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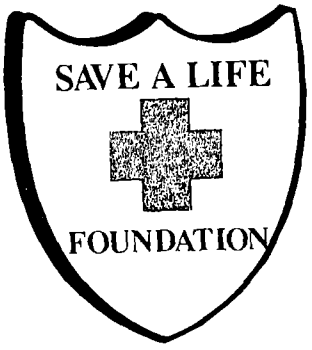
Saving

Lives

Through

CPR & First Aid



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(contributions to S.A.L.F. are tax-deductible
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SALF Mission: *To Promote*; education and continuing education in life-saving first aid (LSFA). *To Promote*: consistency, uniformity, and safety in the application of LSFA. *To Assure*: That the best procedures and highest quality materials are accessible and used. *To Promote*: Knowledge and expansion of "Good Samaritan" laws to protect the rights of individuals who perform LSFA. To Promote: The moral, ethical and compassionate duty to act in anothers behalf.

The Playing field of First Aid/CPR Training

UNREGULATED BYSTANDER

First aid/CPR *Not Required.*
No Legal Duty to Act. Good Samaritan.

Audience: **The General Public.**
SALF Objective: 1.) Promote Bystander Care Curriculum through TV, radio and print media. 2.) Promote retail availability of first aid equipment including mouth barriers similar to NHTSA Bystander recommendations (DOT HS 807 872 10/92).
Priority: B

Audience: Youth-At-Risk
SALF Objective: Promote life-saving first aid as part of a program to divert children from gangs, drugs and violence (In cooperation with the Bed-Stuy Volunteer Ambulance Concept).
Priority: A

Audience: **Public Service** (transportation workers, food service workers, lifeguards, etc.)
SALF Objective: Same as General Public, above.
Priority: B

REGULATED BYSTANDER

First aid/CPR Training *Required*
No legal duty to act. Good Samaritan

Audience: Public Safety (Line of duty Police officers, firefighters, dispatchers).
SALF Objective: 1). Nationwide legislation requiring first aid/CPR training and retraining. 2.) Assure immediate availability of adequate first aid equipment. 3.) Assure provision of personal protective equipment and training for prevention of communicable disease transmission. 4.) Expand Good Samaritan protection where necessary and broaden awareness among audience.
Priority: A

Audience: Education (Public & private school teachers, day care workers, coaches, school bus drivers, high school students).
SALF Objective: Same as public service above.

Audience: Business & Industry (Public & private corporations and their employees).
SALF Objective: To promote life-saving first aid training for interested employees and strengthen existing regulations for high-risk occupations.
Priority: C

Promote multi-organizational, consensus, first aid treatment guidelines.

HEALTH CARE WORKERS

Trained, certified, or licensed with legal duty to act. If no patient/professional relationship exists, HCW's should be treated as Good Samaritan's.

Audience: Professionals (EMT's, Paramedics, RN's, MD's, etc.)
SALF Objective: Promote the need for HCW's to disseminate life-saving first aid information to the community (i.e. Save-A-Life Week).
Priority: B

A Possible Approach to Assure All Americans Possess Life-Saving First Aid Skills (LSFA): Enact Federal legislation requiring the successful completion of (at a minimum), the Bystander Care Curriculum prior to obtaining a state motor vehicle operators license. Add LSFA questions to license renewal examinations.

SALF White House Agenda
December 14, 1994

1. Introductions

    a. SALF members
    b. White House staff

2. SALF Overview

    a. Mission
    b. Priorities

3. Funding

    a. Government funding sources?

4. Legislation

    a. Presidential / White House Endorsement.

Related Research Data

Minorities:

The United States homicide rate is more than *four times* that of any other developed country. Black males between 15 and 24 years of age are seven times more likely to killed by firearms than are whites.[1]

Whites are twice as likely to survive cardiac arrest to hospital admission, and three times more likely to survive to hospital discharge than black, even though the mean age was 5 years younger.[2]

Whites receive bystander CPR nearly twice as often as blacks in large urban areas. Targeted CPR training to minority communities may improve rates of bystander CPR in these groups.[3]

Liability Issues:

A federal lawsuit was filed against 15 hospital medical personnel and prison officials in Pennsylvania. Shortly after being placed under arrest, a man suffered a generalized seizure and died. Failure to initiate CPR was one of the negligent acts listed in the suit. In another case, a school having no nurse, no emergency guidelines and no formal emergency care training is being sued by the parents of 9 year old girl who collapsed during hockey practice. According to the suit, *"had appropriate emergency plans and competent personnel and life safety equipment been available...at the time of her collapse [the girl] would probably have survived."*[4]

Public Education:

Most public school teachers lack adequate emergency care knowledge and skills. Lack of formal training, low skill retention and no incentive to requirement for continuing education have been cited as reasons. These finding are in direct contrast to what most parents expect concerning teachers ability to care adequately for injury and illness in children.[5] Despite national resolutions by the National Educational Association, the American School Health Association and the American Academy of Pediatrics, only two states require CPR and/or first training of students and staff.[6]

---

[1] Fingerhut LA, Kleinman JC. International and interstate comparisons of homicide among young males. 1990 *JAMA* 263:24;3292-3295.
[2] Becker LB, et al. Outcome of CPR in a large metropolitan area- where are the survivors? *Ann Emerg Med.* 1991 20:355-361.
[3] Broofoff D. Et al. Do blacks get bystander CPR as often as whites? *Ann Emerg Med.* Dec. 1994 24:1147-1150.
[4] Newman MM. *Currents in Emergency Cardiac Care.* ©1994 American Heart Association. In Brief; pg. 14.
[5] Gagliardi M, et al. Emergencies in the school setting: Are public school teachers adequately trained to respond? 1994 *Prehosp Dis Med* 9(4): 222-225.
[6] Newman MM. Is school site CPR at recess? 1993 *Currents In Emer Cardiac Care* 4(3): 1-8.

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November 21, 1994

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RE: Preventable Out-of-Hospital Deaths

Dear Ms. Spizzirri:

This is in reply to your inquiry regarding the percentage of salvageability obtainable with bystander life-supporting first aid (LSFA) under optimal conditions (i.e. given a large prevalence of LSFA trained individuals in the community). In a recent review of the literature I found the following information:

1) Ruffel-Smith (Injury 1970;2(2):99) in a review of postmortem results from 374 victims of road traffic accidents 16 years and older who died within 12 hours of injury during December 1966 to December 1967 in England and Wales (UK) concluded that 13/374 or 3.5% might have been saved if effective care had been provided by bystanders. These 13 victims died of airway complications.

2) Hoffman et al (Injury 1982;14:245-249) in a prospective study of 344 road traffic accidents over a one year period (1971-72) concluded that 7% of patients could have been saved through adequate airway management within the first hour of treatment.

3) Anderson et al (Br Med J 1988;296:1305-1308) in a retrospective study of 1,000 consecutive trauma deaths concluded that 102/1,000 (10.2%) were preventable.

Furthermore, it has been shown (by Hoffman) that the following "rescuers" may be present before arrival of an ambulance crew: bystander (39.1%); police (27.5%); doctor (17.1%).

Based on the above data the range of preventable traumatic out-of-hospital deaths due to motor vehicle crashes alone is 3.5-10.2%. A conservative estimate would be 7% of the total. Therefore, according to 1988 figures 6,797 deaths in the U.S. might have been prevented. In my opinion, approximately, 5-7,000 deaths (most of these young adults) could be prevented every year in the U.S. given that a large percentage of the U.S. population had LSFA training and were motivated to act swiftly when encountering a victim.

I hope this data helps you in your very worthwhile campaign. Please do not hesitate to call on me anytime. Best of luck.

Sincerely,

Ernesto A. Pretto, Jr., M.D.

Baywatch Saves Lives! Even In Namibia

(Taken from Namibian Newspaper.)

"Lynette honored for her courageous act"

Television is not always necessarily bad for children, even programs such as '**Baywatch**' which often seem meaningless. This was proven last week when 13-year old Lynette saved her 3-year old sister from drowning, by using a technique learned on '**Baywatch**'.

The two sisters were watching TV at their parent's house, last Friday, when the younger sister went to get some drinks. She had been gone for a while when the older sister, who had fallen asleep, woke up with a strange feeling.

Lynette called for Leonie but didn't get an answer. The maid couldn't find her either. "When I looked out of the window I saw her floating in the swimming pool". "I ran outside and pulled her out of the water as fast as I could". "I then immediately started applying CPR, which I had seen the lifeguards do on **Baywatch**".

As soon as Leonie started spitting out water Lynette jumped up and called for her mother. Ms. Van Roojen called the ambulance and the child was transported to the local Catholic hospital.

Leonie was released from hospital the next day without any complications. The first words out of her mouth as soon as she regained consciousness were, according to her father, "I want to go swimming".

Lynette will be receiving a medal of honor, on Monday, for saving her sister's life.

SOME STATISTICS RELATED TO DEATHS AND INJURIES INVOLVING SCHOOL-AGE CHILDREN

Annual Accidental Deaths	Ages 5-14	Ages 15-24
Total U.S.	4,215	18,507
Illinois	157	737
Illinois Rank	9th	6th

From National Center for Health Statistics mortality data (1988)

School Bus Accidents

In school year 1990-91, 100 (est.) persons were killed in school bus transportation accidents. Of these, 35 were school children. In addition 11,000 (est.) persons were injured, of whom 7,700 were school children. No data were collected for Illinois.

From National Safety Council

Children/Youth Deaths -- School Age (5-17)

Accidents are the leading cause of death and injury for school age children and youth. Motor vehicles are the leading cause of accidental deaths, next are drowning, fires/burns, firearms, poisons, falls, and suffocation.

Annual deaths for children ages 5 through 17 are as follows:

16,785	deaths of any cause
8,315	all accidental deaths
5,599	motor vehicles
740	drowning
484	fires/burns
406	firearms
68	poison
109	falls
133	suffocation (not including drowning)
776	other accidental deaths

From National Center for Health Statistics (1988)

Number of Episodes of School-Age Children/Youth Injured

Annual injury rates by episode for school-age children/youth (ages 5 through 17) not including sports are as follows:

13,280	all episodes of accidents
926	moving motor vehicle
750	traffic, not moving motor vehicle
4,058	home
1,482	street, highway
124	industrial setting
5,763	other situations

Projection from The USPS, National Health Interview Survey National Center for Health Statistics (1990)

Sports Injuries

Data are available on sports-related injuries, without age distinctions, based only upon hospital emergency room data. Since school age children are among the most active in sports, the information is still relevant.

