National Preparedness Month
THOUGHTS ON EMERGENCY PREPAREDNESS

September is National Preparedness Month and Safety Specialist Mike VonWupperfeld shares his thoughts on why it’s important to be prepared. Where are you for your family’s emergency preparedness? How well prepared are they to deal with a disaster, with or without you?

MEDICS & MUSIC

ATCEMS Medic Nathan Crowley with Stone & Crow Band, an Austin-based band, consists of Adam Stone and Nathan Crowley. Adam’s deep heritage of blues and rock, blended with Nathan’s folk and country roots, inspire them to write music that is down-home gospel for the next generation.

DR. MARK ESCOTT AND HIS VISION FOR ATCEMS

In 2000, Dr. Mark Escott began his medical education at Flinders University in Adelaide, Australia after having worked in Texas as a paramedic. During his time “down under,” he was involved with South Australia Ambulance Service where he discovered an EMS system that was far more advanced than any EMS system found in the United States. He shares his vision for the future of ATCEMS.

ATCEMS CHAPLAIN PROGRAM

Public Safety Chaplains seek to provide the best tools, resources, crisis intervention training, mentoring, and support for building healthy first responders. They are comforters, pastors, teachers and counselors. They serve law enforcement, fire departments and emergency services agencies by ministering to the employees of those agencies as well as the people served in the community.
DISPATCHERS CALL OF THE QUARTER

The Dispatch Review Committee has come to a conclusion for our 2016 Quarter 1 Call of the Quarter winner. Please join us in congratulating Esme Marks for being awarded Call of the Quarter for the 2nd quarter of 2016.

GRATITUDE FOR GUIDANCE

The PIO team attended EMS Alliance Conference in Lake Conroe in June and gave a presentation on Social Media use in EMS. One of the conference attendees took those suggestions to heart and followed up with a progress report.

EMPLOYEE RECOGNITION

ATCEMS employees receive kudos, special thanks and congratulations for a job well done.

CUSTOMER SERVICE SURVEY

Results from the ATCEMS Customer Callback Program.
Selection Process Results

**AmBus Crew Chief Selection**

Congratulations to the following Captains on successfully completing the AmBus (MPV-701) Crew Chief process. These individuals will complete their initial training in the upcoming weeks.

It is with great pleasure that we present to you these individuals as Crew Chiefs for MPV-701:

- Captain Eric Gordon
- Captain Bryan Green
- Captain Eric Lancaster
- Captain Paul Mallon
- Captain Darren Noak
- Captain Josh Todd

**Disaster Medical Response Team Selection**

Congratulations to the following Medics on successfully completing the Disaster Medical Response (DMR) team process. These individuals will complete their initial training in the upcoming weeks.

It is with great pleasure that we present to you these individuals as members of the DMR team:

- Luke Bess
- Kimberly Blumberg
- Rebecca Campos
- Allen Clark
- Roman Flores
- Chase Harris
- Hunter Lane
- Melody Malone
- Kristy Rosenacker
- Jared Smith

Congratulations to the reassignment of **Captain Don Rose** to Continuing Education.

Captain Rose is a 16 year veteran of the EMS industry and has extensive teaching experience as a Field Training Officer as well as in primary Paramedic and EMT instruction for an outside EMS education institution. He is also certified as a NAEMSE level 1 instructor as well as a PHTLS instructor. Captain Rose is passionate about teaching new material to students and is excited about the possibilities for topics that may be on the horizon for ATCEMS. Captain Rose has worked with our CE team in the past and will integrate into our daily operations very smoothly.

*Please join us in congratulating our fellow teammates for their hard work and accomplishment!*
The Wellness Center (517 Pleasant Valley) is now offering open gym time four days a week.

Our fully functional weight room is complete with rowers, treadmill, stair climber, barbells, squat racks, DB’s and weights. Contact Coy Schneider with any questions.
Thoughts on Emergency Preparedness

Working for Austin – Travis County EMS has likely given most employees a better than average appreciation for the risks of living in Central Texas. After all, when the general public gets into trouble in a disaster, EMS is one of the response agencies called upon to rescue or assist them. As an agency, we are well prepared to provide that assistance, and have demonstrated that capability often over that last few years. But where are you for your family’s emergency preparedness? How well prepared are they to deal with a disaster? What if you are at work when disaster strikes, how will they respond? How good of a job are you doing with your own personal preparedness?

Current risks commonly encountered are considered to fall into three categories, Natural Disasters, Human Caused Disasters, and Technological Hazards.

Natural Disasters include floods and flash floods, thunderstorms and lighting, damaging winds, hail, tornados, extreme heat, wildfires, hurricanes and tropical storms, droughts and water shortages. These are disasters that we are all most familiar with as some of them occur in Texas every year.

Human Caused Disasters are deliberate acts done with malicious intent. They include acts of terrorism (bioterrorism, cyber-attacks, “Lone Wolf” assaults, etc.), arson, riots and civil disorder, sabotage of utilities, workplace violence and active shooters. Locally, we have lesser familiarity with these deliberate acts that cause disasters, but a review of history reminds us of the IRS tax protester that flew his plane into the Echelon Building in North Austin, the Nidal Hassan terrorist attack at Fort Hood, the two radicalized shooters at the special event in Garland TX, the “Lone Wolf” sniper that attacked the Dallas Police officers, and the civil disturbances in Ferguson MO and Baltimore MD.

Technological Hazards include power failures, telecommunications failures, dam failures, hazardous materials incidents, including industrial accidents, transportation accidents, agrochemical accidents and incidents involving household chemicals. They usually are unexpected, often having little or no warning before they occur. Most will be familiar with this kind of problem, either as calls crews have responded to or as incidents we have seen on local TV or read about. Usually the scale of these problems is small but they also have the potential to be huge. Consider the 2003 cascading power failure in the Northeast and Midwest as an example of “huge” or ice storms in Central Texas that have downed powerlines interrupting electrical power to hundreds.

The following are key areas that your personal and family emergency preparedness plan should consider:

1. Identify the Risks you are Likely to Encounter

What are the hazards where you live, where you work, or along commuter routes where you commonly travel?

Find out what natural, technological or human caused disasters pose a risk for you.

Do you live in or near a flood plain or in a high fire danger area? Remember that if you are in the 100 year flood plan, that means you have a 1% chance of being flooded each year.

Are you prepared for an unexpected human-caused disaster that can strike any time?

Does your community have a disaster plan? Are you familiar with it? Have they exercised their plan?

By Mike VonWupperfeld, Safety Specialist
2. Create a Family Disaster Plan

Talk to your spouse and your kids about what the risks are and what your family is doing to prepare for possible disasters. Your family needs a plan that tells everyone involved:

- The kind and nature of natural, technological or human caused disaster that you and your family might experience. Explain the risks in age appropriate language.
- Where to meet if you have to evacuate;
- Who you’ve identified as an out-of-state “family contact”;
- How to access current emergency information in your community; and
- How to take care of your family pets and / or your livestock.

If you already have a plan, is it a written plan? Have you updated it in the last year?

3. Practice Your Disaster Plan

After you have written your plan — practice it.

Start by having family members meet at a designated rally point outside your home — a place to meet at if they had to get out of your home in a hurry, like during a fire

Know how to respond to any disaster that is likely to occur in your area — whether to stay put indoors, or whether to evacuate from your neighborhood.

