

Office of EMS Trauma Systems
Texas Department of State Health Services
dshs.texas.gov/dshs-ems-trauma-systems

INSIDE THIS ISSUE:

2024 NREMT Pass Rates Dashboard Available

New tool presents an interactive platform to view national, state, and Texas EMS education program pass rate percentages.

From this Side

EMS/Trauma Systems leadership team and staff share their experiences and perspectives to spark conversation on issues important to the EMS and trauma system in Texas.

Updates

The Office of EMS/Trauma Systems provides the latest regulatory changes, important programmatic data, and relevant funding information to keep you informed.

News and Links

Access current news, initiatives, and publications from national EMS and public health organizations, as well as links to GETAC, rules, and enforcement actions.

Heroes Helpline Marks Five Year Anniversary

The Heroes Helpline celebrated a 5-year milestone in April.

Naloxone Locator Map

Texas Overdose Data to Action (TODA) is pleased to announce the completion of the Naloxone Locator Map.

Transporting a Minor Without the Parent Present

Legal considerations for EMS.

FROM THIS SIDE

Insight • Inspiration • Ideas



May Awareness Celebrations

As we approach EMS Week 2025, observed from May 18–24, I extend my deepest gratitude to the dedicated emergency medical services professionals across Texas. This year's theme, "*EMS Week: We Care. For Everyone.*," encapsulates the unwavering commitment of our EMS teams to serve every individual in need, regardless of circumstance.

EMS a vital component of our healthcare system, providing lifesaving care 24/7. Your specialized training, continuing education, and dedication dramatically improve the survival and recovery rates of those experiencing sudden illness or injury. In Texas, we've recognized this by investing in EMS scholarships, attracting and retaining personnel, especially in our remote rural and underserved areas.

Thank you for your devoted service and the positive impact you make in our communities. Stay safe, and thank you for all you do for Texas.

Throughout [EMS Week](#), each day focuses on a specific aspect of EMS practice:



- **Sunday:** Health, Wellness, and Resilience Day
- **Monday:** Education Day
- **Tuesday:** EMS Safety Day
- **Wednesday:** [EMS for Children Day](#)
- **Thursday:** Save-A-Life Day (CPR & [Stop the Bleed](#))
- **Friday:** EMS Recognition Day
- **Saturday:** EMS Remembrance Day

The Texas Department of State Health Services (DSHS) invites all Texans to join in celebrating all May Healthcare Awareness events:

- National Trauma Awareness Month
- Stroke Awareness Month
- Stop the Bleed Month
- National Nurses Week: May 6-12
- National EMS Week: May 18-24

Go to [next page](#) for details.



Sabrina Lee Richardson,
Paramedic, DSHS Information
Specialist EMS Trauma Systems
Section

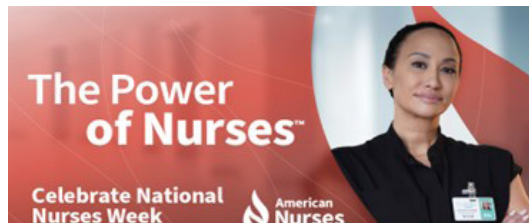
May Awareness Celebrations cont...

These observances provide an opportunity to honor the vital contributions of our healthcare professionals and the essential services they provide as well as to educating the public about lifesaving training in their communities.

Nurses Week is May 6 - 12, 2025

Theme: The Power of Nurses

This year's theme highlights the profound impact nurses have on patient care and the healthcare system as a whole. It acknowledges their unwavering commitment, resilience, and the challenges they face daily in delivering compassionate care.



[Get more information.](#)



Trauma Awareness Month

Theme: Model Safety Every Day: For A Stronger Tomorrow

This year's theme underscores the importance of daily safety practices in preventing injuries and fostering healthier communities.

[Get more information.](#)

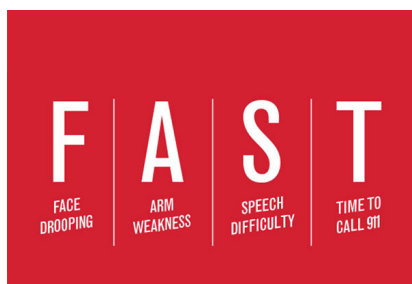
STOP THE BLEED®

Theme: Trainathon and STOP THE BLEED® Month

The Trainathon is a month-long call to action for the public to take an approved STOP THE BLEED® training course during May 2025, National STOP THE BLEED® Month.



