

Texas Department of Public Safety Emergency Medical Care Notification

Date of Incident:		Time:	<i>(24 hour format)</i>	County:		
Address of Incident:			DPS Facility:			
GPS Coordinates:		Latitude:	Longitude:			
Employee First Name:		Last Name:		ACID#		
Division:	Region/Company:	District:	Area:			
Commissioned:		Non-Commissioned:		Other DPS Employees Involved?		
Employee Activity at Time of Incident:		Traffic Stop:	Crash Investigation:		Pursuit:	
Warrant Service:		Use of Force:	Motorist Assist:		Consensual Encounter:	
Other: <i>(explain in summary)</i>		Off Duty:	Customer Service:		Welfare Check:	
Time Employee Began Care:		EMS Responded:		Subject Transported:		
Arrival Time of EMS:		Ambulance Service Name:				
Hospital Destination:		Transported by:		Ground:	Air:	
Subject's First Name:		Last Name:		Age:	Sex:	Race:
Check all that apply:						
Lifesaving Event:		Hyfin Chest Seal Used:		Subject Living:		
CPR:		Pressure Bandage:		Subject Deceased:		
Tourniquet Applied:		Water Rescue:		AED:		
Combat Gauze Used:		Heimlich Maneuver:		<i># shocks administered:</i>		
Naloxone:		Released No Further Action:		Other Treatment:		
<i># of vials or doses utilized</i>		<i>mg administered:</i>		<i>successful?</i>		

Summary:

Event Requiring HQ-135 Report:

This report must be completed when an incident occurs involving an employee providing emergency medical care (EMC) to any person. If the EMC was provided while the employee was on duty it shall be reported utilizing this form. If the EMC was provided when the employee was off duty and their Departmental training or experience was significant in their ability to render aid it can be reported utilizing this form. Required fields are outlined in red, and the form will not email until they are completed. Submit form within seven days of the EMC event using the process outlined below.

Emergency Medical Care (EMC) – Direct medical aid that is provided to any person:

- a) whose condition is stable for the moment and not in any immediate danger of death, but their condition would require the need for medical treatment under normal circumstances (i.e., broken bone splint, large wound dressing, shoulder sling, puncture wound stabilization, etc.)
- or;
- b) that directly results in the saving of that person's life, not necessarily requiring bravery or action beyond the scope of Department training. (*Lifesaving Event*)

Date of Incident: Indicate the appropriate date of the incident.

Time: Indicate the appropriate time of the incident. Use 24-hour format (Ex: 13:12).

County: Select the county in which the event occurred.

Address of Incident: Provide the physical location of the incident, including the name of the road/highway where it occurred. The use of highway names and mile markers is acceptable. Indicate direction from the nearest city when not within a city limits.

GPS Coordinates: Indicate the appropriate Latitude and Longitude in decimal degrees nearest to the where the incident occurred.

Employee First/Last Name: Document the employee's name providing the EMC.

ACID#: Indicate the employee's current DPS issued ACID number

Division: Select Division assigned

AVO = Aviation Operations	IOD = Infrastructure Operations
CAO = Chief Auditor's Office	IT = Information Technology
CID = Criminal Investigations	LES = Law Enforcement Support
CS = Cyber Security	M/C = Media and Communication
DEM = Emergency Management	OGC = Office of General Counsel
DLD = Driver License	OIG = Office of Inspector General
DS = Director Staff	RSD = Regulatory Services
FD = Finance	THP = Texas Highway Patrol
HR = Human Resources	TOD – Training Operations Division
ICT = Intelligence & Counterterrorism	TR = Texas Rangers

Region/Company: Indicate appropriate Region or Ranger Company.

SETX = Southeast Texas
NTX = North Texas
NWTX = Northwest Texas
STX = South Texas
WTX = West Texas
CTX = Central Texas
CAP = Capitol

District: Indicate appropriate District to which employee is assigned.

Area: Indicate appropriate Sergeant Area to which employee is assigned.

