



News affecting you

EMTs

Paramedics

EMS Providers / EMS Medical Directors

First Responders

Regional Advisory Councils (RAC)

Trauma Hospitals

GETAC

Grants / Funding

Stroke Hospitals

Designation Programs

NREMT

public, government & community leaders

NAEMSO

etc...

Summer 2016

Vol. 3 No. 3

Brain Injury – The Invisible Epidemic - You Can Help!

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Brain injury is one of the most commonly occurring yet least talked about public health issues in Texas. Because the signs and symptoms are often not easily or immediately recognized – like with a broken leg, for example – brain injury is referred to as an invisible epidemic. The Office of Acquired Brain Injury (OABI) is a unique and extraordinary resource created by the Health and Human Services Commission to be the premier resource in Texas for providing education, awareness, prevention and service referral in regards to brain injury.



The office has a wide array of free materials available to help you understand brain injury, raise awareness, and find the resources you need.

For example, OABI has created a wallet sized handout packed with information about concussions and other brain injuries. Since symptoms of a brain injury may not show up for days, weeks, or even months after an injury this convenient handout is perfect for EMS providers to give people when called to scenes where someone may have suffered a brain injury. You can order FREE copies by emailing OABI@hhsc.state.tx.us.

As a result of the passage of HB 1338 in 2015, which mandates that peace officers and first responders learn about brain injury, OABI worked with the Texas Commission on Law Enforcement (TCOLE) to develop training to address this mandate. Subsequently, OABI has been providing training throughout the state and will work with you to customize this training to meet your group's needs. Just call us at 512-706-7191.

You can also learn more about brain injury by going to the OABI website www.hhsc.state.tx.us/hhsc_projects/abj/brain-maze.shtml and watching "Navigating the Brain Maze" - a series of short (< 5 minutes) videos which survivors, family members, caregivers and providers say is an outstanding overview of brain injury care and recovery, funding and insurance, and much more.

This is just a very small sampling of what OABI has to offer. Visit our website www.hhsc.state.tx.us/hhsc_projects/abj/index.shtml for more information or call Linda Jones, Public Health and Prevention Specialist, at 512-706-4910.



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The Code Green Campaign

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BRAIN INJURY

THE INVISIBLE EPIDEMIC

KNOW THE FACTS

Each year over **2.2 MILLION** people sustain a traumatic brain injury in the United States.

OVER **144,000** in Texas

TRAUMATIC BRAIN INJURY IS MORE COMMON THAN...
 THE NUMBER OF PEOPLE DIAGNOSED WITH ALZHEIMER'S, BREAST CANCER, PROSTATE CANCER, LUNG CANCER, HIV/AIDS, AND ALS COMBINED!

Traumatic Brain Injury (TBI) is the **LEADING CAUSE OF DEATH & DISABILITY** in children and adults from ages **1 to 44**.

According to the CDC, brain injury will be the **BIGGEST** public health problem in the U.S. by 2020.

A **CONCUSSION** IS A FORM OF TRAUMATIC BRAIN INJURY.

KNOW THE EFFECTS

The severity of a TBI may range from "mild" to "severe", and can cause a wide range of short- or long-term changes. Examples include:

THINKING

- Memory problems
- Confusion
- Trouble concentrating
- Reasoning problems
- Difficulty thinking clearly

PHYSICAL

- Speech and mobility problems
- Vision, hearing, and other sensory impairments
- Headache or dizziness
- Fatigue

EMOTIONAL

- Depression and anxiety
- Personality changes
- Impulsivity
- Aggression

THE ONLY ANSWER IS PREVENTION

The leading causes of TBI are falls, blunt trauma and motor vehicle crashes.

TO PREVENT A TBI:

- Wear a seat belt when riding in a motor vehicle
- Buckle your child in the car using an appropriate child safety seat
- Wear a helmet when riding a bike or motorcycle, playing contact sports, riding a horse, skiing or snowboarding, etc.
- Make living areas safer for seniors
- Make living areas safer for children

Contact a health care professional if you suspect you or someone you know has a brain injury.

