



# **Office of the Medical Director System Reference Documents**

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## Austin-Travis County EMS System First Response Minimum Equipment Stocking List

### EMT- P Credential Levels



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#### **BLS Airway Adjuncts**

- NPA (sizes 28, 30, 32F) – 1 of each
- OPA (sizes 55 –120 mm) – 1 of each
- Water soluble lubricating jelly – 2

#### **Portable Oxygen Delivery System**

- Steel or aluminum oxygen bottle (may be one of either A, super C, D, or E size) – 1
- Cylinder pressure gauge (brass preferred) – 1
- Adjustable liter flow meter with high pressure port (brass preferred) minimum flow 15 Lpm. – 1
- Oxygen cylinder wrench – 1
- Oxygen administration supplies
- Nasal cannula – 2
- Adult Non-rebreathing mask – 2
- Pediatric Non rebreather – 1
- Infant face mask – 1

#### **Bandages, Dressings and Splinting**

- Latex free band-aids – 5
- Sterile 4x4s – 10
- Non-sterile 4x4s – 25
- Ice Packs - 6
- Trauma dressing – 1
- Occlusive dressing – 1
- Triangular bandages – 3
- Ace wrap – 1 roll
- Self-adhering gauze bandages (Kerlex or acceptable equivalent) – 3
- Adhesive tape (should be hypoallergenic/latex free when available) – 1 roll
- Padded Short Board Splint –1 and/or 1 Sam Splint
- Padded Medium Board Splint –1 and/or 1 Sam Splint
- Padded Long Board Splint –1
- Kendrick Traction Splint Device (KTD) –1 (per Organization's Primary Response Apparatus)
- Commercially Designed Tourniquet- 1
- Pelvic Binder (Sam Sling) –1 ea size small and large

#### **Spinal Motion Restriction (per Organization's Primary Response Apparatus)**

- Long Back Board with straps –1
- Adjustable Adult C-Collar –1
- Adjustable Pedi C-Collar ---1
- Head Blocks –1 package or set

#### **Sterile (Saline Solution or Water) for irrigation**

- Minimum volume amount – 500 mL (Saline Fluids listed under Vascular Access Equipment may be used to fulfill this requirement also).

## **Sterile OB Kit – 1**

- Sterile scissors for cutting the umbilical cord may or may not be stocked separate from the obstetrical pack to assure sterility. However, if present, scissors must be of the blunt tipped variety.
- Bulb suction device (if not included in OB kit) – 1

## **Miscellaneous Equipment**

- Blood pressure cuff
  - Adult (regular and large) – 1 each
  - Infant and Child – 1 each
- Stethoscope
  - Adult sized – 1
  - Pediatric optional
- Pen light or flashlight type device – 1
- Heavy-duty bandage scissors or paramedic shears – 1
- Thermometer (glass or digital electronic) – 1
- Measures by oral, rectal, or axillary methods
- Cover probes for rectal use – 5
- Broselow pediatric tape – 1

## **Personal Protective Equipment (latex-free equipment should be available)**

- Protective eye wear (goggles, full-peripheral glasses, or face masks) – 1
- Protective face mask/shield – 1
- HEPA TB or NIOSH N 95 facemask – 1
- Exam gloves (latex free preferred) – 4 pair
- Disinfectant hand wash – 1
- Simple “surgical type” face masks for patient use -- 5

## **Three through Twelve Lead ECG Monitoring with Manual cardioversion/defibrillation/pacing**

- Adult Pads-2
- Pedi Pads -1
- ECG Electrodes Pedi and Adult – 1 package each size
- Spare roll of ECG paper- 1
- Spare ECG batteries – 2
- Benzoin Spray – 1 small can
- Disposable razor - 1

## **One of the following devices for delivery of artificial ventilation in adult /pediatric patients**

- Latex free Bag Valve Mask Device
- System approved BVM with delivery volumes sufficient for adult and child/infant patients – 1 each
- Ventilation bags should be self refilling without a pop-off valve
- Child and adult bags are suitable for supporting adequate tidal volumes for the entire pediatric age range
  - Child (up to 450 mL reservoir) – 1
  - Adult (at least 1,000 mL reservoir) – 1
- Reservoir bag or enrichment tube with oxygen tubing appropriate for each BVM – 1 each
- Clear face mask of adult and child/infant sizes – 1 each

## **Portable suction device**

## ALS Minimum Equipment List FRO Tier 2 Organizations

- V-VAC or Suction Easy or other system approved equivalent – 1
- Flexible Suction Catheters 6Fr, 8Fr, 14Fr – 1 each
- Rigid Suction Catheter – 1
- Spare Suction Tubing appropriate for equipment used
- Spare Canister appropriate for equipment used – 1 each
- Meconium Aspirator – 1
- Toomy 60 mL syringe

### **Glucometer and Kit including:**

- Glucose clinical Test strips – 5
- Calibration and check test strips – 1 each
- Test control solution and testing instructions – 1 bottle
- Disposable and retractable safety lock lancet – 5
- Chlorohexadine prep pads – 2
- Band-aids - 2

### **Medications:**

- Baby Aspirin 81mg (chewable) tablets – 1 bottle
- Oral glucose – 1 tube, 15 grams
- Albuterol sulfate 0.083% 3 mL unit dose vial – 3
- Adult EPI Auto Injector- 1
- Pedi EPI Auto Injector- 1
- Dextrose 50% amp – 1
- Diphenhydramine 50 mg for IV or IM – 1
- Diphenhydramine PO 25 mg capsules – 5 capsules
- Ipratropium Bromide 0.02% 2.5 mL unit dose vial – 2
- Naloxone (1 mg/mL or 0.4 mg/mL concentration) – 2
- Acetaminophen 15ml liquid PO -1 bottle w/dropper
- Acetaminophen PO 1 gram – 1 dose
- Ibuprofen PO 400 mg – 1 dose
- Glucagon IM/IN - 1mg
- Lidocaine 100 mg/ 5 mL bristo-ject- 4
- Nitroglycerin 0.4 mg SL tablets or SL Spray – 1 bottle
- Nitroglycerin Paste - 1 tube and papers
- Calcium Gluconate 10% 1 gram vials – 2
- Epinephrine 1:1000 1 mL ampule – 3
- Epinephrine 1:10:000 10 mL bristo-ject – 3
- Furosemide 40 mg vial – 1
- Ipratropium Bromide 0.02% 2.5 mL unit dose vial – 2
- Methylprednisolone 125 mg act-o-vial – 1
- Sodium Bicarbonate 50 mEq ampule - 2
- Atropine Sulfate 1:10:000 10 mL bristo-ject – 3
- Adenosine 12 mg vial - 2
- Amiodarone 150 mg vial -3
- Magnesium Sulfate 50% 1 gram vials – 2
- Dopamine 200 mg vial - 2
- Ondansetron IV 4mg
- Pralidoxime 600mg -autoinjector - 1
- Benzocaine 20% 2oz spray – 1
- Xylocaine gel packet – 1
- Neo-Synephrine 0.5% 3mL – 1
- Haloperidol 5mg/1mL ampule – 1

- Enalaprilat 1.25mg/1mL vial – 1

## **Nebulizer Kit**

- T piece adapter – 1
- Nebulization chamber – 1
- Mouth piece – 1
- Face mask assembly – 1
- Oxygen supply tubing – 1
- Flex tubing – 1
- BVM to ETT/King elbow adapter – 1
- Universal cuff adapter (nebulizer to BVM facemask) – 1

## **Advanced Airway and Ventilation Equipment**

- KING Airways:
  - 2.0 - 1
  - 3.0 - 1
  - 4.0 - 1
  - 5.0 – 1
- Endotracheal Tube sizes 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 7, 8 – 1 each
- ET Introducer/Bougie sizes Adult and Pedi -1 each
- BAAM device – 1 each
- Needle Cricothyrotomy Kit – 1
- Surgical Cricothyrotomy Kit – 1
- Commercial made (system approved) advanced airway tube holder
- Adult and Pedi sizes – 1 each
  - Laryngoscope handle (C battery size) – 1
  - Extra bulb – 1
  - Extra C cell sized batteries – 2
  - Laryngoscope blades.
- Miller sizes 0, 1, 2, 3, and 4 – 1 each
- Macintosh sizes 3 and 4 – 1 each
- Magill forceps Large and Small – 1 each
- Gastric Tubes sizes 8, 10, 12, 14, 16, 18 – 1 each
- Water soluble lubricating jelly packets – 4

## **Impedance Threshold Device (ITD) –1**

### **Pulse Oximeter**

- Non-disposable probe – 1
- Disposable probes Adult and Pedi – 2 each
- Acetone nail polish remover pads – 6 each

### **Colorimetric End tidal CO2 Detector**

- Adult – 1
- Pedi – 1

### **Continuous Wave Form Capnography**

### **Continuous Positive Airway Pressure Ventilation (CPAP) Kit packaged with 5cm H2O PEEP valve – 1**

- 10 cm H2O PEEP valve - 1

### **Vascular Access Equipment**

## ALS Minimum Equipment List FRO Tier 2 Organizations

- 60 drop (micro) infusion IV set – 2
- 10 drop (macro) infusion set – 1
- Extension set – 1
- Dial-a-flow fluid limit device – 2
- IV arm boards - 2
- IV tourniquet (latex free preferred) – 2
- IV loop – 1
- 0.9% Normal Saline solution, 50 mL – 1 bag
- 0.9% Normal Saline solution, 250 mL – 1 bag
- 0.9% Normal Saline solution, 1000 mL – 1 bag
- System approved intravenous catheters (self-sheathing, needle-less system)
  - 14 gauge – 2
  - 16 gauge – 2
  - 18 gauge – 2
  - 20 gauge – 2
  - 22 gauge – 1
  - 24 gauge – 1
  - Saline lock hubs – 2
- Chlorohexadine prep pads – 5
- Small sharps safety container – 1
- 0.9% sodium chloride vial or prefilled syringe (5 or 10 mL) – 2
- Tegaderm – 2
- Venigard – 2
- Pressure infusion bag – 1

