. The challenge to first responders is to create some semblance of order in a very chaotic environment. This can be achieved through effective planning, training and exercising. The cool, calm responder who follows a standard format for evaluating and treating a patient can have a favorable impact on the long-range outcome.

Successful disaster planning requires EMS personnel to be familiar with the Incident Command system, standard operating procedures, triage, decontamination and PPE. Proactive and integrated planning (including emergency management, law enforcement, fire and hospitals), coordination, training and realistic exercises ensure organized, efficient operations during a NBC event.

General Jon J. Pershing wrote about chemical weapons shortly after World War I: "...the effect is so deadly to the unprepared that we can never afford to neglect the question." This is why we have domestic preparedness.

Ideal biological agent

- Can be delivered as an aerosol
- High disease/infection ratio
- Maintains viability/infectivity in environment
- Attacker can be protected (may not be an issue) by vaccine or prophylaxis

Sample Form

Date: _____ Patient ID# _____ Time : _____ Pregnant: No Yes – trimester: _____

Routine Screen

- | | | |
|-----|----|--|
| Yes | No | Do you feel safe at home? |
| Yes | No | Are in a relationship where you have been hurt or threatened? |
| Yes | No | Have you ever been hit, slapped, kicked by someone close to you? |
| Yes | No | I noticed you have bruises, did someone do this to your? |

Documentation:

Assessment of Incident for interpersonal violence:
 Positive Probable* Suggestive * Negative

*Abused suggested – state reasons:

Assess for Safety: Checklist provided Yes If no why: _____

Notice to Adults Provided: Yes If no why: _____

Referrals: Resources provided Yes If no why: _____

Disposition: Receiving facility informed of patient's identified/suspected status as a victim Yes
 If no, why: _____

A	Abrasion
B	Bite marks
C	Scratches
D	Laceration
E	Bruising
F	Burn
G	Foreign Body
H	Tender-to-touch
I	Closed deformity
J	Open deformity
K	Edema/swelling
L	Puncture wound
M	Sores
N	Other:

Indicate all injuries using Legend abbreviations

Pain assessment

Scale 0 (no pain) To 10 (highest)

overall : _____ and/or
 see body map: yes no

Mobility assessment *

overall : _____ and/or body
 part: _____

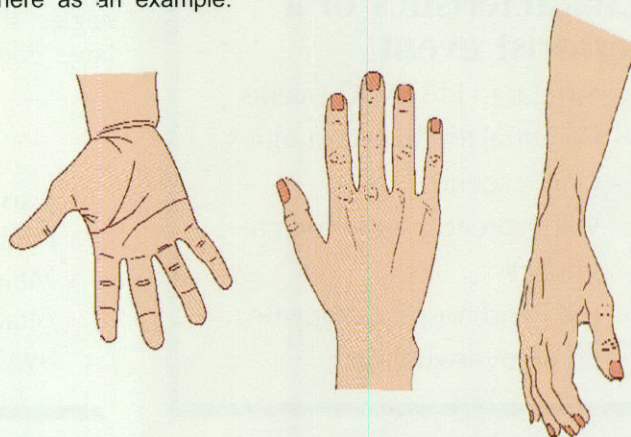
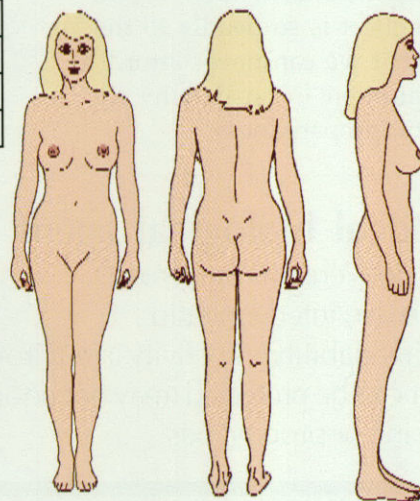
- *Minor:** mobility/dexterity is detectable impaired but functional ability intact
- Moderate:** mobility/dexterity is limited and functional ability slowed
- Serious:** mobility/dexterity is limited and functional disability is constant
- Severe:** mobility/dexterity is possible only with external assistance, patient demonstrates extreme difficulty in functional ability

The following form is presented as an example of how an organization may set up a standardized document for interpersonal violence. This form incorporates the basic elements that need to be addressed:

Assessment; Notice; Referral, and Clinical evaluation of the patient.

The body map figure could be for females/males either adults or children. The female body map is presented here as an example.

	Minor
	Moderate
	Serious
	Severe



By
Gary Kesling, PhD
and Kate Martin, MEd

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THE TEXAS DEPARTMENT OF HUMAN SERVICES

The EMS Guide to Domestic Violence

Recognizing Abuse — Ask the Right Questions

Scenario

Dispatcher: “Unit 427 respond to a fall, possible fractured arm.”

Scene: As the crew rolls on scene, the husband meets the ambulance outside. He tells the medics that his wife has been drinking all day and fell down the stairs. His wife is on the sofa with her arm supported on a pillow. The medics ask what happened and the patient’s husband answers, telling how she fell and landed on her arm. He heard something snap. He got his wife up on the sofa and called 9-1-1. The wife has not said anything at this time, and she appears to be in a great deal of pain. The medic examines the arm and notices swelling around her elbow and a large red mark on the olecranon process. The medic also notices some bruising around her right eye. When the husband sees the medic looking at his wife’s eye, he tells them that she did it when she fell in the shower. “I tell her to cut back on the drinking,” he says.

Enroute to the hospital the patient does not say anything. Noticing fading bruises on her arm while taking her blood pressure, the medic asks, “Do you fall often when you have been drinking?” The patient doesn’t answer and turns her head away.

Introduction

Emergency medical personnel have

a unique opportunity to recognize and respond to domestic violence. Just as EMS personnel would not treat a gunshot wound without appropriate evaluation of the immediate risks and dangers, they should be just as diligent in their clinical care of potential victims of abuse.

Victims can be the spouse, the children and others in the home. Without intervention, the abuse usually continues. Because of the magnitude of the problem of domestic violence, also known as family violence, spousal abuse, stalking or battering, it is important to have the knowledge and skills to identify and respond appropriately to this problem.

It is important to note that domestic violence may present itself to the EMS provider in ways other than acute injuries or trauma. It may present as psychological, emotional or chronic complaints that could be potential “red flags” (See box A).

Can EMS make a difference? Yes, the fact that you are reading this article means you are a concerned and committed professional who wants to make a difference.

Magnitude of the Problem

What is the true magnitude of domestic violence? To better understand the impact that interpersonal violence has on our society we can consider three populations of victims. The first

population is the known victims. Approximately 1.5 million women are raped and/or physically assaulted by intimate partners annually in the United States. Data from the National Crime Victimization Survey and the FBI's Uniform Crime Report found the annual rate of victimization by an intimate was 7.5 per 1,000 women aged 12 years and older. Most of the women who were injured during their most recent intimate partner rape/physical assault sustained injuries such as bruises, welts, lacerations, fractures, dislocation of joints and in some cases internal injuries or spinal cord injuries. However, not all abuse results in physical injuries. Violence perpetrated against women by intimates is often associated with emotionally abusive and controlling

behavior. Some studies indicate that having a verbally abusive (i.e., use of humiliation, constantly critical, demeaning or overly possessive/suspicious) partner was the variable most likely to predict that an intimate partner would victimize a woman.

The second population of victims can be called the unknown victims. The identification of persons who aren't identified as being abused ranges from 7 to 25 percent of the cases, and less than 15 percent of female patients report being asked by a health care professional about abuse. Sixty to 90 percent of the patients are managed inadequately or less than optimally. Routine screening for interpersonal violence is endorsed by numerous professional organizations and agencies; however, screening appears to be more random than routine.

The third population of interpersonal violence is the unknowable victims. How many victims of interpersonal violence never make a report to the police? Clearly, interpersonal violence is a major public health problem in our communities.