[Get more information.](#)



Stroke Awareness Month

Theme:

National Stroke Awareness Month promotes awareness of its warning signs and the importance of timely medical intervention. The American Heart Association and the American Stroke Association, along with healthcare providers and various organizations, collaborate to increase stroke awareness and encourage proactive health management. [#strokemonth.](#)

[Get more information.](#)



"Education is the foundation of the EMS system to ensure that we have the skills and knowledge to treat our patients."

Joe Schmider, State EMS Director

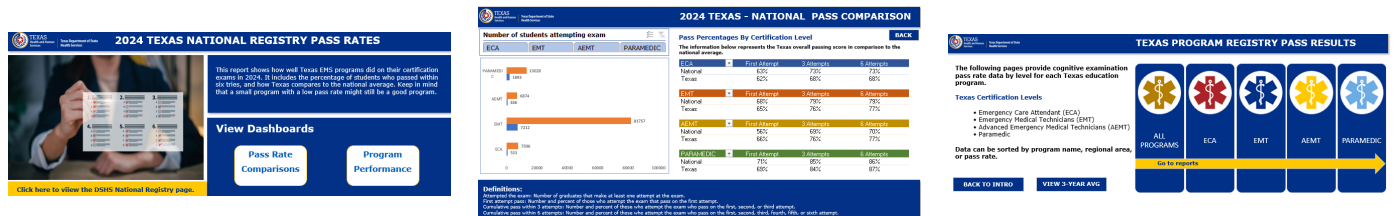
Ensuring the readiness of Texas's emergency medical workforce hinges on the rigorous standards of the National Registry of Emergency Medical Technicians (NREMT) exam. To provide a clearer understanding of success rates in achieving this crucial certification, a new national registry pass/fail dashboard has been created specifically for [Texas EMS education programs](#).

This [new tool](#) provides insight into the success rates of aspiring Texas ECAs, EMTs, AEMTs, and Paramedics. It presents an interactive platform to view national and state pass rate percentages alongside detailed performance metrics for each individual program.

Key Components of the Texas EMS National Registry Pass/Fail Dashboard

View overall national and state pass rates for each EMS certification level (ECA, EMT, AEMT, and Paramedic) along with Texas education programs' cumulative third attempt pass rates:

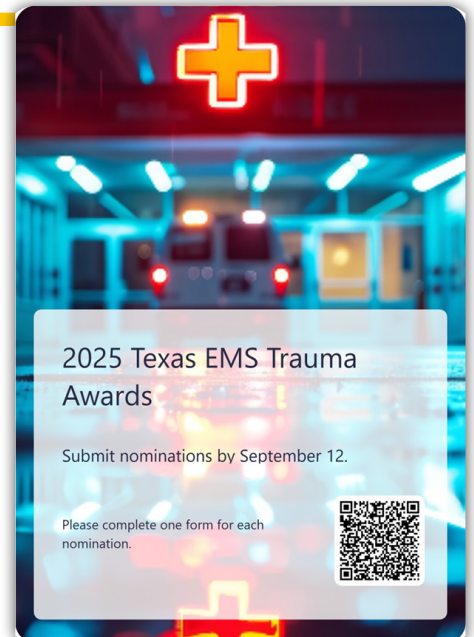
- State averages
- All programs
- Three-year average viewSort and filter data by program name, regional area or, pass rate.



Benefits of the Dashboard

The dashboard looks to foster accountability, drive program improvement, and ultimately contribute to a more skilled and prepared EMS workforce serving the citizens of Texas.

- **Program Improvement:** Allows education programs to identify areas where their curriculum or teaching methods might need adjustments to improve student success rates on the NREMT exam.
- **Accountability and Transparency:** Provides a clear overview of program effectiveness for stakeholders.
- **State-Level Analysis:** Enables DSHS to monitor the overall quality of EMS education in Texas and identify any systemic issues that might need to be addressed.





