FIRST RESPONDER SURVEY COMMENTS

There were 178 surveys returned with 215 comments from "Part B" of the First Responder Survey. These comments were reviewed and grouped into the categories listed below. An attempt was made to place each comment in the appropriate category and when a comment crossed over it was included in each of the categories to which it pertained. Comments were copied, as is, with no attempt to correct spelling and/or grammar. Each comment from separate respondents is indicated by a bullet ( ) while additional comments from the same respondent follow as paragraphs.

Categories:

Funding needs and grant issues	**49 comments**
Training and continuing education issues	**53 comments**
Medical Direction Issues	**8 comments**
Staffing Issues	**4 comments**
TDH regulations issues	**43 comments**
Provider Relation issues	**29 comments**
RAC issues	**6 comments**
Miscellaneous comments	**23 comments**

FUNDING NEEDS AND GRANT ISSUES

- Please provide each ECA – EMT – above grant money for equipment and education. Our country is going threw rouf times both overseas and at home.

  Please keep up the good work.

- We have difficulty getting county dispatch to automaticly send mutual aid departments mutual aid must be requested by receiving department. County defers pre arrival instructor, to the provider. Need funding is in the area of communication equipment and vehicles.

- I believe the only problems with our First responding program is funding and training if we had more money avaliable to use for training and eqwipment we would be able to provide better First Responding for our area. Thank You

- Our organization does not have a computer. It is a problem getting our run sheets sent in to Trauma Registery. We are not involved in RAC but would like to be. We are a very small Volunteer one BLS EMS provider. Years ago we attended RAC meetings but feel very uncomfortable around the "big guys".

- The biggest problem facing our department is funding. As noted in Part A of this survey only 10% of our funding comes from the government, the rest is raised by us. It would help every department in our county if more funding was provided by the county. We feel like we put to pressure on the people we service, when we have to keep going back to them for donations. They pay county taxes and expect the county to help pay for the fire protection. But that doesn't happen, at least not at a fair share. We can not provide the service level that we feel is necessary with the funding that is provided.

- We have a part paid volunteer F.D., with 20% of five individuals time is paid and 80% is volunteer. Five are employed by the county as watchman and are paid 24 hrs. and we volunteer 96 hrs., each pulls a 24 hr. shift for dispatching and security purposes. We also have 7 other voluntrers for a total of twelve. We are not T.D.H. registered due to lack of funding for supplies and personnel. Training is also a factor due to lack of funds. We have three E.C.A. certified volunteers, and are in the process of requesting funds for E.C.A. training thru T.D.H., B.E.M. which will be beneficial for our Dept., public and community which we respond to a rural area of approx. 750 sq. miles. And neareast medical facility of about 20 miles from our station. Hoping that we can get funds for all our nececities in order to comply with T.D.H.'s registration for First Responder organization. Rules and regulations.

- The fact that EMS is not recognized as an essential service in the state – we have to change this in the next legislative session. Then we can work toward getting the needed funds as well as the pay levels that are required to provide quality EMS. Medicare/Medicaid/Insurance Pay has to be improved – The medical community should not have to fight just to get paid, even if it is only at a minimal level.

- Funding: Some concern w/potential economic downturn.

- Need better funding for small depts. That are first responders rescue equipment, such as rescue trucks jaws of life airbags, better continue education programs have more non college EMTB & ECA training for rural fire depts & farm AG rescue classes change the date on the Texas EMS Conference early fall or spring

- We depend on neighboring fire/rescue dept.s for EMS in our response area. We assist these organizations by securing the scene, establishing life flight L.Z. and supplying man power to assist in lifting and moving patients. Lack of trained personnel, medical equipment and supplies, and poor communication equipment seem to be the areas that hinder our effectiveness as a F.R.O.

- We have submitted TDH grant proposals, but have received no response! At this point even a reject letter would be welcome!

- If TDH is so concerned about improving trauma care in rural and frontier regions in Texas, let's get the funding back to the rural services and away from RAC control. The RAC's DO NOT work. Those people that are receiving the trauma funds mostly don't need them, and those that really need them can't afford to go to the RAC meetings and can't qualify for the funds. Who's suffering? The service, the RAC or the patient's? Way to go TDH!!!!!

- Rural area responders need more $ to be able to be staffed, at least with volunteers. The few times they are needed, they are seriously needed & it turns a common call into a life & death situation. (example – pt caught in farm/ranch equipment.) If funding could be allowed for rural commities to be staffed not because of call volume but the readiness to save a life.

- We need funding for training, equipment, and communications with our dispatch and EMS provider.

- Funds are not available for smaller services. Funds to provide continuing education and basic classes are not available to us or we have no way of finding out where to look for these funds. At the present we have approximately 10 students interested in a basic class we have no funds to do this. We looked into a TEEX Grant the amount of this grant would not cover the class, plus books plus instructor. If you have a solution, please let me know. Being a rual community our service depends greatly on volunteers.

- There needs to be a stronger recognition of the need for First Responders, both in the community and at TDH. First Responders are essential in rural areas. Public awareness of the benefits of FRO's needs to be heightened. We do what we can in our area, but that doesn't help us with our grant requests. Funding is essential to any organization.

- Could there be governmental assistance to providing AED's to all FRO's?

- With expenses going up funding is always a need. Without community donations, it would be hard to operate with the funding our local hospital gives us. $1200.00/year.

- 1st year in the First Responder phase – we've had training such as BTLS and funding was provided by STRAC – monies are hard to come by and since our department has been responding, and call volume keeps going up, we need to stay abreast on as much education as we can. We make and extra effort to stay up with all changes, we have a very good or should I say excellent EMS system that provides our medical training and I know they are very involved in our STRAC organization – please make monies available to the rural areas so we can continue to respond to our community needs – Thank you

- We did not get any help with indigent health care. No support from the county. Rural areas need more help with equipment costs. We need more support from our Regional people. Testing has become a hardship. They are not customer service oriented, yet they expect us to be. We need more testing dates.

  In answer to the above concerns, funding is inadequate for small rural areas, who rely solely on fund raising efforts to supply and equip emergency response teams. This does not allow for extra monies to provide basic training or CE hrs. TDH policies and regulation are supposed to protect both the Public and EMS organizations, however, it is possible to over regulate to the point of making this job almost impossible to do.

Relations with hospitals and primary providers for FRO's is to say the least – poor. These entities do not help FRO's financially and when a pt is released to the provider for transport FRO's have no way of knowing the final disposition of the patient.

- I would like to see more money made available to small departments and if it is available it needs to be made more public to small depts.

- We need all the help we can get but we still do our part as a fire fighter.

- More funding is needed for local RAC to disburse for training & new recruits training. We are losing our EMS trained personnel or they don't have the funds to get the training. Small Fire & EMS Providers don't have funding to get high price Defibs, Pulse Ox, Suction Units etc.