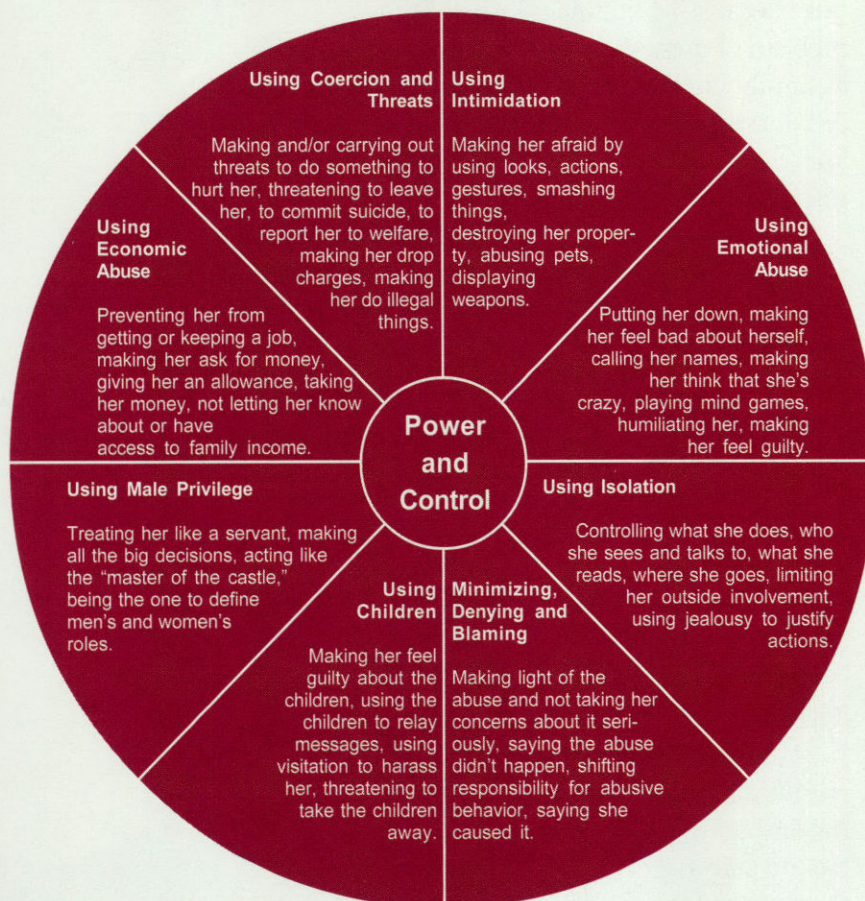
Male intimate partner violence

Proportionally, women experience more interpersonal violence than men. However men are victims too. Approximately 2.9 million intimate partner physical assaults are committed against men each year. Some surveys suggest that much of the violence against men by intimates is chronic in nature, and two-thirds of the physically assaulted men reported they were assaulted more than once.

Intimate partner violence among same-sex cohabitants

Generally, research studies have

The Power and Control Wheel



suggested that same-sex couples are also violent. Among women, 39.2 percent of the same-sex cohabitants reported being raped, physically assaulted and/or stalked by a marital/cohabitating partner at some point compared to 21.7 percent of heterosexual couples. Among men, the comparable figures are 23.1 percent and 7.4 percent. Because of gender socialization issues, gay/lesbian victims may be more difficult to identify as victims of interpersonal violence. Consequently, better assessment of potential victims of violence may need to be considered.

Definitions

Domestic violence may be referred to by many different names, such as wife abuse, spouse abuse, battering, family violence or marital assault. In general, domestic violence is a pattern of behaviors that may include assaultive or coercive acts of a physical, sexual, psychological or social/economic nature (See box B). Domestic violence is a chronic situation marked by crisis events and may include a variety of abusive acts (See boxes C and D). There are also numerous myths related to the causes of domestic violence (See box E).

Communication means increased recognition

The most powerful tool we have to increase the recognition of interpersonal violence is communication (See box F). All health care providers use some form of a medical interview or history to collect information about the patient. The clinical interview may be thought of as having three elements. The first is to gather information. Collection of medical information in a time-efficient manner is recognized as a universal goal for pre-hospital providers. However, this may hamper the findings of domestic

violence. In the opening scenario, taking information only from the husband may have actually decreased the understanding of the patient's problem. In an effort to be efficient, not asking the patient to tell her version of how the injury occurred during transport to the hospital may have diminished the opportunity to hear any discrepancies in the incident.

The second element of the medical interview is developing rapport and responding to the patient's emotions, as the situation allows. To be sure, most individuals in health care already possess intuitive abilities to respond to patients. However, this intuitive ability may not be sufficient for every situation. The emotional side of health care plays an important role in the recognition of victims of interpersonal violence.

For example, when the medic took the patient's vital signs and noticed the bruises, this could have been a good opportunity to ask the patient if she felt safe at home. Some victims are never asked and as a result never tell.

The third element of the medical interview is patient education. Some medics may not feel comfortable or even adequately knowledgeable on the topic of interpersonal violence to offer any patient education. This may make some medics hesitant to ask about violence for fear that the patient will ask for help. Information

Box A: Potential Presenting Symptoms

The following represent some of the symptoms that may signal interpersonal violence:

Physical Injury:

Facial injuries; chest, breast, abdomen or pelvis injuries; burns or bruises in unusual places; human bites; or injuries in various stages of healing

Somatic Complaints:

Chronic pain; fatigue; insomnia; or vague complaints without diagnosis

Sexually Related Conditions:

Sexually transmitted diseases; pelvic inflammatory disease; unexplained gynecologic problems

Biopsychosocial Problems:

Anxiety, panic attacks; depression; suicidal ideations; eating disorders; low self-esteem; excessive requests for medication

may be the most important treatment you can provide the patient and if you suspect abuse, it's information that you are required by law to give to the patient. (For a complete copy of the law and your responsibilities as health care providers, go to our website at www.tdh.state.tx.us/hcqs/ems and click on *Texas EMS Magazine*.) Be careful, though. Giving some victims of interpersonal violence printed materials may place the victim in a more dangerous situation if the perpetrator finds this information.

Red flags from the medical history

- The history of the injury is not consis-

Box B: Power and Control

The use of violence or the threat of violence as means to control another person

- Use of intimidation: yelling, smashing/destroying property, displaying weapons, acting "crazy", or harming pets
- Using emotional abuse: demeaning and name calling, humiliation, making the person feel guilty, unreasonable demands, or negatively comparing person to others
- Using isolation: controlling what a person reads or watches, or where the person goes
- Using privilege: treating person like a servant, deciding who is responsible for what, or deciding what is "right"
- Using economic abuse: making person ask for money, destroying any personal property, making sure there is no money available for emergencies
- Using others: using children to relay messages, threatening harm to children and other family members, using religion or citizenship to control person

tent with the mechanism of injury.

- There is a time delay between injuries and presentation for care.
- There is a history of being "accident-prone."
- There are excuses given related to emotional and psychological conditions, or drug/alcohol use and abuse.
- The patient's demeanor
- The companion's behavior
- Any injury during pregnancy

How to ask

- Ask about violence/abuse directly.
- Present screening as something that is done routinely (not randomly).
- Be calm, matter-of-fact and non-judgmental.
- Use open-ended questions initially.
- Gather information on what happened rather than why it happened.
- Understand and use the patient's language and vocabulary.

Be aware

- If someone needs to interpret into/from another language for the patient, use professionals or peer providers. Using a family member of the patient may expose the patient to potential danger. Avoid using minors, spouses, neighbors or bystanders.
- Discuss confidentiality and explain under what conditions you will be required to report any information you gather, as in child abuse, adult/disabled abuse, and any potential threat of injury to self or others. (Review any organizational/agency policies/procedures addressing this topic.)
- Assess for any immediate safety needs of the patient: are there any future risks of significant injury/harm/death, including danger to children or others in the home?

- Provide the required information and documentation as identified in the Texas Family Code.
- Respect the patient. If the patient denies any violence or abuse, accept the response. If you are still concerned, let the patient know that you may be a resource person. This may open the door to communication at some point in the future.

Documentation

Protocols & Polices One of the most important components in establishing a consistent clinical response to interpersonal violence is making sure that existing patient medical record forms include basic screening questions to ask about domestic violence and a process to record whether screening has occurred, including the outcome of that screening. Each provider organization should consider the development of interpersonal violence protocols. At a minimum, the protocols should include the following:

- a definition of interpersonal violence (child, adult and family)
- screening questions and identification of who will ask them
- assessment and intervention strategies
- safety assessment and planning guidelines
- clearly defined legal requirements related to provider-patient
- resources for referral information
- plan for staff education, training, and evaluation

The protocol should be developed by a multidisciplinary team to be sure that what is developed is realistic and helpful for both the provider and the patient receiving the services. Training should include how assessments gath-

Box C: Causes of Domestic Violence

Learned behavior – acquired over time through multiple observations and interactions (Bandura, 1979)

- through observation
- through experience and reinforcement
- in culture –socially and historically constructed
- in the family
- in peer groups

Not caused by:

- illness
- genetics
- alcohol/drugs
- out-of-control behavior
- anger/stress

ered in the field will be communicated to hospital personnel and how to improve documentation for a continuum of care.