Number Injured	Sport
432,797	baseball/softball
640,754	basketball
580,119	bicycle riding
414,293	football (7 fatalities, all high school)
44,343	gymnastics
139,700	soccer
116,112	swimming
125,487	volleyball

From Consumer Product Safety Commission (1990)

Motor-Vehicle Deaths

Urban and Rural	Ages 5-14	Ages 15-24
Pedestrian	650	900
Pedacycle (bicycle, tricycle, etc.)	300	150
Other (incl. collision)	1,050	10,750
TOTAL	2,000	11,800
Urban		
Pedestrian	370	430
Pedacycle	250	120
Other	80	3,250
TOTAL Urban	700	3,800
Rural		
Pedestrian	280	470
Pedacycle	50	30
Other	970	7,500
TOTAL Rural	1,300	8,000

NSC estimates from state traffic authorities (1991)

Motor Vehicle Injuries

Urban and Rural	Ages 5-14	Ages 15-24
Pedestrian	12,500	8,700
Pedacycle	12,200	7,100
Other	95,300	474,200
TOTAL	120,000	490,000
Urban		
Pedestrian	10,100	6,600
Pedacycle	10,600	6,200
Other	53,300	277,200
TOTAL	74,000	290,000
Rural		
Pedestrian	2,400	2,100
Pedacycle	1,600	900
Other	42,000	197,000
TOTAL	46,000	200,000

NSC estimates from state traffic authorities (1991)

Dispatch Life Support

Establishing Standards That Work

by Jeff J. Clawson, MD, and Scott A. Hauert, AEMT

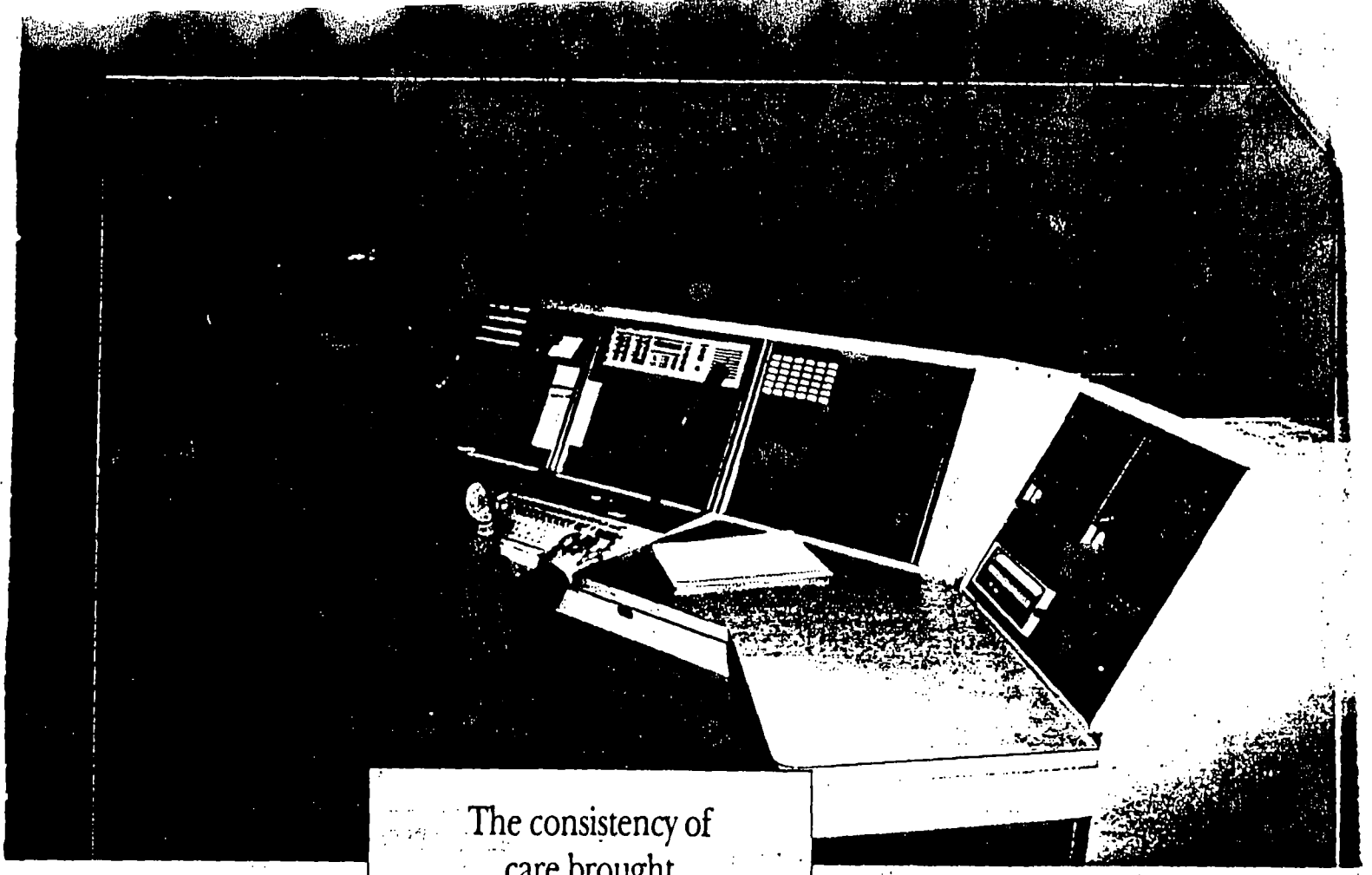
In the emergency medical services world of "seconds count," acronyms help keep things simple and direct. Public acceptance of these shortened versions of names or products is assured when the acronyms can stand by themselves without explanation. *EMT* is one such example. *EMD* (Emergency Medical Dispatcher) is still relatively new, in existence less than a decade, having successfully won the battle against *EMS-D* (Emergency Medical Services – Dispatcher), which rolled easily off no one's tongue and is now obsolete.

A new acronym was recently coined to establish an identity for, and to enhance understanding of, a new key component of EMD. *DLS*, which stands for Dispatch Life Support, represents the sum of knowledge, procedures and skills used by trained EMDs to provide care via pre-arrival instructions given to callers. It consists of those BLS and ALS principles that are appropriate for use by emergency medical dispatchers.[1] But isn't this really just basic life support in disguise? The answer is a resounding "no" (see Figure 1, item 1). Each item serves as an example of how these standards relate to the role of the medical dispatcher.

The core of BLS, CPR and ACLS revolves around the standards and guidelines developed by the American Heart Association (AHA), which are tailored for EMS providers (see Figure 1, item 2). Unfortunately, difficulties arise when these guidelines are applied directly to medical dispatching.

The consistency of care and acceptance brought about by these much-needed standards created order from the chaos that previously existed in these areas of EMS. However, to some extent, blind acceptance of the standards, coupled with their limitations in certain situations, has caused significant difficulties when the standards are applied directly to pre-arrival instructions given by EMDs (see Figure 1, item 3).

These problems often surface when medical control physicians adopt and review pre-arrival instruction protocols, and find that they appear to deviate from current guidelines, such as those of the AHA. Actually, the medical director's real dilemma is in attempting to understand the special limitations that are inherent in the dis-



patch situation, not in the pre-arrival instruction protocol itself (see Figure 1, item 4).

Since the AHA changed its recommended airway control maneuvers to the chin-lift and jaw-thrust methods in 1987, some people believe that continuing to include the head-tilt method in dispatch protocols is unsound. However, from a dispatch perspective, it is not, which further reveals the limited application of these standards to dispatch.

The National Association of EMS Physicians (NAEMSP) stated in its 1988 *Consensus Document on Emergency Medical Dispatching* that, "Training and recertification [of EMDs] in basic life support, *as is appropriate to application by medical dispatchers*, is necessary to main-tain and improve this unique, and at times, lifesaving, non-visual skill."[2] NAEMSP's more recent position paper on EMD makes this distinction more specific by defining this area as Dispatch Life Support.[1]

The AHA's BLS standards are designed for the teaching of physical procedures *in person* to a willing student, often over many hours (see Figure 1, item 5). Although the creators of these standards could not have forseen the limitations placed on dis-

> The consistency of care brought about by the AHA standards created order from the chaos that previously existed in the areas of BLS, CPR and ACLS. But significant difficulties arise when they are applied directly to pre-arrival instructions given by EMDs.

Tonya Johnson, Emergency Medical Dispatcher from Emergicare in Erie, Pennsylvania.

Photo by Patrick A. Stevie

Medical Priority Dispatch protocols in use at Bakersfield (Calif.) Fire Department by Tina Cantu, EMD.

identify obvious death situations (as defined by medical control), mobilize the response accordingly and give limited pre-arrival instructions (see Figure 1, item 11).

- If the victim is unconscious and breathing cannot be verified by a second-party caller, the victim should be assumed to be in cardiac arrest until proven otherwise.
- EMDs should assume that bystanders have inappropriately placed a pillow under the head of an unconscious victim, until proven otherwise, and ensure that it is removed.
- BLS protocol for choking victims should be modified to reflect that EMDs recommend a specific number of thrusts, rather than stating a range of six to 10 thrusts. The present guidelines contain no basis for deciding during the crisis how many to use. This simplification will eliminate any confusion and subsequent hesitation on the caller's part.
- The Heimlich maneuver should be the primary treatment for infants, children and adults who are choking (see Figure 1, item 9).

Many readers will assume that EMDs are aware of these concepts. But most of this information is not *directly* taught to the majority of EMTs and paramedics and is not covered in the current EMT and paramedic textbooks. Addressing these omissions highlights the need for "dispatcher-specific training."

The psychology behind pre-arrival instructions is currently undergoing some unique and very useful expansion. As callers' actions can now be predicted to a reasonable extent, EMD protocols need to reflect these new understandings. There is no question that DLS is different from BLS, just as EMDs are different from EMTs—not better or worse, but different. You don't get "apples" by training people to be "oranges." Likewise, you won't get good guidelines for baking apple by using the recipe for peach cobbler. The next step in solving this problem seems an obvious one: Medical dispatch experts, line dispatchers and the standard setters must work together in creating sound DLS guidelines.

The AHA has correctly stated that, "Basic life support can and should be initiated by any person present when cardiac or respiratory arrest occurs," and, furthermore, "The most important link in the CPR-ECC system in the community is the layperson.[3]

In the future, every time the requirement of BLS is mentioned in the AHA Standards and Guidelines, it should be preceded by a reference to DLS. And every discussion of the layperson being an important link in the initial provision of emergency cardiac care should emphasize the dispatcher's role as teacher of that layperson. Until this is accomplished, no standards or guidelines, regardless of how well-intentioned, will best serve people in crisis who need immediate, but realistic, Dispatch Life Support intervention.

References

1. National Association of EMS Physicians. "Position paper: emergency medical dispatching." *Prehospital and Disaster Medicine*. Vol 4(2): 1989.