Heroes Helpline celebrates 5-year milestone

The Heroes Helpline celebrated a 5-year milestone in April. Below is a snapshot of the first responders, hospital personnel, and law enforcement who have utilized the Heroes Helpline and entered treatment. Additional data indicates the number of personnel who have completed the CE opportunities available through the Heroes First Responder Education Program.

To date, a total of 510 personnel have called the Heroes Helpline, and 122 have entered into some form of treatment (counseling/therapy, support groups, peer recovery support services, or inpatient); 4,502 first responders and healthcare personnel have taken advantage of the free CE offered through this program. We are grateful for our partnership with UT Health and the opportunity to provide these services to our valued first responders and healthcare partners over the past five years and into the future.

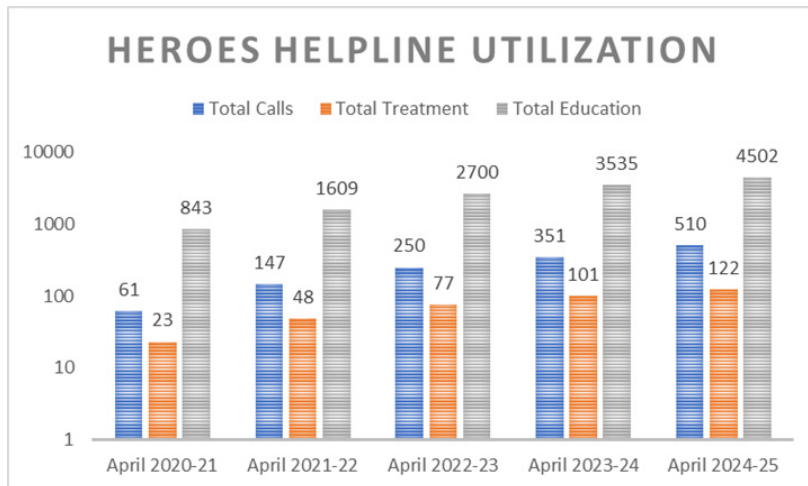


Figure 1: Total number of calls to the Heroes Helpline, the number of callers who entered some form of treatment, and completed CE opportunities. The totals are cumulative and demonstrated at yearly data points.

Live Support & Referral

Anyone in emotional distress or suicidal crisis can call or text the [Suicide & Crisis Lifeline](#) at 9-8-8, the mental health version of 9-1-1. It is free, confidential, and available 24/7.

Remember that the Heroes Helpline (1-833-EMS-IN-TX) is also available 24/7. It is specifically for Texas' first responders and hospital personnel. The Helpline provides a "FREE, entirely confidential, telephone support and referral service that affords first responders and healthcare workers the opportunity to seek treatment without fear of judgment, stigma, or occupational threats."

The first responder and health care workforce are at greater risk of mental health issues such as anxiety, depression, and compassion fatigue due to the physical and emotional toll of acute and chronic stress.

Fortunately, there is growing awareness and support through various initiatives for the emergency and hospital personnel who work hard to take care of Texans daily.

Continuing Education

The [Heroes First Responder Education Program](#) through UT Health offers free one-hour, self-paced CE courses for first responders and health care workers. This campaign is a research-based educational opportunity that covers mental wellness concerns and substance use disorders in the first responder and health care communities. Visit their [online catalog](#) to view all available courses.

Reading Resources

In addition to the learning opportunities above, the following is a list of resources to support the mental wellness of health care workers.

- [Protecting the Well-being of the Nation's Health Workforce](#) (CDC)
- [How Right Now](#) (CDC)
- [Understanding and Preventing Burnout among Public Health Workers](#) (CDC)
- [Health Worker Mental Health Initiative](#) (CDC)



Naloxone Locator Map

Texas Overdose Data to Action (TODA) is pleased to announce the completion of the Naloxone Locator Map.

Governor Greg Abbott announced the launch of an [online interactive map](#) by the Texas Department of State Health Services (DSHS) that pinpoints where Texans can acquire for free or purchase life-saving naloxone (NARCAN) as part of the statewide "One Pill Kills" campaign. This new tool will help Texans locate over-the-counter NARCAN to prevent fentanyl poisonings and help save lives.