Additionally, make interpersonal violence the target of quality assurance reviews. Establish a relationship with community providers such as women's shelters, law enforcement, health care providers and others to create a positive culture of review. This will send the message to providers that responding appropriately to interpersonal violence is now a standard of care.

Procedures

- Document descriptions of abusive incidents and resulting injuries, with specifics as to dates, times and number of incidents, including physical, sexual and emotional abuse, isolation, intimidation, or threats, use of children to control or punish and withholding medications or access to health care.

**Box D:
Theories of Aggression/Violence**

Several theoretical perspectives have been proposed to understand violence actions and behaviors, however there are **no excuses for violence**.

- a) **Aggression/violence as a learned behavior** is referred to as the modeling or in colloquial terms, "monkey see, monkey do".... This theory is used frequently when referring to the "cycle of violence"...when children grow up in violent homes, research indicates that they are at higher risk for perpetrating violence or becoming a victim of violence. (Bandera, 1977)
- b) **Aggression/violence as power and control** (patriarchal theory) focuses on the dominance of males over females or the subordinate position in society in which men place women. Two types are recognized: structural, where power is granted by society to individuals or groups...rich have more power than the poor, adults have power over children, etc.; and, individual power where mastery of his/her life goals are within the ability of the individual person.
- c) **Aggression/violence as instinct or drive**, most associated with Sigmund Freud who proposed that aggression could be outwardly directed toward others or inwardly directed resulting in suicide and suicide attempts.
- d) **Aggression/violence as a result of frustration** resulting from a person experiencing blockage or interference in attaining a goal.
- e) **Exchange theory** holds that individuals engage in behavior either to earn rewards or to escape punishment. Until recently few violent people were punished particularly for intimate partner violence. "It is a private matter...what goes on behind closed doors is the family's concern," etc.
- f) **Resource theory** identifies the family as a power system and when various resources are lacking by individual members (skills to solve conflict cooperatively, limited communications skills), violence becomes the ultimate resource for power.
- g) **Variations in psychological pathology** (mental illness) may lead an individual to violent behavior. However, when psychological pathology is considered a source of violent behavior, professionals are concerned with the possible decrease in accountability of the abuser's responsibility for his/her actions.

- Use the patient's words verbatim, such as "My husband punched me in the eye with his fist," as well as the clinical translation of "Patient sustained blunt trauma to right orbit."
- Describe the history and pattern of abuse, evaluate if the violence has escalated recently and assess immediate safety needs. Sample questions include:
"Can you describe the first time your partner abused you?"
"Can you describe the most recent incident?"
"Can you describe the worst incident?"
- Write in legible handwriting. In the event that the record should go to court, prosecutors will have an optimal document to present.
- Record opinions corroborating the abuse, such as "trauma is consistent with being struck from behind with a baseball bat."
- Preserve any physical evidence, such as torn or soiled clothing. Follow established protocols for evidence collection based on your organization's policies and procedures.
- Assess the potential impact of abuse. Some indications may be withdrawal, confusion, anger, guilt, shame, sadness, depression, minimizing, denial, hyper-vigilance, terror, suicidal thoughts/comments, loss of self-care and/or resignation to death.
- Assess potential lethality of the perpetrator. Various evaluation checklists may be identified. Some areas include: objectifies partner (calls names using body parts); blames victim for perceived injuries to herself; is hostile/angry/furious; appears distraught; has engaged in previous incidents; has firearms; or is unwilling to turn victim loose during fights.

Categories One of the requirements of the Texas Family Code is for the provider to document the reasons that they believe that the injuries were caused by family violence. To provide consistent documentation a four-category classification may be used, such as:

1. *Positive incident:* patient states injuries were inflicted by partner.
2. *Probable incident:* someone else could have inflicted injuries; however patient denies this. One or more of the "red flags" may be present.

3. *Suggestive incident:* associated signs and symptoms of abuse may be present; however patient denies or is non-responsive to questions.
4. *Negative incident:* no indication of abuse/family violence.

Preparing yourself for an optimal response

An optimal response to interpersonal violence requires planning, from organizational planning to individual preparation. At the individual level

Box E: Myths about domestic violence

Heterosexual Relationships

Myth: Victims are always from lower socioeconomic and minority groups. There may be more "reported" cases in these populations, however abuse occurs in all social, economic, ethnic, geographic, educational and religious groups.

Myth: Victim probably provoked the battering. Victims may feel responsible for the battering, but the perpetrator is responsible for the battering.

Myth: The victim could take care of the problem by having the abuser arrested. Things are changing; however in the past, the legal system may have responded inconsistently related to domestic violence. And reporting the abuse to the police may actually place the victim in greater danger.

Myth: Pregnancy will protect a woman from being battered. Abuse may increase in frequency and intensity during pregnancy.

Myth: If you don't get hit, it is not abuse. Abuse may be in many forms, including physical, emotional, economic and social isolation.

Lesbian Relationships

Myth: Lesbian abuse must be mutual. "Straight" abuse is not considered mutual; the gender differences do not make this different.

Myth: Lesbian battering is different from "straight" battering. Abuse is about power and control over one's partner, regardless of the partner's gender.

Myth: Domestic violence is more common in "straight" relationships. The reality is that abuse may occur in any group.

Gay Relationships

Myth: Gay men are never victims of domestic violence. Domestic violence is not a gender issue.

Myth: The abuser will always be bigger and stronger. Any individual is capable of being violent towards another. Size does not keep someone from being psychologically abusive.

Myth: It is easier for gay victims of domestic violence to leave their violent partners than heterosexual victims. The important dynamic is the relationship, and it's difficult for both gay and "straight" individuals to leave a relationship.

some of the areas to consider are:

- Becoming informed about the dynamics of interpersonal violence and the resources in your community.
- Examining your own attitudes and perceptions about family violence.
- Determining how comfortable you are in asking questions about violence and abuse.
- If you or someone in your family has ever had any personal experience related to violence or abuse, this may affect your professional performance.

Summary

Most everyone would agree that gathering information accurately is important to understanding and caring for the patient in the case scenario, and that taking the time in the ambulance to ask the patient about what happened may enable you to get enough information to document the abuse.

Box F: Barriers to an effective response to violence

1. Lack of information or misinformation about domestic violence.
2. Lack of clinical skills in knowing how to respond effectively through specific, doable steps with diverse patients.
3. Structural issues of the provider's setting such as:
 - limited time.
 - lack of privacy.
 - lack of documentation forms or protocols.
4. Lack of information about legal issues and documentation requirements.
5. Lack of information about resources in the community.

Interpersonal violence is a complex social problem. The historical model of addressing domestic violence may have overemphasized the physical aspects of injuries and harm, while not talking enough about the psychological and social consequences of its effects.

Children react to traumatic and violent experiences in many different ways:

- ages 12 to 28 months: hypervigilance, irritability, developmental regression, sleep disorders, anxiety, withdrawal.
- preschoolers: need for increased reassurance, play disruption, increased aggressive play, lower self-esteem, distractibility in tasks, reduced self-control.
- school age: symptoms of post traumatic stress disorder, dissociative symptoms to chronic trauma, poor school performance, social problem-solving skills, internalizing-externalizing problem behaviors.
- adolescents: greater aggression, delinquent behaviors, victimization by others.

The most important change in how communities approach interpersonal violence is to develop a coordinated response that links health care providers in a continuum of care. This approach is based on the reality that changing one part of the service delivery system without changing other parts cannot bring about sustained success. For example, a coordinated response for a battered woman may be that from pre-hospital to hospital to community services, all of the resources work in a collaborative manner. Some of the objectives of such a coordinated approach might include:

- early identification and assessment

- of interpersonal violence
- ensuring safety and support for the victim(s)
- accountability for the perpetrators
- coordinating and evaluating existing resources
- developing new services where needed
- promoting professional education and training

There is a great diversity in communities in their response to interpersonal violence. Pre-hospital professionals have a responsibility, as does every other community member, to work to improve the overall health of the people they serve.

