The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

Headline News

It's Summertime!

Recently, my granddaughters (pictured above) came for a visit and while here, they wanted to go to the subdivision swimming pool. This swimming pool has water slides, waterspouts, and all sorts of other things that make it a pretty impressive subdivision swimming pool/water park. However, on this particular day, the swimming pool was closed. So, I suggested playing in the lawn sprinkler like we did when I was a kid. They looked at me like I had two heads, as they had never heard of such a thing. Of course, my wife and I had to introduce them to this simple, yet very fun activity. As you can see from the picture, they had quite the good time and asked if they could do it again the next day instead of going to the swimming pool.

As paramedics we have been taught numerous advanced life support skills. Some of us feel that in order to be an effective paramedic we need to use those advanced skills as often as possible. As we treat our pediatric patients, we need to remember that sometimes the simpler approach works just as well, if not better (like my granddaughters playing in the sprinkler), than the big, fancy approach (like going to the subdivision swimming pool). Remember, we have to be EMT's before we can be Paramedics. Sometimes, the basic approach works just as well, if not better, than trying to bring out all of our advanced skills.

In this super-sized summer edition of the Pony Express, we have numerous articles that were submitted from individuals across the state and elsewhere. These articles address issues of prevention and awareness, as well as an informative article on the "Teddy Bear" Transport Team from Cook Children's Medical Center in Fort Worth. Don't miss the article featuring Dr. Tuggle from Dell Children's Medical Center of Central Texas in Austin. Dr. Tuggle will be a featured speaker at the World Trauma Symposium and EMS World Expo, coming this November 9–13 in Nashville.

If you have an article you would like to submit regarding pediatric injury prevention and awareness, or to highlight the hard work you are doing to take care of children in Texas, please send them to Sam at: Samuel.Vance@bcm.edu
We would love to hear from you. Be safe and have a great summer!

Best Practices

Teddy Bear Transport

By Jeff Calaway

Cook Children's Medical Center is supported by one of the United States' largest pediatric transport programs. Services provided by the transport team include five ambulances, an EC 145*, a Beechcraft King Air 200 Twin Engine Turbo Prop and the Citation Encore Plus*. In the fiscal year 2013 the team completed 2,461 transports, rotor wing, fixed wing and ground ambulance. The communication center, staffed by NAACS certified communication specialist is available 24 hours per day, 7 days per week, and specializes in all aspects of patient transport coordination, serving as the single point of contact for the efficient handling of both critical (emergent) and non-critical (non-emergent) transfer requests.

Based in Fort Worth, Texas, Cook Children's has significant reach. Cook Children's Health Care System is one of the country's leading vertically integrated pediatric healthcare organizations. Cook Children's represents an award-winning, not-for-profit system of seamless healthcare designed to fulfill our Promise: Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child in our region through the prevention and treatment of illness, disease and injury. Cook Children's is known for its nursing excellence and has a distinguished international reputation for providing extraordinary care and achieving positive outcomes in its neurology, neurosurgery, cardiology, cardiothoracic surgery, hematology and oncology, neonatology, and pulmonology programs.

The medical center is licensed for 457 beds, making it one of the largest children's hospitals in the country. Cook Children's is the only Level IV NICU in Tarrant County, the highest qualification for such programs as established by the American Academy of Pediatrics. Cook Children's is also a designated Level II trauma center and is staffed and equipped to provide comprehensive emergency medical services to patients suffering traumatic injuries 24 hours a day, 7 days a week.

In April 2014, the team expanded their fleet with a new Citation Encore Plus Jet.

(Continued on Page 2)

Mail Pouch

EMSC State Partnership, TX

Check out the EMSC State Partnership website at
www.bcm.edu/pediatrics/emsc

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

Teddy Bear Transport

(continued from page 1)

The new aircraft, allows for shorter travel times, a greater reach and the new jet, made possible by a generous gift from a donor, also provides capacity for two parents to be transported with the patient, if needed. The current plane only has room for one. And the new jet can get to our patients faster than ever before, average speed is 420 knots/483mph. The new aircraft can travel nearly 1,400 miles farther in a day than the previous plane because it doesn't have to refuel as often. Without the delay to get fuel, Transport will not be as restricted due to pilot duty time either.

