



Don't make 'em like they used to?

Do you think the old cars – let's say from the 1950s – are tanks that would roll over any new car? Think again. The Insurance Institute for Highway Safety recently conducted a crash test between a 2009 Chevrolet Malibu and a 1959 Chevrolet Bel Air and the results are fascinating. Safety engineering has come a long way in the last 50 years. Go to www.YouTube.com and search for "Bel Air Malibu crash."

New site features food safety info

The federal government has unveiled a new website designed to help consumers get the latest information on food safety and food recalls in one place. The website includes information from several agencies that deal with critical food and food safety information and includes tips about how to handle food safely and alerts on food recalls. Consumers can sign up in one place to receive alerts on recalled or potentially unsafe food and hear from the top scientific experts across the government on food safety. Go to www.foodsafety.gov to get more information.



On Duty

Trauma funds distributed at end of year

The Office of EMS/Trauma Systems announced fund distributions in August from the Designated Trauma Facility/EMS Account (3588 monies) and Regional Trauma Account ("red light cameras" monies). The distributions fund a portion of uncompensated trauma care provided at eligible hospitals. This is the second disbursement from 3588 monies for the fiscal year, and it came from funds accumulated after the first disbursement in May. Disbursement of the Regional Trauma Account happened as a result of HB 4586, the 2009 supplemental appropriation bill, which authorized the account to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities located within the trauma service areas where the red light cameras are located.



August 31 disbursements:

- \$23,078,602 from the Designated Trauma Facility and Emergency Medical Services (DTF/EMS) Account (3588 monies) was distributed to 250 eligible hospitals. The grand total distributed to eligible hospitals since the inception of this funding source is \$309,552,685.
- \$9,192,322 from the Regional Trauma Account ('red light camera' monies) was distributed to 128 eligible hospitals. The grand total distributed to eligible hospitals since the inception of this funding source is \$9,192,322.

The funding formula and each facility's disbursement is on the website at www.dshs.state.tx.us/emstraumasystems. Look under News/Features.

EMTALA options for pandemic

If you're wondering how a pandemic would affect hospitals, you're not alone. The Centers for Medicaid/Medicare Services (CMS) has been fielding questions for months about EMTALA requirements during an outbreak. CMS has developed a new fact sheet that clarifies options that are permissible under EMTALA during an unusual circumstance such as a flu pandemic. The National Association of State EMS Officials has developed key points to help EMS practitioners understand this important issue. For information, go to the NASEMSO website at www.nasemso.org and scroll down under "EMS News and Resources."



Traffic, poisoning lead death causes

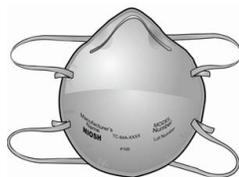
No surprise that traffic deaths were the leading cause of injury deaths in 2005-2006 in the United States among people under 31 years old and older than 58. A bit more surprising is that poisoning death rates were higher than motor-vehicle traffic death rates among adults aged 34 to 56 years. Of the poisoning deaths, 92 percent of poisoning deaths involved drugs. As if to illustrate the fact,



the Substance Abuse and Mental Health Services Administration (SAMHSA) recently put out an alert that substantial amounts of cocaine (including crack cocaine) may be adulterated with levamisole – a veterinary anti-parasitic drug. There have been approximately 20 confirmed or probable cases of agranulocytosis (a serious, sometimes fatal blood disorder), including two deaths, associated with cocaine adulterated with levamisole. Call the Poison Control Centers (1-800-222-1222) to report suspected adulterated cocaine reactions and for assistance in clinical management. For more information, including symptoms, of agranulocytosis, go to www.samhsa.gov. The National Vital Statistics System mortality data on causes of death is available at www.cdc.gov/nchs/deaths.htm.

NIOSH science blog focuses on respiratory protection

The 9/11 attack on the World Trade Center showed how vulnerable emergency responders could be in responding to terror attacks if they did not have the right personal protective equipment. Since then, the National Institute for Occupational Safety and Health (NIOSH) partnered with its stakeholders and RAND, a nonprofit research firm, to assess personal protective gear, including respiratory protection, in which advancements to protect responders were needed. Findings and recommendations from that assessment are published in four NIOSH/RAND reports featured on the NIOSH blog site: www.cdc.gov/niosh/blog/nsb090909_respirator.html.