### **Sterile Syringes**

- 1 cc safety syringe with needle – 2
- 3 cc safety syringe with needle – 2
- 12cc safety syringe without needle – 2

### **Mucosal Atomization Device – 1**

### **Pleural Decompression Kit – 1 (contents)**

- IV connector loop – 2
- One-way stopcock – 2
- 14 gauge 3” angiocath (non-safety) – 2
- Chlorohexadine prep pads – 2

### **Sterile Needles**

- Assorted sizes (19, 20, 25 gauge) – 1 each
- Intraosseous infusion needle (manual) – 1

### **EZIO Driver and associated Adult, Pedi and Bariatric size Needles and Supplies -1 set**

### -----Optional Equipment /Medications-----

### **Nerve Agent Mark 1 Kits for self preservation (optional per Responder)**

## Authorized System Qualifications

The following skills/interventions/procedures are authorized by system qualification:

### Special Operations – Tactical Medic

#### Must be Credentialed at the EMT-Intermediate Level or higher

- *Provide documentation of program compliance (as defined by sponsoring organization) and support to OMD from sponsoring organization for the qualification.*
- *Provide documentation to OMD of City and/or County Law Enforcement Support for provider participation.*
- *Withdrawal of support from OMD, sponsoring organization or Law Enforcement Organization may result in loss of qualification.*
- *Medications and procedures in addition to those allowed by provider credential:*
  - Battle Dressing
  - Quick Clot Combat Gauze
  - Asherman Chest Seal
  - PASG

### Immunization

#### Must be Credentialed at the EMT-B level or higher

- *Must meet all Program requirements as currently defined by the OMD Infection Prevention Specialist.*
- *Medications and procedures in addition to those allowed by provider credential:*
  - Seasonal or epidemic related medication and/or delivery routes authorized by OMD.

### Special Operations – HAZMAT (HAZ) Medic

#### Must be Credentialed at the Paramedic Level

- *Current Advanced Hazmat Life Support (AHLS) Certification*
- *Provide documentation of program compliance (as defined by sponsoring organization) and support to the OMD from sponsoring organization for the qualification*
- *Provide documentation to the OMD of City and/or County Hazmat Response Team support for provider participation*
- *Withdrawal of support from the OMD, sponsoring organization or hazmat response team may result in loss of qualification.*
- *Medications and procedures in addition to those allowed by provider credential:*
  - All procedures and medications listed in the HAZMAT Paramedic section of protocols and/or Appendices
  - Quick Clot Combat Gauze

## Authorized Skills Credential Level

Every credentialed provider that delivers medical care within the System must be able to perform skills consistent with the expectations of their system credential. Each Credential level builds on all previous Credential levels (i.e., EMT-Intermediate is responsible for all System Responder, EMT-B & EMT-I skills). The following defines the approved skills by credential level for Providers in the ATCEMS System.

The following skills/interventions are authorized by Credential Level in our System:

### Emergency Medical Dispatch (EMD) Credentials Must also be Credentialed at the EMT-B Level

*All System Responder/EMT-B requirements/skill/interventions plus:*

- Pre-arrival instructions as defined by MPD
  - Choking
  - Emergency Childbirth
  - CPR
- Post-dispatch instructions
  - Determination of obvious death by MPD
  - Determination of response codes by MPD

### System Responder Credential (DSHS ECA or EMT-B )

- Patient Assessment
- Spinal Motion Restriction
- CPR/AED application
- Oropharyngeal airway
- Oropharyngeal suctioning
- Nasopharyngeal airway
- Blood Glucose Assessment
- Aspirin
- Oral glucose administration
- Bandaging/Splinting
- Emergency Childbirth
- Nerve Agent Response kit for self-preservation
- Pulse Oximetry
- External Patient Cooling
- Kendrick Traction Device (KTD)
- Cricoid pressure and BURP
- Bag-valve Mask Device
- Impedence Threshold Device
- (DSHS EMT – B Only Assist patient with prescribed medications: SL NTG, MDI Epi-Pen)
- 12 Lead ECG acquisition if trained
- 12 Lead ECG application if trained
- Oxygen administration
- Tourniquet
- Pelvic Binder (Sam Sling)
- Determination of obvious death

### Emergency Medical Technician – Basic Credential (Enhanced Skills/Medications)

*All System Responder requirements/skills/interventions plus:*

Medication administration: all medications and routes as outlined in System Responder and EMT-B level Protocols

- Small volume nebulizer
- Adult King LTS-D Airway in Cardiac Arrest
- Continuous Positive Airway Pressure (CPAP) device
- Epinephrine Auto-injector

### Emergency Medical Technician – Intermediate Credentials

*All System Responder and EMT-B requirements/skills/interventions plus:*

Medication administration: all medications and routes as outlined in System Responder, EMT-B and EMT-I level Protocols

- Peripheral intravenous access (IV) (No EJ)
- Intraosseous access (IO) (including Lidocaine)
- Intranasal Medication Route (IN)
- Gastric tube insertion
- Tracheal suctioning
- End-tidal CO<sub>2</sub> assessment
- Intramuscular Injection Medication Route
- Adult King LTS-D Airway
- FBAO with direct laryngoscopy

## Authorized Skills Credential Level

### Paramedic

*All System Responder, EMT-B, EMT-I requirements/skills/interventions plus:*

Medication administration: all medications and routes as outlined in System Responder, EMT-B, EMT-I and Paramedic Protocols

- Pleural decompression
- Manual cardioversion, defibrillation and pacing
- Therapeutic Hypothermia (ROSC)
- Nasotracheal intubation
- Cetacaine (Hurricane topical anesthetic spray)
- Needle cricothyrotomy (Pedi)
- External jugular vein cannulation
- Determination of Death Pronouncements
- ECG monitoring (3, 4 and 12 Lead) and interpretation
- Alternate vascular access (indwelling catheter)
- Flex guide Endotracheal Tube Introducer (a.k.a. gum-elastic bougie)
- Orotracheal Intubation
- Topical nasal vasoconstrictor
- Beck Airway Airflow Monitor (BAAM)
- Surgical cricothyrotomy kit
- Pediatric King Airways

# BLS Minimum Equipment List FRO Tier 1 Organizations

## Austin-Travis County EMS System First Response Minimum Equipment Stocking List System Responder and EMT-B Credential Levels

### Airway Adjuncts

- NPA (sizes 28, 30, 32F) – 1 of each
- OPA (sizes 55 –120 mm) – 1 of each
- Water soluble lubricating jelly – 2



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### Portable Oxygen Delivery System

- Steel or aluminum oxygen bottle (may be one of either A, super C, D, or E size) – 1
- Cylinder pressure gauge (brass preferred) – 1
- Adjustable liter flow meter (brass preferred) minimum– 15 Lpm. – 1
- Oxygen cylinder wrench – 1
- Oxygen administration supplies
- Nasal cannula – 2
- Non-rebreathing mask – 2
- Pediatric Non rebreather – 1
- Infant face mask – 1

### Bandages, Dressings and Splinting

- Latex free band-aids – 5
- Sterile 4x4s – 10
- Non-sterile 4x4s – 25
- Ice Packs - 6
- Trauma dressing – 1
- Occlusive dressing – 1
- Triangular bandages – 3
- Self-adhering gauze bandages (Kerlex or acceptable equivalent) – 3
- Adhesive tape (should be hypoallergenic/latex free when available) – 1 roll
- Padded Short Board Splint –1 and/or 1 Sam Splint
- Padded Medium Board Splint –1 and/or 1 Sam Splint
- Kendrick Traction Splint Device (KTD) –1 (per Organization)

### Spinal Motion Restriction (per Organization)

- Long Back Board with straps –1
- Adjustable Adult C-Collar –1
- Adjustable Pedi C-Collar ---1
- Head Blocks –1 package or set

### Sterile (Saline Solution or Water) for irrigation

- Minimum volume amount – 500 mL (two 250 mL bags or bottles acceptable)

### Sterile OB Kit – 1

- Sterile scissors for cutting the umbilical cord may or may not be stocked separate from the obstetrical pack to assure sterility. However, if present, scissors must be of the blunt tipped variety.
- Bulb suction device (if not included in OB kit) –

## **BLS Minimum Equipment List FRO Tier 1 Organizations**

### **Miscellaneous Equipment**

- Blood pressure cuff
  - Adult – 1
  - Infant and thigh cuffs optional
- Stethoscope
  - Adult sized – 1
  - Pediatric optional
- Pen light or flashlight type device – 1
- Heavy-duty bandage scissors or paramedic shears – 1
- Thermometer (glass or digital electronic) – 1
- Measures by oral, rectal, or axillary methods
- Cover probes for rectal use – 5

### **Personal Protective Equipment (latex-free equipment should be available)**

- Protective eye wear (goggles, full-peripheral glasses, or face masks) – 1
- Protective face mask/shield – 1
- HEPA TB or NIOSH N 95 facemask – 1
- Exam gloves (latex free preferred) – 3 pair
- Disinfectant hand wash – 1
- Simple “surgical type” face masks for patient use -- 5

### **AED Device-1 (per Organization)**

- Adult Pads-1
- Pedi Pads -1
- Impedance Threshold Device (ITD) –1

### **One of the following devices for delivery of artificial ventilation in adult /pediatric patients**

- Latex free Bag Valve Mask Device
- System approved BVM with delivery volumes sufficient for adult and child/infant patients – 1 each
- Ventilation bags should be self refilling without a pop-off valve
- Child and adult bags are suitable for supporting adequate tidal volumes for the entire pediatric age range
  - Child (up to 450 mL reservoir) – 1
  - Adult (at least 1,000 mL reservoir) – 1
- Reservoir bag or enrichment tube with oxygen tubing appropriate for each BVM – 1 each
- Clear face mask of adult and child/infant sizes – 1 each

**-OR-**

- Pocket /Face Mask or Face Shield
- With or without one-way valve and oxygen inlet

### **Portable suction device**

- V-VAC or Suction Easy or other system approved equivalent with spare disposables – 1