"This NARCAN locator map is another tool in our fight against fentanyl-related poisonings that have affected Americans in such a devastating way," said DSHS Commissioner Jennifer Shuford, MD, MPH. "Health care providers, first responders, and members of the public can pick up and have this life-saving medication on hand and ready for use for when an opioid overdose emergency occurs."

The new [online map](#) includes a search bar where visitors can type in an address or zip code to see nearby naloxone locations. Information displayed for each location includes the type of site (e.g. community health clinics, recovery support services, vending machines), their hours, phone number, website, and more.

Learn more about [TODA](#), read the [full press release](#), and use the [interactive map](#). For additional information or questions, email TODA@dshs.texas.gov.

Texas Pediatric Readiness Education Series for EMS Providers



The Texas Pediatric Readiness Improvement Project is a collaborative effort endorsed by the Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC) and continues in 2025.

These 1-hour virtual sessions are designed to enhance the essential knowledge and skills needed to deliver optimal care for children during emergencies, ultimately reducing morbidity and mortality rates.

[Register now](#) for the latest session: ***Trafficked? The Unexpected Pediatric Patient***

Date: May 14, 2025, **Time:** 9 AM

Human trafficking does not always look how we expect - neither do the victims. In EMS, we are trained to look for life threatening emergencies, trauma, illness, and red flags. But what if the patient in front of you - a child - is carrying a hidden story of exploitation? Research has revealed that up to 88% of human trafficking victims accessed healthcare services while being trafficked. It is estimated that approximately 20% of human trafficking victims are minors, this means the chances are high that you have treated a trafficked child without knowing it.

In this session, we will break down what pediatric trafficking can actually look like in the field. You'll learn to recognize subtle warning signs, ask the right questions, and understand what steps to take if something doesn't feel right.



Legal Considerations for EMS Transporting a Minor Without the Parent Present

Navigating the complexities of emergency medical services (EMS) often involves critical decisions under pressure, and these decisions become particularly nuanced when the patient is a minor and a parent or legal guardian is not immediately present. This overview delves into the crucial legal considerations surrounding the EMS transport of a minor without parental consent, focusing on the foundational doctrine of implied consent and its practical application in two distinct scenarios.

Understanding the legal framework, potential risks, and best practices outlined herein is paramount for EMS professionals to ensure both the well-being of the child and the legal defensibility of their actions in these challenging situations.

Implied Consent – Foundational Doctrine

Applies when a minor requires urgent medical care and

- The parent/guardian is unavailable, or
- The parent refuses consent, but the situation poses an imminent threat to life or serious harm.

Based on the principle that a reasonable parent would consent to emergency care if present.

Scenario A: Parent is Present and Refuses Consent

Legal Risks

- Parents have a constitutional right to make medical decisions for their children.
- Transporting a child against a capable parent's wishes may raise legal issues such as:
 - o Medical battery,
 - o Unlawful detention, and or
 - o Custodial interference or kidnapping, if done without clear authority.

When EMS May Override Refusal

- The child's condition is life-threatening or limb-threatening, and delay would cause harm.
- The parent is incapacitated, intoxicated, abusive, or otherwise unfit to make a safe decision.
- EMS has consulted with:
 - o Online medical control (hospital physician supports transport), and/or
 - o Law enforcement, who may place the child in protective custody.

Best Practices

- Document all details, including:
 - o Parental statements,
 - o Clinical condition, and
 - o Consultations with medical control or law enforcement.
- Involve law enforcement to assume custody if appropriate.
- Report suspected neglect or abuse to CPS.

Scenario B: Parent is Not Present / Cannot Be Located

Legal Standing

- Implied consent applies strongly—EMS may render care and transport based on:
 - Child's medical need.
 - Inability to contact a guardian in a reasonable time.
- Courts generally uphold EMS actions taken in good faith during emergencies.