If your family needs to evacuate, do you know the proper evacuation procedures and routes as determined by local law enforcement, the City of Austin Department of Homeland Security and Emergency Management, or the Texas Division of Emergency Management.

4. Build an Emergency Preparedness Supply Kit

If you had to be self-sufficient at home until help arrives or if you are stranded at work or in your car, would you have Emergency Preparedness Supply kit with you? City of Austin HSEM, Texas Prepares.org, FEMA Ready.gov and the Red Cross all provide detailed guidance on emergency supply kits. Here are some additional thoughts

For a home kit, plan on having supplies for a minimum of 3 days.
For a car kit, have enough supplies for at least an overnight stay in your vehicle.
Pay attention to expiration dates and ensure supplies are current. Remember that the Texas heat or freezing weather will significantly shorten shelf life of supplies in your vehicle.

Do you take any medications that you must have daily? Do you have at least a 7 day supply of your medications on hand at any given time? Do you have a copy of your prescriptions so they can be refilled at an alternate pharmacy location?
Do you have at least one gallon of water per person per day as a minimum supply for drinking and sanitation?
Food supplies should be shelf stable, non-perishable items that require minimum levels of preparation if you are in austere conditions. If using food supplies that require water to reconstitute and prepare, add the amount of water need for preparation to your water supply. If using canned goods, do you have a manual can opener?
How about batteries? Disposable or rechargeable? If rechargeable, what are the requirements to recharge the batteries?

5. Sign up for Emergency Alerts

Take advantage of technology to receive emergency alerts. Multiple options are available in our area. These include but are not limited to:

Weather Alert Radios - Long a standard, the NO-AA all hazards weather alert radios receive comprehensive weather and emergency information. They can be programmed to just receive alerts for your county. Most have dual power sources – batteries or household power. Visit www.nws.noaa.gov/nwr/ for additional details.

WarnCentralTexas.org - The Capital Area Council of Governments has partnered with communities in Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties to bring residents and visitors WarnCentralTexas, an emergency alert system that can save lives and protect property during disasters. To register go to warncentraltexas.org/
ATXFloods.org – Real time warning on flooded road closures and flood information for Austin and partner communities in Central Texas. ATXFloods is maintained by the City of Austin Flood Early Warning System team. Go to https://atxfloods.com/#_ for additional information

6. Protect Your Important Papers and Documents

During a disaster, you may have only a few minutes to escape and taking valuable possessions with you might not be possible. However, you can take steps to protect the valuable documents you will need to rebuild your life after the disaster. Here are some suggestions to keep your valuable documents safe from disasters:

- Take an inventory of all your important documents. Consider using a software application to help you to organize information more quickly. The number of documents may be large, so take your time to organize all your important documents into categories, such as:
  - **Household identification.** The documents needed to identify yourself and your family include IDs, birth, marriage or divorce certificates, passports, driver’s licenses, pet and livestock ownership papers, etc.
  - **Financial and legal documents.** These can include a wide array of documents including mortgage agreement, credit cards, vehicle loans, vehicle titles, insurance policies, utility bills, tax statements, professional licenses, etc.
  - **Medical documents.** Medical information can vary greatly from person to person and may include health insurance. Store your important documents in one place. Ideally you have a waterproof, fireproof storage container (safe or filing cabinet) you keep them in. Have “dry bag” and back pack available that can put them in if you must quickly evacuate.
- Make paper copies or duplicate originals of all your key documents. This will give you a backup solution. Store the copies at a different location from where you keep the originals.
- Consider creating electronic copies of each document. Store them in a secure online cloud storage service, a USB drive, or other portable storage device. Use a scanner or go to a copy center to create your collection of electronic documents. Be sure to protect password protect or encrypt your storage device and remember the password or encryption key to your storage account.
- Prove your possessions. To minimize possible insurance claim hassles, take and safeguard photographs or video of the contents of each room — including the garage — as proof that you own possessions that might be lost or damaged. An advantage of videotaping possessions is you can narrate, such as ‘I bought this table at this store, at this time, it’s this brand and cost me this much”. Scan and save important family photos. Record serial numbers, make and model of items, especially items such as electronics, firearms, vehicles, boats, etc. Use software such as Excel or Access to have a compact file for serial numbers and related data.
- Update your records. Check your records at least annually and update as needed.

7. Pets

- Make sure your emergency kit includes supplies for the family pet(s). These include:
  - Copies of current rabies and other health vaccinations
  - Collar, leash, tags, food for at least 3 days, and unbreakable bowls for food and water.
  - Pet carriers / cages – If you have to stay in the shelter, your pet will likely not be allowed to stay in the dormitory area, but in a separate area in a pet carrier or cage.

8. Understand Post 9/11 Risks and Threats

In the Post 9/11 world, emergency preparedness must take into account human caused disasters in addition to natural and technological disasters. If you happen to be in the wrong place at the wrong time when a human caused disaster occurs, knowing what to do is an important part of being prepared.
When seconds count, your ability to recognize and react to the threat may make all the difference.

9. Don’t Forget Those with Special Needs

Infants, seniors, and those with special needs must not be forgotten.

Make sure that supplies for your infant are in your kit – food and diapers for at least 3 days, appropriate clothes for the weather, any medications, child carrier seat(s), etc.

Include medications, oxygen tanks, and other medical supplies that seniors or those with functional or special needs may require. Pay special attention to any medications that require temperature controls.

Seniors may be more sensitive to weather or environmental variations. Make sure they have appropriate clothing for the circumstance.

Similarly, include space to transport walkers, wheelchairs, and other aids if you need to evacuate.

If you are required to evacuate to a shelter, keep in mind that individuals with functional and access needs now stay in general population shelters, usually in a congregate living situation.

Hopefully, your personal and family emergency plans included most of these key areas. If not, you have some information with which to begin refinement of your current plan.
How To Prepare For Emergencies

The Federal Emergency Management Agency educates and empowers Americans to take some simple steps to prepare for and respond to potential emergencies. It is recommended to have a 72-hour emergency preparedness kits and disaster supplies readily available should a disaster strike.

While it is difficult in today’s world to predict when disasters will occur, we do have the power to choose how severely they might affect us. By acting now you can prepare yourself and to deal with natural or man-made disasters at home, at work, at school, or on-the-go. Having an emergency preparedness kit and supplies may save lives, prevent illness or injury, and maintain calm in a crisis situation.

**Prepare with a 72 Hour Emergency Kit**

Because help may not be immediately available after a major emergency or disaster, the U.S. Government recommends that you plan to be self-sufficient for at least 3 days (72 hours) or more. Having a 72 hour emergency kit that is compact, light-weight, all-hazards-equipped, and durable may be critical to your survival and comfort after a disaster or major emergency.

**Prepare with Emergency Supplies that meet your “10 Basic Emergency Needs”**

Being secure in an unsure world means preparing for the possibility of not having things we take for granted every day. This means having emergency supplies that provide for 10 basic emergency needs:

- Drinking water
- Breathing protection
- Emergency lights
- Trauma/First aid kit
- Emergency tools
- Alternative communication
- Sanitation & Hygiene
- Food
- Shelter
- Warmth

Prepare in “All Places” As a disaster or emergency may happen at any time of the day or night, it is important to have an emergency kit and other disaster supplies at home, at work, at other places where you spend significant time, and in all vehicles. These emergency supplies should be of high quality, have a long shelf-life, be packed in compact and portable containers or bags, and meet expert recommendations.