TAKE BRAIN INJURIES SERIOUSLY!

To learn more, contact the Office of Acquired Brain Injury at OABI@hhsc.state.us or 512-706-7191

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News from the web

Summer Safety Edition



Don't give Zika a biting chance

The Texas Department of State Health Services has released a new campaign featuring public service announcements and online and outdoor ads reminding people they should prevent Zika by removing standing water, keeping mosquitoes out of their homes and preventing mosquito bites. You can find fact sheets, push cards, posters, PSAs and more at www.texaszika.org/materials.htm.



Summer driving tips

National Highway Traffic Safety Administration (NHTSA) has recently released "Cool Tips for a Safe Summer Trip", focusing on prevention and planning. Their interactive guide can be found at www.safercar.gov/summerdrivingtips.



Watch kids around water

The Texas Department of Family and Protective Services 'Help for Parents. Hope for Kids' campaign now includes indoor and outdoor water safety information and help Texas kids stay safe this summer. Watch the water safety video and get other tips at www.helpandhope.org/Water_Safety/default.asp.

Make summer safe for kids

The Centers for Disease Control and Prevention (CDC) provides tips and resources to learn ways to keep your kids safe and healthy while they enjoy the summer fun. Visit www.cdc.gov/family/kids/summer/ for details.



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Breaking the ice with your kids on disaster planning

A cute new PSA from Save the Children and 20th Century Fox can help parents break the ice on disaster planning. The video can be found at <https://SavetheChildren.org/ICE>.



No parent wants to scare their kids by talking about disaster. But including kids in emergency planning is essential to keeping them safe.

On June 15, Save the Children and 20th Century Fox are releasing a fun new ICE card PSA. It features the adorable herd from the upcoming animated movie, *Ice Age: Collision Course*.

Here are tips on using the PSA from Save the Children, the leading national organization for child-focused emergency readiness and relief:

5 Ways Parents and Kids Can Get Prepared Together:

Break the ICE: watch the PSA and ask your child what they think the message is.

Talk about Why: Talk about the top disaster risks in your area, and explain that it's important to have a plan to reunite quickly during emergencies. Letting children know you're planning ahead to keep them safe helps them feel safe – both before and during an emergency.

Talk about Who: Each child should have three emergency contacts that any camp counselor, teacher or caregiver can reach out to. Since local power and phone service can be disrupted during emergencies, it's important to have one out-of-town contact as well. Practice learning these numbers with your child.

Make the ICE cards together: Enter the three contacts along with your child's medical info at <https://SavetheChildren.org/ICE>, upload a photo and print out your cards at home.

Keep them within arm's reach: You'll get two copies of your child's card. Discuss the bag, wallet or other place where you each will keep yours so it will always be nearby.

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Proposed EMS Rules

The next step for the proposed EMS rules is publication of the rules in the Texas Register for the comment period. The proposed rules should be published in the Texas Register for the comment period any day, so please be on the lookout for these rules. Written comments can be forwarded during this period to Joseph W. Schmider at Joseph.Schmider@DSHS.State.Tx.Us or to the Office of EMS/Trauma System Coordination, P.O.Box 149347, MC 1876, Austin Texas, 78714.

EMS Rules - Adjusting to change

Chuck Rowe LP, A.A.S.

Over the past two years rules affecting EMS providers have been reviewed and revised with stakeholder input. These rules are currently in the process of being finalized for adoption. While many of the rules have remained the same, some rules have been revised simply to update the language, without changing the intent or meaning of the rule. Other rules have included significant content changes. This undertaking was initiated in an effort to improve the delivery of EMS and to be more responsive to the needs of the citizens and visitors of Texas. These rules apply to all levels of providers, from single unit general transport providers to large metropolitan emergency services.