Resources:

The following is a brief listing of some resources:

- Texas Council on Family Violence
512/794-1133 www.Tcfv.org
- National Domestic Violence Hotline
1-800-799-SAFE
- Women's Advocacy Legal Hotline
1-800-777-FAIR
- Legal Hotline for Older Texans
1-800-622-2520
- Runaway Hotline
1-800-392-3352
- Child Abuse Hotline
1-800-252-5400
- Homeless Hotline
1-800-483-1010
- Child Support Enforcement Division
1-800-252-8014
- Texas Youth Hotline
1-800-210-2278
- Texas Crime Victims Clearinghouse
1-800-848-4284

REFERENCES:

Tjaden, P. , & Thoennes, N. (2000). Extent, nature, and consequences of intimate partner violence (NCJ Publication No. 181867, pp. iii). Rockville, MD: National Criminal Justice Refer-

Box G: General Principles for Screening

- Screen only when you have privacy with the patient.
- As with other sensitive issues, present screening as routine—something you ask all patients because of the importance of the problem.
- Be calm, matter-of-fact and non-judgmental in gathering information.
- Gather behavioral descriptions of what transpired.
- Listening is one of the most important clinical skills in screening.
- Assess immediate safety needs of the patient and others in the household.

ence Services.

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Randall, T. (1990). Domestic violence intervention calls for more than treating injuries. *Journal of American Medical Association*, 64, 939-949.

Bandura, A. (1979). The social learning perspective: Mechanisms of aggression. In H. Toch (Ed.), *Psychology of Crime and Criminal Justice*. New York: Holt, Rinehart & Winston.

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Continuing Education Questions

1. Domestic violence can be:
 - A. Physical violence
 - B. Sexual violence
 - C. Psychological violence
 - D. All of the above
2. Domestic violence is:
 - A. A problem limited only to women in society.
 - B. A problem that could potentially involve every man, woman and child.
 - C. A problem limited only to those in lower socio-economic levels.
 - D. All of the above
3. EMS providers are required by law to:
 - A. Report suspected abuse of minors.
 - B. Report suspected abuse of disabled adults.
 - C. Report suspected threat of injury to others.
 - D. All of the above
4. When talking with a potential victim of abuse, you should always:
 - A. Have the patient's family members nearby.
 - B. Use family members as interpreters.
 - C. Talk to the patient separately from the family members.
 - D. All of the above
5. You should suspect abuse when:
 - A. The patient's injuries are not consistent with the mechanism of injury.
 - B. There is a time delay between being injured and presentation for care.
 - C. There are excuses given relating to emotional or drug-use problems.
 - D. All of the above
6. All emergency providers should have:
 - A. basic screening questions for abuse.
 - B. questions asked only to suspected victims of abuse.
 - C. protocols that do not consider interpersonal violence issues.
 - D. All of the above
7. Documentation of suspected abuse should include:
 - A. Descriptions of any history of abuse
 - B. Descriptions of abuse and resulting injuries.
 - C. Descriptions of immediate safety needs.
 - D. All of the above
8. Provider protocols should include:
 - A. The requirements of the Texas Family Code.
 - B. Input from a multidisciplinary team to work for both the provider and the patient.
 - C. Quality assurance reviews.
 - D. All of the above
9. Domestic violence is a chronic situation.
 - A. True
 - B. False
10. Violence in same-sex relationships tends to happen much less frequently than in heterosexual relationships.
 - A. True
 - B. False

This answer sheet must be postmarked by December 19, 2001.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

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

For 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. Answer all questions.

- | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. 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"/> |
| 2. 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"/> |
| 3. 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"/> |
| 4. 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"/> | | |
| 5. 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"/> | | |

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

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

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

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

Allison, Phillip G., Whitewright, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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.

Anderson, Theresa L., Buna, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Andrews, Wanda, Pasadena, TX. 6 months suspension followed by twelve months probation of EMT certification through November 30, 2001. EMS Rules 157.5(b)(8) and (25) and (28), is under the influence of alcohol or is using a controlled substance, as defined by the HSC, Chapter 481 and/or; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public or other EMS personnel; and abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

* Aranda, Carlos, San Antonio, Tx. 12 months probated suspension of ECA certification through September 7, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Arredondo, David, Rio Grande City, TX. 24 months probation of EMT certification through June 30, 2002. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Austin, Brian, Garnerville, Nv. Decertification of EMT-P certification effective July 15, 2001. EMS Rule 157.51(b)(1), (2), (7), (17), (21), (25) fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; discriminates in the provision of services; practices beyond the scope of certification without medical direction; has an EMS certificate or license suspended or revoked in another

state, or has another health provider certificate/license suspended or revoked while holding a Texas certificate; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Baldwin, John, Spring, TX. 24 months probated suspension through August 2003. EMS Rule 157.36(b)(1), (2), (26), (27) and (28)... violating any provision of the H&SC, Chapter 773, and/or TAC Title 25, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; engaging in any conduct that has the potential to jeopardize the health or safety of any person; abusing alcohol or drugs that, in the opinion of the bureau chief, may endanger the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

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) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bass, Barbara, Channelview, TX. 12 months probated suspension through March 2002. EMS Rule 157.51(b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; violates any rule or standard that has the potential to jeopardize the health or safety of a patient, the public or other EMS personnel.

* Blake, Danny, Dayton, Tx. 24 months probated suspension of EMT certification through August 13 2003. EMS Rule 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bloodworth, Michael B., Marshall, TX. 12 months probated suspension of EMT-P certification through December 28, 2001. EMS Rule 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Boettcher, Laura G., Houston, Tx. 24 months probated suspension of EMT certification through August 3, 2003. EMS Rule 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bonnett, Matthew R., Horse Shoe, NC. 12 months probated suspension of EMT-I certification through January 29, 2002. EMS Rule 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bowman, John C., Bowie, TX. 12 months probated suspension of EMT certification through June 29, 2002. EMS Rule 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bradshaw, Billy, College Station, TX. 24 months probation of EMS Coordinator and EMS Examiner certifications through September 2002. EMS Rules 157.64(2)(a)(G), (H), (P) and (R), compromises the department approved course examination process; fails to maintain the integrity of the course; fails to maintain professionalism in the department approved course; fails to comply with the responsibilities of a course coordinator, program instructor or examiner as specified in 157.61-157.63.

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

in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Broughton, Timothy, Huffman, Tx. Decertification of EMT-I certification effective July 27, 2001. EMS Rule 157.36(b)(1), (2), (6), (7), (13), (26), (28), (29) violating any provision of HSC Chapter 773, and/or Title 25 of TAC as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; causing, permitting and/or failing to report physical or emotional abuse or injury to a patient or the public; performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure; misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS; engaging in any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

Brown, Jack D., Cleburne, TX. 48 months probated suspension of EMT certification through November 3, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Brown, Kelly James, Kilgore, TX. Suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24), fails to comply with the terms of a probation; fails to give the department full and complete information upon request.

Browning, Kenneth P., Breckenridge, TX. 24 months probated suspension of EMT certification through October 12, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Buchanan, Thomas W., Dallas, TX. 12 months probated suspension of EMT certification through November 28, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* 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), violating any provision of the HSC Chap773, and/or TAC Title 25, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; failing or refusing to give the department full and complete information and cooperation, upon request; engaging in any activity that betrays the public trust and confidence in EMS.

Buford, Justin F., Lafayette, Louisiana. 12 months probated suspension of EMT certification through December 13, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Bynum, Dwayne, Etoile, TX. Decertification of EMT-P certification effective May 4, 2001. EMS Rules 25 TAC 157.36(b)(1), (2), (14), (18), (21), (25) (28) and (29), violating any provision of the H&SC, Chapter 773, and/or Title 25 of TAC, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity or failing to take reasonable precautions to prevent such misappropriations; obtaining, attempting to obtain and/or assisting another in obtaining or attempting to obtain any advantage, benefit, favor or gain by fraud, forgery,

Disciplinary Actions

deception, misrepresentation, untruth or subterfuge; failing or refusing to give the department full and complete information and cooperation, upon request; failing to notify the department within 10 days of an arrest for any alcohol or drug related offense; engaging in any activity that betrays the public trust and confidence in EMS; and engaging in any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

Cerda, Gilberto, Laredo, TX. 6 months suspension and eighteen months probation of EMT certification through November 2002. EMS Law 773.064 (a), knowingly practices as, attempts to practice as, or represents himself to be an EMT-P, EMT-I, EMT, ECA or LP and the person does not hold an appropriate certificate issued by the department under this chapter.

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), violates any rule or standard that has a potential negative effect on the health or safety of a patient; has a history of staff violations which resulted in disciplinary action as described in 157.51 of this title; and fails to maintain confidentiality of patient records according to HSC, Chap. 773.