Prepare for “All Hazards” Every family, workplace, school, or other facility should have an All Hazards Emergency Plan and an All Hazards Emergency Kit and supplies in place for major emergencies and natural or man-made disasters.

- Hurricanes
- Floods
- Tornados
- Terrorist Attack
- Violence
- Fires
- Explosions
- Severe Storms
- Chemical Spills
- Accidents
- Medical Emergencies
- Black Outs

These emergencies may include:

This makes emergency preparedness simple and attainable. You plan only once, and are able to use your plan to respond to all types of hazards.
## Ultimate Survival Emergency Car Kit

<table>
<thead>
<tr>
<th>Backpack or Duffle Bag</th>
<th>Tool Kit</th>
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</thead>
<tbody>
<tr>
<td>Water/refillable water bottle/filtration device</td>
<td>Pliers</td>
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<tr>
<td>Protein bars</td>
<td>Wrench</td>
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<tr>
<td>Blanket</td>
<td>Screwdrivers</td>
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<tr>
<td>Flash light with extra batteries/glow stick</td>
<td>Ratchet/sockets</td>
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<tr>
<td>Crank radio</td>
<td>Hex keys</td>
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<tr>
<td>Cell phone charger</td>
<td>Leatherman</td>
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<tr>
<td>Whistle</td>
<td>Tire gauge</td>
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<tr>
<td>Tarp</td>
<td>Foam tire sealant</td>
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<tr>
<td>Folding shovel</td>
<td>Bungee cords</td>
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<tr>
<td>Toilet paper</td>
<td>Jumper cables</td>
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<tr>
<td>Baby wipes</td>
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<td>Zip lock bags</td>
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<td>Trash bag</td>
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<td>Zip/wire ties</td>
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<tr>
<td>Hand sanitizer</td>
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<td>Duct tape</td>
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<td>Fire Extinguisher</td>
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<tr>
<td>Lighter/matches</td>
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<td>Compass</td>
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## Medical Kit

<table>
<thead>
<tr>
<th>Medical Kit</th>
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<tbody>
<tr>
<td>Gauze bandages</td>
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<tr>
<td>Adhesive bandages</td>
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<tr>
<td>Cloth tape</td>
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<tr>
<td>Eyewash cup</td>
</tr>
<tr>
<td>Absorbent pads for bleeding</td>
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<tr>
<td>Antiseptic wipes and latex gloves</td>
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<tr>
<td>Burn ointment</td>
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<tr>
<td>CPR mask</td>
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<tr>
<td>Elastic bandage, SAM splint</td>
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<tr>
<td>Scissors, tweezers, safety pins</td>
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<tr>
<td>Aspirin and non-aspirin pain relievers</td>
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<tr>
<td>Nausea medication</td>
</tr>
<tr>
<td>Benadryl</td>
</tr>
<tr>
<td>Chemical heat/ice packs</td>
</tr>
<tr>
<td>Sunscreen</td>
</tr>
<tr>
<td>Moleskin for blisters (duct tape works in a pinch too)</td>
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</tbody>
</table>

Keep this kit in your car at all times. Periodically rotate the perishables and check expiration dates in the medical kit.

Click here to download our [Ultimate Emergency Preparedness Guide](#)
Austin HSEM and the citizens of Austin need your help to prepare the community for a disaster. CERT provides an excellent opportunity for Austinites to play an important role in helping to safeguard, prepare for and respond to major emergencies in our community.

Training covers basic emergency preparedness, response capabilities, first aid, fire suppression and search and rescue procedures. CERT volunteers receive equipment to use when activated. The CERT program is supported by the Federal Emergency Management Agency (FEMA). The Training is FREE! Like us on Facebook for CERT program news and updates! Austin CERT volunteer training is offered twice a year.

If you have questions about the CERT application process, email hsemcommunications@austintexas.gov. A representative will follow up with you.

The 24 hours of required core training educates people about disaster preparedness for specific types of hazards, and trains them in basic disaster response skills and the role of a CERT volunteer. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help.

To register, complete the online application or download an application for print, and mail or fax to:

Office of Homeland Security and Emergency Management
P.O. Box 1088
Austin, TX 78767-1088
Fax: 512-974-0499

Restrictions: You must be at least 18. Volunteers who wish to directly assist HSEM and first responders during an activation of the Emergency Operations Center must be badged, and a criminal background check will be required in order to be issued a CERT badge. Criminal background checks are not required to take part in CERT classes.
ATCEMS Medic Nathan Crowley with Stone & Crow Band

Stone & Crow, an Austin-based band, consists of Adam Stone and Nathan Crowley. Adam’s deep heritage of blues and rock, blended with Nathan’s folk and country roots, inspire them to write music that is down-home gospel for the next generation.

Somewhere in the middle of burdens, temptations, and the reasons why you should put your dancing boots on...you’ll find the boys of Stone & Crow singing a song you can believe in. At any given moment in life there is sorrow and there is joy. That tension is a heck of a place to make music.

Stone & Crow have released several albums and perform in and around Austin and Central Texas. Visit their Facebook page at https://www.facebook.com/stoneandcrow/
In 2000, Dr. Mark Escott began his medical education at Flinders University in Adelaide, Australia after having worked in Texas as a paramedic. During his time “down under,” he was involved with South Australia Ambulance Service where he discovered an EMS system that was far more advanced than any EMS system found in the United States. The Australian EMS system transitioned from a “technician” medic to a degree “clinician”. This evolving process is a change in both education and culture. In order to move forward in this direction a change within the profession and educational understanding has to occur. This is a evolutional process Dr. Escott wishes to bring to Austin-Travis County Emergency Medical Services. Dr. Escott states “National organizations have been stuck in this technician model and it’s really hard to change perceptions. It's a cultural change, make the transition to think like a clinician, behave like a clinician.” Like anything in life the process of transitioning to professional clinicians will take time, perhaps a decade, but it is one that Dr. Escott is confident this department can achieve.

Dr. Escott tells us “The first change that has already occurred is a symbolic change, replacing the term “protocols” to “guidelines”. The word “protocol” is perceived as a restriction of what can be done, and that should not be the case. As you develop experience and knowledge you continue to move forward and increase your ability to understand and work within guidelines, so hopefully people will embrace the change and feel it as less restrictive.”

WALK AMONGST THE FACTS
In medical school students are taught the facts. They learn, they graduate, they become doctors. However, they cannot practice medicine yet. The next 3-4 years after graduation they learn how to walk amongst the facts so they can then translate their knowledge into practicing medicine. The problem for EMS is that we do not incorporate this strategy, training is not standard across the board. As an industry EMS tends to throw people into a seat or situation without preparing them to practice. Dr. Escott states “ATCEMS does a better job of preparing the medics than any other agency I have seen. In many systems, if you have a red patch you are automatically placed on a truck, you are then expected to run calls without ever having learned how to walk amongst the facts.”