Commissioned: Check only if employee providing the EMC is a commissioned peace officer.

Non-commissioned: Check only if employee providing the EMC is not a commissioned peace officer.

Other DPS Employees Involved? Indicate Y or N if other DPS employees provided direct medical aid to the subject listed on form. Complete additional forms for each employee involved in providing direct medical aid during this incident using the same date/time/location information.

Employee Activity at Time of Incident: Select the activity that best fits the actions the employee was taking in the moments prior to conducting the EMC. (This activity should be highlighted in the summary.)

- **Off duty:** Should only be selected when an employee provides care outside the time frame of their normally scheduled shift. Off duty status does not include an employee who is providing EMC while working as either a paid or volunteer emergency medical professional.

Time Employee Began Care: Indicate the time in which the employee began the direct EMC on the subject involved. Use 24-hour format (Ex: 13:12).

EMS Responded: Check if Emergency Medical Services responded to the scene of the incident.

Subject Transported: Check if EMS transported the subject from the scene of the incident to a medical facility.

Arrival Time of EMS: Indicate the time in which EMS arrived to provide emergency medical aid on the subject involved.

Ambulance Service name: List the name of the ambulance service involved in the medical aid and transport of the subject involved.

Hospital Destination: List the name of first hospital to which the employee was transported from the scene of the incident.

Transported by: Check the appropriate box to indicate whether the subject was transported by ground or air ambulance.

Subject's First/Last Name: Provide name of subject to whom the EMC was provided. One report per subject involved.

Age: Provide the age of the subject involved.

Sex: Provide the gender of the subject involved.

Race: Provide the Race/ethnicity of the subject involved.

A = Asian or Pacific Islander

B = Black

H = Hispanic or Latino

I = Alaska Native or American Indian

W = White

Check all that apply:

Lifesaving Event: Emergency medical aid that directly results in the saving of any human life, not necessarily requiring bravery or action beyond the scope of Department training.

CPR: Employee provided Cardiopulmonary Resuscitation aid with either compressions, breath, or both.

Tourniquet Applied: Employee utilized either issued tourniquet or equivalent to control venous and arterial blood circulation.

Combat Gauze Used: Employee utilized issued combat gauze to cover or pack a bleeding wound.

Naloxone: Employee utilized naloxone hydrochloride injection(s) and/or nasal spray to block the effects of opioid overdose. When naloxone is utilized, the employee must also indicate the number of vials or nasal doses provided, total milligrams administered, and whether it had positive results.

Hyfin Chest Seal Used: Employee utilized this occlusive dressing as the result of a penetrating chest wound that caused an open pneumothorax (sucking chest wound) with severe respiratory difficulty present.

Pressure Bandage: Employee utilized this bandage to limit venous and/or arterial blood circulation.

Water Rescue: Employee pulled stranded or drowning subject from swift or flooding waters.

Heimlich Maneuver: Employee utilized any procedure to clear an obstruction from a choking person's windpipe.

Released No Further Action: Once the EMC was provided the subject did not receive additional medical treatment from either EMS or a medical facility.

Subject Living: Indicate if subject is alive at the time of this report.

Subject Deceased: Indicate if subject is no longer alive at the time of this report.

AED: Employee utilized an automated external defibrillator to treat possible cardiac arrest. When an AED is applied to a subject, the employee will also need to indicate the number of shocks they were required to administer. If no shocks were administered enter "0".

Other Treatment: Select this box if a treatment was provided that is not listed such as bone splinting, shoulder slings, puncture wound stabilization, or large wound dressings for extreme lacerations or evulsions. This may not necessarily qualify as a lifesaving event but would require additional medical assistance such as sutures or the resetting of bones.

Summary: Provide a brief summary of the employee's actions and events surrounding the EMC involved incident.

Submit form button: Once form is complete, employee **must** select this button to email to proper recipients and save.

For correct compilation of information, this button is required so do not submit this form to the HSOC in any other fashion or format. This may create two new email windows, send both emails.