Teddy Bear Transport is made up of 54 pediatric/neonatal nurses, respiratory therapists, paramedics and communications specialists, who serve more than 2,400 families from around the region every year. "We've been working together since the beginning," said Debbie Boudreaux, director of the Cook Children's Teddy Bear Transport. "In fact some of our team members have double digit employee numbers." With more than 400 years of combined experience this team is a valuable asset to the medical community. The Outreach Education coordinator for the transport team provides educational opportunities for our referring facilities per their request. "We want to give hospitals the tools to help stabilize patients until our team arrives to help," Boudreaux said.

Team members are also committed to maintaining excellence through ongoing clinical exposure at Cook Children's Medical Center. "We have a highly, trained and experienced staff," Boudreaux said. "But that doesn't mean we rest on our laurels. We continue to find new and exciting ways to care for our patients and our community, whether it's through our education efforts or our new equipment, such as the jet, we will always work together to keep the Cook Children's Promise 'to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.'

The time spent at the medical center allows the team to stay on top of their skills, improve their knowledge and build stronger relationships with the staff at the medical center. In our effort to exceed expectations and achieve excellence"90 percent of our transport nurses/respiratory therapists have received their Certification in Neonatal Pediatric Transport (C-NPT)," Boudreaux said. "We are committed to being the best we can be for our patients and we intend to keep soaring to new heights." We feel that the care provided when we walk into a referring facility is the same care you receive when you are actually within our facility.

* Aircraft operated by Metro Aviation, Shreveport, Louisiana.

Pediatric Disaster Management

Trauma care for kids: How is it different?

Reprinted with permission from John Erich EMS World

If for no other reason than its many powerful tornadoes, you'd expect Oklahoma to have developed a fairly advanced trauma care system. And it has—though more recently than you might surmise.

Pediatric surgeon David Tuggle, MD, was a key player in growing those capabilities in the state's capital and extending them to a population that's often vulnerable and underserved in major mass-casualty incidents: children. Now at Dell Children's Hospital in Austin, TX, Tuggle is a featured speaker at the World Trauma Symposium and EMS World Expo, coming this November 9–13 in Nashville. Dr. Tuggle's presentations are being sponsored by the American Academy of Pediatrics.

At the WTS on Nov. 10, Tuggle will speak on pediatric disaster management and last-resort airway management for kids. The next day at Expo, he'll address prehospital management of children in MCIs. In this advance Q&A he previews those talks and discusses key aspects of aiding kids when trouble strikes.

How did you become interested in pediatric and pediatric MCI issues?

Well, I'm a pediatric surgeon, and when I moved to Oklahoma, we were required to take care of injured kids by default—there was nobody else to do it. (Continued on next page)

The Pony Express
Improving emergency medical care for children all across Texas
Volume 6, Issue 3

The system in Oklahoma then, which was great for practicing pediatric surgery, wasn't all that great for taking care of all the complex stuff that goes around managing injured children. We needed to do better, and so I started working with injury prevention and teaching Advanced Trauma Life Support courses to physicians. But there was no trauma center in Oklahoma City, and there was no trauma system, really.

So then in 1995 the Oklahoma City bombing occurred, and we got a whole bunch of kids all at once. So I at least had to organize my hospital to take care of them, but the adult piece was still not well developed. So after Oklahoma City the governor recognized the trauma system in Oklahoma wasn't as well developed as it could be and had a task force come up with recommendations to improve it.

That was 1997, and some of those got implemented, but one of the big pieces that didn't was that there wasn't a lead trauma hospital in Oklahoma City. Smaller cities near us had Level 1 trauma centers—Wichita had two Level 1s, Tulsa had a Level 2, and Oklahoma City's bigger than both of them, and we had nothing.

So we still hadn't fixed that, and in 1999 we had a tornado that killed 46 people and injured 700, of which there were 65 kids, and we ended up taking care of most of it. So that got people to dust off the governor's task force recommendations, and with those my department chair and I were able to convince the dean and CEO of the hospital to make a Level 1 trauma center. It took two mass-casualty events to propel us through the political and financial aspects of it. It took a year, and I was the designated trauma medical director.

It took us a year to get organized, and our trauma center went live on July 1, 2000. You have to have a year's worth of data to get through the process of being verified as a Level 1 trauma center, so we got our year's worth of data and were verified in Nov. 2001. So we went from nothing, with no organization whatsoever, to a Level 1 trauma center in about 17, 18 months.