- We find one of our greatest problems in a rural area is travel distance and the response time from our station to the injured party. The A.L.S. ambulance is sometimes 15-20 minutes behind our initial first responder units which are B.L.S. units. Solution? It seems more money can solve anything! We need either a full time A.L.S. unit stationed within an acceptable time range or provide A.L.S. first responder units at our station who can provide advanced care until a transport ambulance can arrive at the scene.

- Being a Vol. Fire Dept., we do not have the available funds to buy much needed equipment such as an A.E.D. or Pulse Oximeter. We were only able to get such basics as backboards through money from the Tobacco settlement.

- I feel that the biggest problem we have in the rural areas is funding. We are forced to run 150-200 BLS call per year w/2 FRO units on a budget of $5,000.00 per year. Lack of grants hums our ability to obtain needed equipment.

- Funding to support our EMS program is tough. Rigging out each first Responder with Basic Response equipment, O2, bandages, B/P cuff, etc. Extrication equipment major problem can not find any help in this purchase + we have I-30 running through area.

- More liberal funding through RAC/TSA's and TDH Grants to smaller organization with limited funding and income. (ie: Volunteer EMS and FRO's who rely on small revenue's & donations for financial means and small municiple 911 services with a large response area and limited # of units).

- As a volunteer fire dept., we provide first responder care. However our budget is extremely small due to the fact the people in our district are very low-income. We are able to provide first responder care but barely. Our lack of equipment and sponsored training I think is making the manning of the dept suffer. I'm not sure what you all can do about that, but anything would be welcome.

- It would be nice if we could get more grant money from TDH to help to get more and newer EMS equipment, Radio's and pagers. The New Rules as they were explained to us are a very good step in the right direction. Pre Hospital care should always be a high priority. Training classes for Volunteer First Responders should be free or at least cheaper for the organization so there could be more first responders.

- Our department is strictly volunteer fire fighting we 1st Respond to Auto collisions & give aid in helping our local EMS. (Fisher Co. EMS). We do Search & Rescue. We have not applied for 1st Responder States with T.D.H. due to not knowing how to apply and also lack of funds to provide our volunteers with EMS training.

- We as First Responders Volunteers receive no pay and donate our time to help the community. I think it is time for State, County, and Community to help out and give us some relief by paying for the FRO fees.

- As a First Responder we pay for our fees out of our pocket with no help from the State, County and Community. But when the time comes, The Community wants our help but don't know how and the time and money it takes to help them become a Volunteer First Responder.

- State or County's should pay for at least ECA and EMT fees.

- Expense of ECA/EMT classes are taxing our budget. CE has been difficult to obtain internet classes have been our salvation and the cost of that jumped this year. (From $75-$100.)

- Our worst problem is getting funds for General Operations. Grants & loans don't help us with fuel, repairs, insurance, electricity, etc. While capital improvements are always necessary, we just can't make it month to month with basic cost to operate anything that could be done in this area would be appreciated.

- Finding funding is our biggest problem. With more funding we could increase education of our volunteer and buy new equipment.

- The problem with our service area is that we ware 30-40 minutes away from the nearest responding ambulance. Some of our are area which covers 50 sq. miles is further. We as EMT's first responders are limited as to rehab we can do and what equipment is evaluated for us to carry in our vehicle. When the Golden hour is in play every second counts. Wish List? Cardiac monitor/difibrillator, spine boards, bigger response vehicle, funds for Continuous Education.

- Timing on TDH grant money was due Spring Oct 24, nothing has been decided.

- How can we request $ for a class so far in advance, have separate class grant not w/Local Project. Grant.

- I feel that FRO's should be able to access RAC $ the same as transport agencies (not able to now).

- Funding by State – county is totally inadequate. Seems to us on the fringe (small volunteer fire dept.) that we are asked to do more, but with no assistance for those asking us.

- Increased Frequency availability (VHF – Hi, VHF – Lo, VHF, simplex) for on-scene mobile-mobile or handheld – handheld or ground-to-air is sorely needed. Our area shares frequencies with fire units creating misunderstandings, problems with skip, missed transmissions etc. statewide and regional-area frequencies needed to be added/publicized. Funding (grants, cost-shares), must be found to provide simplex mobile radios, handhelds for volunteer entities. First responder groups need their own on-scene tactical frequencies.

- As a small rural volunteer fire department providing first response activities, we have been doing well on funding compared to years in the past. About half of our money comes from the county and the other half from fund raising. One area that we want to begin exploring is submitting grants for money to be used for equipment that we need. We have obtained a book on the agencies that offer these grants. The main problem we have now is having to educate ourselves on the process. There are classes offered in Austin, but nobody from here can go for the day because we all have occupational priorities that come first.

- Need to make more funding available

- Most important issue is funding. Although we bill for most EMS call we lose all ability on Medicare & Medicaid calls. Even though we don't transport we run a fully staffed engine on all calls. With the downturn of the economy my elected officials question the practice of any 1st response. The inability to charge back some of the cost to insurance is increasing the pressure to curtail our service.

TRAINING AND CONTINUING EDUCATION ISSUES

- First let me say that the level of Emergency Management today is so far advances as to 40 years ago we all should be proud. As a 25+ year member of a small volunteer dept. my only concerns are about the gap between those who can participate in training and those who can't for whatever reasons. I have seen member who feel intimidated by the classes and then by those who have both training and experience. My suggestion would be to bring about some level of training that is very palatable to the beginner. I feel that this would help introduce the beginner to the field and show them that they can do even the smallest thing as well as the most season professional. I have witnessed many times the lack of a little information resulting in the acceptance of "old wives tales" as fact. Being in a rural environment most people are used to figuring thing out for themselves, so to inject even a small amount of good simple information and training could at least help in a vast majority of EMS calls.

  Again, we have a vastly superior system compared to years back, but lets not overshoot the common ground level volunteer.

- Difficulty getting training (and scholarships) for our firefighters.

- I am concern about the education. We only have 3 people out of approx. 15 that has any type of certification. EMS provides training free, for vol. departments. Which is great for us, but there are only two people providing this service and I don't believe this is adequate. I think we need more teachers (instructors)

- There is a great need for more EMS cont. ed. classes in the rural areas. I know that this is being addressed but much more is needed. More localized classes with working man's times (late evening) etc.

- It would be a great service to small departments such as ours, if the TDH would make available ECA courses and/or funding so FRO requirements are easier to achieve by volunteer individuals.

- Educational opportunities are not easily obtained in a volunteer organization; especially opportunities that work with our members available time and schedules.

- Normally, we were notified of all ECA, EMT – B, EMT – 1, and EMT – P classes that would be taught by the ETMC education department. We now have to call to get information on classes that fire fighters are interested in but are usually too late because the classes are already started. Lack of early notification.

- Decreased times & locations for testing are a real problem. We now have to wait for openings on dates & then travel as much as 100 miles to take tests.

- Lack of C.E. available in our area.