2. National Association of EMS Physicians. "Consensus document on emergency medical dispatching." Issued June 12, 1988. *JEMS*. 13(11):1988.

3. "Standards and guidelines for cardiopulmonary resuscitation and emergency cardiac care." *JAMA*. 255(21):1986.

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Scott A. Hauert, AEMT, is director of training for the National Academy of Emergency Medical Dispatch and Medical Priority Consultants Inc., both in Salt Lake City. He previously worked as a field supervisor and staff development coordinator during 11 years of employment at Gold Cross Ambulance in Salt Lake City and is the recent past president of the Utah Association of EMTs.

patching, the guidelines do recognize the need for some flexibility (see Figure 1, item 6).

Still, certain obstacles present themselves to dispatchers when applying these standards. Thrust in the role of "instructor," the dispatcher must teach the caller (an unwilling student) a physical procedure in a matter of seconds, without visual aids of any kind or even any opportunity to practice (see Figure 1, item 7).

Obviously, this means there is no in-person verification that the procedure is properly performed or that it was performed *at all*. If the limitations of a given process are understood up front, the procedure can be molded to effectively meet the needs of the user while still creating the desired results (see Figure 1, item 8). This, unfortunately, has not yet been done; no currently published BLS standards were designed with the dispatcher's situation in mind.

Although the chin-lift method of airway control is not difficult to perform, dispatchers must recommend that callers use the most simple method of securing a patent airway, as long as it is safe and effective. Since most cardiac arrest situations require that airway management (as instructed by the dispatcher) only briefly precede mouth-to-mouth resuscitation as a precursor to CPR, the more complicated chin-lift instruction is not as feasible in a dispatch setting (see Figure 1, item 8). The jaw-thrust method is also not practical when conveying instructions to callers who have no assistance.

No currently published BLS standards were designed with the dispatcher's situation in mind.

The head-tilt method of airway control, however, can be easily taught to an untrained caller in the following manner: "Put one hand on her forehead, your other hand under her neck. Lift up on the hand under her neck and push down with the hand on her forehead. This will open her airway." There is nothing basically wrong with the head-tilt method. In fact, any street practitioner has probably personally experienced its effectiveness. Of course, EMDs are taught to be aware of the hazards of neck manipulation if the patient has sustained a significant mechanism of injury. Fortunately, this scenario is less likely to occur, as most callers reporting traumatic incidents have not remained on scene.

Callers need simple, easy-to-understand "verbal pictures" to follow.

Callers need simple, easy-to-understand "verbal pictures" to follow (see Figure 1, item 9). During the evolution of citizen CPR, it was discovered that, if training instructions were too complicated and confusing as to the sequence of CPR, people might hesitate and delay the procedure. This concern first surfaced many years ago when the initial process for doing CPR differed in witnessed vs. unwitnessed arrest situations. One might think that people would, if confused, decide immediately that either method was better than doing nothing at all. But this is not always the case, as people sometimes hesitate or, even worse, give up.

Although this cannot be observed firsthand at the scene of an actual citizen CPR case, the fact that it occurs in practice on mannequins supports the contention that it occurs in the confusion of a real crisis. This delaying mental trap has been appropriately termed "paralysis by analysis" (see Figure 1, item 10).

There are several other examples that illustrate the problems of applying BLS training taught in a controlled environment directly to medical dispatching. The following are important concepts that are *not* present in BLS guidelines, but are essential to DLS:

- A seizure or convulsion may be a symptom of the onset of cardiac arrest. Any patient 35 years or older who presents with a seizure as the chief complaint should be assumed to be in cardiac arrest until proven otherwise. This is a statistical probability that occurs with some regularity.
- Cardiac arrest in a previously healthy child should be considered to be caused by a foreign body obstructing the airway until proven otherwise.
- Dispatchers should be trained to

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HOUSE BILL

No. 1886 Session of 1985

Yet Legislation Dies!

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HOUSE BILL

No. 1887 Session of 1985

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REFERRED

When New Yorkers' Hearts Stop, Very Few Live

By ELISABETH ROSENTHAL
Special to The New York Times

NEW YORK, March 1 — People who suffer cardiac arrest in New York City have only a 1 in 100 chance of survival, a much lower rate than in several smaller cities and rural areas that have been studied, new research shows.

The researchers, who studied 2,329 consecutive cardiac arrests in New York City during a six-month period in 1991, attributed the poor survival rates to factors that are common to large cities and that delay the care of such patients, whose hearts have stopped pumping.

For example, largely because of traffic problems and the logistics of finding victims in large buildings, urban victims wait longer for trained emergency personnel to deliver advanced care, which usually consists of an electrical shock to jolt the heart back into a normal rhythm. In addition, New Yorkers are less likely to know cardio-pulmonary resuscitation than people in many smaller cities, so victims are less likely to receive C.P.R. from bystanders quickly or at all, the researchers found.

"Tall buildings and the dense population prevent emergency crews from getting to victims fast," said Dr. Paul Gennis, one of the emergency medicine doctors from the Bronx Municipal Hospital Center who conducted the new study.

Cardiac arrest, also known as sudden death, occurs when the heart stops pumping effectively, generally due to an abnormal rhythm — which is sometimes precipitated by a heart attack. Through C.P.R., which consists of mouth-to-mouth resuscitation and chest compressions, bystanders can artificially propel blood to vital organs until a normal rhythm is restored. This is generally accomplished through electrical shocks or drugs.

The researchers found that the median time from patient collapse to the

Continued on Page B12, Column 1

Section 1. Am[illegible] as the Public School Code [illegible] section to read:

Section 1207.1. Instruction in CPR Required. The Secretary of Education shall not issue any of the kinds of State certificates authorized by section 1203 entitling a person to teach in any public school without the presentation of satisfactory evidence that the person has completed a course of instruction in cardiopulmonary resuscitation. The Secretary of Education shall require such periodic renewal of instruction in

Parents whose daughter died at school suing for negligence

ALLENTOWN (AP) — The parents of a "Sesame Street" regular who collapsed and died on her school's playing field are bringing a negligence suit against the school.

Nadia Conroy, 9, collapsed while running a warmup lap during field hockey practice Sept. 15 at the private Swain School in Salisbury Township, Lehigh County.

"Had appropriate emergency plans been and competent personnel and life-saving equipment been available to Nadia at the time of her collapse, Nadia Conroy would probably have survived," the lawsuit said.

Thomas and Fatiha Conroy said the school lacked an adequate emergency plan and first-aid equipment and employed a staff untrained in cardiopulmonary resuscitation.

In the lawsuit, filed last week in Lehigh County Court, the Conroys said school officials waited 20 minutes to call an ambulance.

Nadia, who spoke three languages and appeared regularly on PBS-TV's "Sesame Street," was carried into the headmaster's office and given oxygen through a mask but was not administered CPR, the lawsuit alleges.

Paramedics tried to resuscitate her, but the child was pronounced dead at Lehigh Valley Hospital. The suit maintains she was dead by the time paramedics arrived, 24 minutes after she collapsed.

The county coroner ruled the cause of death a heart rhythm problem related to a congenital defect. The Conroys said school officials knew their daughter had a heart murmur.

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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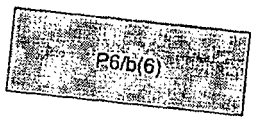
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DATE: NOVEMBER 4, 1989

[001]

PATIENT: John Jorgensen (63)

RESCUER: Joshua Jorgensen (18) son of
John & Yvonne Jorgensen
P.O.BOX 855, 170 N 100 E
Castle Dale, Utah 84513



"My dad started choking on a piece of steak. He ran over to my mother to get her to do something. I jumped up, ran over to him and did the Heimlich Maneuver. It took 3 or 4 times and it popped out. My dad had sore ribs for awhile but otherwise was okay."

EMERY HIGH SCHOOL: BARBARA BRIGGS

PATIENT; Tara Mathison (9)

RESCUER; Mary Mathison (17) daughter of Dwight & Ilene Mathison

[redacted] P6/b(6)

July 1991

"I was watching my little sisters and one of them was laughing and playing around while eating a large marshmallow. I thought of what I was taught in my CPR training and I helped dislodge the object. I did this after she couldn't get any air and started to turn purple and blue. I did the Heimlich Maneuver on her and it worked."

"I was very thankful I had the training the previous years. Everyone should learn CPR and the Heimlich Maneuver."

DAVIS HIGH SCHOOL; INSTRUCTOR; HOGGE

Reprinted from the American Journal of Diseases of Children
June 1990, Volume 144

Special Contribution

Childhood Injuries in the United States

Division of Injury Control, Center for Environmental Health and Injury Control, Centers for Disease Control

Each year, injuries, one of the principal public health problems in America, cause more than 150 000 deaths, one in eight short-term care hospital admissions, and more than 80 000 permanently disabling conditions. Among children aged 1 to 19 years, injuries cause more deaths than all diseases combined and are a leading cause of disability. Injuries destroy the health, lives, and livelihoods of millions of people. Injury prevention and control are beginning to receive a high priority in the United States.

In 1986, more than 22 000 children aged 0 to 19 years died of injuries in the United States. These injuries included deaths from motor vehicle crashes, homicides, suicides, drownings, and fires and burns. Each year, an estimated 600 000 children are hospitalized for injuries, and almost 16 million children are seen in emergency departments for their injuries.

It is estimated that more than 30 000 children suffer permanent disabilities from injuries each year. The effects of such disabilities on childrens' development, daily living, and future productivity are great. The financial, emotional, and social effects of injuries on the family are enormous.

The costs of injuries to children are estimated to exceed $7.5 billion each year. Recent data suggest that these costs are considerably higher, with future productivity losses alone for fatalities in this age group amounting to more than $8 billion.

According to Fingerhut and Kleinman,[1] "Childhood death rates in the United States are considerably higher than in other industrialized countries. Virtually all of the excess mortality among children in the United States is attributed to (unintentional) injury and violence." Differences in death rates among countries suggest that the United States' childhood death rates could be dramatically reduced by improving injury prevention and control.

Injuries are mistakenly referred to as "accidents" because they occur suddenly and are seen as unpredictable and uncontrollable. In particular, parents often believe that "accidents" will not happen to their child because the child is well supervised. Injury prevention in children is much more than a question of supervision; injuries, like disease, occur in highly predictable patterns and are controllable.