As an EMS provider, the responsibility to ensure your organization adjusts to these changes falls primarily on the administrator of record with assistance from the medical director. Once the rules have been published, please take the time to familiarize yourself with these rules. After all, these are the minimum standards that DSHS will use to determine your compliance. Please take the time to review your existing policies, procedures, protocols, etc., to ensure proper alignment with these updated rules and make changes as necessary.

As you review the proposed rules, please feel free to contact the department to ask questions. EMS Compliance staff are available across the state and they are ready to assist you. Our goal is to make your organization successful. Do not wait until the time of inspection or survey to find out you are not in compliance with current rules. Local regional office specialists are an excellent compliance resource, as is the State EMS Director. Do not be afraid to contact our staff for assistance.



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Renewing your EMS license or certification? You have options

Texas EMS personnel have four options for recertification:

1. Current NREMT certification at the equivalent level.
2. Exam.
3. Continuing Education.
4. Recertification course.



Have you heard of NCCP?

The National Continuing Competency Program, or NCCP, is a new recertification model introduced by the National Registry of EMT's (NREMT) in 2012. The new model streamlines the recertification process into three categories of continuing education: **National, Local and Individual**. Benefits of the new model include: reduced hour requirements; an increase in the amount of distributive education that can be used towards your recertification; and an increase in control over education for recertification at the state or local level.

How does this affect your Texas EMS license or certification?

No Extra Work, if you are one of the 35,000 EMS personnel maintaining your national registry certification in Texas, on the DSHS renewal application choose the NREMT recertification option and provide your NREMT license number. There is no need to do additional hours or translate your CE hours into Texas categories.

Those of you participating in the NCCP recertification model rest easy, at this time all of your local content for recertification may be directed by your local EMS agency and medical director. The state has not mandated any specific courses.

For more information about NCCP visit the NREMT website at: <http://www.nremt.org>.

Where do I find it?

Neonatal designation information

<http://dshs.texas.gov/emstraumasystems/neonatal.aspx>

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Question:

Is there an approved amount of time a patient stay in the ambulance waiting for approval to allow the patient to be brought into the hospital?

Answer:

A patient waiting in an ambulance for a protracted period of time would be seen under the EMTALA regulations as a delay in assessment and treatment, and if found would be cited as a violation against the hospital with the possibility of a disciplinary activity under the Conditions of Participation for Medicare. Continued violations of this nature or a large number of such violations found may result in termination of the Medicare agreement.

"Patient Parking" Violates EMTALA

The practice of "patient parking" in the emergency department (preventing EMS from transferring patients from an ambulance stretcher to a hospital bed or gurney) for extended periods of time has been cited by the Centers for Medicare and Medicaid (CMS) as a violation of the Emergency Medical Treatment and Labor Act (EMTALA). According to CMS, "A hospital has an EMTALA obligation as soon as a patient 'presents' at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition." Additionally, CMS has indicated this practice may also result in a violation of 42 CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice. CMS documentation of their opinion, EMTALA- "Parking" of Emergency Medical Service Patients in Hospitals, is available in a letter to State Survey Agency Directors.

For more information... <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter06-21.pdf>.



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It's all about the P-A-T-I-E-N-T!



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So why do I have to leave a report when I drop off a patient?

The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO) believe that clearly defined processes for the face-to-face communication of key information from emergency medical services (EMS) providers to health care providers in an emergency department (ED) are critical to **improving patient safety**, reducing legal risk, and integrating EMS with the health care system. It is critical that patient information is exchanged verbally during the transfer of care, but verbal information alone may lead to inaccurate and incomplete documentation of information and inadequate availability of information to subsequent treating providers (in both the ED and inpatient units) who are not present at the time of verbal communication.

In addition to a verbal report from EMS providers, the minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. This provides physicians and other health care providers who deliver subsequent care for the patient to receive this information more accurately and avoid potential errors inherent with second-hand information. The minimum key information reported at the time of hand-off must include information that is required for optimal care of the patient.