- The only concern that we have is that we are a home-owners association with total volunteers. What we need is more frequent ECA (funded) classes to attract more certified people. We only presently have 3 certified people and need more so that we can once again provide our transport status. We had to be reduced to first responders because we couldn't guarantee service. I've been trying to get a local ECA class but have been unsuccessful for almost a year.

  Along the same line – EMS education has to continue to move forward – By mandating stricter educational requirements, the profession progresses and in turn pay & respect increases – This has to be done slowly, but none the less we should continue to move toward professionalism

- Our department received grant money to train the initial EMS personel we maintained CE hours for the first 4 years. When recertification time arrived it seemed no one wanted to assist with the Skills and Exam – The usual response was I think there is currently training being done at this other location (50 plus miles away). The county at the time was more interested in getting new EMS personell not retesting the current ones. So we let our certifications lapse and depend on a neighboring department to respond (10 miles away)

- First let me state I understand the need for training, I have an MBA and am a full time professor at a local University. But the volunteers are taxed for time to attend this training, it is usually not convenient, and then there is the money issue. Out of 8 fulltime firemen who volunteer for fire duties 6 are certified at some level. 3 have been certified First Responders in the past. The current system for EMS Training and Certification is too demanding on time and money for volunteers to fit into their busy schedules. We all hold fulltime jobs, most of us work more than the typical 40 hour week and trying to meet the current program is difficult at best. Our department still responds to calls in our area but primarily just to ensure the mutual aid and ambulance gets to the scene in the most efficient means. We still have all equipment but now we *have to wait to use it until a current Certified mutual aid arrives.*

  My second concern stems from the first. Since it has been made so difficult to offer an EMS certification class, personnel are becoming a rare commodity. This especially hurts small services because they must now pay to send a person to college where he/she will spend much more money and time in the classroom than is needed to do his/her job. This fact is sad but true. I have whitened this without fail over the several years I have worked here as director. I have sent people to colleges for initial education or to upgrade certification to a variety of Texas colleges. I have sent people to San Jacinto, Del Mar, Victoria College, and other college programs. I have also sent people to Aransas County EMS training Academy, Tricounty EMS academy, Driscoll Children's Academy, and others as well as conducted my own basic academy. I can assure you that students that attend college training complain of scheduling, red tape, and how long it takes to become certified. It cost me more time and money to send them to college to get the same training that I can get for them at agencies EMS academy. Strangely enough, and as a college graduate this never ceases to amaze me, the students from training academies have better techniques on skills, more hands on experience, less ego, and enter the workplace with less retraining/reprogramming than their college counter parts.

If these two problems are not corrected, then I have a grim forecast. I predict that small services, especially volunteer ones, will no longer exist. The acceptation being those rare cases such as Cypress Creek, where people have a socioeconomic status that allows them the time to volunteer and jump through all of the educational hoops that will be set before them. In the place of these small services, mostly in rural, low socioeconomics area services that have been in existence for years will no longer be able to meet the demands of TDH. As a result, private services will be brought in at a cost that will cripple the local governmental bodies. Service areas will change providers left and right as one service will always try to under bid the last, then discover that the company cannot survive charging that price for a subsidy. So the companies will cut corners and ride the thin gray line between legal and illegal, moral and immoral practices until it is time for the next service to take its turn running that area. If this sounds unthinkable, wake up and smell the coffee. It is already happening all around me in surrounding counties and I fear it is only inevitable that it will happen here in the next few years. I do not, however, intend to go down without a fight.

Here is what I would propose to solve these problems. Allow more in house training. The more colleges are involved with EMS education, the more costly it will get as they are in it for the money, not turning out quality EMS personnel. Put the responsibility of finding and retraining "bad medics" on to the service. At some point TDH will realize it cannot eliminate "bad medics" anymore than it can eliminate "bad doctors" or "bad nurses" through pass or fail testing. Put more money into training initial EMTs. I have been asking TEEX when I can apply for EMT training funds, because I need more personnel, but they cannot give me a date yet. The ECA classes being funded by TDH are a good start for first responders and Fire Department Personnel, however, to be MICU capable services need EMTs and therefore funding for EMT training should be offered instead. If changes are not made soon, EMS will improve slightly in urban areas and become a thing of the past in rural areas.

- We have a hard time with initial training. Because this is a totally volunteer service, all of our members must necessarily hold full time jobs. Most people with jobs & families can't put in the travel time required to go at least 55 miles for training.

- While we could hold classes locally & instructors would be provided by TTUHSC, we must guarantee & pay for 10 to 15 students.

- Being almost totally reliant on donations from private citizens, paying this much is more than we can do.

- We are an all-volunteer organization. Our response area is very large with a "hole" in the middle where a paid fire department provides first responder coverage. We believe we were the first all volunteer group in the state to operate at the new scope of care with EMT-B's providing medications such as albuterol, EPI, etc. This advanced level of care has been attained at a price. Our minimum training, continuing education, annual recertification, etc. places a very heavy education burden on each member.

- County EMS provides CE and the quality is very good. However, we need to abandon our response area and travel an hour each way for CE. We have been unable to schedule a CPR class for two years. We are expected to be able to drive the EMS units to the hospital when requested by the Medic crew, but have not been able to schedule an EVOC class for two years. The RAC schedules a wonderful list of courses, but they are too far away for our members, and require us to abandon our response area for training.

- Our budget is consumed by the need for capital equipment such as pagers and radios and for replacement medications (due to shelf-life expiration.) Theoretically we can swap aging medications with the EMS units, but they don't carry EPI pens that are the most expensive items. There is not much left in the budget for training, and we've found a real shortage of qualified instructors who are accepted by the county education coordinator.

- In summary, it seems we've advanced the state of EMS to a point where the education and training requirements cannon be supported by small volunteer organizations. We are continually short on qualified people and are unable to recruit new members, as there are no initial EMT-B classes available in the area.

- We have vol. Firefighters in Ellis County who would like to be certified to the E.C.A. level. And have no desire to go further. But no E.C.A. classes are offered in this area.

- We need training in our area more toward First Responder needs, than being in a class from ECA to paramedics level. We have a lot of classes offered to First Responders but we need classes just for First Responders.

- Since there are so many small outlying areas where we are it is crucial that people be trained from these areas in order to increase response times and get the patient care as quickly as possible.

- There are not local available classes for basic EMT or ECA unless through a local college and we cannot afford the tuition fee.

- We have only 2 certified people (EMT) all others are just CPR or Basic First Aid Trained. Since our people or volunteer and work during the day, any training classes would need to be trained to fit their schedule which is hard to do.

- Restrictions/Regulations on training facilities to where a small volunteer fire dept. cannot even have an ECA course. Our LIC provider has to get a grant (took 2 years.) and have the ECA class at the local college to meet the requirements. Our LIC. Provider doesn't even offer an EMT-B class because the college does. Their course is $700.00 w/o college credits.

- I think CE hours need to be increased. I see too many paramedics (mostly private services) that I would not let touch a family member or me. My fire dept. uses a well known medical control, and we are required by them to have a lot of CE, and I think every med. Control should require the same.

