

EMS Profile: East Bernard Emergency Medical Services



From left: Jeffrey Jasek, EMT-P, deputy director; David Waindel, EMT-P; Fate Breedlove, ECA; Kathy Korenek, ECA; John Szymanski, LP; Christi Barger, EMT-I; Jeff Brummer, EMT-B; Douglas Hancock, EMT-B, director; and James Kresta Jr., ECA
Not pictured: Chris McAnally EMT-P; and Becky Vacek, EMT-I.

Number of personnel: We have seen membership fluctuate from five to an astonishing 45-member roster over the past 26 years. Currently, 12 dedicated members staff our ambulance 24-7. Personnel consist of three ECAs, two EMT-basics, two EMT-intermediates, three EMT-paramedics and one LP. A few members are cross-trained as firefighters, as well. Dr. Larry Penick, MD, provides outstanding leadership as our medical director. Dr. Penick practices at surrounding emergency departments and operates Rice Medical Clinic in East Bernard. Although our membership is relatively small, we have continued to provide a high-caliber EMS service.

How many years in service: East Bernard EMS proudly made the transition from first-responder organization to fully functioning EMS service 26 years ago, in July 1981. Our station/offices are located at 103 Main St. in East Bernard. Our coverage area in northern Wharton County is 125 square miles, with an estimated population of around 3,200. Our service area includes the city of East Bernard, the communities of Lissie and Chesterville, and a small portion of Fort Bend County. Members live throughout our service area and respond directly to the scene with EMS equipment. This greatly reduces response time, as it takes our ambulance 15 to 20 minutes to reach remote parts of our service area. Transport to the closest hospital, depending on scene location, is between six and

34 miles. There are four local hospitals that we regularly transport to. Funding is received from patient billing, donations from citizens, the city and grants. All of these funding sources provide us with state-of-the-art equipment. We receive no financial assistance from Wharton County.

Number of units and capabilities: We currently have one ambulance: a 2001 Ford Frazier Type 1 functioning at BLS with MICU capability. We have aggressive protocols that include current AHA guidelines, CPAP, RSI, fentanyl for pain management and 12-lead EKG capability. Since airway control is paramount, our EMTs are authorized to place CombiTubes. PHI Air Med 9 and AirEvac Lifeteam provide air transport for critical medical and trauma patients to the Texas Medical Center. Backup units are provided by surrounding EMS agencies with which we have mutual aid agreements, including Wharton EMS, Colorado County EMS, Fort Bend County EMS and Austin County EMS.

Number of calls: In 2006, East Bernard EMS responded to 230 calls, while in recent years past we have averaged between 150 and 230 calls annually. There has been a notable increase in 911 calls over the years. A second unit is continually considered, but with the current numbers, we think the need is not yet there. A first-response vehicle is currently being considered.

Current programs: Our members continue working closely with businesses and local organizations in educating the public about EMS. We continue to provide first-aid classes and CPR classes to the public, civic groups, Boy Scouts and businesses. We have continued to distribute Vials of Life and offered residents information on ways to make their homes safer for themselves, children and grandparents. During high school football season, East Bernard EMS and Dr. Penick provide EMS stand-by for all home games. In November 2007, plans are to co-host a Shattered Dreams program. Another project that we are researching is the possibility of an emergency services district, which would guarantee funding for the future. One past project that we are proud to have been part of was the AED program that we helped establish for East Bernard ISD. This program came about after a 16-year-old student experienced sudden cardiac arrest. East Bernard EMS successfully resuscitated the student, who has no neurological deficits.



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