Chancellor, Bryan, Lake Worth, TX. Letter of warning against EMT-I certification effective May 30, 2001. EMS Rules 157.51(b)(25), violates any rule that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Cleveland, Erin, Channelview, TX. 12 months probated suspension through March 2002. EMS Rules 157.51(b)(1), (2) and (25), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; violates any rule or standard that has the potential to jeopardize the health or safety of a patient, the public or other EMS personnel.

* Cole, Patrick J., Keller, Tx. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Cone, Jason P., Quitman, TX. 12 months probated suspension of EMT certification through November 29, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Cox, Deanna F., Rusk, TX. 12 months probated suspension of EMT-I certification through April 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Cranfill, Jamie, Goldsmith, Tx. 24 months probated suspension of EMT certification through August 8, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Crim, Jack D., Van, TX. 12 months probated suspension of EMT-I certification through March 9, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Croft, James D., Spring, TX. 12 months probated suspension of EMT certification through April 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Dailey, Barton, Pearsall, Tx. 12 months probated suspension of EMT-I certification effective August 22, 2001. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Dallas Ambulance Service, Dallas, TX. \$12,000 administrative penalty probated for 12 months through February 28, 2002. EMS Rules 157.16(d)(1) and (19), failing to comply with any requirement of provider licensure as defined in 157.11; violating any local, state or national code pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

* DeBerry, Anthony C., Midland, Tx. 12 months probated suspension of EMT certification through September 11, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Edgar, Jeffrey, Austin, TX. Decertification of EMT-P certification and denial of recertification application effective April 10, 2001. HSC Chapter 773.063(b), 773.064(a), EMS Rules 157.51(b)(15), (16), (23), (24), (26) and 157.53(6), (7) and 157.36(b)(1), (2), (15), (18) and (28), attempts to/obtains certification by fraud, forgery, or subterfuge; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44; fails to comply with HSC Chapter 773, and adopted rules; fails to give the department complete information, upon request; falsifies the application for certification; misrepresenting requirements for certification; violating any provision of the HSC, Chapter 773, and/or Title 25 TAC, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; falsifying, altering, or assisting another in falsifying or altering, any department application, EMS certificate or license, or using or possessing any such altered certificate or license; engaging in any activity that betrays the public trust and confidence in EMS.

Eisenmann, Bradley G., Austin, TX. 24 months probated suspension of EMT certification through May 30, 2003. EMS Rules 157.37(c)(2)(3)(G) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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) the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Estes, Phillip, Chilton, TX. 24 months probation of EMT certification through July 31, 2002. EMS Rules 157.51(b)(8), (25) and (28), is under the influence of alcohol or is using a controlled substance which affects the certificant's ability to render aid; violates any rule or standard that has a potential negative effect on the health or safety of a patient; abuses alcohol or drugs that, in the opinion of the bureau chief, could endanger the lives of patients.

* Estrada, Jamie, San Juan, Tx. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Evans, Krystal S., Taylor, TX. 24 months probation of EMT certification through August 8, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Falls County EMS, Inc., Marlin, TX. 12 months probated suspension through January 31, 2002 and an administrative penalty of \$12,000 probated through January 31, 2002. EMS Rules 157.16(b) and (c) and (d)(1), (17) and (19), ... an EMS provider is in violation of the HSC Chapter 773, Chapter 157 or the reason outlined in subsections (c) and (d) of this section; a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in this section, or perform(s) contrary to EMS standards while on EMS business for the provider; been found to have operated, directed, or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner dangerous to the health or safety of any person; and having been found in violation of any local, state, or national code or regulation pertaining to EMS operations or business practices and/or violation any rule or standard that could jeopardize the health or safety of any person.

Farmer, David M., Weatherford, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Farnsworth, Kim, Stafford, Tx. 12 months probated suspension of EMT certification through August 22, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Fedro, Robert, Marlin, TX. Decertification of EMT-P certification effective April 10, 2001. EMS Rules 157.51(b)(11), (16), (22), (23), (24) and (25), appropriates and/or possesses without authorization medications, supplies, equipment, or personal items inappropriately acquired in the course of duty; has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course of duties as an EMS certificant; fails to comply with HSC Chapter 773; fails to give the department full and complete information, upon request, regarding an alleged or confirmed violation of HSC Chapter 773 or rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Fitzugh, Robert, Belton, TX. Emergency suspension of EMT certification effective July 26, 2001. EMS Rules 157.36 (a) the bureau chief may issue an emergency suspension order to any EMS certificant or licensee if the bureau chief has reasonable cause to believe that the conduct of any certificant or licensee creates an imminent danger to public health or safety.

* Frio County EMS, Pearsall, Tx. Letter of reprimand effective September 19, 2001. EMS Rules 157.16(d)(1) failing to comply with any requirement of provider licensure as defined in §157.11 of this title.

Gaddis, William, Spring, TX. 6 months probated suspension of EMT certification through November 21, 2001. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote

Disciplinary Actions

the intent of the EMS Act and these sections.

Garner, Judy R., Richland Springs, TX. 12 months probated suspension of ECA certification through December 13, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Garza, Jess, Jr., Perryton, TX. 24 months probated suspension of EMT certification through November 2, 2002. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Garza, Roberto, Mission, TX. 24 months probation of EMT certification through December 22, 2001. EMS Rules 157.44, 157.51(b)(16) and (c), misdemeanor conviction while certified.

Garza, Rodolfo, Mercedes, TX. 2 years probation of EMT recertification through February 11, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor convictions while certified.

Gatewood, Tae, Houston, TX. Denial of EMT-I certification effective April 10, 2001. HSC 773.041(b), 773.064(a) and 157.51(b)(9), (12), (15), (22), (24), (25), (26) and 157.53(1), (6), (7). A person commits an offense if the person knowingly practices as, attempts to practice as, or represents as being an ECA, EMT, EMT-I, EMT-P, or licensed paramedic and the person does not hold an appropriate certificate issued by the department under this chapter; represents that he or she is qualified at any level other than his or her current certification level; materially alters or uses any department EMS certificate; attempts to obtain or obtains certification by fraud, forgery, deception, misrepresentation, or subterfuge; attempts to/obtains any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course of duties as an EMS certificant; fails to comply with HSC Chapter 773 and the rules adopted thereunder; fails to give the department full and complete information, upon request, regarding an alleged or confirmed violation of HSC Chapter 773 or rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel; falsifies an application for certification or recertification; failure to meet the standards as required in 157.41 or 157.45; falsifies the application for certification; misrepresenting any requirements for certification or recertification.

Gault, Shelley Wells, Corpus Christi, TX. 4 years probation of EMT certification through November 3, 2001. EMS Rules 157.44, 157.51(b) and (c) and 157.53, felony conviction and misdemeanor convictions.

Gilcrease, Shawn, Rosharon, TX. 24 months probation of EMT-P certification through December 31, 2001. EMS Rules 157.51(b)(2), fails to administer medication and/or treatments in a responsible manner in accordance with the medical director's orders or protocols.

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), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; abandons a patient; fails to comply with HSC Chapter 773 and rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Goliad EMS, Goliad, TX. Letter of warning against

provider license effective May 30, 2001. EMS Rules 157.16(b)(14), failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel.

* 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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Gooden, James A., Harker Heights, TX. 12 months probated suspension of EMT certification through December 13, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Gordan, Carl L., Houston, TX. 24 months probated suspension of EMT certification through May 9, 2003. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Graham, Priscilla M., Spring, TX. 12 months probated suspension of EMT certification through December 28, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Graves, Byron, Fort Worth, TX. Decertification of LP license and denial of all future applications for EMS certification/licensure effective April 26, 2001. EMS Rules 157.36(b)(2), (6), (26), (28), any conduct which is in violation of any criminal, civil and/or administrative code or statute; causing, permitting and/or failing to report physical or emotional abuse or injury to a patient or the public; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

Guerrero, Arturo, Anthony, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

*Hall, Christine S., Alvin, Tx. 24 months probated suspension of EMT certification through August 31, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Harris, Josh D., Frazier, Colorado. 12 months probated suspension of EMT certification through January 11, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Harris, Kevin L., McAllen, TX. 4 years probation of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Henry, Douglas A., Kirbyville, TX. 4 years probation of EMT-P certification through February 5, 2002. EMS Rules 157.44, 157.51(b)(16) and (c), and 157.53, misdemeanor conviction while certified.

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

listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Hill, Virgil A., Austin, TX. 12 months probated suspension of EMT certification through May 30, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Houston Fire Department, Houston, TX. \$33,000 administrative penalty probated for 12 months through February 16, 2002. EMS Rules 157.19(c)(1)(A) and (U) and 157.11(d)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rules or standard that has a potential negative effect on the health or safety of a patient; a BLS provider shall staff BLS vehicles, when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, 7 days per week.