- The cost for EMS classes through Texas A&M are prohibitive. The distance we have to go also makes it difficult because most of our peers work in Dallas approximately 45 min. to 1 hour the opposite direction.

- I think CE hours should be free to all Volunteer First Responders

- Difficulty in finding initial ECA/EMT classes in reasonable proximity of our home area. (We have 4members desiring to be FR's)

- We are a rural area which is covered by volunteers. The county provides all of our First Responder training and supplies. It would be more consistent to have training sessions more often.

- Extremely difficult for Volunteer Organization/People to go to a JR college in order to get Certified/Licensed/CE.

- Firefighters across the state are the first persons seen by victims of sudden trauma or illness. These firefighters may be volunteer or paid. One of the biggest re certification nightmares is trying to get a recert lined up. It appears that TDH does not give a damn if someone gets re certified or not. You almost have to beg and bribe to get a session lined up at the convenience of some state worker. Then you have to drive almost 100 miles to take the test to find out that due to lack of people, the test has been canceled.

- I have two areas of concern as a director of a volunteer EMS service. The first and most important is education requirements. Since I am 1 of 2 employees and work and average of 12 days on/ 2 days off, I welcome this opportunity to let you know how many of us that do not have the time away from actually running services and working on the ambulance to attend meetings all day everyday feel.

- More classes need to be offered on the medical CE. most EMT-"S", ECA are usually short at the 2 year CE. in medical or special pt. There are always BTLS, PEPP PBTLS, PHTLS class around to give the CE on trauma EMS of CE.

- My biggest complaint is the amount of time & money needed to train for EMT/Paramedic.

- I hear your organization complain that you don't have enough EMT/P, yet all you do jobs that have priority over going to night school (if you can even find a class) for 12 months. Most of my people are shift workers and cannot commit to extended class time.

- Alternatives to traditional CE classes needed for EMS providers in Rural areas and urban areas. Quality computer based CE, etc.

- Because of TDH Policy we are not allowed to run a basic EMT program within our department. We have been told to go to the colleges and that we would not get approval to run our own program.

- The same policies prevent us from running our own ECA program. We are told to go to the colleges.

- Due to TDH policy, restriction and bureaucracy it is becoming extremely difficult for our personnel to attain and maintain certification.

- I believe allowing the National Registry to be in control of the certification testing is a mistake. The percentage of failures will go up as well as the cost of the testing. It will be less convenient for the students, and may result in less people enrolling in EMS courses.

- Quit raising the required training hours for Certification. Volunteers don't have the time to spend 200 hours or more for basic EMS training. Advanced certification is completely out of volunteers reach. Rural areas like West Texas & the Panhandle do not have the population or resources of East Texas or large cities. When we tell people the requirements of school, rotations and CE, people are not willing to spend that much time for EMS.

- We have fulfilled in getting individuals trained on swift water rescue, first aid, CPR, AED, HazMat responses, and some basic structural firefighting techniques.

- In 2001, we have two goals:
  We have started a training program that leads toward certification of our firefighters with the SFFMA.
  The second area we are trying to complete is vehicle extrication and rescue.

- After that, we would like to take advantage of the ECA training that is offered through the TDH. We have wanted something like this for a while because our members are not able to travel to other places for this training. Our county fire department and EMS systems are separate. As a first responder in a rural area providing both medical treatment and fire abatement, we have to get trained on both and have probably the least amount of time to offer in doing this. We certainly do not have the money to pay anyone to attend. Our training is once per month for three hours. That's difficult. If we did what I think is necessary to get what we need, our families would disown us!

- Need to continue the EMS conference training classes in Austin.

MEDICAL DIRECTION ISSUES

- Our two main problems in Bastrop County are lack of medical director interaction and AEDs. There are currently two first responders in possession of AEDs and they are both unavailable 97% of the time. AELS response times can easily go beyond 40 mins. More AEDs with FRD's would be of great service to the county residents. We have yet to been given protocols or a meeting with our director, we instead follow the guidelines of our certification and each other.

- Our most important concern at the present time is lack of "Relations" with med control. WE currently provide BLS First Response, our private EMS service for our area is changing hands all the time, therefore personell change and green medics are put into the field with no experience. We have 4 Paramedics and 2 ECA's, I feel with more financiel support we could provide ALS First response in an area which patient transport time is 20 minutes.

- We are trying to get recognized by TDH as FRO but the Medical Director for the EMS that serves our area will not take on any more FRO's. Is there a list of people willing to become M. D.s for a small organization like us? If we find a M.D., become a recognized FRO, we can be eligible for more grants, RAC projects, etc. that will help our training & supply needs.

- This department provides very poor support for advanced levels of certification.

- Our interaction with our medical director is nil. Most of our responders have no idea who he is; have never seen him.

- Medical directors and ER staff should be required to ride out with an EMS to gain better perspective and insight into pre-hospital care. We as EMT's are required to do clinicals in an ER. This would also allow medical directors to evaluate the protocols which they establish.

- Medical control concerns: N/A

- Our problem is that we cannot afford medical direction, so we can't use ALD's or any EMT-B equip except o2.

STAFFING ISSUES

- Our fire dept. has about 45 members, but only about 5 are active. Of the 5, one is 70 & one is 80 yrs. Old. The 3 younger members work full time & do not find time to go to training sessions. We usually go to wrecks & other emergencies to direct traffic & to be locators for EMS. It can take 30 minutes or longer F/EMS to answer calls in our area. We need some young blood in our dept. We do have a retired M.D. in our Dept., but he has had a stroke & is not capable of being much help -

- Our main problem is recruiting EMS & fire members that are on the Island during the day time. We have at least two EMS on duty during the day.

- Not enough interested, educated personnel are available to be an efficient organization

- Our main problem is that we are a very small rural community. Our department is 100% volunteer, so during daylight working hours we have no one to respond to calls. Our two EMT's are young, single parents, females who work during the day and one is taking college courses in the evening. They keep us (the fire fighter) updated in CPR and first aid. We have recently purchased an AED for our fire department and one for the Police Chief, who is in the community during the day. We have had an AED for several years, but the Local Fit bend Ambulance service would only authorize its use by our EMT's. Since they are not present in the community a good deal of the time, we purchased these new ones along with training for all firefighters and the Police Chief. Fortunately, finances are not a problem for our department.

TDH REGULATION ISSUES

- TDH Rules have been enforced with little notice. If a rule has changed, we usually do not find out about the change until it has been already enacted. A person is expected to watch the web site frequently or subscribe to the Texas EMS magazine. Why can't TDH send out a newsletter like the Texas Commission on Fire Protection does? It summarizes the new rules or changes and gives plenty of notice before the change. The Newsletter is only sent to those people who sign up for it every year. It is also on their website. Furthermore, when you do go to the website to look at the changes it is a copy of the law. Why can't the changes be summarized, in details, to help speed up the process of compliance. These changes are also sent out after our budget has been set. We have to find money to comply with these changes. We have had several instances where changes have been enacted and we have very little time to comply. (The required equipment for 1st Responders)

- Restrictions/Regulations on training facilities to where a small volunteer fire dept. cannot even have an ECA course.