### **Glucometer and Kit including:**

- Glucose clinical Test strips – 5
- Calibration and check test strips – 1 each
- Test control solution and instructions – 1 bottle

## BLS Minimum Equipment List FRO Tier 1 Organizations

- Disposable and retractable safety lock lancet – 5
- Chlorohexadine prep pads – 2
- Band-aids - 2

### Medications:

- Baby Aspirin 81mg (chewable) tablets – 1 bottle
- Oral glucose – 1 tube, 15 grams

### -----Optional Equipment/Medications That May Be Stocked-----

#### Nebulizer Kit

- T piece adapter – 1
- Nebulization chamber – 1
- Mouth piece – 1
- Face mask assembly – 1
- Oxygen supply tubing – 1
- Flex tubing – 1

**Saline for Nebulization:** 3 mL unit dose vial – 2

#### Airway and Ventilation Equipment

- KING Airways Adult:
  - 3.0 - 1
  - 4.0 - 1
  - 5.0 - 1

#### Commercial made (system approved) advanced airway tube holder

- Adult size – 1 each

#### Pulse Oximeter

- Non-disposable probe – 1
- Disposable probes adult and pediatric – 1 each

#### Colorimetric End tidal CO<sub>2</sub> Detector (required with King Airway)

- Adult – 1

#### Continuous Positive Airway Pressure Ventilation (CPAP) Kit packaged with 5cm H<sub>2</sub>O Peep valve – 1

- 10 cm H<sub>2</sub>O Peep valve – 1

#### Portable Oxygen Delivery System (required with CPAP)

- Adjustable liter flow meter with high pressure port (brass preferred) minimum flow 15 Lpm. – 1

### Medications:

- Albuterol sulfate 0.083% 3 mL unit dose vial – 3
- Adult EPI Auto Injector- 1
- Pedi EPI Auto Injector- 1

#### Bandages and Dressings

- Commercially Designed Tourniquet- 1
- Pelvic Binder (Sam Sling) –1

#### Nerve Agent Mark 1 Kits for self preservation only (optional per Responder)

# BLS Minimum Equipment List FRO Tier 2 Organizations

## Austin-Travis County EMS System First Response Minimum Equipment Stocking List EMT-B Credential Levels

### Airway Adjuncts

- NPA (sizes 28, 30, 32F) – 1 of each
- OPA (sizes 55 –120 mm) – 1 of each
- Water soluble lubricating jelly – 2



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### Portable Oxygen Delivery System

- Steel or aluminum oxygen bottle (may be one of either A, super C, D, or E size) – 1
- Cylinder pressure gauge (brass preferred) – 1
- Adjustable liter flow meter with high pressure port (brass preferred) minimum flow 15 Lpm. – 1
- Oxygen cylinder wrench – 1
- Oxygen administration supplies
- Nasal cannula – 2
- Non-rebreathing mask – 2
- Pediatric Non rebreather – 1
- Infant face mask – 1

### Bandages, Dressings and Splinting

- Latex free band-aids – 5
- Sterile 4x4s – 10
- Non-sterile 4x4s – 25
- Ice Packs - 6
- Trauma dressing – 1
- Occlusive dressing – 1
- Triangular bandages – 3
- Self-adhering gauze bandages (Kerlex or acceptable equivalent) – 3
- Adhesive tape (should be hypoallergenic/latex free when available) – 1 roll
- Padded Short Board Splint –1 and/or 1 Sam Splint
- Padded Medium Board Splint –1 and/or 1 Sam Splint
- Padded Long Board Splint –1
- Kendrick Traction Splint Device (KTD) –1 (per Organization's Primary Response Apparatus)
- Commercially Designed Tourniquet- 1
- Pelvic Binder (Sam Sling) –1 ea size small and large

### Spinal Motion Restriction (per Organization's Primary Response Apparatus)

- Long Back Board with straps –1
- Adjustable Adult C-Collar –1
- Adjustable Pedi C-Collar ---1
- Head Blocks –1 package or set

### Sterile (Saline Solution or Water) for irrigation

- Minimum volume amount – 500 mL (two 250 mL bags or bottles acceptable)

## **BLS Minimum Equipment List FRO Tier 2 Organizations**

### **Sterile OB Kit – 1**

- Sterile scissors for cutting the umbilical cord may or may not be stocked separate from the obstetrical pack to assure sterility. However, if present, scissors must be of the blunt tipped variety.
- Bulb suction device (if not included in OB kit) – 1

### **Miscellaneous Equipment**

- Blood pressure cuff
  - Adult – 1
  - Infant and thigh cuffs optional
- Stethoscope
  - Adult sized – 1
  - Pediatric optional
- Pen light or flashlight type device – 1
- Heavy-duty bandage scissors or paramedic shears – 1
- Thermometer (glass or digital electronic) – 1
- Measures by oral, rectal, or axillary methods
- Cover probes for rectal use – 5

### **Personal Protective Equipment (latex-free equipment should be available)**

- Protective eye wear (goggles, full-peripheral glasses, or face masks) – 1
- Protective face mask/shield – 1
- HEPA TB or NIOSH N 95 facemask – 1
- Exam gloves (latex free preferred) – 3 pair
- Disinfectant hand wash – 1
- Simple “surgical type” face masks for patient use -- 5

### **AED Device-1 (per Organization’s Primary Response Apparatus)**

- Adult Pads-1
- Pedi Pads -1
- Impedance Threshold Device (ITD) – 1

### **One of the following devices for delivery of artificial ventilation in adult /pediatric patients**

- Latex free Bag Valve Mask Device
- System approved BVM with delivery volumes sufficient for adult and child/infant patients – 1 each
- Ventilation bags should be self refilling without a pop-off valve
- Child and adult bags are suitable for supporting adequate tidal volumes for the entire pediatric age range
  - Child (up to 450 mL reservoir) – 1
  - Adult (at least 1,000 mL reservoir) – 1
- Reservoir bag or enrichment tube with oxygen tubing appropriate for each BVM – 1 each
- Clear face mask of adult and child/infant sizes – 1 each

### **Portable suction device**

- V-VAC or Suction Easy or other system approved equivalent with spare disposables – 1

## **BLS Minimum Equipment List FRO Tier 2 Organizations**

### **Glucometer and Kit including:**

- Glucose clinical Test strips – 5
- Calibration and check test strips – 1 each
- Test control solution and instructions – 1 bottle
- Disposable and retractable safety lock lancet – 5
- Chlorohexadine prep pads – 2
- Band-aids - 2

### **Medications:**

- Baby Aspirin 81mg (chewable) tablets – 1 bottle
- Oral glucose – 1 tube, 15 grams
- Albuterol sulfate 0.083% 3 mL unit dose vial – 3
- Adult EPI Auto Injector- 1
- Pedi EPI Auto Injector- 1

### **Nebulizer Kit**

- T piece adapter – 1
- Nebulization chamber – 1
- Mouth piece – 1
- Face mask assembly – 1
- Oxygen supply tubing – 1
- Flex tubing – 1

**Saline for Nebulization:** 3 mL unit dose vial – 2

### **Advanced Airway and Ventilation Equipment**

- KING Airways Adult:
  - 3.0 - 1
  - 4.0 - 1
  - 5.0 - 1

### **Commercial made (system approved) advanced airway tube holder**

- Adult size – 1 each

### **Pulse Oximeter**

- Non-disposable probe – 1
- Disposable probes adult and pediatric – 1 each

### **Colorimetric End tidal CO<sub>2</sub> Detector or Capnography (required with King Airway)**

- Adult – 1

### **Continuous Positive Airway Pressure Ventilation (CPAP) Kit packaged with 5cm H<sub>2</sub>O Peep valve – 1**

- 10 cm H<sub>2</sub>O Peep valve - 1

### **-----Optional Equipment /Medications-----**

### **Nerve Agent Mark 1 Kits for self preservation (optional per Responder)**

# Clinical Event Review Process

## Scope

All Clinical Providers credentialed to practice within the Austin/Travis County EMS System

## Purpose

The Clinical Event Review Process is designed to look into all questions regarding clinical care issues with the primary objective being to identify potential individual and system improvements. In any practice of medicine, it is understood that errors will occasionally occur. With the goal of providing safe, effective and appropriate medical care, it is essential that each System Provider be committed to identifying errors, identifying improvement opportunities and, most importantly, implementing performance improvement actions.

This process is intended to ensure the City of Austin/Travis County EMS System's Performance Improvement Officers and Staff:

1. are made aware of clinical concerns
2. have a mechanism for objective review
3. focus on root causes (to the extent possible)
4. avoid a focus on blame
5. identify potential improvements

For this process to be most effective, it must be fair, objective and patient centered. ***It must emphasize the importance of identifying the fundamental causes of errors. Seeking to identify blame and personal fault must not be the focus.***

## Definitions

*Clinical Event* - an occurrence in which an assertion has been made that a clinical error or less than optimal clinical performance may have occurred. A clinical event does not imply that the assertion is valid or invalid. This term is sometimes referred to as a Clinical Concern or Clinical Complaint.

*Clinical Event Review* - a systematic examination of the actions and omitted actions associated with a specific event or situation in order to compare the performance to accepted standards and expectations and to identify opportunities for improvement. A clinical event review does not require actual harm or negative patient outcome. The degree of complexity of the review varies based on the type of event and the circumstances surrounding the event.

# Clinical Event Review Process

## Event Identification Process

Any concern expressed by a patient, patient's family, citizen, healthcare community member, or a System Provider should be reviewed to identify potential improvement opportunities. The clinical Event Review Process (see Appendix A) outlines the minimum types (This is not an all inclusive list) of clinical events to be reviewed using the Review Process described in this document. This Review Process may be utilized for other clinical events as determined by the Organization PI Staff or the OMD.