Hurst, Richard Ashley, Temple, TX. 24 months probation of EMT-P certificate through June 30, 2002. EMS Rules 157.44, 157.51(b)(16), misdemeanor/felony conviction.

Jackson, Jody Leon, Dayton, TX. 24 months probation of EMT certification through January 10, 2002. EMS Rules 157.44, 157.51(b) and (c) and 157.53, misdemeanor convictions and a felony conviction.

Jewett EMS, Inc., Jewett, TX. 24 months probation 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), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; and required equipment.

* 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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Kellar, Shanna, Terrel, TX. 4 years probation of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Keller, Kristen, Lake Jackson, TX. 12 months probated suspension of EMT certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Keys, Melissa M., Longview, TX. 12 months probated suspension of EMT certification through May 15, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Land, Jimmy P., Amarillo, TX. 12 months probated suspension of EMT certification through March 27, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order

Disciplinary Actions

to promote the intent of the EMS Act and these sections.

* 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) fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; abandons a patient; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Leake, Titus, Euless, TX. 12 months probated suspension of EMT certification through April 9, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Little Elm VFD & EMS, Little Elm, TX. 24 months probated suspension of EMS providers license through March 31, 2002 and a \$5,000 administrative penalty. EMS Rules §157.19(b), 157.19(c)(1)(A) and (U), administrative penalty assessed due to violation of the provisions of the H&SC, §773.065-773.066; fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that would jeopardize the health or safety of a patient.

Lopez, Tessie J., La Feria, TX. 12 months probated suspension of EMT certification through November 14, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Manuel, Larry K., Leakey, TX. 12 months probated suspension of EMT certification through February 2, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Martin, Kimberly G., Houston, TX. 9 months probated suspension of EMT certification through February 30, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Martin, Randal, Arlington, TX. Decertification of EMT-P certification and EMS Examiner certification and denial of any future applications for EMS certification effective July 15, 2001. EMS Rule 157.36(b)(2), (26), (28) and (29)...any conduct which is in violation of any criminal, civil and/or administrative code or statute; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS; engaging in any conduct listed in §157.37(a)-(c) of this title whether or not resulting in a conviction.

Martinez, Dagoberto, Fort Worth, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Mata, Daniel, Edinburg, TX. 12 months probated suspension of EMT-I certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Mata, Joseph, Uvalde, TX. 24 months probation of EMT-I certification through November 2002. EMS Rules 157.36(b)(1), (4), (7), (13), (26) and (28), violating any provision of the HSC Chapter 773, and/or TAC Title 25, as well as federal, state, or local laws, rules or regulations affecting the practice of EMS; falsifying any EMS record, patient record or report, or

making false or misleading statements in a oral report, or destroying a patient care report; practicing beyond the scope of certification or licensure without medical direction or supervision; misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

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) fails to follow the EMS standards of care in the management of a patient; fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols; abandons a patient; fails to comply with HSC Chapter 773 and rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

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), violating any provision of HSC Chapter 773, and/or TAC Title 25, as well as federal, state or local laws, rules or regulations affecting the practice of EMS; causing, permitting and/or failing to report physical or emotional abuse or injury to a patient or the public; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

McElwee, Cory D., Lubbock, TX. 12 months probated suspension of EMT-P certification through November 8, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

McGee, Thomas R., Kingsville, TX. 24 months probated suspension of EMT certification through January 11, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

McGrew, Robert, Houston, TX. 24 months probated suspension of EMT certification through June 21, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

McInerney, Brian Michael, Lewisville, TX. 24 months probation of EMT-P certification through February 24, 2002. EMS Rules 157.44, 157.51(b)(16) and (26) and 157.53(3), misdemeanor conviction while certified; falsification of EMS personnel applications.

Meeks, Bryan R., Kermit, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Mendez, Abel, Del Rio, TX. 12 months probated suspension of EMT certification through February 12, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* 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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), has been convicted of a misdemeanor or felony in accordance with the provisions of 157.44; fails to comply with HSC Chapter 773, and rules adopted thereunder; fails to give the department full and complete information, upon request; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel; abuses alcohol or drugs that in the opinion of the bureau chief could endanger the lives of patients.

Morgan, Elmer R., Jr., Brenham, TX. 12 months probated suspension of ECA certification through November 2, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Morgan, Russell, Bullard, TX. 3 months suspension of EMT certification followed by 12 months probation through December 31, 2001. HSC 773.041(b), EMS Rules 157.51(b)(23) and (25), a person may not practice as any type of emergency medical personnel unless the person is certified under this chapter and rules adopted under this chapter; violates any rule or standard that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), an administrative penalty may be assessed when an EMS provider is in violation of the H&SC, Chapter 773, 25 TAC Chapter 157, or the reason outlined in subsections (c) and (d) of this section; failing to correct deficiencies as instructed by the department; a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in the section, or perform(s) contrary to EMS standards while on EMS business for the provider; failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel; having been found to have operated, directed or allowed staff to operate any vehicle while on EMS business in a reckless or unsafe manner and/or in a manner that is dangerous to the health or safety of any person; violating any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

* Novak, Beth, Burton, Tx. Decertification of EMT-P certification effective September 25, 2001. EMS Rules 157.36(b)(1), (2), (26), (28) violating any provision of HSC Chapter 773, and/or TAC Title 25, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Paramed Systems, Inc., Watuga, TX. Letter of warning against provider license effective May 30, 2001. EMS Rules 157.19(c)(1)(U), violates any rule that has a potential negative effect on the health or safety of a patient, the public, or other EMS personnel.

Parker, Michael Ray, Clifton, TX. 24 months

Disciplinary Actions

probation of EMT certification through November 4, 2001. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Parnell, Christopher, Harker Heights, TX. 12 months probated suspension of EMT certification through April 4, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Pearland EMS, Pearland, Tx. Letter of reprimand effective August 29, 2001. EMS Rule 157.16(b)(19) having violated any local, state, or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Pinedo, Marisela, Los Fresnos, New Mexico. Probation of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c), felony conviction while certified.

Pippin, Brian, Lipan, TX. 48 months probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Pitchett, Brenda K., Palestine, TX. 8 months probated suspension of EMT certification through November 1, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Prime Care Ambulance, Houston, TX. \$7,000 administrative penalty against the provider license effective July 24, 2001. EMS Rules 157.16(b), (c), and (d)(1), (14) and (19)...failing to comply with any requirement of provider licensure as defined in §157.11; failing to staff each vehicle deemed to be in service or response ready with appropriately certified personnel; having been found in violation of any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Ramsey, Donald Dean III, Portland, TX. 4 years probation of EMT certification through January 15, 2002. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony conviction.

* Ravizza, Robert, Houston, Tx. Letter of reprimand effective August 29, 2001. EMS Rule 157.36(b)(26) engaging in any conduct that has the potential to jeopardize the health or safety of any person.

Regional Ambulance Service, Victoria, TX. \$8000 administrative penalty and 12 months probated suspension through February 28, 2002. EMS Rules 157.16(d)(1) and (19), failing to comply with any requirement of provider licensure as defined in 157.11 of this title; having been found in violation of any local, state or national code or regulation pertaining to EMS operations or business practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Richardson, Jeffery, Lubbock, TX. 12 months probated suspension of LP certification through January 16, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Ripley, Jimmy J., Winters, TX. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Robertson County EMS, Franklin, TX. 24 months

probation 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), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title; violates any rule or standard that has a potential negative effect on the health or safety of a patient; list signed by the medical director which contains the following items as identified in the medical treatment protocols/standing orders.

* Romano, Robyn, Victoria, Tx. 6 months probated suspension of EMT certification through February 2002. HSC 773.041(b)... A person may not practice as any type of emergency medical services personnel unless the person is certified under this chapter and rules adopted under this chapter and Title 25 of TAC; 157.36(b)(1), (2) (10) violating any provision of HSC Chapter 773, and/or TAC Title 25, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; staffing an EMS vehicle deemed to be in service while certification or license is expired, suspended or revoked.

* Roquemore, Joseph, Atlanta, Tx. 48 months probated suspension of EMT certification through August 9, 2005. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Ruben, Allen M., Houston, TX. 12 months probated suspension of ECA certification through May 9, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Ruiz, James J., Luling, TX. 12 months probated suspension of EMT certification through March 26, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), failing to comply with any requirement of provider licensure as defined in §157.11; falsifying a patient record or record resulting from or pertaining to EMS Provider responsibilities; failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel; having been found to have allowed staff to operate any vehicle while on EMS business in a reckless or unsafe or dangerous manner; found in violation of any local, state, or national code or regulation pertaining to EMS operation practices; and/or violating any rule or standard that could jeopardize the health or safety of any person.