- Because of TDH Policy we are not allowed to run a basic EMT program within our department. We have been told to go to the colleges and that we would not get approval to run our own program.

- Due to TDH policy, restriction and bureaucracy it is becoming extremely difficult for our personnel to attain and maintain certification.

- TDH needs to make access to testing and re certification a much easier process. Apparently, someone at TDH has been taking lessons from McDonald's. When you walk in there, you have to beg someone to wait on you and they never way "Thank you".

- TDH rules change like the wind. This continually causes confusion of what is going on. This also goes back to #1 about poor communication from TDH. There is also little explaination of the rules. For example the new CE hour categories. I have asked where I can find what topics fit into each category. I was told it was in the EMS magazine. But all that was in there was the categories with the hours breakdown and the new CE Process. I have yet to figure out what classes qualifies for Clinical Related OPS and Presretory. I still have not found a list of topics for the new categories. Also when rules are changed they are not completely thought out. For example, under the new CE Rules a Licensed Paramedic has to take the state exam every 4 years while a Paramedic doesn't. Response that I heard was, "we have time to fix it". Why not fix it now, when the new rules went into effect? Very poor management.

- Yes, we tried your system, No, we did not like it I know this is suppose to be anonymous but feel free to contact me any time.

- It would appear as though TDH has purposely made education in the rural and frontier areas of Texas prohibitive at best. From the requirements for an advanced Coordinator, to the new curriculum, how is a rural or frontier service suppose to train and maintain paramedics? Because of the difficulties in becoming a paramedic and basically only allowing colleges to conduct the training, rural and frontier services cannot afford to send their people to these schools or short the availability of personnel. If TDH would grant variances and allow Medical Directors to coordinate these classes, we could then conduct our own classes without undo burdens on the service or the citizens. It is easy to say that we can still host classes without having to go to a college but when the local TDH region Rep. won't approve classes or allow variances then I guess we are back to TDH won't let us.

- Why does a person have to take the EMS methods of teaching to become an instructor? A method's of Teaching class teached the same basic objectives as EMS. So why can't a peson who is certified as an Intermediate Instructor (had methods of teaching) be certified as an EMS instructor? This wastes the organizations money as well as time. Furthermore, the exam for Methods of Teaching is a waste of time also. It appears that it is only a money maker for TDH.

- Our experiences w/TDH have shown that your people are always willing to help the Volunteer organizations. They have been very helpful locally. However we have found that those in Austin are not as helpful and can be down right rude. This has in the past made it difficult to advance our department and to stay in compliance w/all the Regulations, had it not been for our District Personnel we would have lost certification of 4 EMTS. Your Austin Personal were unwilling to help us, however our district office saved the day. It is important to remember that Volunteer Dept. ask a lot from it's members. TDH needs to help all they can.

- I think that recent changes and attempts to increase the requirements for re-certification are overzealous. I think that TDH and other would be regulatory bodies should realize two important points. First that no other health care professional is scrutinized as much as EMS personnel are. I attended an EMS conference two years ago where this was the topic of conservation. I listened as person after person stated that there were "bad medics" out there that would kill every patient that they touched and that TDH needed to tighten up the belt and weed out these people by requiring more CE and a pass or fail exam. An exam that would be the only one of its kind to my knowledge in the medical field. I can assure you that if these "bad apples' passed their initial, they will pass the new requirements too because they have already proved that they are capable of circumventing state quality assurance attempts. Since the "problem medic" has been identified by each of the people pleading for more reform, why can they not address what is their problem and ultimately their responsibility. It is my opinion that if a medic is a problem that he or she should be dealt with by his/her service. It is and should be the responsibility of the EMS agency, its Operations Director, and its Medical Director to ensure that the people it provides service for get the best care they can. If that means they must get these medics 1000 hours in addition to required CE or the current minimums, that is what they need to do for that bad medic to better their service. Services should not depend on TDH to determine whether a medic should be allowed to continue his/her trade on that service's ambulance. As a supervisor, I have found that more often than not medics complaining about "bad medics" usually cannot see that his or her way of doing things is not the acceptable way of treating a patient.

- Maybe the state should rethink the rule that states – the transporter has incedent control – Our EMT-P have 10+ yrs experience (average) The transporters EMT-P have 2 yrs exper.

- We are a rural volunteer fire department with approximately (15) active colunteer fire fighters/first responders. We are concerned that if the Texas Department of Health requires our first responders to be certified Emergency Care Attendants (ECA's), we would not be able to respond to all calls in our area. We do have (3) ECA's/EMT's but many times they are not available to respond whereas, we generally always have first responder fire fighters available to respond to medical/trauma calls. We worry that requiring certification would leave our rural area uncovered many times. Additionally, we understand that consideration is being given to requiring first responders to file reports with TDH. We think that this is an unnecessary duplication since county EMS is always called on our medical/trauma calls and they already file reports to the state.

- I am the only remaining EMT out of about 6 most had to drop their Certifications because it was so hard to Recertify, with trying to get CEU, Skills checked off; Plus having to drive 50 to 60 miles to take a test that does Not Matter. We are a small group of people trying to help as many people as possible but with all the Bureaucratic Red tape it makes it hard. We live on the Arkansas border and work closely with the deptments over there. There system isn't perfect but it seems a lot simpler than ours. Why don't you fire a couple of the Pencil pushier geeks in your offices-and send the money you save to the field where it will do some good.

- The obvious lack of structured participation in local, regional and state levels regarding training, law making imput, & other areas, I believe we need to tie the providers with the responcibilities of tracking & training their respective first responders – we need to be able to identify and help all 1st responder groups even if they don't participate – a lot of times changes within these organizations happen so often it hard to identify them, let alone train & equip them. The providers should keep them informed & up to date on TDH rules/ policies TDH can't force volunteers to do anything without possibly losing them completely, then we all lose.

- The organizational approach seen in the last 2 years, (since GETAC) has been great – EMS (at least those who take the time to get involved) has never been closer and ready to move forward with consensus – (a great concept pushed by Dr. Pacht)

- The TDH staff still has a reputation of trying to get stuff done the way they want it done – their perception of a rule vs what may have been the intact – there seems to be a lot of mistrust in the state (not apparently inherited) but still, as a regulatory agency it would be great to have all behind you.

- TDH: Why are they even here anymore? They still want their money, but do not want to provide any service. They sub-out testing, they want the RAC's to take over enforcement, and they keep adding "un-funded mandates" (i.e. TRAC-IT) that helps people at Dept of Epidemeology do their doctoral thesis, but provides nothing to us!

- TDH may provide "software", but I have seen no money to off set personnel costs to enter data. But they seem to "jump" at special interest concerns. With the direction TDH has taken, I would rather pay national registry for certification, and allow RAC's local control of providers. And then TDH – BEM would no longer be needed, reducing tax drain from state budget!