Level 1 Events are reported to the On-Call Medical Director as soon as initial facts are obtained. This category of events includes but is not limited to the following examples:

- Unrecognized esophageal intubation
- Medication error with apparent harm to the patient
- ED Physician Director or Hospital Administrator Complaint/Concern/Conflict
- High Profile emergency medical events such as
  - Significant injury or illness of an elected official, public safety staff, or high profile community member
  - Any significant injury related to a law enforcement activity
- Inability to provide a critical and indicated intervention due to a device failure. Examples include but are not limited to:
  - Defibrillator failure while caring for a cardiac arrest patient
  - Transcutaneous pacemaker failure while caring for a bradycardic patient
- Hospital refuses a patient who is appropriate for that Facility
- Any Potential Decredentialing Issues including (previously referred to as the “five deadly sins”) -
  - Falsification of clinical documentation or clinical event review information
  - Intentional harm to a patient
  - Intentional withholding of care to a patient
  - Providing care under the influence of drugs or alcohol
  - Failure to remediate

Level 2 Events are reported to the On-Call Medical Director. This category of events includes but is not limited to the following examples:

- Surgical Airway
- Absolute deviation from a Medical Priority Dispatch protocol with a clinical impact
- Provider practicing beyond scope of System Credential level
- Transport to an inappropriate receiving facility
- Medication Error without harm to the patient

The primary difference between Level 1 and Level 2 events is the timeframe for reporting. Level 1 events have been defined by the Medical Director as having a high likelihood of requiring immediate Medical Director intervention and thus require immediate notification. Level 2 events have been defined as requiring reporting within 24 hours which should typically occur within normal business hours.

## Clinical Event Review Process

### Event Identification Process (continued)

Level 3 Events are reported to the OMD on a monthly basis. This category of Events includes:

- Needle decompression
- EMD address error by call taker with 5 minute or greater delay for priority 1 or 2 911-calls
- Priority 5 911-calls resulting in a code 3 transport

Level 3 monthly event reports should include the date of the event, the EMS or Fire Department incident number, and the type of Level 3 event (see list above). For needle decompression, a copy (paper or electronic) of the patient care record must be immediately accessible to the OMD. If the OMD has remote access to the Organization's patient care record database, such access meets this requirement.

### Event Reporting Process

Each System Transport Provider and First Responder Organization will define the process by which their staff will report a clinical event or concern. The reporting process should include the following:

1. Ideally, Clinical events and concerns are reported to the Organization's Performance Improvement staff.
  - a. If this is not possible, the Organization's first level supervisor should receive the report and forward it to the Performance Improvement staff.
  - b. If neither of these methods are available or if the provider wishes to do so, the report should be made directly to a member of the OMD Clinical Quality Committee.
2. Clinical events and concerns should include, at a minimum, this information
  - a. Date and approximate time of the event/concern (Incident Number if available)
  - b. Name(s) of the Organizations involved in the performance event/concern
  - c. Brief description of the clinical event/concern
  - d. What actions to mitigate this situation have been taken thus far?
  - e. Name and contact information for the reporting person (optional only)
3. How events will be reported to the On Call Medical Director once sufficient information is available indicating a need to immediate reporting

The process flow diagram compares the reporting process to that of calling in additional resources. This process determines whether the Medical Director needs to be aware of this issue/concern and whether he/she needs to assist with the initial mitigation.

# Clinical Event Review Process

## Initial Review

The initial review portion of this process should begin as quickly as possible (preferably within 1 hour of the initial event reporting) for Level 1 and 2 events. Information gathered quickly will likely be more accurate and complete. Delayed gathering of information often results in gaps or in facts that are less accurate due to recall difficulties.

The initial review should consist of these basic components.

1. Gather pertinent information
2. Request additional information as needed
3. Determine whether the clinical care appears to be appropriate
4. Define the event level category
5. Notify the On-Call Medical Director for Level 1 and 2 events or as needed
6. Provide updates as needed to the On-Call Medical Director for Level 1 and 2 events

The PI Reviewer SHOULD AVOID seeking or reaching conclusions or determinations of cause at this point.

## Analysis of Facts & Data

Once all available data and information has been gathered, the following key actions should be addressed as part of the analysis phase of this process:

1. Analyze the information to determine what happened
2. Determine whether the clinical care was appropriate based on current System standards
3. Reassess whether the issue/concern is still believed to be valid (when in doubt the reviewer should err on the side of continuing to consider as being valid)
4. Determine whether the Event Level should be reclassified
5. Notify the On-Call Medical Director when the Event Level is reclassified

The analysis phase of this process is not focused on identifying the causation. Instead the analysis phase is focused on piecing the information together to determine what happened.

## Identification of Causation

The identification of causation phase should look broadly for causes so that the greatest degree of improvements may be made. Since clinical events are rarely the result of a single cause, the event review process should focus its efforts on identifying root causes to the extent possible. Determination of the actions, omitted actions, procedures, systems, behaviors or other things that caused this event to occur is the second most important reason for the identification of causation phase.

A common approach used to identify causation is referred to as Root Cause Analysis. This method should be used in most Clinical Event Reviews to some extent. The intent of root cause analysis is to try to eliminate or reduce the actual underlying (root) causes of the event rather than simply addressing the obvious symptoms of the root causes. Categories of Causation are described in Appendix E.

# Clinical Event Review Process

## Clinical Improvement Plan

In order to ensure improvements are made, the Event Reviewer should draft a plan outlining the recommendations for improvements. The plan should include the specific objective, the specific actions to be implemented, and the person(s) responsible for ensuring implementation of the recommended improvements. Most importantly, each improvement should be tied to a finding of causation identified in the previous phase of this process.

For Level 1 and 2 events, the Information, Data, Findings and Causation must be reviewed by the Medical Director prior to implementation of the clinical improvement plan. The Event Reviewer will submit these items to the Medical Director for review. The Medical Director will ensure all findings are complete, clinically accurate and supported by evidence. The Medical Director will also review the proposed clinical improvement plan to ensure it is consistent with the original findings and addresses root causes to the extent possible.

In all cases the Clinical Improvement plan will not be implemented without the approval of the Medical Director. This is especially critical for suspensions of practice and extensive education or training.

## Documentation

Level 1 or 2 event reports are submitted to the Medical Director once the Clinical Improvement (Remediation) plan is finalized.

Level 3 events, Ongoing PI Reviews and PI Initiative Reports are all submitted to the Medical Director when completed. The OMD will periodically request an updated status on events under review or other anticipated reports.

## Recordkeeping

Each Event Review will result in the creation of a written record of the review and its findings. The record may be in paper or electronic form. At a minimum, the reports will contain the minimum information and data outlined in the Report Template found in the Appendix section.

The System Organization will maintain copies of these records for reviews of their Providers. The OMD will maintain the official event review records provided to the Medical Director as required in the Documentation section of this process. All records will be maintained as required in the Confidentiality section. These records are available upon request to the:

- Medical Director
- OMD PI staff
- Organization's PI staff for reviews of their Organization or Providers

# Clinical Event Review Process

## Roles & Responsibilities

### First Responder Organization and EMS Transport Organization

- Foster an error-friendly environment that encourages reporting, particularly self-reporting, of clinical concerns and potential errors
- Identify specific Performance Improvement staff to serve as the Event Reviewers
- Ensure identified Event Reviewers are provided with the skills, knowledge and training required to perform this function
- Establish an Event Reporting process for the Organization
- Promote the self-reporting and reporting of Clinical Events
- Provide data or access to data required for Ongoing PI Reviews and PI Initiatives

### Medical Director and OMD

- Identify specific Performance Improvement staff to serve as the Event Reviewers
- Perform Event Reviews as needed including when
  - Requested by the First Responder or EMS Transport Organization
  - Organization PI staff have a potential conflict of interest for a specific event due to their present or past involvement with the event or involved parties
  - An event involves clinical performance concerns that requires multiple Organizations to conduct joint interviews or information analysis
  - Requested by the Medical Director
- Promote the self-reporting and reporting of Clinical Events throughout the System
- Receive and Analyze Ongoing PI Review and PI Initiative data
- Update and Maintain the Event Review Process

## Confidentiality

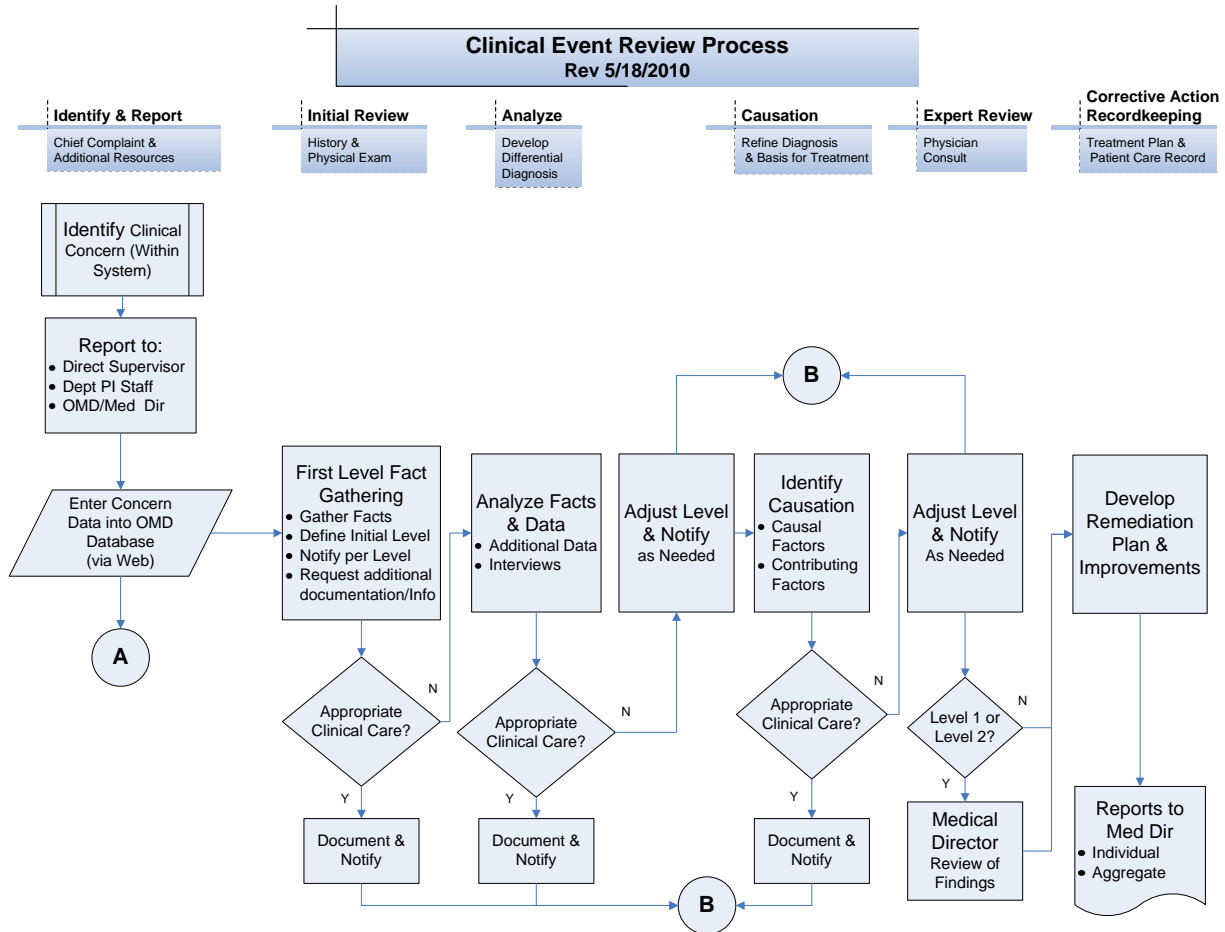
When event review information is handled inappropriately, it is possible for a provider to be harmed by discussions containing inaccurate, incomplete or unfounded statements. These discussions may also affect the integrity of the clinical event review process. Each Organization, its PI reviewers and providers shall limit discussions related to clinical performance concerns/complaints, clinical event reviews and the outcomes of clinical event reviews to those directly involved in the review process or the Organization's Quality Committee. The Organization Executive (Executive Director or Fire Chief) may also need to be aware of limited details involving significant adverse events under review.