Texas Administrative Code 157.11 (9) *assuring that patient care reports are provided to emergency facilities receiving the patients:*

- (A) *the report shall be accurate, complete and clearly written or computer generated;*
- (B) *the report shall document, at a minimum, the patient's name, condition upon arrival at the scene; the pre-hospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff;*
- (C) *whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered; and/or*
- (D) *if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient.*

All members of the health care team, including EMS providers, nurses, and physicians, must communicate with mutual respect for each other and respect the verbal and written communication from EMS as an important part of the patient's history. During the transfer of patient care, the receiving health care providers should have an opportunity to ask questions to clarify information that is exchanged. By following this simple process, together we can ensure a safe transfer of the patients from EMS to hospital staff.

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TEXAS EMS AWARDS

**SUBMIT NOMINATIONS BY
SEPTEMBER 30**
[CLICK HERE FOR DETAILS](#)

Let us know what makes your nominee really stand out as the best in Texas. Winners will be announced at the Texas EMS Conference Awards Luncheon

Award Categories

- Citizen
- EMS Educator
- Trauma Center
- First Responder
- EMS Administrator
- Volunteer Provider
- Air Medical Service
- EMS Medical Director
- Private/Public Provider
- Regional Advisory Council
- Telecommunicator of the Year
- Outstanding EMS Person of the Year
- Public Information/Injury Prevention

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External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services. These sites may also not be accessible to persons with disabilities.



NEWS FROM THE WEB

FEATURED ARTICLES

Governor Abbott Appoints Six To GETAC Council

The Code Green Campaign has been at the forefront of highlighting the growing awareness of mental health issues, substance abuse and suicide among first responders. www.codegreencampaign.org

First responders Paramedics' risk of being assaulted far exceeds risk to firefighting colleagues. http://drexel.edu/dornsife/news/latest-news/2016/January/EMT_Violence_Study/

Communication Revolution. http://www.firstnet.gov/newsroom/blog/communication-revolution

Additional Reading

The Autism Society of Central Texas releases free training video for first responders. http://www.austinautismsociety.org/first-responder-autism-training-video/

Austin Trauma & Critical Care Conference June 1-3, 2016: https://www.seton.net/austin-trauma-and-critical-care-conference/

Homes for Texas Heroes Home Loan Program: www.tsahc.org/homeownership/loans-down-payment-assistance

The program, spearheaded by the Texas legislature, provides a 30-year fixed rate home loan to Texas EMS personnel, firefighters, peace officers and others. In addition, this program offers down payment and closing cost assistance of up to 5% of the mortgage loan amount, in the form of a grant.

Bulletin of the American College of Surgeons: http://bulletin.facs.org/ The Bulletin of the American College of Surgeons is published monthly by the American College of Surgeons.

Washington Update: http://www.nasemso.org/NewsAndPublications/TheWashingtonUpdate/ The Washington Update is produced bi-monthly by the National Association of State EMS Officials in cooperation with NHTSA OEMS, with funds also provided by HHS EMSC.

EMSC Program News: http://www.childrensnational.org/emsc/currentnews/programnews/ Ensuring that all children receive appropriate care in a health care emergency.

NACo County News: http://www.naco.org/newsroom/countynews/Current%20Issue/1-13-14/Pages/default.aspx The voice of American counties.

The Pony Express: https://www.bcm.edu/departments/pediatrics/texasemsc/?pmid=15790 Official Newsletter of the EMSC State Partnership, Texas.

Integrated Healthcare Delivery: http://ihdelivery.com/ Integrated Healthcare Delivery focuses on improving the patient experience of care through inter-professional collaborations.

Questions, comments or suggestions about Texas EMS Trauma News? Contact us at EMSTraumaNews@dshs.state.tx.us.

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