

Texas EMS Trauma News

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Somewhere out there is the best EMS Educational Program in Texas

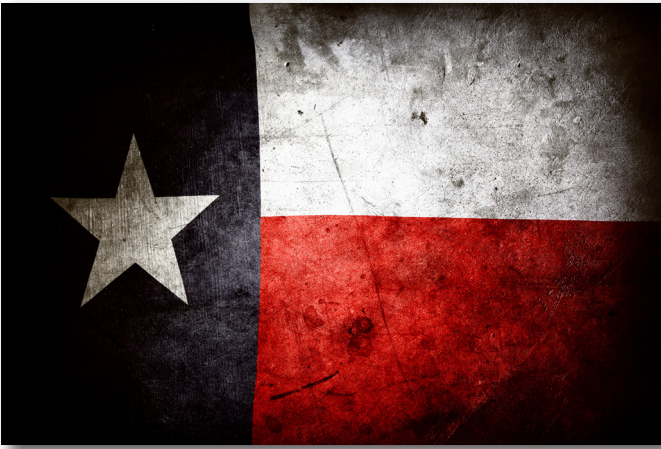
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Texas EMTF responds to the Hill Country and Central Texas July Floods

Mobilized Extensive Resources Across Central Texas

By Sara M. Jensen, TX EMTF Deputy Program Director

July 19, 2025 – The Texas Emergency Medical Task Force (TX EMTF) has been on the front lines, providing critical medical support in response to the severe flooding that swept through the Hill Country and Central Texas this July. The rapid deployment of personnel and equipment highlights the coordinated efforts of state and local agencies in the face of widespread disaster.

The Initial Call to Action

The emergency unfolded on **July 4th, 2025. At 5:45 AM**, the Regional Medical Operations Center (RMOC) San Antonio MEDCOM received a call for regional mutual aid, immediately notifying the **RMOC San Antonio** and **EMTF 8 teams** via **Active911**. This triggered the Regional Mass Casualty Incident (MCI) plan, sending regional ambulances, AMBUSs, and Medical Incident Support Team (MIST) members to Kerrville, Texas.

Less than an hour later, at **6:21 AM**, the TX EMTF State Coordination Office (SCO) was alerted that the flooding event was escalating into a full state-level response. An SCO representative swiftly deployed to the State Operations Center (SOC) to begin rostering and activating EMTF personnel and equipment from across Texas.

Rapid Mobilization of Resources

Initially, three **Severe Weather Packages (SWX PKG)** were activated. Each package is a comprehensive unit, including a **Task Force Leader (TFL)**, two **MIST specialists**, an **AMBUS**, and a five-ambulance strike team (AST) with an **Ambulance Strike Team Leader (ASTL)**. These packages were crucial in augmenting the local and regional assets already engaged in Kerr County. An additional three SWX PKGs were placed on standby, ready for immediate deployment.

By **8:30 AM** on July 4th, the EMTF SCO was fully integrated with the Texas Division of Emergency Management (TDEM) and the Department of State Health Services (DSHS) at the SOC. Their collaborative efforts focused on assessing the scope of the disaster and strategically distributing resources. As the situation worsened, TDEM requested the activation of all three standby SWX PKGs. One package was strategically pre-positioned in Llano County to support the northern Hill Country, while two were staged in San Antonio in anticipation of the incident expanding across multiple Central Texas counties. Regional mutual aid assets already in Kerr County were seamlessly integrated into the state EMTF framework to enhance overall coordination.



By the end of day one, **169** EMTF personnel and **78** assets were deployed, with an additional **63** personnel and **33** assets on standby.

Expanding Operations and Ongoing Support

The following days saw a continuous expansion of the EMTF response as flooding incidents persisted. The SWX PKGs initially staged in San Antonio were redeployed to **Williamson County** to assist with widespread flooding in Leander and Georgetown. The Llano County SWX PKG extended its operations into **Burnet County**, supporting rescue efforts in Burnet and Marble Falls.

Furthermore, six members of the **Texas Mortuary Operations Response Team (TMORT)** were dispatched to the Kerr area to provide support to the Justices of the Peace (JPs), the Authority Having Jurisdiction (AHJ). Operations continued in Kerr, Kendall, and Comal Counties, addressing the full spectrum of emergency response needs.

EMTF assets were tasked with diverse missions as work continued in the Hill Country and Central Texas operational areas across the full spectrum of emergency response including:

- **Rescue operations support**
- **First responder medical force protection**
- **Local EMS and Fire Department 911 support**
- **Hospital interfacility transfers**
- **Responder vaccine clinics**
- **Cooling and rehabilitation support** for responders and community recovery efforts.

To ensure patient load was balanced across regional hospitals, **Mobile Medical Units (MMUs)** were activated in Kerr County, bolstering force protection capabilities for the thousands of resources converging on Central Texas for search and rescue efforts. **Peer Support Team members** were also deployed, offering **Critical Incident Stress Management** resources to responders grappling with the tragic aftermath. Additional ambulance strike teams were activated to supplement 911 response and aid in search and rescue and recovery operations.