Best Practices

- Attempt to contact a parent/guardian and document all efforts.
- Determine if any adult on scene has legal authority to consent (e.g., guardian, foster parent).
- Involve law enforcement if:
 - The child appears to be abandoned or neglected.
 - There are custody questions or other concerns.



Summary

Transport without the parent is legally justified under implied consent in true emergencies or when the parent is unavailable. If a parent refuses, EMS must determine if the child's condition justifies overriding refusal—and should involve medical control or law enforcement to avoid liability.

In all cases, thorough documentation and adherence to local protocols are critical for legal protection.

Q&A: Can a non-physician provide medical control to an EMS Provider?

Answer from Dr. Brint Carlton, Executive Director, Texas Medical Board

Direct medical control and an EMS response or scene must be provided by a physician with an active physician license by the Texas Medical Board. This control may either be provided directly on the scene or via electronic communication. This medical control must be performed by either the EMS medical director or by a physician designated by the EMS medical director or a TMB licensed physician advisor.

In rare circumstances when those physicians are not available for designation, the director of the EMS may designate a physician to provide the direct medical control. The system's medical director or on-line medical control shall assume responsibility for directing the activities of prehospital providers at any time the patient's personal physician is not in attendance.

Pediatric Education and Advocacy Kit (PEAK): Multisystem Trauma

The [Emergency Medical Services for Children \(EMSC\) Program](#) has curated a specialized Pediatric Education and Advocacy Kit (PEAK) on multisystem trauma to help emergency department and prehospital clinicians identify and manage children with multiple serious injuries. PEAK: Multisystem Trauma includes pediatric imaging guidelines, hemorrhagic shock management with massive transfusion protocol, podcasts, simulation resources, and more. All resources are free and open access.

Learn more and view the resource [here](#).

Updates

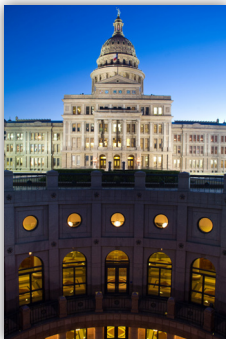
Regulations • Programs • Funding



Legislative Session Milestones

Where we are in the 140-day Session and where we are going.

LEGISLATIVE



March 14

Day 60. The first milestone of the 89th Session.

This was the deadline to file bills. The next milestone is May 12 when the House Committee must complete the review and consideration of all House bills to ensure the bill has a chance of progressing through the Session. Any House bill not reported out of committee by this deadline is effectively dead.

May 15

Day 122. House completes second reading.

The House must complete a second reading of House bills and joint resolutions listed on the daily or supplemental calendar. Any House originated legislation that has not advanced to this stage is effectively dead. May 16 is the deadline for the final House reading to consider consent House bills.



May 22

Day 130. Senate bill reporting deadline.

This ensures that Senate originated legislation has time to move through the remaining House stages of the legislative process. May 27 is referred to as Senate Bill's reading in the House. The House must complete second readings of the Senate bills and joint resolutions on its calendar. Senate bills delayed beyond Day 134 of session typically signal an end to a Senate originated legislation.

May 28

Day 135. House concludes its consideration of Senate bills.

The focus is on local and consent Senate bills including second and third readings of bills, and all third readings of Senate bills and joint resolutions.



June 2

Sine Die. The final day of Session.

Twenty days after Sine Die is known as the Governor's signature deadline. Governor Abbott has until June 22 to sign or veto a bill passed during session. Any bill not signed or vetoed by this date automatically become law.

September 1

Effective date of implementation for most new laws or changes made during Session.

Updates

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Trauma Uncompensated Care Application

The deadline for facilities to submit their trauma uncompensated care (UCC) application was April 20th. Department staff are currently reviewing the applications. The department is collaborating with HHSC regarding the Standard Dollar Amount (SDA) funding for trauma facilities.

As a process for validating applications, the department will contact the facility to review the application if a facility requests a twenty percent or more increase in trauma UCC funding compared to the previous year. The department will also review the facility files submitted to the State Trauma Registries to answer questions.

In addition, if the department has a question regarding a specific file, it will contact the facility by phone or email to validate the request. Last year, these questions were related to patient files with UCC costs exceeding the typical costs. All application questions are addressed prior to completing the funding calculations. An update regarding the trauma UCC applications and funding will be provided at the August GETAC meeting.