Additionally, the Texas Health and Safety Code Chapter 773.095 states that the records and proceedings of organized committees of EMS Providers and First Responder Organizations relating to the review, evaluation or improvement of these organizations and/or their providers are confidential. The following key elements of these records and proceedings are necessary in order to maintain this confidentiality privilege:

- Secured with limited access
- Restricted release of the content of the records
- Related to clinical quality improvement
- Not related to records made in the regular course of business (e.g. things that are done and are not specifically related to clinical quality improvement)

# Clinical Event Review Process

## Attachment A





## Certified Statement of Required Education Module Completion

Credentialing candidates, appropriately affiliated with a System OMD Registered Organization, desiring to take the Protocol Examination must present this document to the OMD prior to testing.

### System Responder Credential Level:

- Successfully completed the “System Pit Crew” CPR Education Module and Skill Competency. DATE Completed:\_\_\_\_\_.
- Successfully completed all other OMD currently designated Mandatory Education Modules. List all that apply and the date of completion for each. Refer to the OMD Web Page for current list (attach separate page if needed).  
Module Title:\_\_\_\_\_ Date Completed:\_\_\_\_\_

### EMT- B or above Provider or Responder Credential Level:

- Successfully completed the “System Philosophy of Five” including the “System Pit Crew” CPR Education Module and Skills Competencies.  
DATE Completed:\_\_\_\_\_. Test Score\_\_\_\_\_.
- Successfully completed all other OMD currently designated Mandatory Education Modules. List all that apply and the date of completion for each. Refer to the OMD Web Page for current list (attach separate page if needed).  
Module Title:\_\_\_\_\_ Date Completed:\_\_\_\_\_

This document must be signed and dated by one of the following persons in the Candidate’s designated Primary Affiliated Organization.

- A/TC EMS Department: Clinical Commander or Designated EMS Education Coordinator.
- Fire Department based Organizations: “Chief Officer (s)” or Designated EMS Education Coordinator.
- All other FROs: FRO Administrator or Designated EMS Education Coordinator.

Student Name (print):\_\_\_\_\_

Organization Name (print):\_\_\_\_\_

**Certified by:** Print Name:\_\_\_\_\_ Sign Name:\_\_\_\_\_

Title:\_\_\_\_\_ Date:\_\_\_\_\_

Please mark all boxes that apply.

## System Equipment & Medications Committee (SEMC)

### **Standard:**

Establish a uniform process for review, selection and System-wide implementation of patient care medications and/or equipment.

### **Purpose:**

The SEMC is a standing committee charged by the Office of the Medical Director to review and make recommendations for selection and implementation of System-wide medications and/or equipment used in providing patient assessment, care, treatment or movement.

### **Application:**

1. Review requests for new equipment or medications to be used for patient care within the System.
2. Review requests for changes to the current medications and/or equipment that are approved for patient care within the System.
3. Review of current medications and/or equipment authorized for use in the System.
4. Coordinate trial/research/investigation of all new medications and/or equipment recommended for use in the System.
5. Recommend an appropriate timeline for System implementation.
6. Coordinate with the Protocol Committee in the development of system protocols and related documents as needed.
7. Consult with System Performance Improvement to evaluate the potential impact of the new equipment/medications.
8. Consult in the development of System education related to implementation of new medications or equipment.
9. Provide regular reports and recommendations to the System Medical Director

## Emergency Medical Dispatch – Communications Medic

### Initial Credentialing requirements:

1. Current National Academy of Emergency Dispatch (NAED) Emergency Medical Dispatch (EMD) certification
2. Current EMT-B (or above) by the Texas Department of State Health Services (TDSHS)
3. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
4. Current certification through an EMS System approved CPR program
5. Successful completion of all current System Education Modules
6. Successful completion of the current City of Austin/Travis County EMS System EMD Credentialing process
7. Successful completion of the current City of Austin/Travis County EMS System EMT-B Credentialing process

### Maintenance Requirements:

1. Current NAED EMD certification
2. Current EMT-B Certification (or above) by TDSHS
3. Affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
4. Current certification through an EMS System approved CPR program
5. Successful completion of all current System Education Modules
6. Successful completion of the current City of Austin/Travis County EMS System EMD Recredentialing process
7. Successful completion of the current City of Austin/Travis County EMS System EMT-B Recredentialing process
8. Successful completion of EMT-B skills competency assessment as required by the OMD

*Current PHTLS or ITLS certification is recommended*

## System Responder

### Initial Credentialing requirements:

1. Current Emergency Care Attendant (ECA) Certification (or above) by the Texas Department of State Health Services (TDSHS)
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System, System Responder Credentialing Process

### Maintenance Requirements:

1. Current ECA Certification (or above) by TDSHS
2. Affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System Responder Recredentialing Process

### **Emergency Medical Technician – Basic (EMT-B)**

#### Initial Credentialing requirements:

1. Current EMT-B (or above) by the Texas Department of State Health Services (TDSHS)
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System EMT-B Credentialing process

#### Maintenance Requirements:

1. Current EMT-B Certification (or above) by TDSHS
2. Affiliation in good standing with a City of Austin/Travis County EMS System agency or organization
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System EMT-B Recredentialing process
6. Successful completion of EMT-B skills competency assessment as required by the OMD

*Current PHTLS or ITLS certification is recommended*

## Emergency Medical Technician – Intermediate

### Initial Credentialing requirements:

1. Current EMT-Intermediate (EMT-I) Certification (or above) by the Texas Department of State Health Services (TDSHS)
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization designated as a “Tier 2 Organization” by the Office of the Medical Director. And, registered with the OMD as an Intermediate Organization or above and Licensed with the TDSHS; as an “Advanced” Organization.
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System Intermediate Credentialing process
6. Successful completion of all current System Defined Skill Competencies for EMT-I Credential Level

*Current PHTLS or ITLS certification is recommended*

### Maintenance Requirements:

1. Current EMT-I Certification (or above) by TDSHS
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization designated as a “Tier 2 Organization” by the Office of the Medical Director. And, continued registration with the OMD as an Intermediate Organization or above and Licensed with the TDSHS; as an “Advanced” Organization.
3. Current certification through an EMS System approved CPR program
4. Successful completion of all current System Education Modules
5. Successful completion of the current City of Austin/Travis County EMS System EMT-I Recredentialing process
6. Successful completion of EMT-I skills competency assessment as required by the OMD

## Paramedic

### Initial Credentialing requirements:

1. Current EMT-Paramedic (EMT-P) Certification or Licensure (LP) by the Texas Department of State Health Services (TDSHS)
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System agency or organization designated as a “Tier 2 Organization” by the Office of the Medical Director. And, registered with the OMD and Licensed with the TDSHS; as an “Advanced” Organization.
3. Current certification through an EMS System approved CPR program:
4. Successful completion of all current System Required Education Modules
5. Successful completion of all current System Defined Skill Competencies for Paramedic Credential Level
6. Successful completion of the current City of Austin/Travis County EMS System Paramedic Credentialing process

*Current PHTLS or ITLS certification and/or ACLS is recommended*

### Maintenance Requirements:

1. Current EMT-P Certification or Licensure by TDSHS.
2. Endorsement and affiliation in good standing with a City of Austin/Travis County EMS System
3. agency or organization designated as a “Tier 2 Organization” by the Office of the Medical Director. And, continued registration with the OMD and Licensed with the TDSHS; as an “Advanced” Organization.
4. Current CPR/AED System Approved Program.
5. Successful completion of all current System Required Education Modules
6. Successful completion of the current City of Austin/Travis County EMS System Paramedic Recredentialing process.
7. Successful completion of Paramedic skills verification assessment as required by OMD.

## First Responder Registration Tier 1 Organizations

### Standard:

All ATCEMS System First Responder Organizations must be registered with the OMD and licensed with the TDSHS at the Basic Level. Tier 1 Organization's First Responders' are prohibited from operating above the EMT-B Credentialing Level.

### Purpose:

Establish the minimum requirements for Agencies to become a first responder organization within the ATCEMS System.