PRIORITY INJURIES

Priority injuries among children include those to motor vehicle occupants and those associated with homicide, assault and abuse, suicide and suicide attempts, drowning and near-drowning, pedestrian-vehicle collisions, and fire and burns. Among children, motor vehicles accounted for 47% of injury deaths in 1986. From 0 to 19 years of age, injuries to motor vehicle occupants are the major cause of death in the United States. Homicide is the second leading cause of injury death among children, accounting for 12.8%, while suicide ranks third with 9.6% of childhood injury deaths. Drowning, the fourth leading cause of injury death among children aged 0 to 19 years in the United States, accounts for 9.2% of injury deaths. Pedestrian injuries is the next ranking cause of injury death in children. It is particularly important among children aged 5 to 9 years for whom pedestrian injuries cause more deaths than do any other cause of injury. Fires and burns are the sixth major cause of injury death among persons aged 0 to 19 years, leading to 7.2% of deaths. Almost 30% of all childhood injury deaths result from a head injury. Injuries in the pediatric population disproportionately affect black and nonblack minority children. For some types of injury, black death rates are up to five times those for whites.

The trends of these injuries, the groups of children at highest risk for each, and other factors that contribute to childhood injuries suggest priorities for further action. The special problem of head injuries among children and the overall problem of injuries among minority children warrant increased emphasis. Children who live in rural areas, particularly on farms, also are at higher risk for injuries.

Prevention and Control Strategies

Activities that could prevent the occurrence of many of these priority injuries are numerous. In addition, the opportunities to prevent subsequent death and disability through improved short-term care and rehabilitation activities are noted.

Program Priorities for Progress

As a major cause of morbidity, mortality, health care costs, and loss of human potential, injury is a high-priority pediatric public health problem in the United States. Childhood injuries are beginning to receive the attention that they deserve. In the Centers for Disease Control, Atlanta, Ga, alone, approximately $21 million is being spent

Accepted for publication August 3, 1989.

From the Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Environmental Health and Injury Control, Division of Injury Control, Atlanta, Ga.

The original report from which this article was taken was logged into the Congressional Record in October 1989.

Prepared by Juan G. Rodriguez, MD, MPH, and Stuart T. Brown, MD.

Reprint requests to Epidemiology Branch, Division of Injury Epidemiology, Centers for Disease Control, Atlanta, GA 30333 (Juan G. Rodriguez, MD, MPH).

How to Keep Your Kids Alive

Kevin H. Axe, Publisher

Long before videotapes and camcorders were invented, concerned parents could inwardly record and retain vivid pictures of significant events, both good and bad, in the lives of their children. I can still call up on command, for instance, the picture of a now-grown daughter minutes after her birth in 1970: the small brown eyes trying to focus and the tiny fingers grasping empty air. It's a gorgeous picture that will never fade. In the same photo-album-in-my-mind, I see the same daughter, about 8 or 9, mindlessly riding her bike from an alley into the street. I hear the horrible squeal of locked wheels and skidding tires as a driver miraculously comes to a halt inches from my child.

All parents carry such images around in their heads. Unfortunately, for the parents of some 20,000 children a year in this country, there will be no new pictures—just the final, fatal one that never goes away.

Here is a quick review of the top 10 kid (19 or under) killers in the United States, according to the National Center for Health Statistics:

1. Motor vehicles/occupant: 6,000 deaths a year. A major killer of adolescents, especially when booze is mixed in. Make everyone fasten safety belts (only 25 percent of teenagers do!) before you start the car, and use child-safety seats.

2. Homicide: 3,990. The media, the medical community and politicians have finally discovered that guns do indeed kill people at times, and it's past time to do something about it.

3. Other motor vehicles: 2,500. Motorcycles, mopeds, minibikes, snowmobiles, etc. Such vehicles offer little protection, and society requires next to no training

for operators of any age.

4. Suicide: 2,165. An iffy category, since many youth suicides are reported as deaths in other categories (drowning, poisoning). Pretending that teenage suicide doesn't exist has simply allowed it to grow.

5. Drowning: 1,800. The second-leading cause of unintentional death among adolescents, and a major threat to children 1 to 3. Build 4-foot fences around pools; never leave toddlers alone in the bathroom.

6. Motor vehicles/pedestrian: 1,800. Children aged 5 to 9 are especially vulnerable to being struck by cars and trucks. These kids can't judge distance or speed—and they think streets and driveways are made for football, hockey and other games.

7. Fire/burns: 1,300. Children under 5 and low-income children are at greatest risk. Install smoke detectors, and change the batteries twice a year when you change your clocks for daylight-saving time. To prevent scald burns, turn water heaters down to 120F; heat water separately if you need it hotter than that.

8. Unintentional/firearms: 550. These incidents are most prevalent in the 10- to 14-year-old group, and they occur in or around the home. Experts maintain that guns are six times more likely to kill or injure household members than to protect them from intruders.

9. Motor vehicle/bicycle: 500. Apart from the 500 deaths, bike injuries are the leading cause of serious head injury in children. Bike helmets reduce the risk of head injury by 85 percent, but only 10 percent of riders wear them. Go figure!

10. Poisoning: 300. Medicine and household products can heal and help, but they can also kill.

Statistics can get boring, of course. They just sit there on the page. Maybe people need to learn a new language to discuss these deaths.

Oh, everyone knows the meaning of "He accidentally drowned in the 55-degree water" or "Her life came to a tragic end in a flaming car accident." But these are lies—horrible, soft, well-meaning lies. No one in a funeral home is going to say, "Why on earth was he swimming drunk at midnight?" or "If you knew she was drinking, why did you let her drive?" No one says it because the grieving parents are already saying it to themselves, nearly every waking hour. Families are strained and marriages bend and break at the death of a child. Underneath it all is the unspoken, glaring truth: This should not have happened; it could have been prevented. If only, if only, if only....

The National Safety Council avoids the word *accident* in speech and writing, since the word often implies random or unpreventable injury and death. People use the word as a comforter, an escape hatch and a lame excuse for thousands of very preventable deaths and injuries. Yet, soft and comforting words will not bring back the 6,000 kids who will die in car crashes and wrecks this year, many of them too young to even know what the word *accident* means. And the fact that alcohol is involved in half of all motor-vehicle fatalities is one more reason to begin to tell the truth. The blood-alcohol count of the bodies is often buried far back in the news story, if reported at all.

It's a wrenching tragedy when kids die young. But if you keep common-sense safety in mind, your kids will live to teach these lessons to your grandchildren. ■

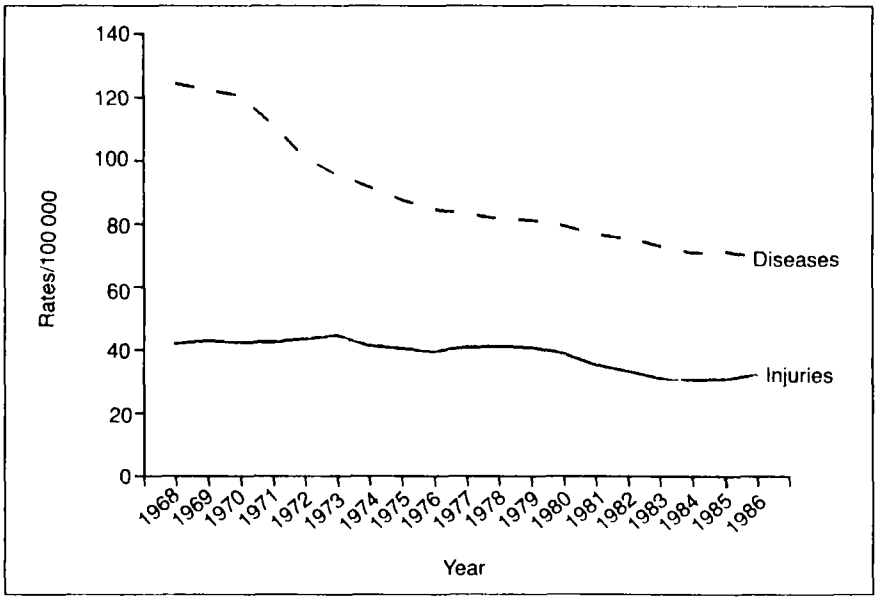


Fig 1.—Death rates among children aged 0 to 19 years for injuries and diseases in the United States, 1968 through 1986 (data from the National Center for Health Statistics[5]).

Table 1.—Number, Rate, and Percent of Fatal Injuries by Cause, Children Aged 0 to 19 Years, United States, 1986*

Causes of Injury	No.	Annual Rate/100 000	%
Motor vehicle	...	...	47.0
Occupant	7412	10.5	33.0
Pedestrian	1787	2.5	8.0
Other	1336	1.9	6.0
Homicide	2877	4.1	12.8
Suicide	2151	3.0	9.6
Drowning	2062	2.9	9.2
Fire and burns	1619	2.3	7.2
Falls	322	0.5	1.4
Other injuries	2835	4.0	12.7
All injuries	**22 411**	**31.7**	**100.0**

*Data from the National Center for Health Statistics, 1986 (see Table 10 for cause-of-injury codes used).

hood injuries in 1982 cost more than $7.5 billion each year (Fig 3).[7,9]

Injuries to children require special consideration in the field of injury prevention and control. Children are more dependent on society to protect them from harm and to minimize their vulnerability to unintentional and intentional injury. Injury risks vary considerably with the child's age and developmental level. Marked differences in injury rates by age for different causes of injury reflect changes in cognitive, perceptual, motor/language abilities, and associated behaviors, as well as changes in the environment and exposure to hazards. For example, toddlers who explore their homes are at risk for different injuries than adolescents who are exposed to very different environments. Furthermore, injury from intentional events, such as homicide and suicide, have different patterns for different age groups.

In this report, we focus on injuries among children aged 0 to 19 years and group them into 5-year age groups that generally correspond with four developmental stages: (1) preschool (0 to 4 years), (2) early school (5 to 9 years), (3) preadolescence and early adolescence (10 to 14 years), and (4) late adolescence (15 to 19 years). Emphasis on injuries of each developmental level clarifies the problem and helps to target child injury prevention efforts.[7]

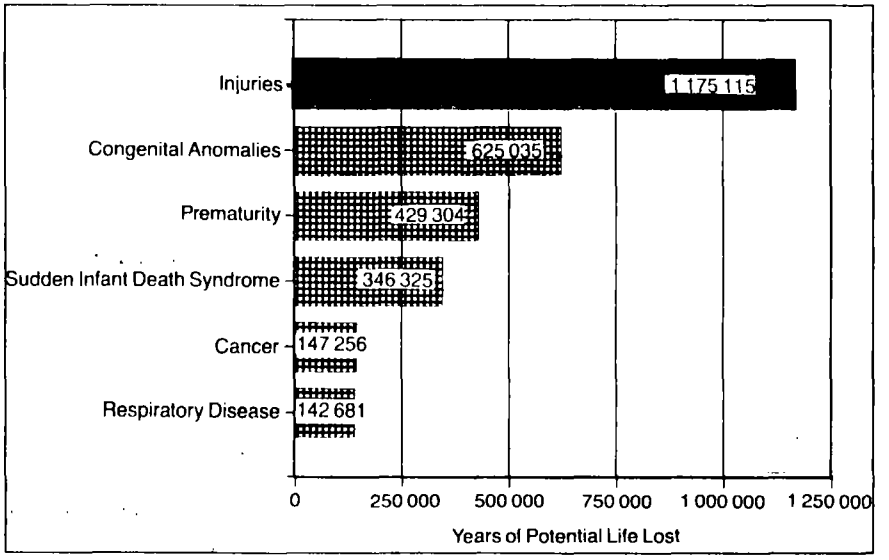


Fig 2.—Years of life lost before the age of 65 years among children for injuries and diseases in the United States, 1986 (data from the National Center for Health Statistics[5]).