- It further appears as though TDH is giving more and more control to the RAC's instead of doing things on their own. Now is TDH going to have service licenses fall under RAC control or disciplinary action or even QA authority over regions. If so, what is TDH going to do, become a licensing agency that deals with initial certification/licensure and pass the buck on to the RAC's? If this happens, let's hire a private company to oversee the RAC's and let's get rid of TDH and it's staff, they don't want to do the work anyway. No I am not in support of RAC's and until TDH can publish, produce, show or detail in evidence how these RAC's are benefiting anyone as far as trauma care or delivery is concerned there will never be support for them in this rural service!

- To become an FRO, the process is to long and too many people to come in contact with to complete the form. We completed one form only to find out that they changed forms. With this delay we are attempting once again to try to become a FRO. This is a long process for a totally volunteer dept.

- State Health Dept. regulations & time tables don't help our organization. Firefighters have to be certified ECA within one year from hire date to be a certified Firefighter. We send them to F.F. Academy then try to find an ECA class to send them to. Then the Health Dept. requires too long a time frame to process & return a form saying the individual can take the state ECA test. Then you have to wait until a test will be given. We have a hard time meeting the one year time frame. We also don't need mandates about additional record keeping, registration fees, etc. We will no longer be a Registered First Responder due to the bureaucracy

- I feel TDH rule changes are to frequent and very hard to keep up with. All of the regulations and rules are very difficult for espically for volunteer departments.

- I would like to see a quicker resolution to probation and suspension processes. It drags on way too long.

- I feel as being chief of a small rural community with volunteer firefighters and First Responders. It's getting harder and harder to keep personal willing to volunteer their time to help the people of our community. I'm having trouble keeping First Responders because of all the rule changes and stricter rules being put in place for all EMS services. Our department is very dedicated to providing the best EMS service to our community possible, but I feel it may come to stopping our First Responder Program. Which will do everything not to. Thanks.

- Very difficult to maintain high certification levels for volunteer medics due to TDH – policies & regulations. EMT-I EMT-P

- EMS should be held @ the county level of government w/municipalities forced to participate. EMS on the whole is to convoluted & separated.

- CE requirements excessive. Having the hours required broken down into categories is a hinderance. In rural areas sometimes we have to travel hundreds of miles to obtain classes.

- The new plan is better, but in usual TDH fashion. The "platinum plan" which is the best option, is geared toward the large EMS organizations and fire departments. Once again it has been much difficult for rural and frontier area agencies to comply.

- TDH Regulations are getting more restrictive each year. Some of our First Responders just rebel at recertification, certification testing & reporting paperwork & Q/A meeting, etc. TDH is not FRO friendly & volunteers. Do not respond well to authority & regulations.

- One of TDH's biggest customers is the Texas Fire Service.

- One of the greatest problems for the Texas Fire Service is TDH.

- We recently dropped from the FRO program due to its regulatory requirements. Our Dept. does respond, based on needs, to incidents along with our EMS. We provide no EMS related care to the public. All we provide is extrication and the like after patient stabilization by EMS.

- "Investigations" of EMS personnel & providers by TDH is cause for concern, due to their apparent haphazard & slow investigation methods; noting names of EMS personnel in the internet, who are under investigation but not yet found guilty, is quite bothersome.

- I believe there was a reciprocity agreement negotiated in the early 90's whereby the Texas Commission on Fire Protection agreed to accept TDH certified instructors as Fire Instructors provided they were Certified Firefighters and TDH was to do likewise and accept Texas Commission Certified Fire Instructors as TDH Instructors provided they were also TDH certified personnel. These instructors would be able to instruct to their level of certification only. However, TDH has refused to honor the agreement I believe this to be an injustice to the Fire Instructors who are also certified EMT's and Paramedics.

- As professional Firefighters and First Responders we require our personnel to be trained to the minimum level of ECA before they are allowed to be certified as Firefighters and many departments across the state have extended the requirement to require EMT status. However, TDH restrictions regarding instructors and exam availability are making it difficult for the Paid Fire Service to maintain this requirement. Consequently, the Red Cross 53-hour emergency response course is being accepted as an alternative at this point.

- The continued insistence by TDH to impose overly restrictive policies and procedures on the Full Time Full Paid Fire Service and the refusal to acknowledge our trained personnel is disheartening to the Professional Fire Service and detrimental to the citizens we are sworn to serve.

- Full Time Full Paid Fire Departments should be co-operated with and programs made available to them to get their personnel certified to the basic EMT level. Many departments are operating as First Responders and consideration should be given to getting as many of these personnel certified as possible rather than maintaining a program designed to force full time full paid personnel to go to colleges where they are again burdened with bureaucratic restriction and the department is bogged down with the logistics of maintaining Fire Protection and attempting to get personnel to colleges. This unduly penalizes the prospective student, the department (which is already taxed logistically to get people trained) and ultimately the public that calls upon us as first responders without knowledge or regard for the politics and bureaucracy involved.

- Fire Departments should be able to provide 1st response independently with out the contractional agreement with an EMS provider ie (ETMC-EMS). It has been our understanding that in order to be recognized by the state as a 1st responder, we must be affiliated with an EMS entity.

  This is not an acceptable practice, please expand on this. Can a Fire Department do this without a provider # etc.

- The only real deficit that I perceive has to do with QI/QA, and specifically run forms. In previous years, the Travis County EMS liason collected run forms from all county responding agencies and reviewed the forms and provided suggestions on documentation and appropriate care. This was a wonderful service, as it provided an independent observer's comments on what we were doing. Our team primarily consists of ECA with a few EMT-B's. Insight from a seasoned paramedic was very useful.

- I understand that the city/county EMS is not responsible for maintaining run forms and I believe a confidentiality question may have a reason to change the previous policy, but I believe it is a disservice to the recipient first responder organizations as well as their patients to not have input from seasoned providers.

- TDH policies and regulations

- Because we are not registered and are not familiar with the policies that the TDH has, its difficult to comment.

PROVIDER RELATION ISSUES

- Local ambulance crews do not consistently page us out on calls we have specifically requested (MVA's in particular.)

- We think East TEXAS EMS should furnish First Responders free vaccinations for hepatitis A & B. Most volunteer first responders can't afford this out of own pocket.

- County dispatch tones ambulance, waits 5-10 min., then tones fire department. Makes us "Last Responders"

- We have difficulty getting county dispatch to automaticly send mutual aid departments mutual aid must be requested by receiving department. County defers pre arrival instructor, to the provider.

- No direct oversight of first-resonders

- Insufficient backup (traffic/crowd control) from county

- We are faced with a problem of "delayed" pages. Our local EMS (East Texas Medical Ctr.) dispatches all medical incidents and our local sheriff's department (Smith County) dispatches all other incidents. We have estimated a six to eight minute delay of paging the corresponding fire department to an incident after their responding unit is paged. Currently they advise us they have the capability of paging their unit and the fire department at the same time but we have yet to see this happen. We constantly bring this issue up at every meeting we go to with our local EMS but haven't seen any changes. Some incidents we don't even get paged until the unit is on scene and when we get there they either already have the patient loaded or already enroute to a local hospital. Timing is crucial in all medical incidents.