Rural Metro Ambulance Service-Dallas, Dallas, TX. 24 months probation of EMS provider license through May 31, 2002. EMS Rules 157.19(c)(1)(A) and (U), and 157.11(d)(1)(A), fails to comply with any of the provider licensure requirements as defined in 157.11; violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient; and a BLS provider shall staff BLS vehicle(s), when in service, with at least two emergency care attendants who have active status certification, 24 hours per day, seven days per week.

Saenz, Daniel L., San Antonio, TX. 12 months probated suspension of EMT-P certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Schaefer, Steven, Uvalde, TX. 12 months probated

suspension of EMT certification through June 21, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Schuchardt, Ronald, Pipe Creek, TX. 12 months probated suspension of EMT certification through March 2, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Senko, Cynthia, Conroe, TX. 12 months probated suspension of EMT-I certification through January 4, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Shipp, Patrick L., Laneville, TX. 4 years probation of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii), the offenses listed in clauses (i)-(vi) of this subparagraph are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Simmons, Richard Brent, Houston, Tx. Denial of application effective July 27, 2001. EMS Rule 157.36(b)(1), (2), (7), (13), (26) (28) violating any provision of HSC Chap 773, and/or TAC Title 25 as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; practicing beyond the scope of certification or licensure without medical direction or supervision; misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person; engaging in any activity that betrays the public trust and confidence in EMS.

Sistrunk, Robert, New Waverly, TX. 24 months probation of EMT-P certification through March 31, 2002. EMS Rules 157.51(b)(11) and (22), appropriates and/or possesses without authorization medications, supplies, equipment or personal items inappropriately acquired in the course of duty; obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud or misrepresentation while in the course of duties as an EMS certificant.

Smiley, Matthew M., Port Boliver, TX. 12 months probated suspension of EMT certification through February 28, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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

South TX Rural Health Services, Inc., Cotulla, TX. 24 months probation through May 31, 2002. EMS Rules 157.19(c)(1)(A), (B) and (U), fails to comply with provider licensure requirements 157.11; repeats or commits an offense of a different nature within 12 months of a previous probation; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Southworth, Raymond N., Kyle, TX. 12 months probated suspension of EMT certification through June 7, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* 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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that

Disciplinary Actions

the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Spicewood VFD & EMS, Spicewood, TX. 24 months probation of provider license through February 28, 2002. EMS Rules 157.19(c)(1)(A) and (U), fails to comply with any of the provider licensure requirements as defined in 157.11 of this title, and violates any rule or standard that would jeopardize or has a potential negative effect on the health or safety of a patient, the public or other EMS personnel.

Steger, John S., Denton, TX. 24 months probated suspension of EMT certification through May 15, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Stillwell, Landon, Dallas, Tx. 26 months probated suspension of EMT certification through November 6, 2003. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), ...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Stonewall County EMS, Aspermont, TX. Letter of warning against provider license effective May 30, 2001. EMS Rules 157.16(b)(14), failing to staff each vehicle deemed to be in service or response ready with appropriately and currently certified personnel.

Tanner, Stewart R., Palacios, TX. 12 months probated suspension of ECA certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Taylor, Steven C., Powderly, TX. 12 months probated suspension of EMT certification through July 5, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Thomas, David, Early, Tx. 12 months probated suspension of EMT certification through September 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* Tidwell, Jeremy W., Orange, Tx. 12 months probated suspension of EMT certification through September 24, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Tiner, James H., Vidor, TX. 12 months probated suspension of EMT certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act.

Transfer One Medical Service, Inc., Harlingen, TX.

Administrative penalty of \$3,500 against provider license effective April 10, 2001. EMS Rules 157.16(b)(c)(d)(1); (19); 157.11(d)(1), (2) and (3), failing to comply with any requirement of provider licensure as defined in §157.11; found in violation of any local, state, or national code or regulation pertaining to EMS operations; violating any rule or standard that could jeopardize the health or safety of any person; all EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently; EMS vehicles shall have operational two-way communication capable of contacting appropriate medical resources, shall have the name of the provider prominently displayed on both sides of the vehicle. Providers who operate rotor or fixed wing aircraft must comply with all requirements of §157.12 or §157.13; substitution, replacement and additional vehicles.

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), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Turnbow, Brandon L., Lubbock, TX. 24 months probated suspension of EMT certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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)... the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

UTMB Correctional Managed Care, Huntsville, TX. 12 months probated suspension and a \$4,000 penalty probated through November 2001. H&SC 773.050(a), 773.041(b) and EMS Rules 157.19(c)(1)(A), (C) and (U), and 157.11(d)(1)(A), each basic life support emergency medical services vehicle when in service must be staffed by at least two individuals certified as emergency care attendants or certified at a higher level of training; a person may not practice as any type of emergency medical personnel unless the person is certified under this chapter and rules adopted thereunder; violates any rule or standard that has a potential negative effect on the health or safety of a patient.

Uvalde EMS, Uvalde, TX. 12 months probated suspension and a \$6000 administrative penalty probated through December 2001. EMS Rules 157.16(b) and (c) and (d)(1), (4), (14) and (19), a licensed EMS provider may not claim a defense when one or more staff members, acting with or without the consent and knowledge of the license holder, commit(s) multiple violations in this section, or perform(s) contrary to EMS standards while on EMS business for the provider; violating any provision of the H&SC, Chapter 773, and/or TAC Title 25, as well as Federal, State or local laws, rules or regulations affecting the practice of EMS; falsifying any EMS record, patient record, report, or making false or misleading statement, or destroying a patient care report; misappropriating medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity; illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer or distribute controlled substances as defined by the H&SC, Chapter 481 and/or Chapter 483.

Vasquez, Michael P., Temple, TX. 12 months probated suspension of EMT certification through June 12, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Wankowski, Jason D., Mertzon, TX. 12 months probated suspension of EMT certification through March

2, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Warren, Ganesa K., Houston, TX. 12 months probated suspension of EMT certification through February 12, 2002. EMS Rules 157.37(c)(2)(3)(G), ...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

White, Ben, Houston, TX. Letter of warning of the EMT certification effective July 2, 2001. EMS Rules 157.36(b)(13) and (26), misrepresenting level of any certification or licensure; engaging in any conduct that has the potential to jeopardize the health or safety of any person.

* White, Darra, Corpus Christi, Tx. 6 months probated suspension effective August 16, 2001. HSC Chapter 773.041(b)... A person may not practice as any type of emergency medical services personnel unless the person is certified under this chapter and rules adopted under this chapter; EMS Rule 157.36(b)(1), (2), (13) violating any provision of the HSC Chapter 773, and/or Title 25 of the TAC, as well as Federal, State, or local laws, rules or regulations affecting the practice of EMS; any conduct which is in violation of any criminal, civil and/or administrative code or statute; misrepresenting level of any certification or licensure.

* Whitney, Michael, Houston, Tx. Letter of reprimand effective August 29, 2001. EMS Rule 157.36(b)(26) engaging in any conduct that has the potential to jeopardize the health or safety of any person.

Wilganowski, Kevin L., Houston, TX. 12 months probated suspension of EMT-P certification through November 1, 2001. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Windham, Todd L., Orange, TX. 12 months probated suspension of ECA certification through February 5, 2002. EMS Rules 157.37(c)(2)(3)(G)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

Womack, Jason M., Fort Worth, TX. 48 months probated suspension of EMT certification through November 1, 2004. EMS Rules 157.37(c)(2)(3)(G), the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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)...the offenses listed in subparagraph (F)(i)-(viii) of this subsection are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

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), the offenses listed in subparagraph (F)(i)-(viii) are not exclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections.

* 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.

Meetings & Notices

Calendar

November 10-11, 2001. **Advanced Cardiac Life Support Course.** (ACLS). Contact hours for nurses. \$175. Textbook included. For more information call Alvin Community College. 281/756-3807 or 281/756-3787.

November 15 & 16, 2001. **Advanced Trauma Nursing Course.** Scott and White Memorial Hospital. 15.6 Nursing CEs \$150.00. Contact Nan Greeno, 254/724-4797.

November 18-21, 2001. **Texas EMS Conference.** Austin Convention Center. Austin, Texas. Call 512/834-6700 for more information.