Dr. Escott continues “This practice leaves the door open for error. The medic is functioning on pattern recognition and making mistakes, and you learn from those mistakes. Sometimes the patient pays the price when you do it that way. It is far better to have a safety net at the bedside. It is impossible to train paramedics to develop clinical level critical decision making without someone who is engaged in teaching and mentoring to refine the thought process in real time.”
UNDERSTANDING MEDICINE
Traditionally, the EMS Industry teaches patterns and not the deeper understanding of medicine. The current goal is to reorient medics to think in terms of differential diagnoses like doctors do from the moment dispatch happens. “The medic must mentally be reviewing the different possibilities that can occur. It is difficult for some medics to triage and make informed decisions, part of this is because they don’t understand the “whys” of the practice of medicine. They need to be thinking of a whole host of possibilities when looking for evidence in the history and physical evaluation and monitoring systems for evidence to support or contradict their differential diagnosis. As you move along and dive further into the realm of discovery your course of action may change, know that it is ok to change direction, be comfortable and confident in your diagnosis” Dr. Escott states.

CREDENTIALED
Dr. Escott would like to create a credentialing model that looks like the credentialing model for physicians. The physician credentialing model takes place annually, with certain benchmarks that have to be met with self-directed learning objectives. This method starts to create a self reflective method of practicing so that the medic can continue to build a knowledge base for the rest of ones career. Ultimately, clinical benchmarks need to be identified so that each individual can compare their performance to their peers. It is the medic’s obligation to seek out opportunities, not just through self-directed learning but by comparing themselves to others so that they can identify their particular needs for improvement rather than continue to embrace the concept of “it’s the organization’s responsibility to seek out deficits”. Paramedics must have professional responsibilities that go beyond just that of running a call and writing a chart. They must participate in other activities that reflect a willingness and ability to engage in professional behavior. Medics need to be involved in quality improvement, they need to reflect on calls and present justifications for their medical decision making.

By having certain requirements to meet and maintain credentialing there are quality improvement initiatives that can be done such as:

- Call back patients and inquire how they are doing. What was the diagnosis? What did the hospital do for them etc.? This is a very easy way to obtain feedback and it helps the medic to refine the decision making process.
- M&M case reviews, lessons are learned from sharing calls with a broader audience than just those who were there.

This is what professionals do, this is what active management of credentialing looks like for physicians and it should be similar for EMS as we develop an EMS Medical Practice.

VISION FOR THE FUTURE
Dr. Escott explains “Ideally ATCEMS paramedics (Medic II’s) will have more levels of responsibility. Each level will have a stepwise progression so it’s clear to everybody that wants to go in this direction. This is the checklist to get there.” Dr. Escott’s vision for the future will be based upon competencies, not on time periods at a previous level and is laid out as follows:

- Paramedic I (PI) which is your entry level EMT or paramedic on the truck, they are going to have certain benchmarks they will have to reach that are based upon the current credentialing process for Medic I’s
- Paramedic II (P2) is your standard in-charge paramedic which will likely look very similar to the current process for Medic II’s
- Paramedic III (P3) will be our clinical leaders. This could be FTO’s plus other medics who have demonstrated that they are able to engage in professional activities to develop their clinical practice. I will likely implement additional skills at this level. This may be the lowest level of provider that is credentialed to do RSI for instance.
• Paramedic IV (P4) As we move up the amount of clinical oversight it transitions from what we’ve traditionally done to more of a physician type of interaction. We sit down and talk about cases, one on one, they go back and develop their practice and move forward with more individualized physician feedback. This will likely be a Commander or DMO level of provider, but will not be restricted to an operational level.

• Paramedic V (P5) is our Paramedic Practitioner equivalent of Physician Assistant (PA). These individuals will be providing PA level of practice to augment some high acuity cases but perhaps more importantly, disposition the lower acuity patients.

“This may initially look like pie-in-the-sky stuff right now, this is also ATCEMS sending approximately five people to PA school and keeping them indentured to us for a period of time. The Paramedic Practitioner (PA) will be dispatched to calls that are high acuity and very low acuity, so they can disposition those patients at the bedside” Dr. Escott explains.

He continues “There is no reason why some patient management cannot be done in home, it does not make sense to take all patients to the hospital where they incur a thousand dollar ambulance bill and thousands of dollars at the ER for what can be managed at the bedside. Take a laceration, for instance, the PA will see the patient. Evaluate the lac, clean it out sew it up, give a tetanus shot, a script for antibiotics and schedule to return in a week or so to remove the stitches or refer them to a community health center for stitches removal. This is how we achieve more cost-effective care for a city and also create an industry that people want to enter into.

Austin Travis County EMS provides career paths better than other emergency services because of their dedication and involvement in public relations, community and public health. ATCEMS needs to model the same sort of philosophy in escalation of clinical abilities so that they can maintain medics who are clinically astute within the EMS system.

It is critical for medics to understand why they do what they do. Memorizing protocols/guidelines is not good enough. The medic must understand the why of the process. With that in mind, OMD in the future will be creating a reference document for every new guideline that is made. The guidelines will be backed up with evidence that was collected in making the decision. Eventually, it is desired to have hyperlinked scientific articles within the guidelines. Medicine is an art that needs to be appreciated and understood. The standard of care is not a single point but a range and the Clinical Guidelines should serve as a starting point. The ability to practice more independently hinges on the medics ability to understand the evidence behind the decisions they are making so that they can make informed decisions on how to maneuver between guidelines and provide lateral movement within those guidelines.”

**TRAINING AND EDUCATION**

Dr. Escott says “EMS is not traditionally seen as a long-term profession, but a paramedic should be just as prestigious as a Physician Assistant (PA) or Nurse Practitioner (NP). EMS subspecialty now presents a critical need for a bachelors and masters degree based program for our EMS physician extenders. We need to abandon the “technician” days and reinvent paramedics to be clinicians. Paramedics have to work harder to bridge the gap between NP’s and PA’s but it can be done.”

Dr. Escott is looking to work with UT to build an EMS program which will transition into a bachelors degree program to develop a major in EMS. Dr. Escott states “It takes time to do stuff like this, it is not something I just dreamed up. The UK and Australia have been developing this for 20 years now. This is doable here in Austin. We have the right balance of educational players and we have a city that embraces innovation and change, doing things which are not traditional. I believe this is the right atmosphere to make this a reality.”
He goes on to explain “This is a concept which is easy for administration to understand because it leads to decreased ER volume and decreased cost associated with transporting everybody. Focusing on the Paramedic Practitioner is a cost effective model. A model that opens up new clinical avenues for the professional paramedics. This is about enriching everybody’s understanding, evolving into clinical professionals and really mapping out a course to show what professionalism in EMS looks like.”

Dr. ESCOTT ON WORKING THE FIELD

“I don’t like to be in the office, I prefer the field. So, expect to see me out and about. That is what I do. I like to watch, supervise, and get involved assisting when needed. To me, not being out in the field is like having 2000 residents in the hospital but never actually working with them. I would just review their charts to help guide them, that makes no sense. The American Board of Medical Specialties voted in 2011 to create a new physician subspecialty called “Emergency Medical Services” similar to a cardiologist or trauma surgeon. The development of EMS as a physician subspecialty changes everything, it was a giant leap forward in moving paramedics into a professional arena” he explains.

Dr. Escott says “A physician with a distinct body of knowledge who is out there helping teaching coaching mentoring because the best clinical improvement is done at the patients side not in the office reviewing calls after the fact. We want the education and tweaking of clinical practice to happen at the patients side primarily rather than just a call review.”