CDC offers exercise guidance for adults



You've heard it all before: The stronger your muscles, the better off you'll be as you age. Don't know where to start? The Centers for Disease Control and Prevention can help. The CDC has published a 126-page book, *Growing Stronger: Strength Training for Older Adults*, that can help older adults figure out how to get started on a strength training program. Generally, the activities you choose should work all the major muscle groups of your body (legs, hips, back, chest, abdomen, shoulders, and arms). According to the *2008 Physical Activity Guidelines for Americans*, adults gain substantial health benefits from two hours and 30 minutes (150 minutes) a week of moderate-intensity aerobic activity (i.e., brisk walking), in combination with muscle-strengthening activities on two or more days a week that work all seven major muscle groups. To find the publication, go to www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/growing_stronger.pdf.

EMS/Trauma Registry reminder

The deadline for submitting your data to the Texas EMS/Trauma Registry is March 31, 2010. To confirm that your data has been received and accepted, check your submission status by going to the online EMS/Trauma Registry System at www.txetra.com, log in, select Report Period 2009, scroll down to the Breakdown by Month, and confirm the number of accepted records.

Contact the Texas EMS/Trauma Registry for assistance at (800) 242-3562.

On
Duty

TEEX offers grants

The Texas Engineering Extension Service (TEEX), in conjunction with the Texas Department of Transportation, has training grants available with the goal of improving prehospital and emergency response in rural and frontier areas. This grant program can help with initial EMS training, refresher training, continuing education and instructor training. Eligible courses include initial training for ECA/first responder, EMT and EMT-I; refresher courses for ECA, EMT, EMT-I and EMT-P; continuing education (PHTLS/ITLS, Pedi PHTLS, EVOG and EMD); and training for PHTLS/ITLS instructor and EMS instructor. Best of all, the instructors come to the students — minimizing time away from the station and keeping responders in their communities. Funding for the program is provided by the TxDOT Traffic Safety Division. For more information about the grants, go to www.teex.org/ems and scroll down to “Rural/Frontier EMS Funding,” or contact Pam West at pam.west@teexmail.tamu.edu or (979) 845-2906.

THREE RECALLS AFFECT EQUIPMENT



Check your equipment—recalls may affect equipment used by EMS providers. The Food and Drug Administration has recalled LIFEPAK CR Plus Automated External Defibrillators (AED). This Class I recall affects AEDs manufactured and distributed from July 9, 2008, through August 19, 2008. An extremely humid environment may cause the recalled devices to improperly analyze the heart rhythm and may cause the device to delay or fail to deliver therapy.

Philips announced a voluntary recall of approximately 5,400 HeartStart FR2+ automated external defibrillators (AEDs). This recall is being conducted due to the possibility of a memory chip failure that may render the device inoperable. Only certain HeartStart FR2+ AEDs (models M3860A and M3861A, distributed by Philips; and models M3840A and M3841A, distributed by Laerdal Medical) manufactured between May 2007 and January 2008 are included in the voluntary recall.

There is also a nationwide voluntary recall of Portex Uncuffed Pediatric-Sized Tracheal Tubes (sizes 2.5, 3.0 and 3.5 mm). A small number of tubes were manufactured with internal diameters slightly smaller than indicated on the labeling, which may cause the clinician to experience difficulty passing through or withdrawing the suction catheter. The health consequences include the inability to remove secretions from the device and from the patient’s airway, resulting in partial or complete obstruction of the airway and an inability to ventilate the patient. In addition, this defect may increase airway resistance and compromise the ability to ventilate the patient. There is a reasonable probability of serious injury and/or death. For more information on any recalled products, go to www.fda.gov/Safety/MedWatch/SafetyInformation.

National Registry rep list updated

The list of National Registry representatives who can administer skills exams in Texas was recently updated on the DSHS website. Go to www.dshs.state.tx.us/emstraumasystems/NatIRegReps.shtm for names and contact information.