Now there are 8 full-time trauma surgeons there. But since that time, there have also been two more F5 tornadoes in Oklahoma City, the last of which was May 2013. So because of that, the system is very well developed. It was much easier to take care of all those injured adults and children, and probably there were some injury-prevention efforts that also went on because of the development of the trauma system in central Oklahoma.

What else will go into the Expo presentations?

I'm also going to discuss things that are unique about taking care of injured pediatric patients, not just in mass casualties but day to day. For instance, we'll talk about post-traumatic stress disorder, we'll talk about family reunification, we'll talk about some of the physiology you have to think about when you're managing injured kids with respect to biological, nuclear and chemical attacks. Hopefully we'll never have any of those, but you have to think about them.

A recent EMS World article noted that only around 13% of EMS departments have pediatric MCI plans. How would you evaluate EMS systems' preparedness for major pediatric events?

That number sounds accurate. I'm a senior site reviewer for the American College of Surgeons' verification process, where we go in and look at hospitals and see how they're prepared. I'd say EMS is generally OK in its ability to resuscitate children. In my day job, where I'm the associate trauma medical director at Dell, we have an extremely robust relationship with our EMS department, but even now there are things we can do and educational pieces we need to continue to work on with our EMS partners. It's one of those things you can't have too much of. Because you transport 80% adults and 20% kids, you have much less familiarity with children compared to taking care of adults.

What about hospitals? Have they become more prepared for pediatric surges?

The larger hospitals generally have adapted the EDAP (Emergency Department Approved for Pediatrics) minimum emergency department equipment for children. Usually critical-access hospitals are more likely to not have everything that's needed for kids compared to urban environments, where a lot more children come through. I'd say more rurally located hospitals are the ones that are challenged in having all the necessary equipment for all the sizes they need.

What are the key physiological differences for kids?

What you need to remember is that the range of normal vital signs in the pediatric population changes by category. For instance, from 0–2, the heart rate is going to be 80 or 100 to 140 in normal patients.

In our locale we had a 3-year-old patient who was transported with a heart rate of 53. That's not adequate for a child, because they don't have the contractility of the heart to increase stroke volume to maintain cardiac output. They need a faster heart rate. So the challenge is remembering, getting out your Broselow tape or putting your thumb up to the baby and going, 'What's a normal heart rate, what's a normal blood pressure for a child this size?' And then, if they don't meet what you recall being a normal heart rate or blood pressure, you need to step up your resuscitation efforts.

This child with the heart rate of 53 probably needed CPR and didn't get it. So even though we talk to our EMS partners all the time, there's still some of those things people have to remember up front. (Continued on next page)

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

What are the key elements in a family reunification plan?

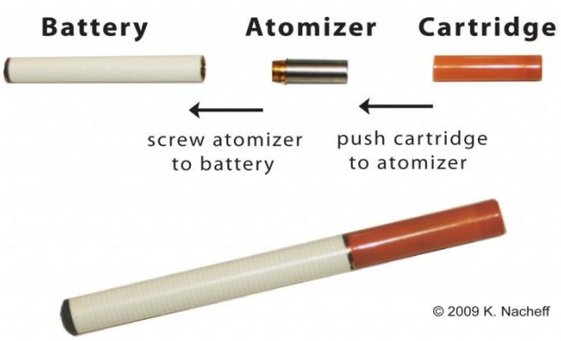
The physicians and nurses can't also be providing the standards needed for family reunification. These are really chaplain programs, social work programs, and Child Life programs. People we partner with are going to be much more appropriate for helping with family reunification. Clearly, physicians and nurses have a piece of that too, but if you have 60 or 80 kids from an elementary school that just sustained an F5 tornado like we did last May, the parents are frantic, and you have to match up the child with the parent. And a lot of times, we don't wear dog tags. So finding that child and then making sure they go with the right adult provider is critical.

There are only about 15 states that require family reunification plans for schools and day care centers. All the other states have no clue about how they want to go through the process of reunifying children with their families. That's an area where we're really behind.

For registration or more information on EMS World Expo, see http://emsworldexpo.com. For the World Trauma Symposium, see http://worldtraumasymposium.com.

Beware of E-cigarettes: Poisonings in Children Sky-rocketing

By Melinda Crockom



Parents need to be aware of the risks of e-cigarettes around children. Recently, poison control centers have seen a spike in the number of calls involving children getting into the liquid of electronic cigarettes which put children at risk of becoming very ill.