### Application:

#### Tier 1 Level Registered FR Organizations:

1. The Agency must have a minimum total of **ten (10)** providers eligible to System Credential at the System Responder and/or EMT-B level.
2. The Agency must commit to equipping their BLS providers with the required medications and equipment necessary to provide patient care at the System Responder and/or EMT-B level as defined by the COGs & OMD Reference (**OMDR-4**).
3. Provide each Credentialed provider Organizational support as needed for:
  - System Educational Initiatives.
  - Initial and ongoing Credentialing Requirements at this level.
  - Ongoing TDSHS Certification/Licensure Requirements at this level.
  - Credential and Skill level appropriate supplies and equipment including simulation devices/mannequins to facilitate Training, Competency Assessments and Credentialing at this level.

## First Responder Registration Tier 2 Organizations

### Purpose:

Establish the minimum requirements for Tier 2 Organizations to become a first responder organization within the ATCEMS System.

### Policy:

All ATCEMS System First Responder Organizations must be registered with the OMD and licensed with the TDSHS at the Basic Level as a minimum. The Intermediate and Advanced registration/licensure levels are optional for those existing System Agencies who are designated as “Tier 2 Organizations” and are DSHS Licensed at the Advanced level.

### Procedure:

#### Basic Level Registered FR Organizations:

1. The Agency must have a minimum total of **ten (10)** providers eligible to System Credential at the System Responder Level or higher.
2. Any change to the agency level of care, staffing level or deployment plan must be pre-approved by the Medical Director.
3. The Organization must commit to equipping their BLS providers with the required medications and equipment necessary to provide patient care at the System Responder and EMT-B level as defined by the COGs & OMD Reference (**OMDR- 5**).
  - Provide each Credentialed provider Organizational support as needed for:
    - System Educational Initiatives.
    - Initial and ongoing Credentialing Requirements at this level.
    - Ongoing TDSHS Certification/Licensure Requirements at this level.
    - Credential and Skill level appropriate supplies and equipment including simulation devices/mannequins to facilitate Training, Competency Assessments and Credentialing at this level.

#### EMT Intermediate Level Registered FR Organizations:

1. The Agency must have at least **one (1)** EMT-I System Credentialed provider.
2. Any change to the agency level of care, staffing level or deployment plan must be pre-approved by the Medical Director.
3. The System Agency must be:
  - Designated as a “Tier 2 Organization” by the Office of the Medical Director.
  - Registered with the OMD as an Intermediate level Organization.
  - Licensed with the TDSHS as an “Advanced” Organization.
4. The Organization must further commit to equipping and facilitating their EMT-I providers with the medications and equipment necessary to provide patient care from the System Responder up to the EMT-I level as defined by the COGs & OMD Reference (**OMDR-12**).
  - Provide each Credentialed provider Organizational support as needed for:
    - System Educational Initiatives.
    - Initial and ongoing Credentialing Requirements at this level.
    - Ongoing TDSHS Certification/Licensure Requirements at this level.
    - Credential and Skill level appropriate supplies and equipment including simulation devices/mannequins to facilitate Training, Competency Assessments and Credentialing at this level.

## First Responder Registration Tier 2 Organizations

### Paramedic Level Registered FR Organizations:

1. The Agency must have at least **one (1)** Paramedic System Credentialed provider.
2. Any change to the agency level of care, staffing level or deployment plan must be pre-approved by the Medical Director.
3. The System Agency must be:
  - Designated as a “Tier 2 Organization” by the Office of the Medical Director.
  - Registered with the OMD as an Advanced level Organization.
  - Licensed with the TDSHS as an “Advanced” Organization.
  - Compliance with ATCOMD, DEA and TxDPS Controlled Substance Registration requirements.
4. The Organization must further commit to equipping and facilitating their Paramedic providers with the medications and equipment necessary to provide patient care at the System Responder up to the Paramedic level as defined by the COGs & OMD Reference (**OMDR-1**).
  - Provide each Credentialed provider Organizational support as needed for:
    - System Educational Initiatives.
    - Initial and ongoing Credentialing Requirements at this level.
    - Ongoing TDSHS Certification/Licensure Requirements at this level.
    - Credential and Skill level appropriate supplies and equipment including simulation devices/mannequins to facilitate Training, Competency Assessments and Credentialing at this level.

**Austin-Travis County EMS System  
First Response Minimum Equipment Stocking List**

**EMT- I Credential Levels**

**BLS Airway Adjuncts**

- NPA (sizes 28, 30, 32F) – 1 of each
- OPA (sizes 55 –120 mm) – 1 of each
- Water soluble lubricating jelly – 2



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**Portable Oxygen Delivery System**

- Steel or aluminum oxygen bottle (may be one of either A, super C, D, or E size) – 1
- Cylinder pressure gauge (brass preferred) – 1
- Adjustable liter flow meter with high pressure port (brass preferred) minimum flow 15 Lpm. – 1
- Oxygen cylinder wrench – 1
- Oxygen administration supplies
- Nasal cannula – 2
- Non-rebreathing mask – 2
- Pediatric Non rebreather – 1
- Infant face mask – 1

**Bandages, Dressings and Splinting**

- Latex free band-aids – 5
- Sterile 4x4s – 10
- Non-sterile 4x4s – 25
- Ice Packs - 6
- Trauma dressing – 1
- Occlusive dressing – 1
- Triangular bandages – 3
- Self-adhering gauze bandages (Kerlex or acceptable equivalent) – 3
- Adhesive tape (should be hypoallergenic/latex free when available) – 1 roll
- Padded Short Board Splint –1 and/or 1 Sam Splint
- Padded Medium Board Splint –1 and/or 1 Sam Splint
- Padded Long Board Splint –1
- Kendrick Traction Splint Device (KTD) –1 (per Organization's Primary Response Apparatus)
- Commercially Designed Tourniquet- 1
- Pelvic Binder (Sam Sling) –1 ea size small and large

**Spinal Motion Restriction (per Organization's Primary Response Apparatus)**

- Long Back Board with straps –1
- Adjustable Adult C-Collar –1
- Adjustable Pedi C-Collar ---1
- Head Blocks –1 package or set

### **Sterile (Saline Solution or Water) for irrigation**

- Minimum volume amount – 500 mL (Saline Fluids listed under Vascular Access Equipment may be used to fulfill this requirement also).

### **Sterile OB Kit – 1**

- Sterile scissors for cutting the umbilical cord may or may not be stocked separate from the obstetrical pack to assure sterility. However, if present, scissors must be of the blunt tipped variety.
- Bulb suction device (if not included in OB kit) – 1

### **Miscellaneous Equipment**

- Blood pressure cuff
  - Adult – 1
  - Infant and thigh cuffs optional
- Stethoscope
  - Adult sized – 1
  - Pediatric optional
- Pen light or flashlight type device – 1
- Heavy-duty bandage scissors or paramedic shears – 1
- Thermometer (glass or digital electronic) – 1
- Measures by oral, rectal, or axillary methods
- Cover probes for rectal use – 5
- Broselow pediatric tape – 1

### **Personal Protective Equipment (latex-free equipment should be available)**

- Protective eye wear (goggles, full-peripheral glasses, or face masks) – 1
- Protective face mask/shield – 1
- HEPA TB or NIOSH N 95 facemask – 1
- Exam gloves (latex free preferred) – 3 pair
- Disinfectant hand wash – 1
- Simple “surgical type” face masks for patient use -- 5

### **AED Device-1 (per Organization’s Primary Response Apparatus)**

- Adult Pads-1
- Pedi Pads -1
- Impedance Threshold Device (ITD) – 1

### **One of the following devices for delivery of artificial ventilation in adult /pediatric patients**

- Latex free Bag Valve Mask Device
- System approved BVM with delivery volumes sufficient for adult and child/infant patients – 1 each
- Ventilation bags should be self refilling without a pop-off valve
- Child and adult bags are suitable for supporting adequate tidal volumes for the entire pediatric age range
  - Child (up to 450 mL reservoir) – 1
  - Adult (at least 1,000 mL reservoir) – 1
- Reservoir bag or enrichment tube with oxygen tubing appropriate for each BVM – 1 each

## ILS Minimum Equipment List FRO Tier 2 Organizations

- Clear face mask of adult and child/infant sizes – 1 each

### Portable suction device

- V-VAC or Suction Easy or other system approved equivalent – 1
- Flexible Suction Catheters 6Fr, 8Fr, 14Fr – 1 each
- Rigid Suction Catheter – 1
- Spare Suction Tubing appropriate for equipment used
- Spare Canister appropriate for equipment used – 1 each

### Glucometer and Kit including:

- Glucose clinical Test strips – 5
- Calibration and check test strips – 1 each
- Test control solution and instructions – 1 bottle
- Disposable and retractable safety lock lancet – 5
- Chlorohexadine prep pads – 2
- Band-aids - 2

### Medications:

- Baby Aspirin 81mg (chewable) tablets – 1 bottle
- Oral glucose – 1 tube, 15 grams
- Albuterol sulfate 0.083% 3 mL unit dose vial – 3
- Adult EPI Auto Injector- 1
- Pedi EPI Auto Injector- 1
- Dextrose 50% amp – 1
- Diphenhydramine 50 mg for IV or IM – 1
- Diphenhydramine PO 25 mg capsules – 5 capsules
- Ipratropium Bromide 0.02% 2.5 mL unit dose vial – 2
- Naloxone (1 mg/mL or 0.4 mg/mL concentration) – 2
- Acetaminophen 15ml liquid PO -1 bottle w/dropper
- Acetaminophen PO 1 gram – 1 dose
- Ibuprofen PO 400 mg – 1 dose
- Glucagon IM/IN - 1mg
- Lidocaine 100 mg/ 5 mL bristo-ject- 1
- Nitroglycerin 0.4 mg SL tablets or SL Spray – 1 bottle
- Nitroglycerin Paste - 1 tube and papers

### Nebulizer Kit

- T piece adapter – 1
- Nebulization chamber – 1
- Mouth piece – 1
- Face mask assembly – 1
- Oxygen supply tubing – 1
- Flex tubing – 1
- BVM to ETT/King elbow adapter – 1
- Universal cuff adapter (nebulizer to BVM facemask) – 1