GETAC meets November 21-23

Grants available for ECA training

Are you in a rural area that needs to beef up your EMS roster? DSHS has a total of \$50,000 in this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, and other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for grants are a minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; and services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or roxanne.cuellar@dshs.state.tx.us.

Recently awarded grants:

Princeton Volunteer Fire Department

RAC E/Collin County

Archer City Ambulance Service

RAC C/Archer County

Wills Point Fire Department

RAC G/Van Zandt County

Rules review schedule posted

Wondering when a rule might be changed? State agencies are required to review rules every four years. The Office of EMS/Trauma Systems has posted the tentative schedule of when rules will be opened and shepherded through the many steps it takes for a rule to become final. Of course, any legislative changes mean a rule will move to the top of the schedule so it will reflect the new law. We will update this list as it changes, so keep the website bookmarked: www.dshs.state.tx.us/emstraumasystems/RuleReviewSchedule.xls.



Texas lands brain injury grant

Health and Human Services Office of Acquired Brain Injury has been awarded a \$1 million federal grant to identify and help children in the juvenile justice system who have undiagnosed brain injuries. HHSC will be working with the Texas Juvenile Probation Commission, the Texas Youth Commission and an expert on brain injury screenings. Plans call for as many as 12,000 children to be screened for brain injuries during the four years of the grant. Screenings of children entering the Texas juvenile justice system are scheduled to begin in 2010.



Fingerprints for initial apps start in January

You may have heard this before, but it's a big change so we're telling you again: Beginning January 1, 2010, initial applicants will be required to undergo an FBI fingerprint criminal history check. L-1 Identity Solutions (www.L1id.com) is the contracted provider for the federal background checks. The FAST Pass form from L1 Identity Solutions will be attached to the initial application. Any fees associated with the process will be the applicant's responsibility. Please note, this new step will increase application processing time. Fingerprint checks for reciprocity and renewal candidates have been in place for some time.



On Duty

Stroke designation underway

DSHS began the stroke designation process for hospitals on October 1, and by October 2 the first application had arrived at the offices. A little background: In 2005, the 79th Legislature passed Senate Bill 330, which mandated development of an emergency treatment system in the state so that stroke victims may be quickly identified, transported and treated in appropriate stroke treatment facilities. DSHS was given the authority to designate stroke centers in the state of Texas. The rule implementing this authority went into effect August 30, 2009. Information about stroke facility designation, including the stroke facility designation rule and the application for stroke facility designation, is available on the DSHS website (www.dshs.state.tx.us/emstraumasystems/strokedesignation.shtm).

If you have questions regarding this process, please contact Emily Parsons at (512) 834-6794 or emily.parsons@dshs.state.tx.us.



Be prepared for flu

As this magazine goes to press, the H1N1 hasn't hit full stride – and maybe it won't. After all, we have dodged hurricanes so far this year. However, it never hurts to be prepared. Below is a



list of online flu resources. Check them frequently for updates. And DSHS is asking EMS providers to consider assisting their local health departments by volunteering paramedics to work in vaccination clinics in your area. Paramedics can be an invaluable asset during a mass vaccination if extra personnel are needed. Contact your local health department offices to find out how EMS can help. And the federal Agency for Healthcare Research and Quality recently put a good reference online, *Mass Medical Care with Scarce Resources*. The 70-page booklet can help community planners prepare for public health emergencies, such as pandemic flu, when demand for medical resources outstrips supply. The guide includes information on ethical and legal issues, and on the provision of services to address prehospital, acute hospital care, alternative care sites, and palliative care during a public health emergency. The prehospital chapter contains information for planners and approaches to allocating scarce resources. The website is at www.ahrq.gov/prep/mmcessentials/mcc4.htm.

H1N1 Resources

DSHS – the latest info for Texas

www.texasflu.org

Centers for Disease Control and Prevention

www.flu.gov

Centers for Disease Control and Prevention

www.cdc.gov/h1n1flu

Interim guidance for cleaning EMS transport vehicles during flu pandemic

www.pandemicflu.gov/plan/healthcare/cleaning_ems.html

Interim recommendation for face mask and respirator use

www.cdc.gov/h1n1flu/masks.htm

Weekly flu activity updates from CDC

www.cdc.gov/h1n1flu/update.htm