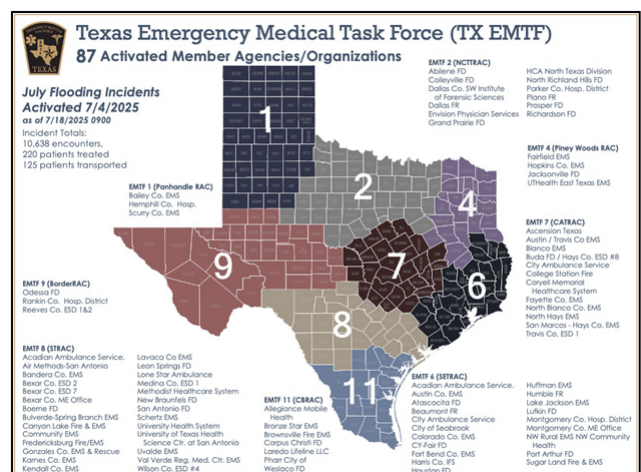
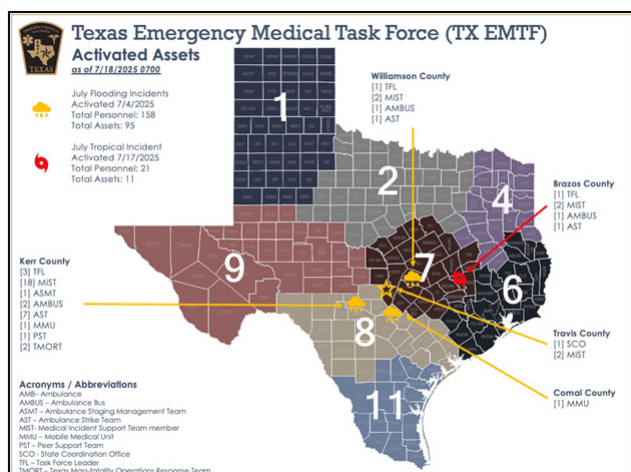
A Unified Effort

At the peak of the response, the Texas EMTF had an impressive **232 personnel** and **136 assets** from **87 different agencies** deployed across the affected areas, fully integrated into all aspects of medical care and response.

EMTF assets continue to actively support ongoing response efforts and are simultaneously preparing for a potential response in Southeast Texas to a tropical disturbance in the Gulf of America.

The Texas EMTF and DSHS extend their heartfelt gratitude to all members, program staff, and partners who have supported this monumental response.

Click thumbnails to view larger image.



Somewhere out there is the best EMS Educational Program in Texas

by Jeff McDonald Educator Paramedic

Who is the best? To answer that question, we must look at several factors, mainly the outcomes of retention, employability (job placement) and licensing/certification examination pass rates.

- The best program would be the program that can take the most challenging candidate and mold them into a healthcare professional the student desires to be and the community can trust.
- Additionally, the best program would have all students pass the certification exam on the first attempt, and they would do it with their own teaching and without using an outside entity to conduct a test prep program prior to the exam.
- Finally, the best program would cover the entire depth and breadth of the National Education Standards with no shortcuts that focus on only teaching local protocols.

Unfortunately, all we know are the test scores received from the National Registry. This represents only cognitive results and not psychomotor or affective. But these cognitive results are telling and paint a picture which is easy to see.

Using the data from the [2024 NREMT results](#) released by DSHS in 2025, we looked at the three-year trend. This provides consistency over time, rather than a one-time view of a single cohort. We looked only at paramedic programs then added in their EMT results, combining them as one score; therefore, the 20 paramedic students and 50 EMT students became a total of 70 EMS students. Not all programs offer education at the ECA and AEMT level, so the results did not include those certification levels.

Using above criteria, we identified 62 programs in Texas that had both Paramedic and EMT graduates. So, who is the best? That honor goes to **Houston Community College (HCC)**. With 389 total students and a 99% pass rate on the National Registry exam, HCC is the highest ranked program in Texas.



Rounding out the top ten are:

Austin Community College (100265)	323 students	98% pass rate
El Paso Fire Department (100215)	200 students	95% pass rate
Laredo Fire Department (5381)	108 students	95% pass rate
Temple College (100410)	150 students	93% pass rate
Tarrant County College (100083)	500 students	91% pass rate
Central Texas College (100424)	191 students	91% pass rate
San Jacinto College North (600103)	181 students	91% pass rate
Blinn College District (100377)	310 students	90% pass rate
Collin College (100036)	511 students	88% pass rate

Interesting numbers (2022, 2023, and 2024) for Paramedic programs with EMT

	Total Comp	Total Pass	Total Fail	% Fail	Ratio
Top 10	2,863	2,653	210	7%	1 in 14 failed
All 62	17,518	14,072	3,446	20%	1 in 5 failed
Bottom 10	1,441	877	564	39%	1 in 2.5 failed

Congratulations HCC, and the rest of the top ten. We know this is a team effort from the Program Director to the newest part-time faculty member. It takes commitment from everyone to get the best results.