FUNDING

Center of Excellence for Fetal Diagnosis and Therapy Designation

The department is collaborating with the [Perinatal Advisory Council](#) (PAC) to develop the designation survey process for the Center of Excellence for Fetal Diagnosis and Therapy. The Texas Administrative Code Chapter 32, Subchapter D, Centers of Excellence for Fetal Diagnosis and Therapy, Sections 32.071 through 32.074, implemented in 2015, provide the statutory authority for the designation of the Centers of Excellence for Fetal Diagnosis and Therapy.

[Texas Administrative Code Title 25, Part I, Chapter 133, Subchapter L](#), outlines the designation requirements in Sections 133.221 through 133.226. The rules were adopted in March 2018 with an implementation plan that is pending the outcome of the collaborative subcommittee of the PAC and the department. The subcommittee has been in place since 2018 and is an emerging priority by Dr. Patrick Ramsey, the previous chair of the PAC, and Dr. David Nelson, the current chair of the PAC. **The goal is to have this designation program operational prior to December 2025.**

Perinatal Three-Person Appeal Panel

The department is working to complete the process for the individuals selected for the perinatal three-person appeal panel. Procedures for the appeal panel are being developed and pending leadership approval.

Once the procedures are approved by DSHS leadership, they will be shared at the PAC meetings.



DESIGNATION

Updates

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DESIGNATION

Trauma Designation Review Committee Applications

The department has developed an application for the Trauma Designation Review Committee. The Trauma Designation Review Committee is included in [Section 157.126\(s\)\(1\)-\(4\)](#) of the Texas Administrative Code. The function of this committee is to review trauma designation appeals. The defined committee members include the chair of the Governor's EMS and Trauma Advisory Council (GETAC), the chair of the GETAC Trauma Systems Committee, the current president of the Texas Trauma Coordinators Forum (TTCF), and two individuals who each have a minimum of ten years of trauma facility oversight as an administrator, medical director, program manager, or program liaison.

Three department representatives from the EMS/Trauma Systems Section are included on the Designation Review Committee. The application for the two members is scheduled for posting on the DSHS website on May 5th and will close on June 5th. Applicants are selected and approved by the GETAC Chair, EMS/Trauma Systems Section Director, and the Consumer Protection Division Deputy Commissioner. Selected applicants will be announced on August 22 at the GETAC meeting.

Monthly Calls

Stroke Facilities

The monthly update calls with Stroke-designated facilities are dedicated to information sharing and discussions on resources required for successful stroke facilities and stroke systems of care. Dr. Robin Novakovic provides updates regarding the GETAC Stroke Committee and continues to focus on the rural stroke facility's significant role in the system.

Trauma Facilities

The trauma facilities' monthly calls are dedicated to reviewing the Texas Administrative Code Section 157.126 Requirements for Trauma Facility Designation, which becomes effective September 1, 2025. Each trauma facility level has a gap analysis document that identifies designation requirements. The department and stakeholders review each requirement to ensure all stakeholders understand the requirements and how to demonstrate evidence of compliance. These calls are open to all facilities. Facilities are encouraged to include their program staff, medical directors, and administrative leaders. This process began in February and will continue through May or until all requirements are reviewed with stakeholders.

The department is revising the Trauma Designation Survey Guidelines to align with Section 157.126. These guidelines will be posted in June. The monthly designation calls will also focus on the designation survey guidelines. Trauma surveyor training for the new designation survey guidelines will begin in June. Surveyors must complete the training prior to completing a trauma survey after September 1, 2025.

Updates

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Introducing PI: Ask the Experts

In collaboration with Don Jenkins, MD, FACS, of University Medical Center of San Antonio, and the Texas TOPIC instructors, the department will host monthly calls, PI: Ask the Experts. These calls are designed to exclusively discuss trauma performance improvement questions, from event identification through event resolution. Individuals who wish to participate will need to register for the call. To ensure effective use of time, the department will email the facilities at least five days prior to the meeting to identify specific processes stakeholders would like to discuss during the upcoming meeting. Stakeholder responses will assist in setting the agenda and discussion points for each meeting.