## Advanced Airway and Ventilation Equipment

- KING Airways Adult:
  - 3.0 - 1
  - 4.0 - 1
  - 5.0 - 1
- Commercial made (system approved) advanced airway tube holder
- Adult size – 1 each
  - Laryngoscope handle (C battery size) – 1
  - Extra bulb – 1
  - Extra C cell sized batteries – 2
  - Laryngoscope blades.
- Miller sizes 0, 1, 2, 3, and 4 – 1 each
- Macintosh sizes 3 and 4 – 1 each
- Magill forceps Large and Small – 1 each
- Gastric Tubes sizes 8, 10, 12, 14, 16, 18 – 1 each

## Pulse Oximeter

- Non-disposable probe – 1
- Disposable probes adult and pediatric – 1 each

## Colorimetric End tidal CO<sub>2</sub> Detector or Capnography (required with King Airway)

- Adult – 1

## Continuous Positive Airway Pressure Ventilation (CPAP) Kit packaged with 5cm H<sub>2</sub>O PEEP valve – 1

- 10 cm H<sub>2</sub>O PEEP valve - 1

## Vascular Access Equipment

- 60 drop (micro) infusion IV set – 2
- 10 drop (macro) infusion set – 1
- Extension set – 1
- Dial-a-flow fluid limit device – 1
- IV arm boards - 1
- IV tourniquet (latex free preferred) – 2
- IV loop – 1
- 0.9% Normal Saline solution, 250 mL – 1 bag
- 0.9% Normal Saline solution, 1000 mL – 1 bag
- System approved intravenous catheters (self-sheathing, needle-less system)
  - 14 gauge – 2
  - 16 gauge – 2
  - 18 gauge – 2
  - 20 gauge – 2
  - 22 gauge – 1
  - 24 gauge – 1
- Saline lock hubs – 2
- Chlorohexadine prep pads – 5
- Small sharps safety container – 1
- 0.9% sodium chloride vial or prefilled syringe (5 or 10 mL) – 1
- Tegaderm – 2

## ILS Minimum Equipment List FRO Tier 2 Organizations

- Venigard – 2

### **Sterile Syringes**

- 3 cc safety syringe with needle – 2
- 12cc safety syringe without needle – 2

### **Mucosal Atomization Device**

### **Sterile Needles**

- Assorted sizes (19, 20, 25 gauge) – 1 each
- Intraosseous infusion needle (manual) – 1

**EZIO Driver and associated Adult, Pedi and Bariatric size Needles and Supplies -1 set**

-----Optional Equipment /Medications-----

**Nerve Agent Mark 1 Kits for self preservation (optional per Responder)**

## System Responder:

- Current affiliation with a Tier 1 or Tier 2 System OMD Registered Organization or Transport Provider.
- Current DSHS Certification or Licensure at the ECA level or above.
- Successfully completed the “System Pit Crew” CPR Education Module and Skill Competency.
- Successfully completed all other OMD currently designated Mandatory Education Modules.
- Successfully completed the System Responder Protocol Examination with a grade of 80 or higher.

## EMT- B Credentialed Provider or Responder:

- Current affiliation with a Tier 1 or Tier 2 System OMD Registered Organization or Transport Provider.
- Current DSHS Certification at the EMT-B level or above.
- Successfully completed the “System Philosophy of Five” including the “System Pit Crew” CPR Education Module and Skills Competencies.
- Successfully completed all other OMD currently designated Mandatory Education Modules.
- Successfully completed the EMT- B Protocol Examination with a grade of 80 or higher.

## EMT- I Credentialed Provider or Responder:

- Current affiliation with a Tier 2 System Registered OMD Organization or Transport Provider.
- Current affiliation with a DSHS ALS level Licensed Organization.
- Current DSHS Certification at the EMT- I level or above.
- Successfully completed the “System Philosophy of Five” including the “System Pit Crew” CPR Education Module and associated Skills Competencies.
- Successfully completed all other OMD currently designated Mandatory Education Modules.
- Successfully completed the ILS Protocol Examination with a grade of 80 or higher.
- Successfully completed the System ILS Credentialing Process, including additional required Skills Competencies.

## Initial System Credentialing Check List

### **EMT- P Credentialed Provider or Responder:**

- Current affiliation with a Tier 2 System Registered OMD Organization or Transport Provider.
- Current affiliation with a DSHS ALS level Licensed Organization.
- Current DSHS Certification or Licensure at the EMT- P or LP level.
- Successfully completed the “System Philosophy of Five” including the “System Pit Crew” CPR Education Module and associated Skills Competencies.
- Successfully completed all other OMD currently designated Mandatory Education Modules.
- Successfully completed the ALS Protocol Examination with a grade of 80 or higher.
- Successfully completed the System ALS Credentialing Process, including additional required Skills Competencies.

### **EMD Credentialed Provider or Responder:**

- Current National Academy of Emergency Dispatch (NAED) Emergency Medical Dispatch (EMD) certification
- Current affiliation with a Tier 2 System OMD Registered Organization or Transport Provider.
- Current DSHS Certification or Licensure at the EMT-B level or above.
- Successfully completed the “System Philosophy of Five” including the “System Pit Crew” CPR Education Module and Skills Competencies.
- Successfully completed all other OMD currently designated Mandatory Education Modules.
- Successfully completed the EMT- B Protocol Examination with a grade of 80 or higher.
- Successful completion of the current City of Austin/Travis County EMS System EMD Credentialing process

**Standard:**

To describe specific clinical changes or update within the ATCEMS System

**Purpose:**

1. The Medical Directive:

- Describes specific clinical changes or updates within the System;
- Is issued by the Office of the Medical Director to designated points of contact within each agency of the System;
- Is numbered sequentially and designates the specific level of Provider (EMD, System Responder, EMT-B, EMT-I, EMT-P) impacted by the Directive.
- Is distributed electronically to all agency-defined points of contacts
- Individual agencies are responsible for disseminating Medical Directives, in a timely manner, to all Credentialed Providers affiliated with the agency.

**Standard:**

Define the roles and responsibilities of the Office of the Medical Director and its component parts.

**Purpose:**

By Texas Department of State Health Services and Texas Medical Board regulation, the System Medical Director is responsible for establishing, overseeing and ensuring quality medical care in the prehospital environment.

1. The Office of the Medical Director is responsible for the following components of the ATCEMS System:
  - Development and maintenance of the prehospital clinical operating guidelines, including policies and procedures for establishing clinical care.
  - Establishing the standards of prehospital care and any required alterations in these standards care under special circumstances
  - Establishing and maintaining the minimum requirements for credential to practice within the system
  - Establishing minimum continuing education requirements for credentialed providers within the system.
  - Oversight of the clinical performance of the System's provider organizations
  - Implement performance improvement policy and procedures
  - Establish minimum clinical data requirements to be collected for measuring the system performance
  - Oversight of clinical research initiatives in the prehospital setting
  - Serve as the clinical liaison to the medical community
  - Provide oversight of provider safety as it relates infection control and exposure management.

### Standard:

To establish a standardized process for demonstrating understanding of ATCEMS System patient care protocols, system standards and procedures.

### Purpose:

Every provider that is credentialed to practice within the ATCEMS System will successfully pass a protocol exam in order to obtain initial system credentialing. Credentialed Providers must maintain their credential in accordance with the maintenance requirements defined by the Office of the Medical Director. This policy does not preclude organizations from conducting internal protocol exams, however, the OMD protocol exam results will be the only exam considered for OMD Credential to Practice status.

### Application:

1. Following submission of necessary documentation to the Office of the Medical Director (OMD), candidates or organizations will coordinate with the OMD to schedule administration of a Protocol exam at the appropriate level.
2. A minimum score of 80% is required for a candidate to be deemed successful.
3. If subsequent attempts are necessary:
  - A candidate will be afforded no more than a total of six attempts to achieve the minimum score. This is inclusive of any attempts on an exam appropriate for a credentialing level lower than the candidate's originally desired level.
  - Failure to achieve a minimum score of 80% within the first 3 initial attempts will result in the candidate being disqualified from all credentialing processes for a minimum of three months from the date of the last exam attempt.
    - EMT-B, ILS or ALS candidates that elect to use a third exam attempt to credential at the a lower level (ECA or EMT-B) than initially tested, and are successful, must remain out of any higher level credentialing process for a minimum of 3 months from the date of the third attempt.
  - A candidate that is unsuccessful in his or her initial three attempts shall remain out of the credentialing process for the prescribed 3 month period, and if the candidate is unsuccessful in the subsequent 3 attempts, they will be disqualified from all credentialing processes for a minimum of one year from the date of the last exam attempt.
  - There must be a minimum of 24 hours between attempts.
  - All attempts must be completed within a 30 day period of the initial exam date.
  - Extension of the 30 day exam period requires approval by the Office of the Medical Director.
  - In order to obtain an extension the candidate must adhere to the following:
    1. The candidate must submit a written request for extension of the 30 day period. The request must include justification for the extension and request for a specific exam date.
    2. The request must be received on or before the end of the 30 day exam period and include signatures from the candidate and the organization's Training Coordinator, Chief Officer or FRO Administrator and an OMD staff member.
    3. Failure to submit the request for extension as described, or to abide by the terms of the extension, will result in the Candidate being disqualified from that or any other credentialing process for a minimum of three (3) months from the date of the last exam attempt.

## Clinical Operating Guidelines (COG) Exam

4. A candidate that is unsuccessful in the exam process, or is disqualified from the process for failing to abide by the requirements related to extending the 30 day exam period, but that is already credentialed in the System will retain his or her current credential level.
5. Should a protocol revision occur within a candidate's 30 day exam period, the version of the protocols in effect at the time of the first exam will be the basis for all exam attempts.
6. Should an approved request for extension of the 30 day exam period be in place; the version of the protocol in effect on the date testing resumes will be the basis for subsequent exam attempts, regardless of attempt number or level.
7. If it is determined that a candidate has cheated during a protocol exam the Medical Director may suspend or revoke the candidates current credential and/or bar the candidate from the credentialing process for a minimum of 1 year.
8. In all events where there is dispute or discrepancy the OMD reserves the right of final decision for disposition of the protocol testing procedures and processes.
9. For ILS and ALS candidates, upon successful completion of the protocol exam and any required educational session (s), the OMD will issue the appropriate OMD transitional badge in accordance with the Identification Badges Standard.
  - An OMD transitional badge extends the privilege to practice at the desired credential level provided the candidate is in the presence of a designated System Training Officer/Preceptor who is Credentialed at the candidates desired Credentialing level or above.