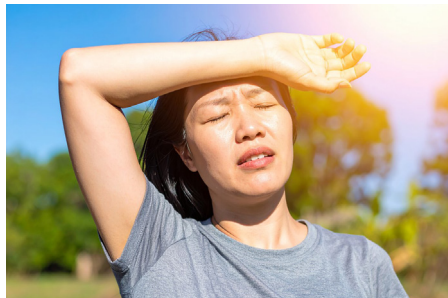
Thank you for your commitment to high quality education.



Staying Cool Under Pressure: Essential EMS Preparations for Summer Heat

Summer, for many, conjures images of sunshine, outdoor activities, and vibrant community life. For Texas EMS professionals, however, it adds the relentless intensity of summer heat on the front lines of a growing public health threat.

Heat-related illnesses (HRIs), ranging from debilitating heat exhaustion to life-threatening heat stroke, place immense strain on individuals and healthcare systems alike. But beyond the direct patient impact, extreme heat profoundly affects EMS operations, compromising equipment, challenging personnel's endurance, and demanding swift, precise interventions.



Understanding the Threat: Heat-Related Illnesses

EMS providers need to be vigilant in recognizing the signs and symptoms of common HRIs and initiate appropriate interventions to prevent complications and improve patient outcomes.

Common HRIs encountered by EMS:

EMS response involves:

- rapid assessment,
- moving the patient to a cooler area,
- removing clothing, and,
- implementing rapid cooling techniques such as ice or cold-water immersion, cold packs, or misting and fanning.

Monitoring core temperature, administering IV fluids if needed, and transporting the patient to a medical facility are also crucial.

Education and training to ensure understanding of the signs, symptoms, and appropriate management of HRIs conditions is crucial for EMS professionals.

Heat Stroke

This happens when the body's temperature regulation mechanism fails, leading to a rapid rise in body temperature and cessation of sweating.

- Symptoms include confusion, slurred speech, unconsciousness, seizures, hot/dry skin or heavy sweating, very high body temperature, rapid heart rate.

Heat Exhaustion

A less severe but still serious condition that results from excessive loss of water and salt through sweating.

- Symptoms include fatigue, irritability, thirst, nausea/vomiting, dizziness, heavy sweating, elevated body temperature or fast heart rate.

Heat Cramps

Muscle cramps and spasms, often affecting the legs and abdomen, caused by excessive sweating and loss of salt.

- Symptoms include muscle spasms or pain.

Heat Syncope

Fainting or dizziness, often occurring when standing too long or rising suddenly in hot environments.

- Symptoms include fainting or dizziness.

Heat Rash

Skin irritation due to blocked sweat ducts.

- Symptoms include red bumps on skin, often in folds or on the neck and upper chest.

Rhabdomyolysis

Muscle breakdown caused by heat stress and prolonged exertion, releasing harmful substances into the bloodstream.

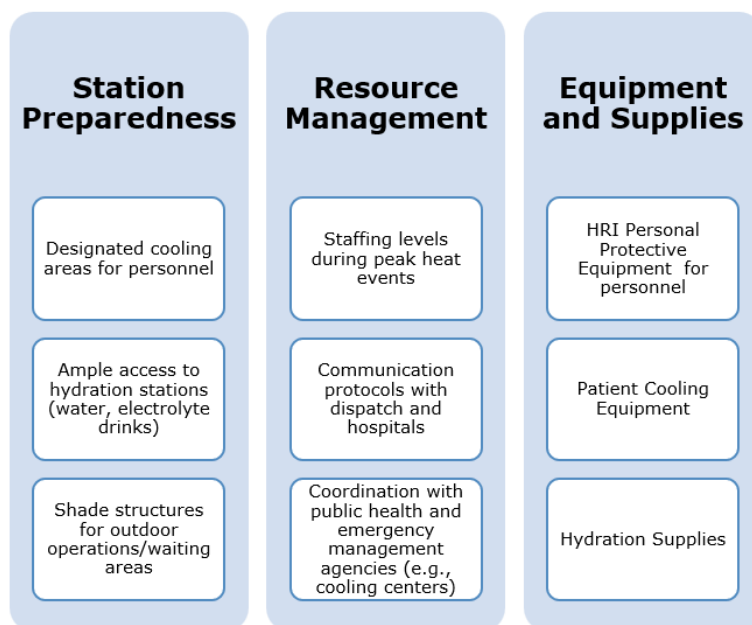
- Symptoms include muscle pain, dark urine or reduced output, weakness.

Operational Preparedness for EMS Providers

Integrating layers of preparedness from the strategic planning room to the patient's side in the searing sun allows EMS to truly stay cool under pressure.

EMS Protocols and Clinical Management

The critical role of robust EMS protocols and effective clinical management in mitigating the impact of HRIs cannot be overstated. Standardized protocols provide a crucial framework for prehospital care, ensuring rapid recognition of symptoms, appropriate on-scene interventions such as cooling techniques and fluid resuscitation, and timely transport to definitive care. This systematic approach minimizes diagnostic delays and allows EMS providers to initiate life-saving measures promptly.



Concurrently, ongoing clinical management within healthcare facilities, guided by evidence-based practices, ensures continuous monitoring, advanced cooling strategies, and treatment of complications like electrolyte imbalances or organ dysfunction. Without well-defined protocols and skilled clinical management, patients with HRIs face a significantly higher risk of severe morbidity and mortality, underscoring the urgent need for consistent implementation and refinement.