Dr. Escott’s favorite quote from Theodore Roosevelt

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errr, and comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.”
Today’s emergency service providers are facing more violence, senseless actions and heartless criminal activity than ever before. They see more teen suicides and person to person trauma than any generation before them, yet they are under the microscope, expected to respond under any circumstance, and always with professionalism, clinical excellence and compassion.

This new awareness brings unique challenges to every provider in the emergency services world. We recognize that the aftermath of each incident actually touches more than just the victim and the family members. It often slams directly into those surrounding the call.

Public Safety Chaplains seek to provide the best tools, resources, crisis intervention training, mentoring, and support for building healthy first responders. Public safety and community chaplains are comforters, pastors, teachers and counselors. They serve law enforcement, fire departments and emergency services agencies by ministering to the employees of those agencies as well as the people served in the community. They serve in both full-time and part-time paid positions. Many also serve as volunteers. They give of their time because they feel called by God to do so.

EMS Chaplains are members of the clergy and are respectful of religious pluralism and religious freedom. Chaplains are NON-DENOMINATIONAL. This means they relate to people with varying faith traditions and provide services as desired. They are generally referred to with the title “Chaplain” no matter their religious affiliation but they do not proelytize or attempt to force their beliefs on anyone. Instead, Chaplains provide a comforting presence to people in distress. They help people who are facing some type of tragedy or difficulty in their life. They assist them to draw upon a core of support (family, friends, clergy, and social services) in order to carry them through the days and months following the immediate crisis. Clergy often refer to this type of activity as “pastoral care” or “compassionate ministry”. Chaplains visit the sick, serve as counselors, practice ethical behavior, and are good listeners who do not repeat what is told them in confidence.

With the growth of the department, and the complexities of our work, ATCEMS recognized the need to formalize a Chaplain program and make it more accessible to all employees and their families.

Austin-Travis County EMS department’s philosophy is that our people have three areas that impact their wellness: health, fitness, and wellbeing. The chaplaincy program is part of the "wellbeing" component that is designed to care for our people’s mental health, state of mind, and spirituality. We believe that all human beings experience these elements in their daily lives and need others to travel their journey with them, even if only from time to time. The department also provides a Peer Support team and access to staff psychologists. The City of Austin also provides an Employee Assistant Program (EAP). Chaplains are an integral component of employee wellbeing.
There are three components to the program:

I. Chaplains are part of the department’s team that provides support for employees and their families at critical times. Chaplains are available to counsel all EMS staff following critical incidents along with PEER team members and staff psychologists. The on-call Chaplain will be available on the scene and, if possible, in the days following the incident if uniformed staff desire to talk with him/her.

II. Chaplains may conduct weddings, baptisms, and if necessary, funerals. Chaplains may co-officiate with an ATCEMS staff member’s pastor, or if the staff member does not have a pastor or spiritual leader and desires the Chaplain to conduct the service, the Chaplain may do so. Chaplains are not required to perform any ceremonies.

III. Chaplains are ready to visit ATCEMS staff members, and/or members of their family who are hospitalized for whatever reason. Employees may arrange visits by contacting the individual Chaplain or by calling the Senior Coordinator.

One of the ATCEMS Chaplains will be on-call 24/7/365. Should any employee of ATCEMS feel the need for a Chaplain, the Communications Supervisor will contact the on-call Chaplain.

Contact John Atkinson, ATCEMS Senior Chaplain if you have questions.

Office: 512.972.2417
Mobile: 512-748-5655
Communication is always better than assumption, especially in business. Here’s why:

Assumption: They’re out to get us. The “they” can be anyone you see as the “other.” If you’re in management, it’s easy to assume the employees are out to get you. If you’re an employee, it’s just as easy to assume management wants to do you in. It’s the result of poor communication and lack of trust. As human beings, we need explanations. When we don’t get them, we tend to make them up sometimes with little or no factual basis to back them up. This then causes conflict, stress, frustration and anger.

Assumptions can be about pretty much anyone or anything. It’s so easy to think that we know what’s going on in someone else’s head, or within our inner circle. It’s no problem for us to imagine that we understand why a person has taken a particular course of action. We don’t really know; we make a guess based on our imagination, past experiences or wishful thinking.

The fact is, we don’t know what the truth is unless we ask.

We make assumptions when we don’t fully understand a situation. It is a natural reaction to immediately fill in any missing information by making up our own story. We do this because we like to try to make sense of people and situations. The problem with this is that most of the time our story is incorrect which causes all kinds of complications.

It’s easy to decide, arbitrarily, why an event has taken place. We don’t base this decision on observable evidence or factual knowledge; we just make the decision and believe it, as if it were fact. The problem with making these types of assumptions, and we all do it, is that more often than not, we’re wrong. We assume that a person has a specific motivation for their actions or that an event took place. Then we start to see these incorrect assumptions as the truth.

A lot of damage can be done by confusing our assumptions with the truth. We make all sorts of assumptions every day. Some are trivial, others are potentially devastating. Almost every single one of them is faulty. So why do we do this? I think that it’s part of human nature to base our understanding of other people and the world, not just on the facts we observe but to a greater or lesser extent on what what’s going on inside us, psychologically.

Instead of basing our understanding of people and events on what we observe and what we know for a fact, we often prefer to make judgments based on our emotions, beliefs, expectations and wishes. We too easily confuse these psychological mechanisms with reality, and the assumptions that spring from them become the basis of our own version of “reality,” even though it’s not real.

We don’t recognize just how much our inner world is coloring the way we see and understand our outer world, and how it distorts things for us. When making assumptions becomes a habit, we are less and less grounded in reality and more and more prone to creating problems for ourselves and others.
As much as we would like to think we know what others are thinking, we simply can't read minds. Sometimes we think we have the super power to know the reasons why people do the things they do (without asking them) which is pretty presumptuous. Remember, not everyone sees the world the same way you do.

Need another reason to stop making assumptions? Try turning it around. Do you believe that other people can read your mind? Would you rather that someone make up a story (an assumption) about what you are thinking, doing or feeling? Or, would you prefer that they ask you?

When you ask instead of assume, you may not always get an answer you like or expect. Still, asking direct questions is much better than making up your own story because then you are in the position to make an informed next step.

If we just stop and do our own fact-checking before deciding that we know something, we’ll avoid the trap of false assumptions and most likely prevent a lot of unnecessary difficulties.

Summary Of Points

- We have a tendency to build elaborate ideas of who people are going to be or how things are going to go rather than actually being in the moment of discovering what they truly are.

- More often than not, things are not how they appear on the surface (especially to someone with no knowledge of the situation). Look to your own life for examples of this.

- Rather than assume and judge choose to talk and find out the truth of the situation.

- When we choose to assume and judge we create a breeding ground for unnecessary conflict.

- When we choose to assume and judge we miss out on a lot of potential opportunities to connect with people and go through new experiences that we may enjoy.

- Many of our assumptions are based on superficial ideas that cause us to create a filter and not even give people or experiences a fair chance to present themselves for what they truly are.