Here in Texas, the poison control centers have had several calls of nicotine exposure due to e-cigarettes. The number of calls has doubled since 2011, which has many poison centers across the country concerned about exposure to children. Common accidents from e-cigarettes include liquid splashing or leaking while using the e-cigarettes and accidental ingestions by children.

Common side effects from potential over-usage or poisonings include nausea, vomiting, sweating and even seizures, which could lead to death. Using too much nicotine is known to be toxic to people which is why the e-cigarettes can be dangerous. The liquid contains a high concentration of nicotine, which is different than regular cigarettes. Poison Control experts state that it only takes about 30 to 60 milligrams of nicotine to send a child to the emergency room.

Due to the colorful liquid in these e-cigarettes, children are especially drawn to them, which is why it is so important that these are kept out of sight and out of reach of children. What makes these even more dangerous is that the child does not even have to swallow the e-cigarette liquid refills to have a reaction since it is quickly absorbed through the skin.

Please remember to keep e-cigarettes and their refills away from children. And if you have a child or an adult who has ingested the liquid from these, please do not hesitate to call a poison control center at any time day or night at 1-800-222-1222.

The Benefits of Utilizing the Texas Poison Control Network: 1-800-222-1222

By Melinda Crockom

The Texas Poison Control Network (TPCN) is a valuable asset for you and your providers that can save you money while enhancing the delivery of care to your patients. A poison control specialist is available to assist you with patient treatment protocols, provide drug interaction information, and will follow up to final disposition if patient is admitted.

The TPCN is comprised of six regional hospitals across Texas that, together, are staffed 24/7 with expert toxicology-trained medical staff (MD, RN, PharmD, and pharmacists) to answer calls from the general public, law enforcement, emergency departments, and other health professionals regarding poisoning information questions, regarding possible human poisonings, and consultation on case management of poisoning/bites and toxicology questions. (Continued on next page)

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

Each year, the TPCN handles approximately 165,000 cases of potential human poisonings with an additional 120,000 in information calls. Currently, poisonings are the leading cause of unintentional deaths in the United States. By working together with hospitals, the TPCN's goal is to provide information and services that help save lives and cut down emergency room visits and costs so that emergency rooms can focus on true critical emergencies. Today, potential poisonings or toxic exposures that are called in by the general public prehospital or ED visit can be handled by the TPCN, avoiding ambulance runs and ED visits in 93% of the cases. A recent study conducted by the Lewin Group[1] estimates a savings of $13 dollars for every one dollar spent on Poison Control Programs.

[1] The analyses conducted in this report confirm the overwhelming return on investment (ROI) that the poison center system contributes to the nation as a whole. The savings resulting from poison centers services are:

- $752.9 million per year due to avoided medical utilization
- $441.1 million per year due to reduced hospital length of stay
- $23.9 million per year due to in–person outreach
- $603 million per year due to reduced work-loss days

In total, the poison center system saves over $1.8 billion per year in medical costs and productivity.

This fact sheet incorporates information from the American Association of Poison Control Centers Fact Sheet located at www.aapcc.org under "alerts"

The ROI is $13.39 for every dollar invested in the poison center system. Also, the savings and cost to fund poison centers relative to the population served (i.e., which includes 315,771,469 residents of the United States, Puerto Rico, US Virgin Islands, American Samoa, Micronesia, and Guam) are $5.77 per year and $0.43 per year per resident respectively. These savings are shared by federal, state, and local governments and the private sector.

Synthetic Cannabinoids: The Facts

By Melinda Crockom

With names like Spice, K2, No More Mr. Nice Guy, Mango Spice or Texas Gold, and hundreds of others, the drugs often called "synthetic marijuana" are – in reality – very different from marijuana. They contain powerful chemicals called cannabinoids that work on the same brain receptors as THC (the active ingredient in marijuana) and can cause dangerous health effects.

The drugs are made **specifically to be abused**. Just like other illegal drugs, synthetic marijuana is not tested for safety, and users don't really know exactly what chemicals they are putting into their bodies. They are a risk to the public's health and a hazard to public safety.

