

Emergency funding available

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. For information, contact Roxanne Cuellar at Roxanne.cuellar@dshs.state.tx.us or call 512-834-67000, ext. 2377.

Recently awarded:

Jacksonville Fire Department

Cherokee County, RAC G
\$79,333 to replace burned ambulance

Don't forget your conference evaluations

If you came to Texas EMS Conference and haven't filled out a survey, please take a minute to do so at <http://2010attendetexasemsconf.questionpro.com>. We'll use the information to make the 2011 conference even better. And we are in the process of sorting through the thousands of class evaluations and hope to get those entered into the computer and results sent to instructors by late February. And finally, exhibitors can fill out a survey at <http://2010exhibitorstexasemsconf.questionpro.com>. The deadline for completion of online surveys in January 31, 2011.



Grants available for ECA training

Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: A minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county; and the course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 60 days for an ECAT grant to work its way through the DSHS approval process. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or roxanne.cuellar@dshs.state.tx.us. For a list of all EMS and trauma funding available through DSHS, go to <http://www.dshs.state.tx.us/emstraumasystems/efunding.shtm>.



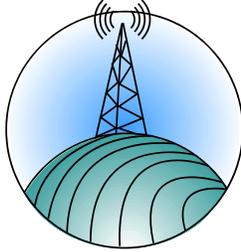
New threat scenario tools added on web

The Agency for Healthcare Quality and Research offers dozens of tools online to help organizations plan for disasters. The newest addition is to the Hospital Surge Model, which now allows users to estimate the resources needed for emergencies involving improvised explosive devices, pneumonic plague and foodborne botulism. The web-based interactive model now includes a total of 13 scenarios on biological incidents and attacks ranging from pandemic influenza to a nuclear explosion. Hospital and emergency planners can use the Hospital Surge Model to develop specific strategies to treat an influx of patients affected by these specific incidents. It will estimate, by day, the severity of injury and the number and flow of casualties needing medical attention for specific scenarios selected by users. The surge tool and dozens of others are available at <http://www.ahrq.gov/prep>.



FCC creates bandwidth website

With the January, 1, 2013, deadline looming for narrowbanding compliance (see related article from the March/April issue of Texas EMS Magazine, www.dshs.state.tx.us/emstraumasystems/MA10Narrowbanding.pdf), the Federal Communications Commission launched a new webpage that provides information and assistance to licensees migrating their land mobile radio systems from 25 kHz to 12.5 kHz or narrower channel bandwidth. Migration of these systems to narrowband operation will ultimately help reduce spectrum congestion, improve communications and increase access to the spectrum for users of the 150-174 MHz and 421-512 MHz bands. The webpage, www.fcc.gov/narrowbanding, includes the following information:



- o Narrowbanding benefits for public safety users
- o Frequently Asked Questions about technical and policy-related issues
- o Links to information and resources regarding grant programs
- o FCC contacts for those seeking additional information and assistance
- o FCC new releases on narrowbanding
- o A list of public safety frequency coordinators and
- o Access to the FCC's licensing database

Questions about the deadline? Write narrowbanding@fcc.gov. Questions about the 2013 deadline go to Roberto Mussenden at 202-418-1428 or via email: roberto.mussenden@fcc.gov.

FLU PREVENTION STRATEGIES UPDATED

The Centers for Disease Control and Prevention (CDC) released new flu prevention strategies for health care personnel. The new strategies replace previous CDC guidance, which was written to apply to the special circumstances of the 2009 H1N1 pandemic. These strategies apply to all personnel working in health care settings who may potentially be exposed to patients and to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces or contaminated air. For details, go to www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm.



NHTSA working on ambulance safety

NHTSA and the National Institute for Occupational Safety and Health (NIOSH) continue to collaborate on a four-year research-based project to improve existing standards for ambulance design with the ultimate goal of making patients and EMS personnel safer in the rear compartment of ambulances. The General Services Administration and the National Truck Equipment Association's Ambulance Manufacturers Division are also participating in the effort, which launched in 2009. For more information, contact NIOSH's Jim Green at james.green@cdc.hhs.gov or 304-285-5857.



On Duty

TABC publishes alcohol charts

Wonder how much is too much? A DWI can cost you big time – and you have to report the arrest and conviction to DSHS immediately.

While the best approach is not to drink and drive at all, if you do

get behind the wheel after a drink, know your limit and stay well under it. Texas Alcoholic Beverage Commission publishes a chart that estimates blood alcohol percentage based on number of drinks consumed and body weight. If you think you might be anywhere near the limit, stop. Is it really worth it to try to drive home? Find the chart at www.tabc.state.tx.us/enforcement/blood_alcohol_percentage_chart.asp.



Combat medic equipment looks familiar



Treatment for battlefield casualties has improved in the last nine years of war in Iraq and Afghanistan. Part of that is training that's happening at military facilities in Texas and part is research on how to treat traumatic wounds, especially hemorrhage. According to the Washington Post, recent data shows an 8.8 percent of battlefield casualties in Iraq and Afghanistan died, either on the battlefield or later. That compares with 16.5 percent of Vietnam War casualties and 22.8 percent in World War II. What a combat medic carries – all 60 pounds – will look familiar to most medics stateside: gauze and bandages, stethoscope, pulse ox, tubes, splint, needle disposal, intraosseous device, splint kit and other items. The items not normally carried on an ambulance include a tourniquet that can be tightened with one hand, Combat Gauze, which makes blood clot more quickly and an M-4 assault rifle.

Houston office welcomes new staff member

A new EMS specialist has joined the DSHS EMS office in Houston. Originally from Marilla, New York, Jennifer Korniczky was a volunteer EMT and firefighter for four years before becoming a paramedic in 2009 and joining Rural Metro in Buffalo, New York. She has a bachelor's degree in history from Canisius College and a master's degree in Homeland Security and Public Health Preparedness from Penn State. She moved from New York to Houston in November and she likes Houston so far – especially the weather.

FAA publishes proposed rules for medical air

Federal Aviation Administration (FAA) has **proposed** broad new rules for helicopter operators, including air ambulances, that could require stricter flight rules and procedures, improved communications and training, and additional on-board safety equipment. The proposed rules would require air ambulance operators to:



- Equip with Helicopter Terrain Awareness and Warning Systems (HTAWS).
- Conduct operations under Part 135, including flight crew time limitation and rest requirements, when medical personnel are on board.
- Establish operations control centers if operators are certificate holders with 10 or more helicopter air ambulances.
- Institute pre-flight risk-analysis programs.
- Conduct safety briefings for medical personnel.
- Amend their operational requirements to include Visual Flight Rules (VFR) weather minimums, Instrument Flight Rules (IFR) operations at airports/heliports without weather reporting, procedures for VFR approaches, and VFR flight planning.
- Ensure their pilots in command hold an instrument rating.
- Under the proposal, all commercial helicopter operators would be required to:
 - Revise IFR alternate airport weather minimums.
 - Demonstrate competency in recovery from inadvertent instrument meteorological conditions.
 - Equip their helicopters with radio altimeters.
 - Change the definition of “extended over-water operation” and require additional equipment for these operations.

Other proposed rules apply to all commercial helicopter operators. In addition, the proposal would require Part 91 general aviation helicopter operators to revise the VFR weather minimums. The proposed rules are based on recommendations issued by the National Transportation Board (NTSB) after its three-day hearing last year. The 90-day public comment period closes on Jan. 10. The proposed rules are at <http://edocket.access.gpo.gov/2010/pdf/2010-24862.pdf>.