Severity of injuries varies greatly for different causes of injury. Thus, specific information is needed to identify morbidity, disability, and costs of injury that result from the various causes of injury.[7,9] Childhood falls, for example, cause few deaths (0.5 deaths per 100 000 children) but have the highest rates for hospitalization (170 hospitalizations per 100 000 children) and emergency department visits (5110 visits per 100 000 children) of all the causes of injuries.[7] Falls cause relatively few years of premature life lost by children but lead to

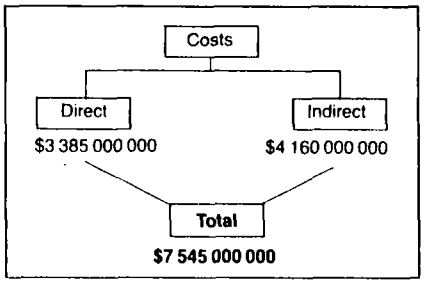


Fig 3.—Costs (conservative estimates derived from the Massachusetts Statewide Injury Prevention Program[29]) of injuries received in 1982 by children aged 0 to 19 years in the United States.

for injury control research and community intervention demonstration projects. Public awareness has been slowly increasing; research in prevention and control could continue to grow to become commensurate with the magnitude of the problem; dissemination of existing research findings has been inadequate; implementation and evaluation of intervention programs could be more widespread; and nationwide pediatric injury prevention and control efforts could use greater focus and coordination. To guide us in our efforts to effect progress in the prevention and control of pediatric injury, we have the following program priorities for which the need for future resources can be expected to be reviewed in the context of overall competing budget priorities.

1. Lead public health agencies in injury prevention and control at the federal, state, and local levels should be created or strengthened to coordinate activities within government and to encourage and implement the most effective injury prevention and control strategies emerging from the public and private sectors.

2. Injury surveillance systems that track and analyze progress toward improved health outcome goals within communities, states, and the nation should be established to document the problem, particularly for nonfatal injuries, and to establish injury reduction priorities.

3. Research to develop the new knowledge needed to control the problem of injury among children should be expanded.

4. Implementation of programs to incorporate new research and programmatic findings should be facilitated by coordinating the work of government agencies, private sector entities, professionals, and the community.

5. Decision makers and the general public need to be more aware of childhood injury.

6. Training of health professionals and other scientists in injury prevention and control and its research methods is critical to the development of new knowledge.

Any recommendations for legislative action will be forwarded through established departmental channels as they are needed.

BACKGROUND

Each year, injuries, one of the principal public health problems in America, cause more than 150 000 deaths per year, one in eight short-term care hospital admissions, and more than 80 000 permanently disabling conditions.[2] Among children aged 1 to 19 years, injuries cause more deaths than all diseases combined and are a leading cause of disability. Injuries destroy the health, lives, and livelihoods of millions of people. Injury prevention and control are beginning to receive a high priority in the United States.

In addressing this overriding public health problem, the US Congress passed the Injury Prevention Act of 1986 (Public Law 99-649) to improve the public health through the prevention and control of injuries. This act is intended to (1) promote research into the causes, diagnosis, treatment, prevention, and rehabilitation of injuries; (2) promote cooperation between specialists in fields involved in injury research; and (3) promote coordination by federal, state, and local governments and public and private entities in injury prevention efforts.

Stressing the particular importance of injuries for children, Congress requested in Section 393 of the Injury Prevention Act of 1986 that the Secretary of the Department of Health and Human Services, through the Centers for Disease Control, prepare a report analyzing the incidence and causes of childhood injuries in the United States, and include recommendations for injury prevention and control legislation that the Secretary of the Department of Health and Human Services considers appropriate.

As requested, in this report, we analyze childhood injuries, note priority prevention and control issues, and propose recommendations to prevent and control childhood injuries more effectively in the United States.

Injuries are mistakenly referred to as "accidents" because they occur suddenly and are seen as unpredictable and uncontrollable. However, injuries, like diseases, occur in highly predictable patterns and are controllable.[2]

OVERVIEW

During the last century, in the United States, injury has surpassed diseases as the leading cause of childhood mortality and disability and as a leading cause of childhood morbidity. In the last 60 years, death rates due to infectious diseases declined 90%, but death rates due to injuries declined only 40%.[3] Since 1968, rates of injury deaths among children declined 25%, but death rates for diseases declined 56% (Fig 1). Thus, success in controlling other causes of death has increased the importance of injury.

Injury Mortality

Injury causes almost 40% of the deaths among children aged 1 to 4 years and almost 70% of all deaths of children aged 5 to 19 years.[4,5] In 1986, injury caused more than 22 000 deaths among children aged 0 to 19 years in the United States (Table 1). Intentional and unintentional injuries cause the loss of more potential years of life before the age of 65 years than any other condition (Fig 2).[6] Injuries to children aged 0 to 19 years cause as many years of premature life lost as congenital anomalies and prematurity combined, the next two leading causes of premature death in children.

Injury Morbidity

Injuries lead to 20% of all hospitalizations among children, closely following respiratory illnesses (23% of all hospitalizations), the leading cause of hospitalizations among children.[7] Each year, an estimated 600 000 children are hospitalized because of injuries, and almost 16 million more are seen in emergency departments. Injuries lead to more hospital days of care than any disease, cause the highest proportion of discharges to long-term care facilities, and result in the highest proportion of children who require home health care after hospital discharge.

Cost of Injury

Estimates of direct and indirect costs of injuries are difficult to develop. Studies are under way to document these costs more accurately.[8]

A recent study of the costs of injury in the United States found that the cost of future-lost productivity alone for the 22 000 fatalities cited in this report amounts to nearly $8.3 billion in 1985 dollars.[8] Data from a previous study of childhood injuries estimated that child-

the second largest direct and indirect dollar costs to society ($810 million per year).

Cross-national Comparisons—Redefining Our Goals

As pointed out by Fingerhut and Kleinman,[1] "Childhood death rates in the United States are considerably higher than in other industrialized countries. Virtually all of the excess mortality among children in the United States is attributed to (unintentional) injury and violence."

Death rates in the United States from all natural causes (eg, cancer and birth defects) among children aged 1 to 19 years are similar to rates in France, the Netherlands, England and Wales, Sweden, Canada, Japan, and Australia (Fig 4).[1]

However, childhood death rates from all injuries, which include intentional (violence-related) and unintentional injuries, are significantly higher in the United States in all but the 5- to 9-year-old age category (Fig 5).

Suicide rates among 15- to 19-year-old persons are higher in the United States than in most other industrialized countries (Fig 6).

Excess homicide mortality among 15- to 19-year-old persons is particularly striking (Fig 7). In 1985, 1579 homicides were reported among males and females aged 15 to 19 years in the United States. Only 159 homicides were reported among 15- to 19-year-old males and females in the Federal Republic of Germany, France, England and Wales, Sweden, Canada, and Japan—despite the fact that the combined population of these countries is 1.4 times that of the United States.

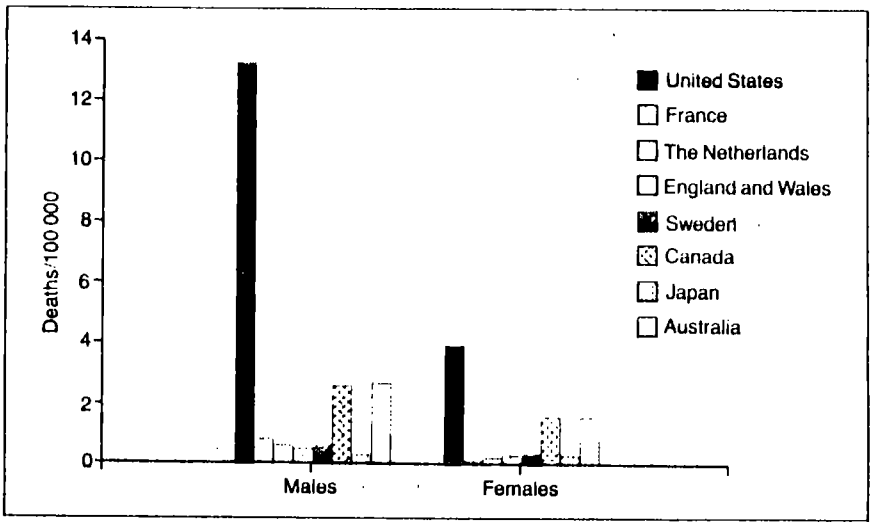
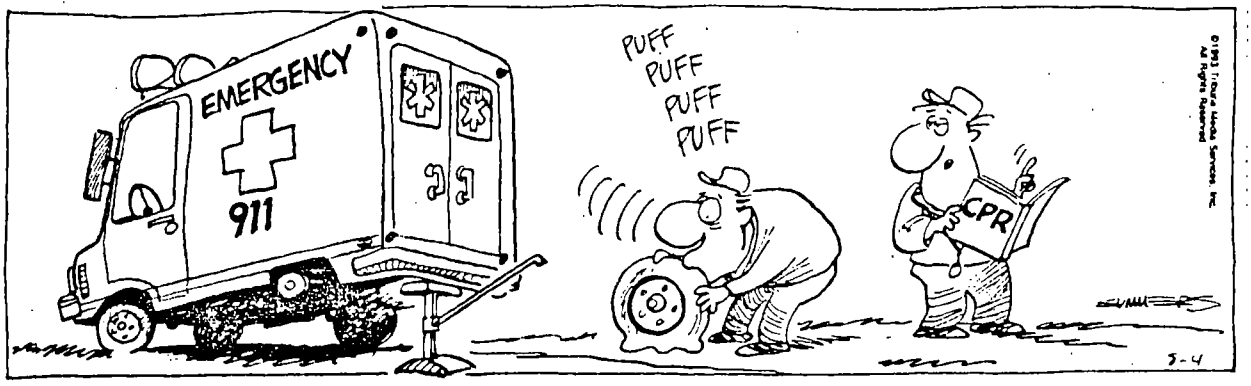


Fig 7.—International homicide rates for teenagers aged 15 to 19 years, 1985 (data from the National Center for Health Statistics[1]).