- When conflict arises, make sure the first step is to chill out, ask questions, and empathize, rather than overreact based on what you think happened.
Chief Hawley speaks to UT students at M33

SpecOps Water Team Supporting TCSO Swat Training

M. Hawkins
Air Medical Memorial

Mallon, Mezayek & Noble

Alvarez, Gerac, Fitzpatrick

Canales
Austin-Travis County EMS
Field Operations Commander
Catherine H. Gerac
Retired
Please join us in congratulating and extending our best wishes to Paul Hafner and Karen Hill who will be retiring from ATCEMS on September 30. Paul and Karen, enjoy the journey ahead and remember, the BEST is yet to come!

Paul Hafner

Paul has served at ATCEMS for over a decade and has been instrumental in leading many initiatives within the department. Paul’s upbeat and positive attitude has motivated and encouraged many of us. His genuine appreciation and caring for others will not be forgotten.

Paul’s smile, laughter and sense of humor will be greatly missed. Where might we see Paul after retirement?

Not at HQ! We might see him playing the guitar at a concert downtown, whale watching in Hawaii or on a road trip down the coast of California. Paul, wherever you go and whatever you do, we wish you the BEST!

Karen Hill

Karen has been a valuable member of the ATCEMS HR family for 11+ years and she will be greatly missed! Karen played an essential part in the implementation of the Banner system at Corporate HR in ’97. Karen was involved in ensuring the contract was implemented correctly when ATCEMS transitioned to Civil Service in ’13. Her willingness to go the extra mile when helping customers is something we all have come to depend upon. Karen’s customer service is one of a kind and will be missed!

She is looking forward to living life in Marble Falls with a lake front view! We might see Karen out fishing, bowling or tending to her garden.
Congratulations and best wishes on your retirement. We extend our greatest appreciation of your 33+ years of dedicated service to the citizens of Austin/Travis County and the ATCEMS team. May you achieve all your personal aspirations as you start your journey into retirement. Chase after your childhood dreams as you find new paths to explore.
Employee Recognition

NICE JOB!

Andy Johnson & Matthew Chorzewski,
I received a call from Seton NW last night concerning a call you guys ran that was more of a Complicated Social work type call. The nurse from SNW wanted to thank you for going way above and beyond normal procedures in taking care of this patient. You guys obviously did a fantastic job representing yourselves and the dept with your professionalism and willingness to go the extra mile.
Thank You and GREAT JOB!!!!!

Ed Johns, Commander

Andy and Matthew,
Just wanted to say thank you for a “job well done!” Thank you both for representing us all in the manner in which you have in this case. It speaks volumes of your commitment to those we serve, respect to those we work with, and the Department you represent.
BZ fellas! (Bravo Zulu) Thank you!

Mikel J. Kane, Division Chief

EXCELLENT

A Communications Medics received a phone call tonight from the family member of a patient treated by M02 today. The crew was Aaron Jackson and Cheryl Bakhtiar. She wanted to express her appreciation to the medics for the excellent care they gave her husband. I wanted to make sure and pass it on. Well done y’all!

Eric B. Whiteman,
Commander - Communications

Heather Baade,
Thank you again for going by my group today. They had a blast and they adore you of course.
I just received this text and wanted to pass along: “Heather is just amazing... I hope that whoever is her supervisor knows just how incredible and patient and excited she is about her job”

Hillary Berquist Funk

FAREWELL

Ryan Lee
Karen Hill
Paul Hafner
Hailey Garber

THANK YOU

Kathleen Andrade,
I just wanted you to know how much I appreciate your work. The schedule was extremely difficult on this day (Sept 11, 2016) and your diligence, constant communication, and resourcefulness got us to a successful conclusion.

Bravo Zulu!
Mikel J. Kane, Division Chief

CONGRATS

She said YES!!
CONGRATULATIONS
Audrey Willis and Rhys Lucia on your recent engagement.
On Sat 8/20/16 at approximately 1:45pm I was working off-duty at Brack SPED when I was flagged down about an unconscious male possibly not breathing on E 15th St underneath IH35. I arrived on scene to find a w/m who was not breathing and was turning blue. I started CPR on the subject. Not long after I started CPR, Capt Geoffrey Winslow, approached me and stated he was an off-duty medic with ATCEMS. Capt Winslow and I rotated back and forth performing CPR on the subject until an ATCEMS ambulance arrived on scene and they took over patient care.

I learned after the fact that the ambulance crew was able to get a weak pulse back on the subject on scene and then they transported him to Brack ER. Unfortunately after a few hours the subject did pass away at the hospital.

I wanted to let you know about this as Capt Winslow was apparently just driving by on his off-time, saw me performing CPR, and immediately came to assist me. This to me is a clear example of his dedication to his profession, but more importantly it reflects upon his character and his willingness to help those in need.

Respectfully,

Patrick Nelsen #6857
Senior Police Officer
Austin Police Department

Selena and Edwin,

I just received a call from Mr. Matt Crawford. Early this morning, you responded to his house to care for his wife who was in labor. According to Mr. Crawford, his wife and the unborn twins were in distress. He stated you quickly recognized the severity of the situation, provided immediate care on scene, and rapidly transported his wife to South Austin Hospital where Dr. Whitney Morgan performed an emergency C-section. Mr. Crawford stated that Dr. Whitney came in this morning to check on them. Dr. Whitney asked Mr. and Mrs. Crawford if they understood exactly what happened, and Mr. Crawford admitted that he thought it was just a routine issue. Dr. Whitney said it was anything but routine. Mr. Crawford quoted Dr. Whitney as saying, “The paramedics saved your twins’ lives, and probably saved your wife’s life also. We rarely see newborns survive [this condition], especially when it happens outside the hospital. The fact that this was with twins and outside the hospital is nothing short of incredible, and the paramedics are responsible for them – the twins and your wife – being alive.”

Mr. Crawford went on to say that he was so impressed by your professionalism throughout the call. He stated you treated his wife with the utmost respect, and never once did they perceive anything other than they were going to be okay.

Selena and Edwin, I cannot begin to tell you how impressed I am, but I would expect nothing else from either of you. You truly made us all look good, and your knowledge, skills, and outstanding patient care speak to your professionalism. On behalf of the department, well done!

Respectfully,

Michael S. Wright, EMS District Commander
Commander Benavides,

I was just sitting here after a whirlwind day with the media thinking I owed you and your team a thank you.

We attended the conference at the lake [EMS Alliance Conference in Lake Conroe] and I really took a lot from your discussion. I opened my @ChiefJAlbert Twitter account and Facebook account while I was still sitting at the table as a matter of fact.

I'm one of those EMS dinosaurs and I've even been through the VA PIER training but your approach was different.

We have had at least a quote a week over the last 6-7 weeks in the local paper. Our media relationship has improved 1000%. I took your tips to heart and it's working even in small Brazoria county.

We had a really noteworthy call yesterday. Our Clinical LT and I happened to be on the call thankfully. So I tweeted and posted.

https://www.facebook.com/ChiefJAlbert/posts/175981006160719:0

It went viral. Amazing story. ABC 13 is doing the story tonight at 10 and the Brazoria County Facts newspaper in the morning. Greg from EMS1 did his class at Pinnacle and I took his advice to complete the circle and they carried our story today too.

I just wanted to take the time to say thanks for your insight. This has been a game changer for us. I appreciate the part you played.

Looking forward to catching up at the next conference.