Health effects from the drug can be life-threatening and can include:

- Severe agitation and anxiety.
- Fast, racing heartbeat.
- Higher blood pressure.
- Nausea and vomiting.
- Muscle spasms, seizures, and tremors.
- Intense hallucinations and psychotic episodes.
- Suicidal and other harmful thoughts and/or actions.
- Occasional reports of patients becoming lethargic or obtunded.

Hundreds of synthetic cannabinoids are available. In order to avoid the legal implications of being sold as drugs, they are generally packaged and sold locally as potpourri or incense; however they are abused by being smoked. Marketed as a "legal high," these drugs have gained popularity quickly. They also were said to be undetectable on drug tests, which is not true.

The harmful effects from these products were first reported in the U.S. in 2009. Since then, the drugs have spread throughout the country. Poison centers received 5,230 calls about exposures to these drugs in 2012 and 2,643 exposures in 2013. (Click here for the most recent data.)

(Continued on next page)

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

There appears to be a run on the use of these agents in Austin and North Texas early in May 2014. Data are still being gathered to learn more i.e. if there are simply more people using the agents or if there is a "batch" that is particularly potent. Current media information being reported from Dallas and Austin are a bit unreliable, as EMS runs are reported as "OD/Substance Abuse/Ethanol" and these data are being re-evaluated for "K2" or "synthetic marijuana" specific incidents. Poison Centers in Texas are actively evaluating individual cases, and asking for the assistance of any Emergency Department that receives such cases, in order to better determine the actual substance being consumed.

What should you do if someone has used synthetic marijuana?

Call your local poison center at **1-800-222-1222**. Fifty-six poison centers around the country have experts waiting to answer your call. These experts can help you decide whether someone can be treated at home, or whether he or she must go to a hospital.

Dial 9-1-1 immediately if someone:

- Stops breathing.
- Collapses.
- Has a seizure.

For more information, call your local poison center at **1-800-222-1222.** Poison centers are open 24 hours a day, seven days a week, every day of the year for poisoning emergencies and for informational calls, too.

FDA Issues Boxed Warning on Lidocaine Viscous Use in Children

According to the Food and Drug Administration (FDA), in 2014 it has reviewed 22 case reports of serious adverse reactions, including deaths, in infants and young children 5 months to 3.5 years of age who were given oral viscous lidocaine 2 percent solution for the treatment of mouth pain, including teething and stomatitis, or who had accidental ingestions. Topical pain relievers and medications that are rubbed on the gums are not necessary or even useful because they wash out of the baby's mouth within minutes. When too much viscous lidocaine is given to infants and young children or they accidentally swallow too much, it can result in seizures, severe brain injury, and problems with the heart. Cases of overdose due to wrong dosing or accidental ingestion have resulted in infants and children being hospitalized or dying. FDA is requiring a Boxed Warning to be added to the prescribing information (label) to highlight this information. For more information..

Death of a Child in the Emergency Department Technical Report

The American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association collaborated to produce a recent technical report published in *Pediatrics*, *Annals of Emergency Medicine*, and the *Journal of Emergency Nursing*. This technical report describes the background information, consensus opinion, and evidence, where available, to support the recommendations of the policy statement on the principles of care after the death of a child in the emergency medicine (ED).

Nearly 20% of the 40,000 children younger than 14 years who die each year occur in an outpatient location, such as the ED. Moreover, the death of child in the ED is unique in that it is often sudden, unexpected, and occurs without a previously established physician-patient care relationship.

ED physicians must be prepared to provide emotional and cultural support, as well as deal with procedural and legal issues that arise with the death of a child despite limited experience, exposure, and training. Key factors that should be considered or have an impact after the death of a child in the ED include: the importance of education of health professionals regarding palliative, end-of-life, and bereavement care to children and families; family-centered care; team-oriented approach; notification of pediatrician and subspecialists; the decision/discussion of postmortem examinations and organ tissue donation; and assisting ED staff, out-of-hospital providers, and others experiencing critical incident stress.