Community Engagement and Public Education

Beyond internal readiness, community engagement transforms EMS into a pivotal voice in public health education. Proactive and comprehensive heat preparedness is not just beneficial, it's essential to the well-being of our citizens. This proactive stance fosters resilience within communities, reducing the burden on emergency services during extreme heat events and ultimately saving lives.

Spreading awareness

- Educate the public about the dangers of HRIs,
- Target specific groups disproportionately affected by HRIs, such as the elderly, young children, outdoor workers, individuals with chronic medical conditions, and those experiencing homelessness.
- Inform the public about available resources like cooling centers, public pools, and hydration stations.

Resources

Look Before you Lock

NHTSA's [Where's Baby? Look Before You Lock](#) is a \$3 million campaign to remind drivers to never leave children unattended in cars and to lock their cars when unoccupied to prevent children from entering unlocked vehicles.

Don't forget your family pets!

The CDC provides [tips](#) to protect your pets on hot days.

Cooling Centers

The Texas Division of Emergency Management (TDEM) maintains a [map of cooling centers](#) throughout the state.

Texas Ready Resources

The resources and educational materials from [Texas Ready](#) are free for anyone, including schools, local governments, community organizations, and businesses.

EMS professionals are on the front lines, witnessing the direct impact of heat on individuals. It is our commitment to ensuring not only the safety and efficacy of our dedicated first responders but, more importantly, the continued delivery of critical care that saves lives when the summer heat bears down.

Heat protocols in action

Contributed by Susan Martin, Terlingua Fire & EMS Chief

Texas is grappling with a significant rise in heat-related medical emergencies as prolonged heat waves and soaring temperatures strain both individuals and emergency response systems. Emergency Medical Services (EMS) across the state, particularly in high-risk regions like Big Bend National Park and Terlingua, are responding to an alarming number of 9-1-1 calls prompted by severe heat exposure.

The unique geography of Terlingua and its surrounding desert terrain presents significant challenges. With elevations ranging from low desert basins to mountainous regions, the area sees dramatic temperature swings. During the summer months, daytime highs frequently exceed 100°F, particularly on the desert floor, while winter nights can bring freezing temperatures. This climatic volatility requires residents and visitors alike to be especially vigilant about heat exposure.


Terlingua Fire and EMS personnel are on the front lines of these emergencies, routinely treating individuals suffering from dehydration, heat exhaustion, and in the most severe cases, heatstroke. Heatstroke, a life-threatening condition, occurs when the body's internal temperature regulation fails. Core body temperature can spike to 106°F or higher in mere minutes, potentially causing permanent damage to vital organs or death if not rapidly treated. Symptoms often include confusion, rapid breathing, nausea, and a dangerously high body temperature, typically 104°F (40°C) or more. Vulnerable populations, such as children, the elderly, and individuals with chronic illnesses, are at heightened risk.

While full statistics are still being compiled, preliminary reports suggest multiple fatalities across Texas due to heat-related conditions, underscoring the urgency of effective response strategies. Among the most effective interventions for heatstroke, particularly exertional heatstroke, is cold water immersion therapy. This technique, which involves submerging the body (excluding the head) in ice or cold water, allows for rapid heat transfer from the body to the surrounding water, efficiently reducing core temperature. In ideal cases, rectal temperature should be brought below 101.5°F (38.6°C) to prevent lasting harm. Medical supervision is vital, especially for patients with underlying health issues.

In remote locations where cold immersion is not feasible, EMS teams use alternative methods to manage body heat. These include misting patients with water while fanning to encourage evaporative cooling or placing ice packs on key areas like the neck, armpits, and groin. In Terlingua and Big Bend National Park, [EMS protocols](#) have been adapted to local conditions. Medical directors have developed specific guidelines that include the innovative use of waterproof body bags filled with ice and water to simulate cold water immersion in field settings.

The intensifying heat in Texas is not merely a meteorological concern - **it is a public health emergency demanding coordinated, community-based responses.** As climate patterns shift and extreme temperatures become more common, especially in arid and desert regions, public health education and preparedness is crucial. Emergency protocols, such as those adopted in Terlingua and Big Bend National Park, may serve as models for other high-risk areas across the nation.

Special thanks to Terlingua Fire & EMS for sharing their process.



PROCEDURES

HYPERTHERMIA ICE IMMERSION

INDICATIONS

- Severe heat illness with core temperature $\geq 104^{\circ}\text{F}(40^{\circ}\text{C})$ OR severe features (AMS/Seizure)

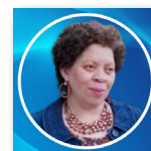
PROCEDURE

Rectal Temperature and Rectal Temp Probe Placement Procedure

Rectal Temperature

- Use designated temperature probe/thermometer for rectal temps ONLY
- Roll patient and expose appropriately (recovery position or frog-leg position likely optimal for modesty and positioning)
- Apply lubricant to temperature-sensing end of thermometer
- Locate anus and gently insert temperature-sensing end
- Stop immediately if physical resistance is encountered
- For adults, will need to insert approximately 2 inches (4cm) to get accurate core temperature
- For children, depth will vary based on their body size
- Tape the thermometer probe cable to the patient's buttock to prevent accidental removal
- Plug thermometer cable into monitor adapter
- Allow thermometer to dwell long enough to get reading without manipulating the probe
 - May take up to 3 minutes to equilibrate with patient's core temperature
 - Initial temperature (prior to 3 minutes) may be inaccurate
- When immersing the patient, ensure the adapter cable remains dry