Jason

Jason Albert, LP
Deputy Chief
Office of Compliance and Public Information
Angleton Area Emergency Medical Corps
The Dispatch Review Committee has come to a conclusion for our 2016 Quarter 1 Call of the Quarter winner. Calls were identified through Employee Recognition forms sent in by peers, kudos from OMD, or through the QA/ QI Process. At the end of this quarter, the members of the Dispatch Review Committee voted on the call that they believed to be exemplary. This was a difficult decision because there were so many excellent calls to choose from this quarter, but in the end one call stood out.

Please join the Dispatch Review Committee in congratulating **Esme Marks** for being awarded Call of the Quarter for the 2nd quarter of 2016. Esme’s caller was irate and was having a difficult time understanding why she was asking questions. His mother was having a diabetic emergency and he became very argumentative when asked for the patient’s age. The caller disconnected on Esme who promptly made a call back and was able to calm the patient down by explaining that she was asking the questions so that she knew how to tell him to help his mother. By the time Esme made it to Post Dispatch instructions the caller was speaking to her in a normal tone of voice and following her instructions. Esme exhibited excellent customer service on this call.

Congratulations Esme on a job very well done.

Capt. Jaelithe Eeten

Esme Marks, MI
All,

Kudos for excellent clinical management and stellar customer service on a critical and challenging call! Special thanks to Commander Michael Wright for bringing this to our attention.

**Med Comm: Capt Leslie Stanford**  
**EMS M11: Edwin Reyes, Medic I (EMT-P) and Selena Xie, Medic 2 (EMT-P)**  
**AFD QNT27: Albert Cardenas, Jason Christilles, Justin McNair, and Anton Starkovich**

On this particular day a call was received for a 36wks pregnant woman with twin gestation. Med Comm Capt. Stanford skillfully managed this patient after discovering her water had just broken and the umbilical cord had prolapsed. Capt. Stanford talked the caller and her husband through the appropriate pre-arrival instructions, advised the mother to resist pushing, and kept her and her husband calm until EMS arrived. Upon arrival, the M11 team and AFD crew quickly recognized the severity of the situation, provided immediate life-saving care, and rapidly transported her to an appropriate perinatal center. Shortly after arrival the patient underwent emergency C-section.

The receiving physician explained to the patient’s husband that “The paramedics saved your twins’ lives, and probably saved your wife’s life also. We rarely see newborns survive a prolapsed cord. The fact that this was with twins and outside the hospital is nothing short of incredible, and the prehospital providers are responsible for them – the twins and your wife – being alive."

The patient expressed deep gratitude to the entire team for their professionalism, courtesy, and keen management.

If you see any of these colleagues please congratulate them on an excellent job!

Please also let us know if you see someone doing a great job and we will get the word out.

Thank you for all that you do everyday!

**Katherine Remick, MD, FAAP**  
Interim Deputy Medical Director, Austin-Travis County EMS System  
Executive Core, National EMS for Children Innovation and Improvement Center  
EMS Director, Pediatric Emergency Medicine Fellowship, Dell Medical School  
517 S. Pleasant Valley Rd.  
Austin TX 78741
I recently worked a HCL shift at DC4 and backed up one of your crews on a cardiac arrest. The crew was Jessica Payne and Chaz McGinnis on Medic 6. They worked really well together and with the fire crew. They were able to get ROSC and I rode in with them to the hospital. At the hospital, the patient’s wife told me that she was thankful for the care provided by all involved, and then I just received a thank you card from her the other day. Unfortunately the patient did not survive and passed during his stay in ICU.

The patient’s wife states in her note “Your speed, agility and skill-as well as the grace of God and Ben’s valiant effort to survive-gave his family the time to gather by his bed at the ICU and say their heart felt goodbyes.”

David Thomas, Captain

Chaz and Jessica,

I want you guys to know how much we appreciate the work that ya’ll are doing. As evidence by this call, you both are dedicated professionals committed to those we all serve. You have represented yourselves, this department, and your profession at the highest level. Thank you both for what you do.

Bravo Zulu!

Mikel J. Kane, Division Chief

Jessica and Chaz,

I wanted to thank you for a fantastic job you did on this call. Your professionalism and hard work are greatly appreciated and is noticed.

Captain Dave Thomas who was on the call with you received this letter and also was impressed.

AWESOME JOB!

Ed Johns, Commander
Kevin, Tyler and Nick,

I received a call from Mr. Chang this morning, a couple of weeks ago you responded to a call at a medical clinic where Mr. Chang had driven himself to because he wasn't feeling well. He was having shortness of breath, dizziness, and said he just felt terrible. His explained that he leads a very stressful life, emotionally and physically, and his mother is an Alzheimer’s patient whom he takes care of full time. To complicate the situation his body is extremely weak and damaged from years of abuse resulting from something we can’t even imagine. You see, Mr. Chang was once a prisoner of war and spent years in a concentration camp.

Mr. Chang said that the kindness and compassion you both showed him that day made him feel like you both truly cared about him—not just as a patient but as a human being. You talked to him, comforted him, provided the care and attention that he needed—even though you didn’t realize you were caring for someone with so much more going on in his life than the physical symptoms he was dealing with that day. Mr. Chang said you helped him change his outlook on his life that day and despite whatever he was going through physically you left him smiling and happy. He wanted to thank you both for your superior professionalism and exceptional care. He says he has found renewed strength through this experience.

Well done gentlemen. Thank you for all you do.

Lisa Sepulveda
Community Services Program Manager
Austin-Travis County EMS

Mr. Kozowyk, Mr. Smith and Captain Baker,

I greatly appreciate the dedication and professionalism you both demonstrated on this call. The impact you both have made on this patience and his family will last a lifetime...thank you for what you do...you have represented yourselves, this organization, and your profession at the highest level....

Bravo Zulu!

Mikel J. Kane
Division Chief
Congratulations to Commander Walt Branning for 25yrs of dedicated service.
A Caucasian man in his 70’s was visiting his neighbors when he had a witnessed syncopal episode. Shortly after, he had a second episode and an ambulance was called. The patient became unresponsive before EMS arrived and required CPR. EMS was able to restore the patient’s circulatory function en route to the hospital. Upon arrival in the emergency department, a chest x-ray was obtained.

**Figure 1.** Chest x-ray revealed bilateral hilar lymphadenopathy and increased pulmonary markings.

The patient had an extensive past medical history including significant three vessel coronary artery disease status-post coronary artery bypass grafting. He also had mildly diminished pulmonary function secondary to COPD.

Labs drawn in the ED showed that the patient's troponin I was 0.50 ng/mL (reference range: <0.1 ng/mL), and an EKG revealed both right bundle branch and left anterior fascicular block. Despite the efforts of the clinical team, the patient had another cardiac arrest and could not be revived. The patient’s family was consented and an autopsy was performed.

Autopsy showed severe atherosclerotic cardiovascular disease with three saphenous bypass grafts from the aorta to the left anterior descending artery, the diagonal branch of the left anterior descending artery and the marginal branch of the left circumflex artery. There was greater than 90% occlusion of the left main coronary artery by calcified atherosclerosis. A subendocardial scar was identified in anterolateral aspect of the heart consistent with a prior myocardial infarction. Multiple calcified atherosclerotic plaques were identified throughout the abdominal and thoracic aorta. Bulky bilateral hilar and subcarinal lymphadenopathy was identified. There was mild pulmonary fibrosis with both a subpleural and perivascular distribution. Upon sectioning, small noncaseating and scarred foci suggestive of granulomas were seen in the lung parenchyma as well as in the hilar lymph nodes. Histochemical staining with Ziehl neelsen, grocott, and PAS demonstrated that the granulomas were negative for organisms.