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

Report Shows Combining Drug Use with Underage Drinking Raises Health Risks

Underage drinkers (ages 12 to 20) who were treated in hospital emergency departments were more than twice as likely to wind up with a serious health outcome if they also used drugs at the same time, according to a new study by the Substance Abuse and Mental Health Services Administration (SAMHSA). These serious outcomes included hospitalization, transfer to another health care facility following their emergency department visit, or death. According to the study recently released by SAMHSA, 20 percent of all hospital emergency department visits involving underage drinkers resulted in the patients having serious health outcomes. However, while 12 percent of these visits involving underage drinking alone resulted in these serious outcomes, the rate rose to 33 percent among those visits involving both underage drinking and concurrent drug use. The report, "Alcohol and Drug Combinations Are More Likely to Have a Serious Outcome than Alcohol Alone in Emergency Department Visits Involving Underage Drinking," is available at:
http://www.samhsa.gov/data/spotlight/spot143-underage-drinking-2014.pdf
It is based on data from SAMHSA's 2011 Drug Abuse Warning Network (DAWN) – a public health surveillance system that monitors drug-related emergency department visits in the United States.

In related news, SAMHSA's underage drinking prevention campaign, " Talk. They Hear You. " helps parents and caregivers connect with their child on the risks of underage drinking. PSAs and online interactive tools, as part of the campaign, provide parents and caregivers modeling opportunities for initiating the conversation about alcohol.

FDA Warning: Powdered Pure Caffeine

Today, the FDA is warning about powdered pure caffeine being marketed directly to consumers, and recommends avoiding these products. In particular, FDA is concerned about powdered pure caffeine sold in bulk bags over the internet. The FDA is aware of at least one death of a teenager who used these products. These products are essentially 100 percent caffeine. A single teaspoon of pure caffeine is roughly equivalent to the amount in 25 cups of coffee.

Pure caffeine is a powerful stimulant and very small amounts may cause accidental overdose. Parents should be aware that these products may be attractive to young people.

Symptoms of caffeine overdose can include rapid or dangerously erratic heartbeat, seizures and death. Vomiting, diarrhea, stupor and disorientation are also symptoms of caffeine toxicity. These symptoms are likely to be much more severe than those resulting from drinking too much coffee, tea or other caffeinated beverages.

All consumers seeking caffeinated products should be aware of the potentially high potency of these powdered pure caffeine products. Parent should recognize that teenagers and young adults may be drawn to these products for their perceived benefits.

What to do

- The FDA advises consumers to avoid powdered pure caffeine.
- It is nearly impossible to accurately measure powdered pure caffeine with common kitchen measuring tools and you can easily consume a lethal amount.
- If you believe that you are having an adverse event related to caffeine, stop using it and seek immediate medical care or advice.
- The FDA wants to know about adverse events associated with powdered pure caffeine and other highly caffeinated products. You or your health care provider can help by reporting these adverse events to FDA in the following ways:
- By phone at 240-402-2405
- By email at CAERS@cfsan.fda.gov

Why this advice is important

Pure caffeine products are potentially dangerous, and serious adverse events can result, including death. People with pre-existing heart conditions should not use them.

Heidi C. Marchand, Pharm.D.
Assistant Commissioner
Office of Health & Constituent Affairs
Office of External Affairs
U.S. Food and Drug Administration
Tel: 301-796-8457 / Cell: 240-328-4804
heidi.marchand@fda.hhs.gov

The Pony Express

Improving emergency medical care for children all across Texas

Volume 6, Issue 3

Reducing Accidental 9-1-1 Calls By Melinda Crockom

We have all done it- or we know someone who has done it. Calling 9-1-1 unintentionally is more common than you think. And with the use of cell phones, more accidental 9-1-1 calls are happening more than ever. Not only do these accidental phone calls clog up the emergency line, but it also delays emergency responders from getting to real emergencies quicker.

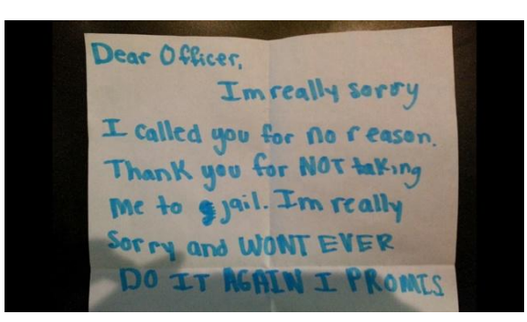
Many older versions of wireless phones have a feature that allows you to dial 9-1-1 by simply holding down the "9" button. This feature was originally created to help the user dial 9-1-1 quickly during an emergency. Unfortunately, the feature has created more accidental 9-1-1 calls than were anticipated. Another issue that poses risk is open-faced phones that can bump up against other items in your purse or briefcase causing an accidental call to 9-1-1.