Click image to view protocols



Adrienne Kitchen
DSHS Public Information Specialist
EMS Trauma Systems Section

Texas EMS for Children Program Announces the 2025 EMS for Children Crew of the Year Award Recipients

In honor of EMS for Children Day May 21, 2025, the Texas EMS for Children (EMSC) State Partnership presented the 16th annual Texas EMS for Children Crew of the Year Award. This award is granted to an EMS crew or station who has displayed outstanding care for a child in an emergency medical or trauma event, demonstrated exceptional effort in the development of pediatric training or quality improvement programs, or was instrumental in planning and conducting creative injury prevention programs.



Pictured from left to right: Curlen Barger (Whitesboro Dispatch), Fire Chief Steve Pinkston (WFD), Fire Chief Tim Bilderback (Sherwood Shores VFD), Darys Stone (Sherwood Shores VFD), Craig Reed (Sherwood Shores VFD), Assistant Chief Jeff Patterson (WFD), Lisa Whitten (Whitesboro Dispatch), Nathan Jolly (WFD), Johnathan Sheffield (WFD), Division Chief of EMS Stephen Wilcox (WFD), Sam Vance (Texas EMS for Children)

The 2025 EMSC Crew of the Year Award recipients are:

- Lisa Whitten, Dispatch Supervisor, City of Whitesboro Dispatch Center
- Nathan Jolly, Paramedic; Jonathan Sheffield, EMT; and Jeff Patterson, Assistant Chief, Whitesboro Fire Department
- Firefighters Craig Reed and Darys Stone, Sherwood Shores Volunteer Fire Department

On May 21, 2024, at 10:09 a.m., Medic 251 from Whitesboro Fire/EMS and Sherwood Shores Volunteer Fire Department were dispatched to a remote area near Lake Texoma, where a woman had unexpectedly delivered a baby in the toilet of an RV camper. The caller was initially unsure of her exact location, but the dispatch center was able to identify it by pinging the call. Upon arrival, responders found the newborn still in the amniotic sac with no signs of life. Paramedics quickly intervened, breaking the sac, initiating resuscitation, and administering epinephrine via an umbilical IV, successfully achieving return of spontaneous circulation. The mother, unaware of her pregnancy, and the estimated 26-week premature infant were transported to Texoma Medical Center, where the baby was intubated and admitted to the NICU. After several months of care, the infant was discharged home with no known neurological deficits.

Award recipients received individual certificates of appreciation and a plaque for their station or crew quarters, recognizing them as champions in the emergency care of children in Texas.

For more information and to read the full nomination, please visit the [Texas EMS for Children website](#).

Get Ready for Texas EMS Conference 2025! Come help us celebrate 40 years of excellence!

Whether you're new to EMS or a seasoned professional, the Texas EMS Conference has something for everyone. **Join us in Fort Worth, November 23–26**, for 2½ days packed with dynamic, high-impact education from leading EMS experts and earn up to 15 hours of continuing education. Looking to grow your skills even more? Choose from 12 pre-conference classes, including half-day, full-day, and multi-day options, designed to elevate your professional expertise. Networking is at the heart of the conference. Connect with colleagues and make new contacts at the welcome reception, after-hours events, and throughout the 134,000-square-foot exhibit hall.

Texas EMS Trauma Award Nominations are open until September 12

Celebrate the great work being done in the Texas at the awards luncheon on November 25. Detailed nomination guidelines and the online nomination form are available on the [Texas EMS Trauma Awards website](#).

Please carefully review the criteria for each award category before submitting a nomination. We encourage you to submit detailed and compelling nominations that highlight the nominee's accomplishments and their impact.

See you there!

Hurricane Season 2025: Texas SMOC Stands Ready

As hurricane season kicks into high gear, the Texas State Medical Operations Center (SMOC) is prepared to activate and respond. Housed in the Center for Health Emergency Preparedness and Response (CHEPR) section within the Texas Department of State Health Services (DSHS), the SMOC leads statewide efforts to coordinate medical and public health support before, during, and after disasters.

What is the SMOC?

The SMOC is the central hub for Emergency Support Function 8 (ESF-8), bringing together key partners across public health, hospitals, EMS, and emergency management. From coordinating hospital evacuations to mobilizing medical strike teams, the SMOC ensures a unified medical response during emergencies.

Key Preparedness Activities

Statewide Drills:

SMOC coordinates large-scale training exercises across all 22 Regional Advisory Councils (RACs) to test hospital surge, EMS coordination, and patient tracking under disaster and hurricane scenarios.

Strategic Staging of Resources:

The SMOC may pre-position assets in high-risk areas across the state. These could include Emergency Medical Taskforce (EMTF) assets such as Ambuses, Ambulances, and Severe Weather Packages. The SMOC could also pre-position fatality management and medical sheltering assets.