December 1-2, 2001. **Pediatric Advanced Life Support.** (PALS). Contact hours for nurses. \$200/included textbook. Pearland College Center. 281/756-3807 or 281/756-3787.

February 26-April 19, 2002. **Phlebotomy Course.** 160 hours. Upon completion eligible for national ASCP certification exam. Alvin Community College. 281/756-3807.

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.

Jobs

Marketer for Ambulance service: Must have experience with private contracts, HMO/PPO and local market. Good salary plus incentives. Fax resume and desired salary to 281/499-6898.+

Paramedic: City of LaPorte EMS is currently accepting applications for certified/licensed paramedics. Min 1 yr exp, possession/ability to obtain ACLS & BTLIS certification. Competitive salary, benefits. Send resume to City of LaPorte Human Resources, 604 Fairmont Pkwy, LaPorte, TX 77571, 281/471-5020, fax 281/470-7650.+

Firefighter/Paramedic: \$2,727/mo. Certified firefighter/paramedic. City of Kerrville pays 70% of family health insurance premium. Send resume to: City of Kerrville, Personnel Dept., 800 Junction Hwy, Kerrville, TX 78028. 830/792-8300 or Fax 830/792-3850.+

Paramedic/EMT: The City of Pilot Point EMS accepting applications for part-time paramedic/EMT. Send resume to: City of Pilot Point Fire Department, Attn: Captain Nortman, PO Box 457, Pilot Point, TX 76258. 940/686-5038 or fax 940/686-2222.+

Paramedic-RN/Flight Paramedic/EMT-Is: Goldstar EMS, 9-1-1 transfer service is currently hiring full-time/part-time positions for the southeast Texas area. Competitive wages, benefits include medical, dental, 401K and paid vacations. Send resume to Goldstar EMS, Human Resources Dept., 4439 Gulfway Drive, Port Arthur, TX 77642, FAX to 409/985-4466, email mike@goldstarems.com or 1-800-300-7827.+

Paramedics: Austin-Travis County has full-time positions. Competitive salaries starting at \$36,000 per year, increasing to \$40,000 after 6 months probation, excellent benefits package and great opportunities for career advancement. For more information call 1-888-448-2367 or go to www.austinems.com+

Paramedics: Full time positions. Municipal 9-1-1 service with no transfers. Competitive wages with outstanding benefits including Texas Municipal Retirement System. Uniforms, safety and rescue equipment provided. All continuing education and recertification fees paid for full-time paramedics. Contact Beaumont Human Services at 409/880-3777 or visit www.cityofbeaumont.com+

EMS Instructor: San Antonio College is searching for a part time continuing education instructor. Must have 3 years of active 9-1-1 service and Texas state certification as an EMS instructor. San Antonio College, Continuing Education, 1300 San Pedro Ave., San Antonio, TX 78212-4299, 210/733-2640, FAX 210/733-2661, email: wgordy@accd.edu+

Paramedics/EMTs/EMT-Is: Sweeney Community Hospital EMS is accepting applications for full time positions. Full benefits, medical/dental insurance. Free CE. 24/48 schedule. Competitive wages. Call 979/548-3311, ext. 164 or check www.sweenyhospital.org+

EMT-I, EMT-P, LPN: Alpha Therapeutic Pharmaceutical Co. is accepting applications to fill our medical staff associate position in McAllen donor center. Bilingual applicants preferred. Contact Barbara Fleming 661/299-9492.*

Paramedic: Llano County EMS is accepting applications. Call Shane Alitzer 915/247-3088.*

Paramedics/EMT-Is/EMTs: Sabine County is now hiring personnel with a min 2 year exp. Competitive salary, benefits. Mail resumes to Sabine County EMS, PO Box 578, Hemphill, TX 75948, attn David Whitmire.*

EMT/EMT-I/EMT-P: Emerald Medical Services is now hiring full/part time for Baytown and Stafford locations. Benefits, flexible scheduling. Call 281/837-8375 fax resume to 281/420-0354.*

EMS Educator: UTHSC-SA is accepting applications for 2 full-time faculty. Requirements include current EMT-P/Instructor cert, 2 years teaching exp, 2 years exp advanced pre-hospital emergency care. Prefer Bachelor degree in education, health sciences, related field. Send resume to Charles Garoni, Dept of EMT, 4201 Medical Drive Ste 250, San Antonio, TX 78229-5631.*

EMS Educator: Medical Center of Plano is hiring a full-time position in medical control for a FD-based EMS system. Responsibilities include classroom, field instruction and QI activities. RN, paramedic with ER/EMS educational and pre-hospital exp. Send resumes to Human Resources, Medical Center of Plano, 3901 W. 15th, Plano, TX 75075, Kala 972/519-1581, fax 972/519-1423.*

Paramedics: Seymour/Baylor Co. EMS is accepting applications. Competitive wages, benefits. Contact M.W. 940/888-3448 or sbcems@wf.quik.com.*

Meetings & Notices

For Sale

For Sale: 2002 FL-50 Freighthouse ambulance with 1999 City of Austin module remounted. 110V/12V combo, AC, \$95,000. Call Bobby Jae Spearman at 903/572-0689, fax 903/572-5113, bjsmvs@aol.com.

For Sale: New and used Type I, III and Critical Care All-Aluminum Rescue ambulances. We do complete remounts and refurbishes, remounts and demos in stock. Contact Art Seely, Rescue Safety Products, 220 West Pkwy, Denton, TX 76201, 800/481-4490, www.rescuesafety.com. +

For Sale: 110V Essential Air Systems installed to keep ambulance climate controlled. Mounted under squad bench, provides both heating and AC. Installing Auragen generators to power when ambulance is in use. Contact Mike Preston, PO Box 885, Denton, TX 76202, 800/969-0911.+

For Sale: Secure Company ID Cards. Specialty cards offer secure, full-color company ID cards printed on plastic. Your design or ours. Contact 956/421-2277, idcards@swbell.net. +

Miscellaneous

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. Contact 877/521-6111, 713/484-5700 or fax 713/484-5777, www.expressbill.qpg.com, www.expressbill@aol.com+

Galveston College: Offers courses in EMT, EMT- I, Paramedic, EMS Research. Contact Chris Nollette, Galveston College, 44015 Avenue Q, Galveston, TX 77550, 409/763-6551 ext 114, cnollette@gc.edu. *

San Antonio Business Services: Professional medical billing and collection services for 16 years. Call Rayleen at 210/696-0028.*

Cowboy Investigations: Pre-employment, discreet investigations for your organi-

zation. Contact Brett Shayler at 817/579-1194 or mail 1407 N. Plaza Dr., Granbury, TX 76048.*

Angelina College Fire Academy/Lufkin: Conducts basic recruit fire academies, fire and arson investigator, fire inspector certification and others. Contact 936/633-5362. *

EMCert: Provides online CE for EMS professionals. Individual, group subscriptions, customized features. Call 877/EMS-HERO, www.emcert.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 is 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, mail CE Solutions, PO Box 594, Pearsall, TX 7806. *

Looking for CE? Call Master Train at 210/ 832-0422 to inquire about schedules for CPR training, EMT CE, ACLS, and others. *

Texas EMS Consulting Service: Evaluation of EMS/site review, advanced medical life support, QA/QI services, prep class for TDH paramedic exam. Extensive mgmt exp as FD lieutenant/EMS director. Call Max Smith, LP, pager with voice mail, 254/ 918-9033, texasems@hotmail.com, www.maxpages.com/emsservices. *

On-line CE: Specializing in EMS, real estate, social work and hazmat (safety). www.universityofthenet.com or call 214/293-7193.*

Provider Billing Service: Electronic claims submission and collection experience. Ambulance billing electronically. Call 817/279-7386 or fax 817/279-9658.*

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.

DriveCam Digital Video Systems, a tool to insure safe driving. DriveCam continuously monitors audio, visual and G-force inside the vehicle. Craig Gray, 713/761-7569, www.drivecam.com.*

Training: EMT*S offers ECA-paramedic programs, CPR, basic first aid, and all levels of hazmat. Provide CE hours at no charge for Texas and national recertification. Contact W. Younger at 915/ 855-0083.*

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*

Providers Billing Service: Electronic claims submission and collection. Local or long distance we handle all claims in the Texas area. Call 817/910-2283 or 817/910-2197 ask for Mascha or fax 817/910-2198.*

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.+

+ This listing is new to this issue.

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

Placing an ad? Moving? Renewing your subscription?

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

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

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

Fax items for this section to 512/834-6736

There is not a charge to run items in the calendar.



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