Many factors can contribute to variations in injury rates among industrialized nations. These include socioeconomic and cultural differences, as well as differences in exposures to agents of unintentional injury and violence (eg, motor vehicle use patterns, level of seat belt use, prevalence of swimming hazards, and firearm access). The higher injury death rates in the United States suggest that childhood death rates in this country can be dramatically reduced.



DRAFT

SUMMARY OF ATLA LAW REPORTER CASES (1985-91) SCHOOL INJURIES

The chart below shows a sample of cases of school injuries that went to court and were settled in favor of the plaintiff. It is not an exhaustive list of all cases of school injuries. In fact, the vast majority of cases are settled out of court and little information on them is available. The cases below tend to be representative of the more catastrophic injuries occurring in children and adolescents in school. This chart does not contain information about the total medical costs associated with these injuries, in many cases, a lifetime of care if the injury was severe enough.

NAME OF CASE	YEAR	STATE	AGE	SEX	LOC OF INJURY	RESULT	$$$
Benitez v. NY City Board of Education	1986	NY	19	M	spine/football game	part. paralysis	$875K
Green v. Independent School District	1985	MN	14	M	head/theater platform	brain injury	$3.75M*
Young v. Catholic Diocese of Orlando	1985	FL	6	M	eye/busy street	blindness	$775K
Bliss v. School Board of Broward County	1985	FL	8	M	body/school bus	death	$1.71M
Hobbs v. Kent School District	1986	WA	15	M	neck/baseball field	quadriplegia	$2M
Ponder v. Trenton Board of Education	1986	NJ	13	M	finger/shop class	amputation	$750K**
Centeno v. Mountain View School District	1986	CA	7	M	leg/playground	fracture	$77K
Blevins v. Bd. of Ed. of Wayne County	1986	KY	11	F	fatal head injury/bus	death	$250K
Parker v. Board of Education	1986	OH	15	M	body trauma/gate pole	death	$1M
Jordan v. Broward County School Board	1987	FL	10	M	scrotum/railing hook	surgical repair	$100K
Day v. Visalia Unified School District	1987	CA	18	M	neck/swimming pool	quadriplegia	$1.35M
Roberts v. District of Columbia	1987	D of C	16	M	neck/football game	paralysis	$1.45M
Markowitz v Chester Township Bd. o Ed	1988	NJ	14	M	on head/gym class	quadriplegia	$2.5M
Burke v. School District	1988	AK	18	F	fingers/print shop	amputation	$100K
Howell v. American University	1988	D of C	9	M	face &body/chem lab	severe burns	$10M+

Source: Education Development Center, Sue Gallagher

Because public servants don't have the training in Life Saving First Aid, they don't know what to look for, Thus, thousands of illnesses go undetected, resulting in death, and covered up by "death due to drugs". The case below is a prime example of police not knowing how to observe a medical problem, related to an insulin reaction. Assuming every unusual behavior is drug related. Note the nurse not not give CPR. This death has prompted a major law suit in Lake County Illinois courts. Unless you follow a case like this, you will never hear the out come, since it would be bad press.

'Cocaine killed inmate'

Inquest: Family has doubts about verdict

By Bob Susnjara
Staff Writer

8-12-93 News Sun

Although a Lake County coroner's jury ruled Wednesday a Lake County Jail inmate died of cocaine intoxication, the man's family questions the verdict.

Victor Connell, 29, of Wonder Lake had been arrested for disorderly conduct early June 7 at the Unocal 76 gasoline station in Volo and died after he was brought to Lake County Jail in Waukegan.

At a coroner's inquest Wednesday, testimony by forensic pathologist Nancy Jones showed Connell had a trace of cocaine and heroin in his system when he died. She said several "very new" bruises found on Connell's body did not contribute to his death.

After about an hour of deliberation, the jury agreed with Jones' assessment that cocaine intoxication caused Connell's death.

Testimony during the inquest showed Connell, his girlfriend, Erin Riley, and 8-month-old son suddenly left his parents' Wonder Lake home the afternoon of June 6 after he argued with his brother, Sean.

Connell reportedly drove from his parents' house in a white mail truck to an unidentified beach with Riley and their son and eventually to the Unocal 76 parking lot, where they slept overnight. The three had been living at Connell's parents' house.

About 5 a.m. June 7, according to inquest testimony, a Unocal 76 customer reported to the station manager a baby was crying in the parking lot. The manager allegedly was assured by Riley that Connell was all right after seeing his head hanging out a window.

Two private ambulance service employees who visited the gas station attempted to assist Connell, who woke up after the ambulance driver tried to get him out of his truck. Testimony showed the driver backed off after Connell became belligerent.

Lake County Sheriff's Department deputies called to the scene reported Connell "was extremely argumentive" in the parking lot and refused treatment from Wauconda Fire Department paramedics.

Connell allegedly shoved a deputy — who returned the push — while he was being handcuffed and arrested for disorderly conduct, testimony showed. Connell was brought to Lake County Jail about 6 a.m.

Riley reportedly gave deputies a statement, in which she said lawmen slammed Connell's face into a squad car, but her account could not be verified by sheriff's investigators.

Former jail nurse Virginia White testified Connell was snoring and had a rapid pulse rate when she first checked on him in a padded cell.

After placing Connell on a 15-minute security watch at 8:50 a.m., she said, she found the inmate not breathing when she returned to his cell about 10 a.m. She testified she ran to get oxygen for Connell before paramedics arrived and tried to revive him in the cell.

Connell was taken to St. Therese Medical Center, Waukegan, and pronounced dead at 10:52 a.m.

Ron Connell said his son specialized in racing boat construction and worked for himself. He and other family members also were skeptical of the jury's verdict that Connell died of cocaine intoxication.

"They (Riley and Connell) were in the process of going to get married. ... I know he wouldn't have done anything to jeopardize that. He loved his son so much," Ron Connell said.

Family attorney James Allegretti said there are inconsistencies in police accounts of what happened before Connell was brought to Lake County Jail. He said he has differing versions from independent witnesses not included in police reports.

Allegretti said he has consulted with several physicians who expressed doubt Connell could have died from a trace of cocaine. He said a wrongful-death lawsuit in the case is possible.

"I have many cases where cocaine levels (that caused death) were less than this," pathologist Jones said.

Although, not all public servants have this additute, far too many do, Primarily within areas where Life Saving First Aid training does not exsist. Again showing the lack of knowledge in an emergency.

Letters

Accident report 'defamed character'

In an accident while riding my bicycle, I sustained a broken leg, contusions and abrasions. A Waukegan patrolman responding to the accident began his investigation by asking me had I been drinking? I felt rather insulted, offended and discriminated against.

This same officer, whose first priority should be to serve and protect, proceeded to a local hospital prior to my arrival and had me characterized in the hospital report as a drunken bicycler who donned his "trusty bike," and set out with the intention of trying to beat traffic.

His description of my actions is a totally unfounded defamation of character. There is no doubt that this officer's comments had substantial bearing on the treatment I received during my stay at the hospital.

Who knows how often incidents of this nature occur in our community? Something must be done about the way certain acts of law enforcement are performed, and how human beings are treated.

Let our city professionals serve in a nonstereotypical, nonjudgmental point of view.

When are people going to begin having more compassion rather than disdain for their fellow man?

WAVERY TOMPKINS
Waukegan

News-Sun 9-25-93

POLICE NEGLIGENCE: FALSE ARREST
$6,000,000 VERDICT: DEATH
A 17-year-old male died from intracranial bleeding after the defendant city's police department held him in a cell for two hours for alleged PCP use. The teenager collapsed on the way home from school, and a bystander called the police. The teenager was semiconscious and could not stand or speak. One officer alleged that he smelled PCP on the teenager and he was arrested. The defendant planned to keep the teenager in a cell until he came down from the effects of PCP. When the teenager did not improve, he was transferred to a hospital, where he died. Tests found that the decedent was not on drugs but suffered from intracranial bleeding as the result of a birth defect. The plaintiffs contended that they were denied access to the decedent during his imprisonment. The plaintiffs also contended that the defendant was negligent in not transporting the decedent directly to the hospital even if PCP use was suspected, as the extra hours would have saved his life. The defendant contended that the officers acted appropriately based on the decedent's symptoms. The defendant also contended that the delay made no difference in the decedent's chance for survival and that the decedent would have been nonfunctional if he had survived. Plaintiff Attorney: Greene, Broillet, et al. by Bruce Broillet, Los Angeles, CA. Defense Attorney: Burke, Williams, et al. by Thomas Feeley, Los Angeles, CA.
SERWACKI, ESTATE OF V. CITY OF ALHAMBRA (Superior/NOC 529-866)
State/County: CA/Los Angeles

Medical Witness(es) for Plaintiff:
Neurosureon: Jeffrey Lee Rush, M.D., Culver City, CA

Nonmedical Witness(es) for Plaintiff:
Security Expert: John Tanneyhill, Los Angeles, CA

Medical Witness(es) for Defendant:
Emergency Medicine Experts: Dallas Long, M.D., Newport Beach, CA
Steven Idsen, M.D.
Neurosurgeon: Viesturs Petersons, M.D., Glendale, CA

Final Demand:	$750,000
Final Offer:	$500,000
Total Verdict:	$6,000,000
Compensatory Damages:	$6,000,000

Survived by:

Incident Date: March 1984
Trial Date: January 1990

JV Number: 0059655

***

NEGLIGENT SUPERVISION: SCHOOL GYM CLASS
$400,000 VERDICT: DEATH
A 16-year-old male student died after he participated in a six minute walk/jog physical performance test at the defendant high school. The decedent was found in the locker room by a classmate, unconscious and not breathing 20 minutes later. The decedent's parents contended the teacher supervision to be inadequate, administration of the test negligent, and failed to administer CPR to the decedent in sufficient time. The defendant contended the test was not the proximate cause of the decedent's death and that the test was administered properly with adequate supervision. The plaintiffs claimed $900 per year in lost income which decedent had been contributing to the family for the past three years and which he had intended to continue while he went through school. There was no wage loss or medical expenses claimed in this case. Demand: $175,000. Offer: $20,000. Plaintiff Attorney: Daniel T. Broderick III, by Robert F. Vaage, San Diego, CA. Defense Attorney: McCormick and Mitchell, by John P. McCormick, San Diego, CA. WD7 ED. -S
ESPINO-DIAZ V SWEETWATER UNION HIGH SCHOOL DISTRICT (Superior/506216)
State/County: CA/San Diego