**Figure 2.** Histologic section of the myocardial conduction system revealed focal microscopic epithelioid granulomas near the AV nodal tissue (H&E).
Final Diagnosis: Sarcoidosis

Sarcoidosis is a multisystem inflammatory disease. It frequently manifests as noncaseating granulomas, predominantly in the lungs and intrathoracic lymph nodes. The presentation and sequelae of sarcoidosis vary significantly between individuals. Approximately 50% of patients present with pulmonary complaints ranging from dyspnea to cough or chest pain, 45% present with systemic complaints such as anorexia and fevers, and the remaining 5% are asymptomatic. The classic pulmonary, ocular, and dermatologic manifestations of sarcoidosis are the disease manifestations which commonly come to mind when thinking of this entity. 5% of patients with sarcoidosis can have cardiac manifestations, which can range from relatively benign incidental findings to life threatening depending on the location and extent of granulomatous inflammation.

The most common sequelae of cardiac sarcoidosis is complete heart block. Patients may initially develop first-degree heart block due to lesions in the atroventricular node or bundle of His, but these can progress to complete heart block, which often manifests as episodes of syncope. Histologic evaluation of the myocardium, which can be done via myocardial biopsy or seen on autopsy, demonstrates noncaseating granulomas.

Given the patient’s presentation with multiple witnessed episodes of syncope, EKG findings of both right bundle branch and left anterior fascicular block, and histologic evaluation of the myocardium demonstrating noncaseating granulomas near the AV nodal tissue, complete heart block secondary to sarcoidosis, combined with the patient’s severe preexisting atherosclerotic cardiovascular disease, are most likely responsible for his cause of death.

The second most common cardiac manifestation of sarcoidosis is ventricular arrhythmias. These can manifest as sustained or intermittent premature ventricular beats or as ventricular tachycardia. Granulomas within the myocardium become foci for abnormal automaticity. They can also disrupt ventricular activation and recovery, which results in re-entrant arrhythmias. In addition to conduction defects, cardiac sarcoidosis can also result in cardiomyopathy and congestive heart failure.

Sudden cardiac death, due to either conduction blocks or ventricular tachyarrhythmias, is a common cause of death in patients with cardiac sarcoidosis. It is important to assess patients with known systemic sarcoidosis for EKG changes suggestive of arrhythmias or conduction abnormalities.

The current guidelines developed in 2006 for diagnosing cardiac sarcoidosis require either:

1. Diagnosis of sarcoidosis on myocardial biopsy and histologic or clinical diagnosis of extracardiac sarcoidosis
2. Histologic or clinical diagnosis of extracardiac sarcoidosis plus 3 major criteria or 1 major criterion and 3 minor criteria
   - Major criteria: advanced atrioventricular block, basal thinning of the interventricular septum, or left ventricular ejection fraction <50 percent
   - Minor criteria: abnormal EKG findings (right bundle branch block, PVC, V Tack, axis deviation or abnormal Q waves), abnormal echocardiogram (ventricular aneurysm or wall thickening or wall motion abnormalities), or perfusion defects on thallium or technetium scan

Interventions for cardiac sarcoidosis include aggressive control of inflammation to prevent further fibrosis in the myocardium. Corticosteroids have been used empirically to prevent further granulomatous inflammation of the myocardium, and are still used as the primary treatment for cardiac sarcoidosis. In addition to immunosuppression, intracardiac devices and pacemakers have been used to combat the potential for sudden death due to ventricular tachyarrhythmias or conduction block, as these account for more than half of the deaths in cardiac sarcoidosis.

Although the prognosis for all patients with cardiac sarcoidosis is not well-defined, patients who have symptomatic cardiac manifestations of their disease in addition to pulmonary findings have increased morbidity and mortality and require aggressive treatment of their sarcoidosis.
Customer Service Response:

387 calls were made during **August**. The questions asked focused on measurable customer service actions.

![Customer Service Results](image)

Respondents were asked to rate the customer service provided by our medics on a scale from 1 to 5, with 5 being the best. 81.11% of the patients rated the customer service they received at a 5 and 16.67% rated their service at a 4. The average rating overall was 4.78 out of 5 for customer service.

*The response we obtained from our customers is evidence of the great medics we have and the tremendous job they do each and every day.*

Patient Comments:

- “I broke my back and they were very careful with me, and let me know they were going to pick me up, and they would do all the work. I've never had better care. Please tell them for me, they were just too wonderful. They even went back and closed my garage door for me.”
- “They were there in seconds and were amazing. Very responsive to the questions I asked, and advised me about what I should do. They were wonderful people.”
- “You know, you want things to be happening pretty fast, and it seemed it was slow. But once they read the EKG they got me to the hospital very quickly. I am alive because of them and able to answer your questions. I am so grateful for that. If you can please let the crew know that I am grateful too.”
- “A-1 service, very good, calmed me down and slowed my heart rate.”
Every so often, doctors encounter a patient with a problem so unusual they decide to publish a case report. Case reports are meant to add to scientific research, or help other doctors who might encounter the same strange symptoms in the future.

But to those who aren’t doctors, case reports illuminate the limits and the mysteries of the human body.

I searched through multiple medical literature sites to find some weird and unusual medical cases on record. Throughout the year I will share some a brief synopsis of the these case reports. Perhaps you will even find them to be educational, interesting or the very least odd.

HUNTING AND LEAD....

An 8-year-old boy in Australia had high levels of lead in his blood for more than two years for unexplained reasons, until doctors found lead pellets in his body, trapped in an unlikely place, according to a report of this case published in the New England Journal of Medicine.

When the boy developed a stomach ache and was admitted to the hospital, the doctors did an x-ray, which revealed a large number of small round objects in the boy’s abdomen, appearing to be inside the digestive tract. The doctors immediately gave the boy a bowel washout, which should have cleared any object within his digestive tract, but a second x-ray showed the objects had not moved.

The doctors suspected the unlikely scenario – the objects had to be lodged in the boy’s appendix.

In surgery, the doctors removed the boy’s appendix, and found it weighed five times heavier than normal. When they cut it open, they found 57 lead pellets trapped inside.

It turned out, the boy’s family had hunted for food with a gun that fired such pellets, and the boy had consumed them while playing a game with his siblings.
Blast from the Past....

The voice of the old EMS Communications Division.

Vic Vreeland was the infamous voice of the EMS department, late 1970's into the early 1980's.

He and his wife Judy wished the best to the EMS Family and keeps us all in his thoughts and prayers.

CONTACT US WITH YOUR SUGGESTIONS REGARDING...

♦ EMPLOYEE RECOGNITION
♦ PHOTO CONTRIBUTIONS
♦ WRITING A GUEST COLUMN
♦ STORIES FROM THE FIELD/COMMUNICATIONS
♦ ANYTHING YOU FEEL IS RELEVANT, HAVE A PASSION FOR, OR SOMETHING WE MIGHT HAVE MISSED.

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