Hospital Evacuation Planning:

Working with local health systems and the Texas Hospital Association (THA), protocols are in place for the safe movement of patients—including those with complex medical needs.

Public Messaging:

DSHS is reinforcing personal preparedness tips, including medication planning and medical identification (ID) readiness, especially for individuals with chronic health conditions. The SMOC will coordinate and distribute public messaging during disaster situations.

Technology in Action

SMOC uses WebEOC, EMResource, and the Texas Special Needs Registry (TxSIPRN) to maintain a real-time view of hospital bed availability, EMS capacity, and health conditions in shelters. When fully activated, the SMOC will stand up and operate 24/7 out of the 7th floor of the Lab Building at DSHS Headquarters. The SMOC will also send 24/7 Liaisons to the State Operations Center (SOC) in Austin, linking local, regional, state, and federal partners for rapid response.

Alert – Stay Safe

With forecasters predicting an active season, SMOC urges all Texans to stay informed, follow evacuation guidance, and ensure their health needs are part of their emergency plan. Visit www.dshs.texas.gov for updates and preparedness resources.



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



Moving toward Real-Time EMS Data

So far in 2025, the Emergency Medical Services and Trauma Registries (EMSTR) has collected nearly 2.5 million Patient Care Records (PCRs) from Texas EMS providers.

The average submission lag for Texas in 2025 year-to-date has improved to **37.26** hours (in 2022, it was nearly 11 days /264 hours.) Submission lag is defined by the time elapsed between the dispatch date/time and the record's receipt by the National EMS Information System (NEMSIS).

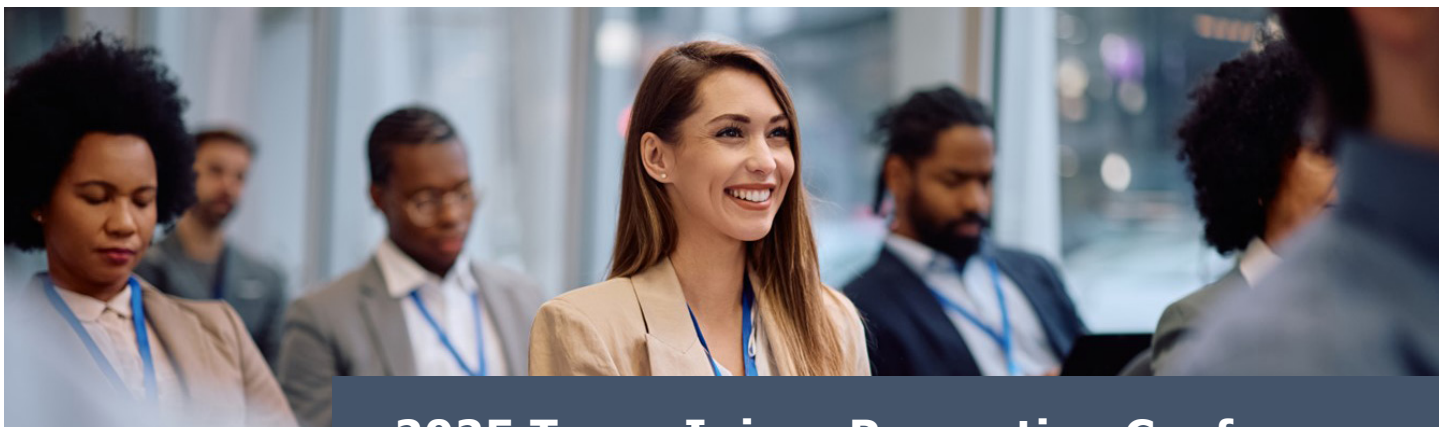
This progress is driven by many Texas providers who now collect and send their PCR data to EMSTR in real-time. Submitting cases as they occur allows for the prompt analysis of heat emergencies, motor vehicle crashes, respiratory illnesses, and mass casualty incidents. There are state and national agencies who use this data to inform readiness activities and strengthen their ability to respond to real-time threats to public health.

The EMS Trauma Registry (EMSTR) team would like to extend our sincerest appreciation and thanks to the following providers, who are leading the state in providing real-time EMS data.

EMS Provider Processing Time

EMS Provider	Processing Time
Dallas Fire Rescue	> 5.2 Hours
Southern Paramedic	> 5.4 Hours
City Ambulance – Regional Advisory Council (RAC) Q (Houston Region)	> 6.2 Hours
Children’s Medical Transport	> 6.2 Hours
Harper Volunteer Fire Department	> 6.3 Hours
Crystal City EMS	> 6.5 Hours
Fort Bend County EMS	> 6.5 Hours
Air Evac LifeTeam 25 (Duncan, OK)	> 6.5 Hours
New Braunfels Fire Department	> 6.6 Hours
Scott and White EMS	> 6.7 Hours

Information on the EMS and Trauma Registries can be found at dshs.texas.gov/injury-prevention/ems-trauma-registries.