Medical Witness(es) for Plaintiff:
Cardiologist: John Boyer, M.D., San Diego, CA
Pediatric Cardiologist: J. Deane Waldman, M.D., San Diego, CA

Nonmedical Witness(es) for Plaintiff:
Physical Education: Louis Mozzini, San Diego, CA

Nonmedical Witness(es) for Defendant:
Physical Education: Fred Bates, San Diego, CA

Total Verdict: $400,000
Compensatory Damages: $400,000

Survived by:

Incident Date: April 1983
Trial Date: September 1988

JV Number: 43601

***

POLICE NEGLIGENCE: DELAYED MEDICAL CARE
$575,000 VERDICT: MODERATE BRAIN DAMAGE

A 43-year-old male former railroad employee suffered moderate brain damage after being falsely arrested and prosecuted when the defendant's police mistakenly identified him as a drunk driver at an accident scene. The plaintiff had, in fact, actually suffered a stroke. Evidence revealed that following the accident between the plaintiff and another driver, the defendant's responding officers mistook the plaintiff's slurred speech and behavior for intoxication and placed him under arrest for DWI. The plaintiff was taken to police headquarters where he was read his rights and a Breathalyzer test was administered. When the plaintiff was eventually released from police custody, he was taken to the hospital and was diagnosed with a cerebral hemorrhage. The plaintiff contended that he was mistreated by the defendant's officers and that the defendant failed to provide him with prompt medical care which resulted in his brain damage. The plaintiff maintained that the defendant maliciously prosecuted him for drunken driving even after his medical condition was revealed. The jury found the police officers who handled the incident innocent of overt wrongdoing, but determined that they had been negligent in failing to provide the plaintiff with medical care. The defendant disputed the plaintiff's claim of malicious prosecution. The award included $200,000 for pain and suffering, $25,000 for medical expenses, $70,000 for lost wages, $200,000 for malicious prosecution, and $80,000 to the plaintiff's wife for loss of services. Defense Attorney: Joseph Kelly, Jersey City, NJ.

AGUIAR V CITY OF JERSEY CITY (USDC)
State: NJ

Total Verdict:	$575,000
Compensatory Damages:	$495,000
Loss Of Services:	$80,000

Incident Date:	February 1985
Trial Date:	August 1990

JV Number: 60936

***

TRAFFIC TECH

NHTSA Technology Transfer Series

Number 32 October 1992

NATIONAL STANDARD CURRICULUM FOR BYSTANDER CARE

In order to reduce rural highway traffic deaths, the Emergency Medical Services (EMS) Division of the National Highway Traffic Safety Administration (NHTSA) has focused its efforts on various aspects of the EMS system, from injury prevention through rehabilitation. Yet motor vehicle crashes remain the leading cause of death in the United States, with most fatalities occurring in rural areas. To improve survival from rural highway trauma, NHTSA decided to focus its efforts on the care that crash victims receive from bystanders and passersby **before** the arrival of EMS.

This report describes the development of NHTSA's ***National Standard Curriculum for Bystander Care***, an innovative approach to giving victims of rural highway trauma a better chance for survival. It describes the few actions that are most critical for survival from rural highway motor vehicle crashes; it explains what someone must learn in order to perform these actions; and it describes strategies for making this information widely available to people who may happen upon highway crashes. While this program was designed to address the problem of rural highway deaths, the bystander actions described here are equally relevant to injuries that occur in other settings.

The emergency care given by bystanders prior to EMS arrival is important for several reasons:

- Often, a few simple actions could make the difference between life and death;
- These actions could be performed by almost anyone;
- In many cases, time is of the essence: the earlier the victim is treated, the greater are the chances of survival.

While the impetus for this project is related to the idea of first aid instruction, this is **not** traditional first aid. The Bystander Care Expert Committee explicitly rejected traditional first aid instruction as a strategy for accomplishing program objectives because it:

- Fails to reach enough people, due to its classroom-based format;
- Fails to produce consistent effective action among those who are trained;
- Ignores many of the decisions, issues, and concerns that confront a lay person in an emergency;
- Is based on diagnosis of the medical problem, an unnecessary step that can delay appropriate care; and
- Includes too many non-essential skills.

Instead, the approaches recommended by the Bystander Care Expert Committee are based on these principles:

- Nearly everyone can (and should) learn basic life-saving skills;
- Teaching lay persons to overcome fear and uncertainty is at least as important as teaching them specific life-saving skills;
- Lay persons do not need to know why victims exhibit certain symptoms in order to provide appropriate care;
- Lay persons should not be expected to perform non-essential actions that are not critical for saving lives.

The key target audiences for bystander care education are residents of rural communities, truck drivers, and children at the primary, middle, and high school levels. The Bystander Care Expert Committee would like to reach adult residents of rural communities and truck drivers with messages that cover the most

Six Simple Steps for Saving Lives

1. ***Recognizing the emergency,***
2. ***Deciding to help,***
3. ***Contacting the EMS system,***
4. ***Preventing further injuries,***
5. ***Assessing the victim, and***
6. ***Providing life-sustaining care, if needed.***

critical content. Young children would be an ideal audience for a more comprehensive approach to the bystander care information. Unlike other approaches, the Bystander Care Project focuses on the front end of the continuum of emergency care -- the first critical steps that precede the actual provision of medical attention. It outlines *Six Simple Steps for Saving Lives* on rural highways shown above.

For rural highway crashes, the Bystander Care Expert Committee defined life-sustaining care to include the following:

- Checking for consciousness (whether or not the victim is able to answer the bystander),
- Breathing for the victim,
- Maintaining an open airway, and
- Controlling bleeding by direct pressure.

CPR was excluded in response to evidence that suggests that this skill is more difficult to teach and that early defibrillation, which is critical to the victim's survival, is unlikely to be available in a rural highway setting.

In considering how the Bystander Care messages might reach large numbers of people, the report advocates a much wider variety of communication strategies (e.g., video, audio, and print) than are commonly associated with traditional first aid instruction. These strategies are intended to maximize the reach and frequency of these important public health messages. The advantages of various types of communications media are examined and innovative educational techniques are explored.

This report also outlines requirements for evaluation of the effectiveness of this program -- another critical element that has been missing in most first aid instruction. By assessing the impact of specific program activities on the help received by victims, state and national decision makers can identify effective strategies and invest funding and staff efforts in strategies that work.

For additional information about this project write to: Emergency Medical Services Division, NTS-42, Traffic Safety Programs, NHTSA, 400 Seventh Street, S.W., Washington, DC 20590.

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**
400 Seventh Street, S.W. NTS-33
Washington, DC 20590

TRAFFIC TECH is a publication to disseminate information about traffic safety programs, including evaluations, innovative programs, and new publications. Feel free to copy it as you wish. If you would like to receive a copy contact:
Linda Cosgrove, Ph.D., Editor, Evaluation Staff
(202) 366-2759

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IF YOU HAVE A HEART ATTACK, HOPE YOU'RE IN SEATTLE

The combination of a CPR-trained citizenry with a fast emergency-care system is paying off in saved lives for this prevention-minded city.

by Christina Rylko

More people in the United States die from heart disease than y other cause. About two-thirds of deaths are from heart attacks—claiming more than 1,400 lives every day, one victim every minute.

But there's one city in the United States that's beating these terrible odds. In Seattle, Washington, about one-quarter of the men and women who have sudden cardiac arrests are resuscitated and eventually walk out of the hospital and back to their lives.

This remarkable survival rate is due in great part to Seattle's citizens—ordinary people who have learned how simple it is to be a hero and bring a clinically dead person back to life!

A 60-year-old Seattle man is playing golf one sunny Sunday. Suddenly slumps over his golf bag and falls to the ground. On the next fairway a f some of high-school boys hear his partner's calls for help. Because they had a CPR course in their school t week before, they are able to run over and begin help immediately.

Seattle's Emergency Medical System Makes Every Minute Count

In the past two decades, medical technology has developed to the point that even when a victim has a heart attack, when he or she is clinically , it is a highly treatable condition. The most critical factor is how l g it takes to get treatment to the victim.

When a person has a heart attack, the pumping action of the heart has stopped. He or she will become unc ious in a matter of seconds. If circulation is not restarted within f minutes, the brain will suffer permanent damage. If your loved one does not have any help in eight to ten minutes, he or she will be permanently dead.

The quickness of Seattle's emergency medical system is one of the reasons it has been so successful in saving its residents from heart attacks. When someone dials 911 to report a medical emergency, at least two emergency units are dispatched to the scene.

The author, Christina Rylko, who lives in Seattle, is the *SatEvePost* television producer who supervises and narrates videocassettes for the Society's HEART MOBILE and AIDS MOBILE.

The first to arrive is a team from the closest fire department that's trained to administer CPR. Close on its heels is a paramedic group with advanced medical equipment. This "two-tiered" approach to sudden cardiac arrests averages a response time of less than three minutes for the CPR crew; the advanced medical backup arrives from four to seven minutes after the first phone call.

But at this point, Seattle officials faced a tough decision. They had developed an exemplary emergency-response system for heart-attack victims. But every minute the victim does not have CPR results in a significant decrease in his chance for survival. Lowering the response time by just 30 seconds more was calculated to require 31 new emergency-care vehicles, each costing about $43,000 per year.

A Revolutionary Idea: The Citizen to the Rescue!

The solution to this budget dilemma was so simple that it was revolutionary. The person most vital to a heart-attack victim's survival is the one at the scene of the heart attack. If these ordinary citizens could be taught how to begin CPR right away, medical experts predicted that there could be a much better chance for survival.

So in 1971, Seattle started a remarkable program called MEDIC II. With the cooperation of fire department personnel already trained in CPR as instructors, a three-hour session in CPR was offered free to the public. In those three hours, each participant would be taught how to recognize the signs of heart attack, how to call for help from Seattle's emergency-care system, and how to maintain the victim's breathing and circulation using CPR until trained personnel arrived.

A man playing racquetball in a Seattle suburb started having trouble. Although he'd apparently had no history of seizures, his breathing had nearly stopped and his pulse was almost absent. A basketball player from another court rushed over and started CPR. Two minutes later an aide crew arrived and his condition was stabilized.

Seattle's CPR program was the first attempt in the United States to teach CPR to citizens on a citywide basis—and the city became excited. The response to MEDIC II was so overwhelming that its original goal

—to train 100,000 people in CPR in three years—grew and expanded. Today, 18 years later, MEDIC II has trained more than 400,000 Seattle/King County residents—that's about 35 percent of the total population. It continues to teach 2,000 people every month and intends to have all Seattle residents over age 12 be exposed to CPR instruction.