## Protocol Committee

### **Standard:**

Establish a uniform process for review and implementation of System-wide Protocols for patient care.

### **Purpose:**

The Protocol Committee is a standing committee charged by the Office of the Medical Director to review and make recommendations for changes in the clinical practice and protocols for patient care within the system.

### **Application:**

1. Review requests for new protocols to be implemented.
2. Review requests for changes to the current clinical practice and protocols.
3. Review of current clinical practice and protocols.
4. Coordinate with the Clinical Equipment Committee to trial/research/investigate new medications and/or equipment recommended for use in the System.
5. Recommend an appropriate timeline for System implementation.
6. Consult with System Performance Management to define applicable performance management benchmarks or measures.
7. Consult in the development of System education related to implementation of new protocols
8. Provide regular reports and recommendations to the System Medical Director

## System Clinical Change Process

### Standard:

Request for changes to clinical practice of medicine will be submitted to the Office of the Medical Director for review. Requests will be assigned by the Office of the Medical Director to the System Equipment and Medication Committee, Protocol Committee, or other established committee as appropriate for the recommended change. The respective committee's will review requests and will make recommendations to the Medical Director based on their respective review.

### Purpose:

To establish a standardized process for ATCEMS System Provider's to request a consideration of changes to the Systems clinical practice of medicine.

*Texas Administrative Code: Title 25, Part 1, Chapter 157, Subchapter B Rule 157.11 (f) "The protocols shall address the use of all required, additional, and specialized medical equipment carried by any EMS vehicle in the provider's fleet." (g) "Equipment and supplies: The provider shall submit an equipment and supply list which is approved by the medical director and which is consistent with, and fully supportive of, the protocols." And, for System registered FROs': Rule 157.14 (E) (ii) "response, dispatch and treatment protocols including an equipment and supply list approved by the medical director of the licensed EMS provider."*

### Application:

1. System providers must have authorization from their respective Organization's to submit new ideas for clinical changes.
2. Complete the Office of the Medical Director questionnaire for proposed change;
3. Submit the completed form and any supporting documentation to the Office of the Medical Director;
4. Appropriate committee will review information and make a recommendation to the Office of the Medical Director;
5. The Medical Director may accept or reject the proposal, may request additional information or may modify the proposed changes to meet the needs of the System.

## System Clinical Change Process

### Questionnaire for proposed Medication or Equipment for Trial or Implementation

The need to change or evaluate new Medication or Equipment used in the System is based on (please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Performance Improvement<br>Process identified issue | <input type="checkbox"/> New literature / evidence / technology |
| <input type="checkbox"/> Improved method to deliver care                     | <input type="checkbox"/> Integration into health care system    |
| <input type="checkbox"/> Patient and/or Provider safety                      | <input type="checkbox"/> Replacement equipment                  |
| <input type="checkbox"/> Trial and/or Implementation                         | <input type="checkbox"/> Cost                                   |
| <input type="checkbox"/> Other _____   |   |

1. List the System Organizations you feel may be potentially impacted.
  
2. Describe the target patient population that would potentially benefit from the change.
  
3. Describe the target Credentialed Provider or Qualification level you feel may be potentially impacted.
  
4. Describe the anticipated COG changes to implement this new medication or equipment.
  
5. Describe the anticipated educational requirements to implement the new medication or equipment.
  
6. Provide a description of proposed medication or equipment including pictures, technical information, medical literature or any pertinent web address references.

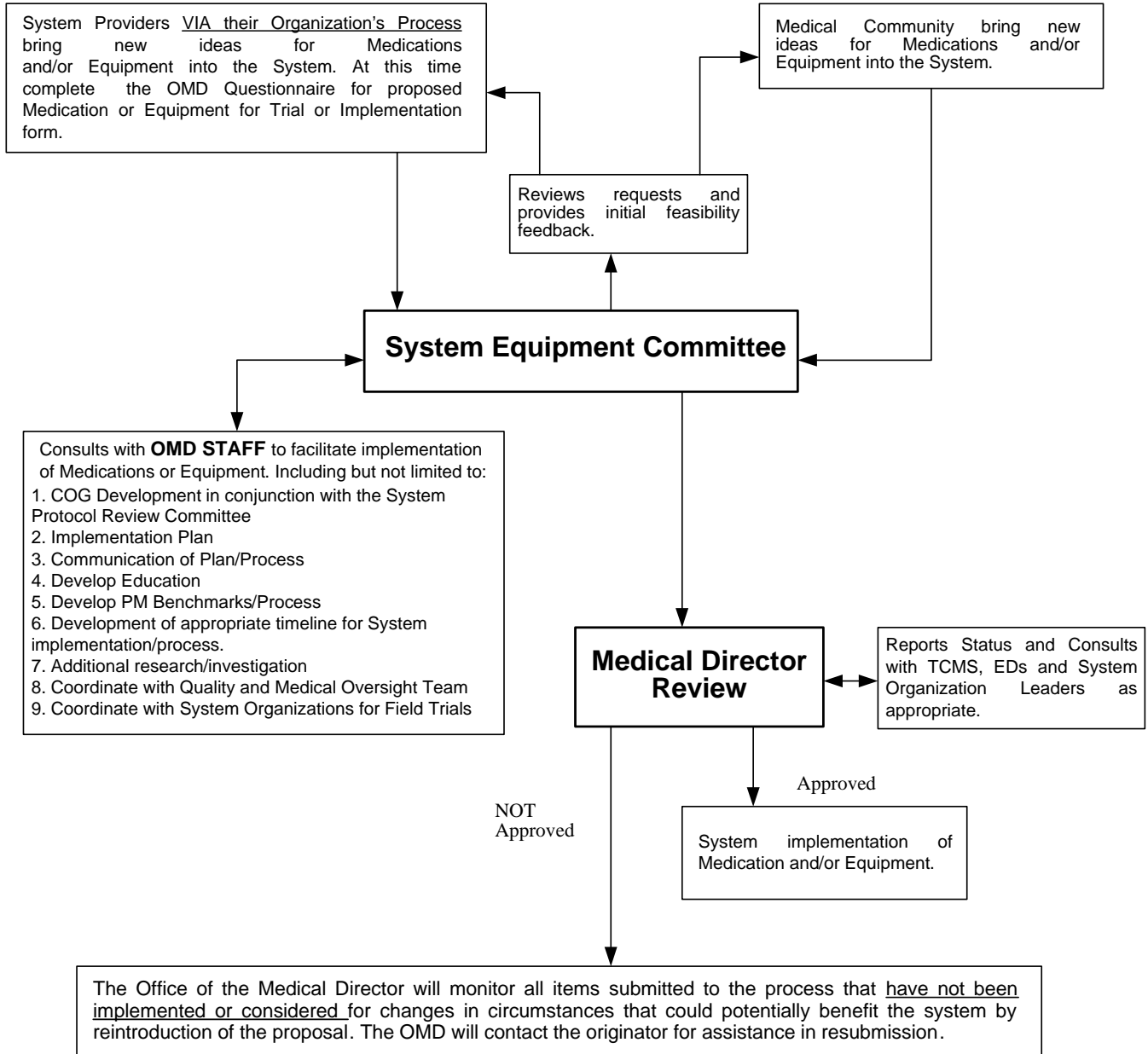
Primary Point (s) of Contact for this Questionnaire:

Print Name:	Organization:	Phone #	E-mail Address:

Answer this questionnaire as completely as possible; use additional sheets/documents as needed. This page **must** be the cover sheet. Route or Fax it to the OMD. The OMD will consolidate and provide them to the System Equipment and Medication Committee at the next scheduled meeting. Document received at the OMD on: \_\_\_\_\_.



## System Clinical Practice Change Process for Medications and Equipment



# System Registered Organizations

## Tier 2 Designated Organizations

- |   |  |
|---|--|
| <b>ESD 1</b> – North Lake Travis Fire Rescue  | <b>ESD 2</b> – Pflugerville Fire Department                                      |
| <b>ESD 3</b> – Oak Hill Fire Department   | <b>ESD 4</b> – Travis County Fire Control  |
| <b>ESD 5</b> – Manchaca Fire Department   | <b>ESD 6</b> – Lake Travis Fire Rescue   |
| <b>ESD 8</b> – Pedernales Emergency Services  | <b>ESD 9</b> – Westlake Fire Department  |
| <b>ESD 10</b> – CE-BAR Fire Department  | <b>ESD 11</b> – Travis County Fire and Rescue                                    |
| <b>ESD 12</b> – Manor Fire Department   | <b>ESD 13</b> – Elgin Fire Department  |
| <b>ESD 14</b> – Volente Fire Department   | <ul style="list-style-type: none"><li>• Travis County Parks</li></ul>            |
| <ul style="list-style-type: none"><li>• Travis County Search and Rescue</li><li>• City of Austin-Travis County EMS Department</li></ul> | <ul style="list-style-type: none"><li>• City of Austin Fire Department</li></ul> |

## Tier 1 Designated Organizations

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• One Texas Center Emergency Response Team</li><li>• 3M Austin Center and Research</li><li>• Flextronics</li><li>• Texas Department of State Health Services</li><li>• Dept of Assistive &amp; Rehab Services DDS Division</li><li>• Samsung Austin Semiconductor</li><li>• City of Austin HSEM</li></ul> | <ul style="list-style-type: none"><li>• ARL UT Emergency Team</li><li>• Dell Computer Company</li><li>• Texas Comptroller of Public Accounts</li><li>• Winters Medical Assistance Team</li><li>• Castletop Ranch</li><li>• DCCESI</li><li>• LCRA - Lower Colorado River Authority</li></ul> |
|---|---|