2025 Texas Injury Prevention Conference

The Texas Department of State Health Services 2025 Texas Injury Prevention Conference
November 4-5, 2025. Hilton Austin Airport Hotel, Austin, Texas
[Register Now!](#)

This year's theme is "Prevent Today, Protect Tomorrow: Innovating Safety for Stronger Communities." The Texas Injury Prevention Conference gives injury prevention professionals across the state the opportunity to network and learn from one another about their amazing work in Texas. The conference is a chance to collaborate and discuss innovative solutions and challenges in injury prevention.

Call for Proposals

The call for presentation or workshop proposals is now open! DSHS invites you to become an active participant in the conference by [submitting a presentation proposal or an expression of interest for a workshop](#). Presentations are capped at one hour, and workshops are more than an hour. **Proposals must be submitted no later than Friday, August 8, 2025.** We will email notifications within two weeks of the proposal deadline. If accepted, proposal presentations will be due October 3, 2025.

Have questions? Please reach out to Innovation Event Management by emailing injuryprevention@iemshows.com or calling 512-358-1000, and we will be happy to assist you.

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).

[REGISTER TODAY](#)

Session 6: Pediatric DKA: From Diagnosis to Treatment
Date: August 6, 2025 **Time:** 9 AM (CDT)

Objectives:

- Examine clinical signs and symptoms of diabetic ketoacidosis (DKA) in children.
- Explore evidence-based approaches for managing pediatric DKA.
- Identify potential complications associated with DKA.
- Consider key factors in the safe transport of children with DKA.



Updates

Regulations • Programs • Funding



LEGISLATIVE

89R Session Highlights

During the 89th regular legislative session, Governor Greg Abbott signed into law several pieces of legislation that will impact the Texas Emergency Medical Services (EMS) Trauma system. The following is a summary of some of the key legislation affecting the system. You may want to review each of these bills, and others, to fully understand their impact.

- **HB 33** will require emergency services and school officials to plan and drill together in the event of a school shooting.
- **HB 37** establishes perinatal bereavement care provided by certain hospitals, a perinatal bereavement care initiative, and a perinatal bereavement care hospital recognition program.
- **HB 216** will require itemized billing for health care services and supplies provided by health care providers.
- **HB 742** will require education for EMS personnel on Human Trafficking.
- **HB 3000** will direct the Comptroller to provide grants for the purchase of ambulances in rural counties.
- **SB 1818** will support our military members and spouses that are licensed in another state to be licensed in Texas.
- **SB 1021** will make a conviction of Stalking a disqualifier for certification of the conviction is on or after September 1, 2025.

Full bill details can be found on [Texas Legislature Online](#) (TLO).

UCC FY25 Payment Distribution

DSHS has distributed payments for the fiscal year (FY) 2025 Uncompensated Trauma Care Fund (UCC). For the calendar year (CY) 2023 patient data reimbursement, **287 out of 288 applying hospitals** were processed for funding, with one hospital deemed ineligible due to a change in designation.

In total, DSHS distributed
\$9,978,563.71.



Of the processed applications:

- **146** hospitals received standard dollar add-on (SDA) from HHSC
- **141** were non-SDA facilities.

FUNDING

Updates

Regulations • Programs • Funding



GETAC Air Medical and Specialty Care Transport Committee Provides New Resources

The GETAC Air Medical and Specialty Care Transport Committee is pleased to offer the following documents to support the Texas air medical community. Building strong working relationships with your local air medical providers creates the greatest opportunity for a safe and effective use of these specialty resources.

EMS Landing Zone (LZ) Training

The [EMS Helicopter Safety and Landing Zone training presentation](#) serves as best practice for landing zone safety and appropriate air medical utilization **DSHS CE available*.



HEMS Resources for Crisis & Mental Health Management

The [HEMS mental health resource document](#) provides information for first responders on accessing professional mental health services and support to manage the psychological and emotional impacts of their work. For questions, please connect with your [local RAC leadership](#).

GETAC committee application period coming in September

Applications for GETAC committee selection begins **September 1, 2025**.

The Governor's EMS and Trauma Advisory Council (GETAC) has ten committees that review pertinent issues and make recommendations to GETAC, which, in turn, advises the Texas Department of State Health Services (DSHS).

Current committees include:

- [Air Medical and Specialty Care Transport](#)
- [Cardiac Care](#)
- [Disaster Preparedness and Response](#)
- [Emergency Medical Services \(EMS\)](#)
- [EMS Education](#)
- [EMS Medical Directors](#)
- [Injury Prevention and Public Education](#)
- [Pediatrics](#)
- [Stroke](#)
- [Trauma Systems](#)



Please visit the [GETAC webpage](#) for additional information.

Updates

Regulations • Programs • Funding



Improvements to EMS licensing processes pays off

Over the past six years, our team has worked diligently to streamline the EMS licensing process, and the results are in. We are proud to report that licensing timelines for EMS professionals, educators, and providers have seen improvements since Fiscal Year (FY) 2019.

	Average Processing Time FY-2019	Average Processing Time FY-2025	Improvement
EMS Personnel Licenses	21 days	10 days	52%
EMS Educator Licenses	142 days	111 days	22%
EMS Provider Licenses	94 days	70 days	26%
First Responder Organization (FRO) License	61 days	67 days	10% increase*

This progress is due to improved application processes, staff cross-training, and clearer application guidance, supported by active communication with the team throughout the application process.