Meeting dates

Date: May 6, 2025
Time: 3:00 -4:00 PM
Audience: Rural Level IV

Date: July 8, 2025
Time: 3:00 -4:00 PM
Audience: All Levels

Date: August 5, 2025
Time: 3:00 -4:00 PM
Audience: All Levels

Date: September 9, 2025
Time: 3:00 -4:00 PM
Audience: Rural level IV

Date: October 7, 2025
Time: 3:00 -4:00 PM
Audience: All Levels

Date: November 4, 2025
Time: 3:00 -4:00 PM
Audience: All Levels

Date: December 9, 2025
Time: 3:00 -4:00 PM
Audience: Rural level IV

Additional Training

Designation staff will share the training schedule by May 27.

QAPI

The department is scheduling more QAPI training beginning in June.

Perinatal Designation Survey Guidelines

Additional perinatal designation survey guideline training beginning in June.

REGISTER NOW



DESIGNATION

Updates

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EMSTR REMINDERS

The EMS Trauma Registries (EMSTR) is a statewide surveillance system collecting reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. Texas is home to one of the largest EMS registries in the U.S. with more than 5 million EMS runs received annually.

RECERTIFICATION

All EMSTR users should have received an email from DSHS about their recertification for the EMSTR application. Send your response verifying your agency's users to DSHS prior to May 1, 2025, or the system **will automatically remove** EMSTR application access.

DATASET CLOSURE

EMSTR will close the 2024 EMS and trauma datasets on April 30, 2025. Agencies must submit their 2024 records before this date.

NEMSIS UPDATE

On April 7th, the National EMS Information System (NEMSIS) released a critical patch to change the ePatient.13 and dPersonnel.12 fields. EMSTR will allow the full 90-day implementation period before these values are discontinued and the new fields become **required in the system**.



Please coordinate with your software provider to receive this update for your July 6, 2025 dispatches.

Contact the [State Registries](#) with questions.

NEWS AND LINKS

Local • National • Resources

NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

[Learn more](#)

CDC Newsroom

View the latest CDC public health news and press releases.

[Learn more](#)

The Bulletin

The Bulletin of the American College of Surgeons.

[Learn more](#)

Washington Update

Bi-monthly newsletter of the National Association of State EMS Officials.

[Learn more](#)

EMSC Pulse

A digest of information about the pediatric emergency medical care community.

[Learn more](#)

Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

[Learn more](#)

EMS/Trauma Systems Links

GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

Rules

Links to the Texas Administrative Code rules pertaining to EMS/Trauma Systems.

Disciplinary actions

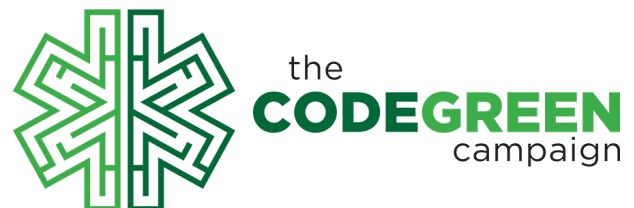
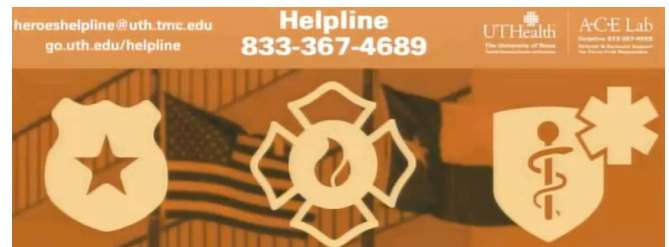
Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.

Staff Contacts

Contact information for the Office of EMS/Trauma Systems staff and programs.



Texas Department of State Health Services





National Registry Key Initiatives



For more information on all National Registry initiatives, scan this QR code or go to <https://linktree.com/nremtcomms> for the latest updates!

- ALS Redesign Update
- AEMT Student Minimum Competencies
- Table of Authorities / EBGs
- Scaled Scores
- NCCP Update and EBGs

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

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.