  Staging of Units:

  There is not staging of a EMS unit in our portion of the county (East). All other sectors in the county have a staged unit that is able to respond in the event of an incident. This area of the county has to wait for a unit to respond from the City of Tyler or Gladewater. Our department only has two certified medical personnel and they are not always available due to local employment. Other fire departments have more certified personnel that can handle incidents until an EMS unit arrives. Lack of staged coverage in the eastern part of the county.

- Lack of cooperation from our ambulance provider.

- They are no gide lines for the way FRO are dispatching out for calls. EMS does not hale to call for FRO if they don't wont to.

- Paid EMS providers who a lot of the Volunteer FRO's have to work under have a tendency from administration down to the field medic to take them for granted & treat them like underlings who are at there beckon call. These paid providers should remember that the volunteers are also the people they serve & that pay their bills & payroll.

- Also Rural paid ambulance providers such as ETMC, Lifenet, & other rural providers come into a county get the contract & then once they have the exclusive rights they basically do what they want as staffing goes. If questioned they just say that due to system status it was only temporary or that we are lucky to have them & we should be happy that anyone would want our county & if we don't like it they will just pull out. Company's are really bad about this after they have had the contract awhile. TDH should look at alternatives that would help counties & towns to have more control over their EMS services.

- We are a 100% paid fire dept. first Responder using EMT-P engine co's – The local hospital transports with at least 1 EMT-P on each ambulance. The fire dept EMT-P have approximately 8-10 years average experience.

- The state says that the transporters have incedent command & control (is this a good idea)? At this time the city manager would like to cancel the EMT-P program to go back to an EMT-B. I think TDH needs to work at lowering the cost of a city having an EMT-P program. We are going to lose 45 EMT-P.

- Overall better understanding and cooperation between Doctors – Nurses and EMS workers is needed. 25 years after I became a PM, I still see petty conflicts between 2 groups who are working toward the same goal; improved patient outcome! I sometimes think a lot of the doctors out there have never heard of EMS Providers and act as if they do not trust our info. gathering and diagnostic & treatment methods.

- Overall we have a very good working relationship with our EMS provider. Our only concern is the lack of adequately being called by EMS dispatch advising us of calls in our area. This has been a long standing problem which we are trying to correct.

  The Bonham Fire Department is located in Fannin County Texas, the third poorest County in the State, based on per-capita income. There are 31,000 people here and most fall just above the poverty line, but not by much. The City of Bonham has 9,990 people according to the last census. These people are even poorer, especially the ones that didn't get counted in the census. As you can probably tell, there are severe funding issues here. The Bonham Fire Department currently does not provide EMS services of any kind. We depend solely on the professional services of East Texas Medical Center – EMS for these services. We do however respond to all major accidents in pretty much the entire County. Additionally, we make many EMS assist calls, where we are called by the EMS provider to provide rescue tools, manpower, or to provide initial contact to gather information on the scenes of emergencies, until EMS arrival. We have some basic EMS supplies, like back boards, C-Collars and bandage and dressing supplies. We have 6 EMT-B's and 1 EMT-I. The rest of the personnel are totally untrained. We provide Fire & Rescue services for our primary response area, which exceeds our City Limits. We have two of the four sets of JAWS in the entire County. Currently, we all keep up with our CE hours on our own.

  There are little to no educational opportunities here. ETMC - EMS has offered to train our people to the EMT-I level, if we will start first responder services. Currently, it is not feasible to provide these services due to an extreme manpower shortage. There is no money here so we cannot pay for the services of these individuals. We have a small Volunteer staff that assists us when they can, but manpower is a serious concern, especially in the daytime. There are some first responders in the County with the Volunteer fire departments.

- In order to provide EMS services as needed, we would need at least 6 additional personnel on paid full time status. We would also need a LOCAL MD to provide EMS protocols, medical control, and training opportunities. The hospital here in Bonham does not provide advanced medical services to patients, due mainly to economic issues. We rely heavily on air transport services to get patients to trauma and cardiac treatment in the golden hour. Weather and availability are crucial factors in providing this service.

- Response and logistics are huge concerns here. Response times for this mostly rural area of North Texas run anywhere from 9 to 30 minutes. This is due mainly to the shortage of EMS transportation services. ETMC provides 2 full time and 1 part-time transport vehicles in Fannin County with their services. However, they provide transport services to and from DFW area facilities. This is entirely understandable economically as they make their money with windshield time and loaded stretchers. It would be totally inconceivable for them to provide additional trucks without a subsidy from the City and/or County. Hence, the **Poor County and City** problem again.

- I hate to offer complaints without offering solutions as that goes against all my training and belief's but I am at a loss. I have personally applied for and been turned down for grants for everything from a radio system that would bring us up to the "19th century", to a grant for new bunker gear, and most recently a training grant for both Fire and EMS training.

- As I said earlier, we are a poor community. Our citizens give as much as they can, with taxes and donations. We have to compete with the DFW-Metroplex for labor and we cannot. They start their firefighter/EMT's out at more than I make here as a chief. We also compete with these large entities for grant dollars from federal sources. The recent "FEMA Fire Act" grant program netted dollars for Cities like Longview, Corpus Christi, Wichita Falls, Houston, and other large cities, but none for us. They have access to professional grant writing experts and contacts in Washington that depends on their votes for survival. The answer is simple, **Money**! The plan to deal with it is complex, **Where from**?

- Thank you for your attention and let me know if I can be of further assistance to you. I will gladly come and testify in front of any committee, legislature or other organization to express my concerns. I will also gladly accept any offer of assistance from you in rendering a solution to our problem. In the meantime, rest assured that we will endeavor to persevere and continue to provide life saving services to our community to the best of our ability.

- We currently have no or little radio communications with incoming EMS units. They sometimes have our frequency in their radios and sometimes don't. We do not have a radio on their frequency and cannot afford one at this time.

- Within our county, there seems to be a lack of wanting to ask other departments to attend training offered by any of the departments. Our central EMS department offers training at their station. Many find this inconvenient to attend. They come out and do our annual AED training. The last attempt that they made was less than adequate. We were not happy with the session. Would the training have been different had we gone to the EMS station to get the training? We got the impression that they did not want to come out for coordinator position that must link all the departments together. Just within our county, there are 2 rural fire/response departments, 2 small towns with separate fire and EMS departments, the county seat with separate fire and EMS departments. All the EMS departments are paid out of the county and they have volunteers and they act as a single entity. The fire departments get money from the county and each department acts on its own, regardless of whether it provides EMS services or not. Our medical director has approved protocols for the EMS system, but our department does not review these protocols. My understanding is that the county EMS director is responsible for the rural departments, but I do not see this involvement.