Whether you are applying for a personal EMS license or managing the licensing for an organization, shorter wait times mean you can focus more on what matters most, saving lives and serving your community.

* While FROs have seen a 10% increase, this has been attributed to a lack of medical supplies before applying, which delays the inspection and approval time.

Thank you to our staff for their dedication and for helping us improve our service to the EMS community.

NHTSA Launches New Resource Giving Emergency Responders Easy Access to Electric Vehicle Information

As part of the National Highway Traffic Safety Administration's (NHTSA) ongoing commitment to supporting first responders with timely and accurate information to enhance public safety, emergency responders have quick and easy access to electric vehicle (EV) Emergency Response Guides (ERGs) and rescue sheets through a new resource available on the [NHTSA website](#).

For further information or assistance, please contact James Myers at james.myers@dot.gov.

EMS

Updates

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Trauma Designation

The Department of State Health Services (DSHS) is implementing several key initiatives to help trauma facilities prepare for the Texas Administrative Code (TAC) [Section 157.126, Requirements for Trauma Facility Designation](#), which goes into effect on September 1, 2025.

View details below and find more information and meeting details on our [website](#).

Monthly Review Calls for New Designation Requirements

Beginning February, DSHS hosted monthly calls dedicated to reviewing the new TAC Section 157.126. These calls utilize gap analysis documents specific to each trauma facility level to identify designation requirements. The department and stakeholders collaboratively examined each requirement to ensure comprehensive understanding and clarify how facilities can demonstrate compliance.

1766 stakeholders attended 21 sessions with an average 84 attendees per session.

As these monthly calls continue, all facilities are encouraged to have their program staff, medical directors, and administrative leaders participate.

"PI: Ask the Experts" Calls for Performance Improvement

In collaboration with Dr. Don Jenkins of University Medical Center of San Antonio and the Texas Trauma Outcomes and Performance Improvement Course (TOPIC) instructors, DSHS hosts monthly calls titled "PI: Ask the Experts." These sessions are specifically designed to address questions related to trauma performance improvement (PI), covering everything from event identification to resolution. DSHS collaborates with facilities to determine specific PI process topics to help set the agenda and optimize discussion time.

75 stakeholders participated in the first session.



Future PI sessions are scheduled for:

- August 5
- September 9
- October 7
- November 4
- December 9

DESIGNATION

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DESIGNATION

Foundations of Success: Stellar Surveys for Texas Facilities Elevate Patient Care

A huge congratulations to the following facilities on receiving exceptional trauma center designation surveys! Your commitment to excellence is evident in the results and directly contributes to providing the best possible environment for patients and staff, upholding the highest standards of Texas patient care.

Level I Trauma Verification / Designation

Baylor Scott & White Medical Center - Temple	Baylor University Medical Center	Children's Medical Center of Dallas	Dell Children's Medical Center	Dell Seton Medical Center at the University of Texas
Harris Health Ben Taub Hospital	John Peter Smith Hospital	Medical City Plano	Memorial Hermann – Texas Medical Center	Texas Children's Hospital
Texas Health Harris Methodist Hospital Fort Worth	Texas Health Presbyterian Hospital Dallas	University Medical Center	University of Texas Medical Branch	UT Health East Texas Tyler Regional Hospital

Level II Trauma Facility Verification/Designation

Ascension Seton Williamson	Baylor Scott & White McLane Children's Medical Center	Baylor Scott & White Medical Center - Grapevine	Baylor Scott & White Medical Center - McKinney	CHRISTUS Mother Frances Hospital - Tyler	Corpus Christi Medical Center Bay Area
HCA Houston Healthcare Clear Lake	HCA Houston Healthcare Conroe	HCA Houston Healthcare Kingwood	HCA Houston Healthcare Northwest	Medical City Denton	Memorial Hermann the Woodlands Medical Center
Round Rock Medical Center	St. David's South Austin Medical Center	Texas Health Presbyterian Hospital Plano	The Hospitals of Providence East Campus		

View more information on trauma designation and survey guidelines on our [website](#).

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

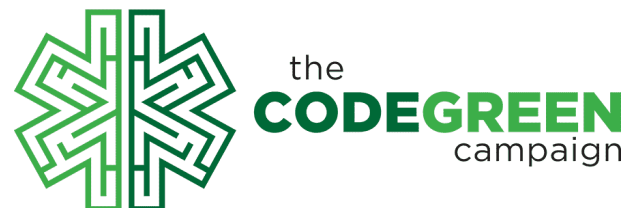
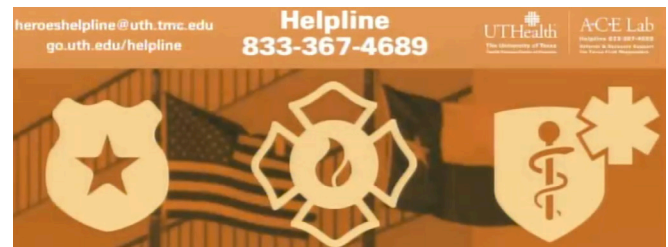
Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.


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.