Luckily, with newer model phones, the likeliness of accidently dialing 9-1-1 has gone down because you can't automatically dial 9-1-1. You usually have to activate the emergency mode of the cell phone in order to contact emergency services.

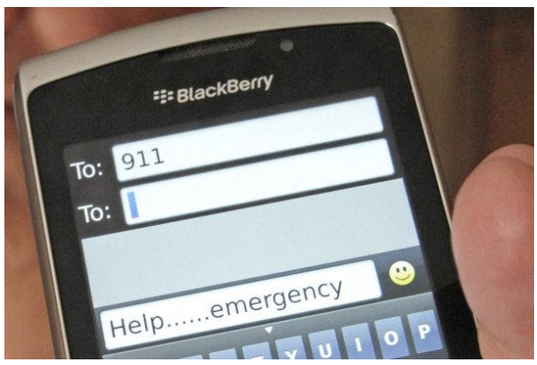
As a cell phone user, there are things you can do to make sure that you do not accidently dial 9-1-1. Let's all work together to help reduce non-emergency calls!

- Make sure your phone is locked using the keypad lock feature. By having a keypad lock on your phone, you help eliminate accidental calls by preventing the phone from responding to keystrokes until the phone is unlocked.
- Some phones have an auto-dial feature for 9-1-1. We suggest turning this off (and so does the FCC) if your phone has this feature. In order to figure out if your phone has this feature, look at the manual or contact your service provider.
- Don't let your kids play with your phone. They could accidently dial 9-1-1. Try getting your kids a play phone or one that won't dial emergency services.

Remember, if you do ever find yourself in an emergency situation, please do not hesitate to contact 9-1-1.



Texting to 9-1-1: What You Need to Know By Melinda Crockom



As technology moves forward, more and more carriers and areas are providing the option to text to 9-1-1 for emergencies. Having the option to text to 9-1-1 can be useful in times where talking on the phone could put someone in danger. But what much of the public does not realize is that many carriers and areas of the country still do not have the capabilities to provide texting to 9-1-1.

For example, in some areas of Texas, Verizon users now have the capability to text to 9-1-1 while other carriers do not provide this option yet. If you were to text to 9-1-1, you would most likely receive a bounce back message requesting that you call 9-1-1 for help. As of September of this year, all the major cell phone carriers are required to provide a bounce back message if someone tries to text to 9-1-1. These carriers include Sprint, T-Mobile, AT&T and Verizon.

9-1-1 entities across the country are working hard so that all carriers can soon provide the public with the option of texting to 9-1-1, in the event that they cannot call 9-1-1 for help. In the meantime, remember, to ALWAYS contact 9-1-1 by making a voice call to ensure that you get help during an emergency situation. For the deaf or hard of hearing, remember to use a telecommunications relay service.

An emergency situation includes any of the following:

- A fire
- A crime
- A car crash
- A medical emergency

When you call 9-1-1, make sure you know your location and answer all the call-takers questions. For more information on Text-to-9-1-1, please visit the FCC site at http://www.fcc.gov/text-to-911.

Commission on State Emergency Communications

The Pony Express

Improving emergency medical care for children all across Texas

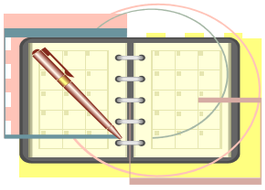
Volume 6, Issue 3

Final Thought

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. –Maya Angelou

Upcoming Events

Mark Your Calendar



- EMS for Children Advisory Council Annual Workshop: August 19 at Dell Children's Medical Center, Austin, TX
- Texas Hospital Association Hospital Emergency Preparedness Workshop: August 19 at the Texas Hospital Association in Austin, TX
- Governor's EMS and Trauma Advisory Council (GETAC): August 20 – 22 at the Crowne Plaza in Austin, TX
- Preparedness Coalition Symposium: November 5 – 7 at the Galveston Convention Center, Galveston, TX
- 2014 Pediatric Trauma Workshop: September 26 at Cook Children's Medical Center Hochberger Auditorium, Fort Worth, TX
- 2014 CHAT Pediatric Nursing Conference: November 7 – 8 at the Hilton Forth Worth, Fort Worth, TX
- Texas EMS Conference: November 23 – 26 at the Fort Worth Convention Center, Fort Worth, TX