- The county paging system is not very good and communications to rural responders is poor. We have had to ask for repeats of the calls. The dispatchers do not always speak clearly and distinctly. There have been occasions when we have not been dispatched to medical calls in our area. Even though this compromises patient care, this isn't a problem that the TDH can fix.

RAC ISSUES

- This is not a major problem for this department. We will continue to provide trauma and medical care to our citizens in spite of TDH's efforts to diminish the level of care provided in rural and frontier regions. Diminish you say? Yes! TDH mandates participation in a RAC to receive trauma funds and/or TDH grants. Now for those services that really need the help and could benefit from the funds to buy trauma equipment, but can not send someone to these RAC meetings to qualify as participation, TDH has once again negatively impacted service to these areas. Why is this? It seems as though RAC's are nothing more than the Bureau Chief's pipe dream being forced on everyone. In theory the RAC's are a good idea, however it has been my experience that at present RAC's are nothing more than a waste of time and money and have yet to make an impact on the level of trauma care provided to anyone in the state. Those things that have been done or lets say accomplished by the RAC's would have been completed sooner without intervention from the RAC. Most of the time spent in RAC's is done bickering. Define participation. Showing up once every two months, not saying a word, eating a free meal and leaving, or showing up when one can, participating in committees, actively involved in discussions and unfortunately still getting the same end result as the first person, nothing. Which one participated? It is a farce and so far since the RAC inception it has proven to be nothing more than a farce.

- If TDH is so concerned about improving trauma care in rural and frontier regions in Texas, let's get the funding back to the rural services and away from RAC control. The RAC's DO NOT work. Those people that are receiving the trauma funds mostly don't need them, and those that really need them can't afford to go to the RAC meetings and can't qualify for the funds. Who's suffering? The service, the RAC or the patient's? Way to go TDH!!!!!

- More funding is needed for local RAC to disburse for training & new recruits training. We are losing our EMS trained personnel or they don't have the funds to get the training. Small Fire & EMS Providers don't have funding to get high price Defibs, Pulse Ox, Suction Units etc.

- RAC meetings are not scheduled to meet available times for our Directors. Our Organization has not received .01 of the tobacco money and has needed life saving equipment and computer reporting devices to maintain simple life support. This money is tied to RAC meeting attendance which our service cannot do.

- I feel that FRO's should be able to access RAC $ the same as transport agencies (not able to now).

MISCELLANEOUS ISSUES

- This department does not have any EMS at this time. We are hoping to start ECA in February, 2002

- Our Emergency Svs's (Lake Tanglewood) is divided into 2 parts EMS & VFD. EMS members are also F.D. members. LT VFD responds w/LT EMS only w/in Lake-Village boundries – balance of EMS response area is covered by Randall Cty Fire Rescue for EMS mutual aid – Fire Dept is 1st response for Village of Lake Tanglewood & mutual aid for northern Randall Cty. L.T. Emer Svc protocols have L.T. VFD respond automaticly w/EMS for all calls in Village boundries -

- We do not have a medicial E.MS. First Response Team in this area. We relie on an E.M.S. tean, some six mile away, which has proved to be sufficent.

- Our organization is sponsored and in many ways supported by a county-wide hospital district. Ambulance service is provided by the hospital district and is a paid 24 hour service. The EMT's are seasoned, professional, and very effective. I have experience working for the service as a part-time employee. Calls can be stressful and multiple and no one ever mentions CIS Debriefings. I think if there is one area in which our support can improve it would be in the area of enhanced concern for the mental health of the health care providers.

- Diversion: Diversions continue to be a major issue. We need all of the hospitals to work together – not as advisaries.

- Our department is just getting started in the EMS part of First Respnder Program. We have not been signed off by all parties involved. At this time, I don't have any concerns that need to be addressed. Maybe next year. Our department will be able to better answer this section of questionaire. Also, we have attended (1) our First RAC meeting last quarter.

- In Parker County we use a system of First Responder teams (not associated w/ the Volunteer Fire Dept.) to suppliment the ambulance service based out of the county seat of Weatherford. The ambulance serve response times to our area are sometimes excessive (20-30 min) and never w/in the 8 minutes recommended standard for cardiac emergencies. The First Responder teams sometimes have acceptable times, but they rely on a much smaller group of volunteer members than our volunteer FD. groups. I feel that the public would be better served by 2 major changes in the current system: 1) more disperse staging of ambulances. 2) Organizing the Volunteer FD; First Responders.

- We are primarily & Fire Department w/Rescue and some medical capabilities. Our EMS Provider is an excellent organization with a great First Responder Program. It is so good, in fact, that most of us have allowed our medical certifications to elapse.

- We offer no EMS. Very basic 1st aid at auto accidents and other incidents till reserve or medical arrive on scene.

- No comment. The TDH wouldn't listen, and if they did listen, they wouldn't do anything to help. They never have before.

- I've been a CD coor for 50 years. 15 years I was paid. The rest has been with the private sector. EMS has come a long way since 1951. I seen it all coming and was a part of the program as it went along. In Harrison County I sent the first EMT to school. In 1970 I re-group the CD program with Clay Medine and DFS. We had 2 old airforce ambulance. I like the changes your office and FEMA has accunpted.

- Keep up the good work.

- Very concemed when you hear TDH Representative say that if The Volunteer Fire Fighter/EMS person can't meet all requirement w/ First Responder Organization mandated by TDH than they should find a new hobby. This tells me that he really does not understand the Volunteer Fire Service which protects 80% of Texas.

- Region office should be geared more toward providing customer service, feed back from our personnel that have business with the Regional EMS office indicates a less than positive experience.

- Increase educational opportunities as well as support for individual agencies through the RAC's.

- The EMS system in the state should be very supportive of First Responder Agencies. They are vital to pre hospital care. This should apply to all FRO's whether fire dept. based in large urban areas on rural volunteer organizations. Transports Providers whether public or private should be encouraged to foster positive relations & FRO's.

- We are only a Vol. Fire Dept. and call for help after we arrive, and see that it's needed. Our dispatcher call's out everyone need according to the call.

- We feel that things are actually fairly well the way that they are. Although it seems that the certification curriculum is constantly changing. Just as everyone gets a handle on what is expected for re certification the program makes changes. Perhaps with the way that program is changing after the first of the year it be better.

- This is a small section of a county that does not have ambulance service. No service will come to this area. Pop. 1582 and surrounding towns are also affected. Have not had ambulance service since August 16, 2001. The way that help is provided at this time is to load a sick or injured person into a private vehicle. It is sad that we here in America have to be without EMS service while government gives our service to people who attack us.

- Nothing comes to mind. Our first responder agency has only been certified for a month. We have a good working understanding with the private ambulance service.

- We have an automatic mutual aid agreement with one of our neighboring departments, to provide automatic responses on most medical and all fire calls. This was setup to make sure there would always be coverage in our two areas for first response.

- As we are fairly new in the FRO we haven't seen alot of complication we would change at this time.