And are these newly trained citizens using their CPR? Well, in 1970, only 5 percent of resuscitations in sudden cardiac arrests had started by a bystander at the scene. After ten years of community-wide training, that figure increased to 40 percent. For other cities who report such figures, the average is 20-25 percent.

The Ultimate Payoff: CPR Doubles Survival Rate

The combination of a CPR-trained citizenry with a fast emergency-care system given Seattle the best statistic of all—a program paying off in saved lives.

In a survey of people ultimately discharged from the hospital after suffering a heart attack, 43 percent who had CPR started right away by a bystander were ultimately discharged from the hospital, compared to only 21 percent of people who had to wait for CPR from the emergency medical system. Thus, bystanders who started CPR themselves were able to double the survival rate over situations where bystanders did nothing but call for emergency help.

Another obvious benefit of bystander-initiated CPR was shown in the neurologic course of resuscitated patients. At the time of hospital admission, half the patients who had received bystander CPR showed at least some form of conscious behavior. In contrast, only 6 percent of the patients for whom resuscitation had been delayed until the arrival of emergency-care personnel showed such responses at the time of hospital admission. Similarly, there was significantly less neurological impairment at hospital discharge when bystanders had initiated CPR.

The *Post*'s production manager, Dwight Lamb, instructs a fellow Society employee about the correct CPR procedure, a technique he honed as an army medical specialist.

A man was walking up to the entrance of a Seattle hospital when he slumped against a car and collapsed. An electrician and his friend saw the man go down. One called for help, and the other began CPR. Staff from the hospital emergency unit came out to aid the victim, but the citizens were doing such a good job that they were allowed to continue. Soon advanced medical teams arrived and gave the victim electric shocks. The victim woke up within an hour of the collapse and had a complete recovery.

The People Who Need CPR Most Aren't Learning It

Despite Seattle's great success in

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Heart Attack

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teaching CPR, MEDIC II leaders acknowledge that there is a fatal flaw in their program. While the number of people being taught CPR has steadily increased, the percentage of cardiac-rest cases in which bystanders started CPR has leveled off at a fairly constant 40 percent in the last few years. This statistic led MEDIC II's ers to a disturbing conclusion: the people who need CPR most are not ning it!

This conclusion is based on the fact that the average age of people trained through MEDIC II is 33, about equally divided between men and women. But the average profile of a heart-attack victim is a man, aged 64, who is at home. Therefore, the person most likely to need to know CPR is the companion of a 64-year-old man, usually a woman aged 45 or older. These are exactly the people not learning how to administer CPR.

Mr. Smith is a 55-year-old executive in a local Seattle company. When he is home mowing the lawn, he begins having chest pains. His wife suggests he rest until dinner. Suddenly, his wife hears a crash. She discovers her husband lying unconscious on t r living-room floor. She calls 911 and the local fire department arrives in 5 minutes. Mr. Smith is rushed to the hospital, but despite vigorous attempts, he cannot be resuscitated. He is declared dead 45 minutes after arrival at the hospital.

Are Doctors Failing Their Patients?

In an attempt to reach women aged 45 and older, and families at high risk for heart attacks, MEDIC II distributed brochures to physicians' offi and put up posters in grocery stores. But MEDIC II discovered that though nearly all doctors strongly believe in the importance and appropriateness of CPR training for the family members of patients at high risk for coronary disease, less than half of all physicians regularly recommend CPR training to these people.

Many reasons are possible for this unhealthy trend. Theories include the p bility that physicians may feel uncomfortable bringing up the subject of possible sudden death for fear it may cause a heart patient's family to suffer undue anxiety and stress.

But whatever the reason, MEDIC II feels physicians must be made a vital link in recommending CPR training to high-risk patients' families. In the meantime, MEDIC II hopes to reach these vitally important women by cooperating with Seattle's Greater Council of Churches to organize CPR training sessions for its congregations. They're also encouraging community clubs with women 45 and older to ask for free CPR training sessions for their members.

Learn How to Be a Hero Today

In the past there was little hope for those struck by sudden cardiac death. But today immediate aid, provided by bystanders and emergency medical equipment, can restore victims of heart attacks to life. However, you cannot help unless you are prepared. Go out and take a CPR course today. And have your emergency-care system phone number taped to your phone. Then, when the emergency happens, as it probably will for most Americans, you will be able to perform the simple actions that will save a life. ✱

On the Road

continued from page 59

manner. The ingenious user-friendly HEART*AID 1000 can talk a nonmedically trained person through the defibrillating process to save a life. It is put on the HEART MOBILE to let those who have had a coronary, or are at risk for a coronary, know that such a piece of equipment exists and can be purchased to be kept in the home or office and used by a companion in an emergency.

You see, even correctly administered CPR doesn't always bring an arrested heart back to pumping again. When it doesn't, professional emergency medical personnel jump-start the heart with a defibrillator. Technology has made possible this new user-friendly computerized defibrillator that brings this sophisticated lifesaving ability into the hands of nonmedically trained persons. It is possible because the HEART*AID 1000 talks one through each step and makes all the decisions for the user.

It would seem that the best interest

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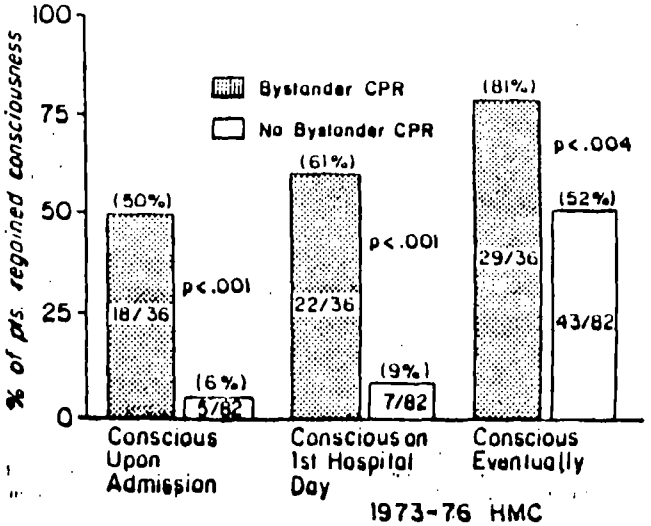


Figure 2. Time until return of consciousness in 118 patients (*pts*) admitted consecutively to Harborview Medical Center (*HMC*) after resuscitation from ventricular fibrillation. The proportion who regained consciousness was greater and the duration of unconsciousness shorter if bystanders had initiated cardiopulmonary resuscitation (*CPR*).

"MEDIC II" CITIZEN CARDIOPULMONARY RESUSCITATION (CPR)

WHAT IS MEDIC II?

"Medic II," a locally developed name, is used to identify Seattle/King County's nationally recognized program to teach basic life support to citizens. The initial aim in 1971 was to train 100,000 citizens in three years. The response and impact of Medic II has been so effective that its goal has been revised to train all King County residents 12 years of age and older. We anticipate that Medic II will be training over 2,000 citizens each month in Seattle/King County.

The Seattle Fire Department coordinates the efforts of the 24 fire departments in King County actively teaching citizen CPR. Training is offered through local fire departments and supported by grants from United Way of King County, the Seattle Rotary Club, donations from County residents, private industry and support from the American Heart Association of Washington in the form of Heart Saver brochures and training materials.

WHAT ACTUALLY IS CITIZEN CPR?

CPR is the manual chest compression and lung ventilation necessary to sustain life in the event of heart stoppage, until the arrival of trained personnel. Persons of all ages from infants to the elderly have benefited from these life-saving techniques by a relative, friend or person on the street. A three-hour course instructs the citizen on how to establish a positive airway if the victim is simply unconscious, how to administer mouth-to-mouth ventilation if the person is not breathing, and how to administer manual chest compression if the pulse is absent.

WHAT IS THE NEED FOR CPR?

Statistically, someone dies of coronary disease every minute of every day--some 559,000 victims each year. As reported to the American Heart Association, CPR initiated by the citizen reduces subsequent mortality, lowers the incidence of neurological complications and markedly increases the rapidity with which consciousness is regained.

HOW IS THE TRAINING CONDUCTED?

All classes are under the supervision of Fire Department personnel. Our initial course is three hours in length and consists of a film, lecture, and a practical application, where each student has a chance to practice administering CPR on a training manikin. The instructors work directly with each trainee as she/he practices and masters the CPR techniques.

For those who have had the training, we offer a one and one-half hour refresher class, which consists of a brief lecture review with emphasis on manikin practice. It's recommended that students refresh their skills annually.

A certificate of completion is issued at the end of both the three-hour class and the refresher class.

HOW ARE CLASSES ORGANIZED?

Medic II classes are free to the public for any group of 20 or more; each citizen must be at least 12 years of age. Classes may be held in a private home, school, church, community club, etc. The only location requirements for the class are that they are able to accommodate the class size, provide seating and a practice area.

You may arrange a class for a group or register for one that is already scheduled by calling the Medic II Office at 684-7274.

THE LIFE THAT IS SAVED MAY BE YOURS OR A MEMBER OF YOUR FAMILY!

A United Way Agency

SAVE A LIFE FOUNDATION

Save A Life Foundation, Inc.

17479 West Dartmoor Drive Grayslake, Illinois Phone/Fax 708-549-7353

Office of Health Policy
Ms. Kim O'Neil
Old Executive Office Building,
Washington, DC 20503

Re: meeting agenda

date: December 14, 1994
location: Room #207
time: 10:00 am

Save A Life Foundation (SALF) and representatives - to meet Ms Kim O'Neil of the Office of Health Policy, along with members of that department, to discuss components of SALF mission. We will confirm the need for support, through SALF, program models that are directly linked with primary health care, welfare reform and illistrate our track record.

Purpose of meeting

a. seek support at federal level
b. fund SALF chapters nationally
c. request Presidential Endorsement

Carol J. Spizzirri, President and Founder of SALF

Outlines existing practices in first aid/CPR for public servants and general public

a. legislative success and accomplishments

b. public safety, education, community outreach and other awareness campaigns

Adam Zakroczysmki, discusses the need for greater accessibility to life saving first aid equipment amongst professional, educational and public sector.

Joe Perez, will address the need for outreach alternatives in high crime areas, emphasizing welfare and minority issues (via tele-com. 1-714-847-0020)

Ralph Shenefeld, will rationalize the need for national and federal legislation, including basic Life Saving First Aid (LSFA) training for all Americans.

Pam Smith, will discuss the support for and funding of current LSFA legislation. Current Legislation promotes the training of students, teachers, and other school personnel in LSFA techniques.

Steve Cole, intends to briefly illustrate the projected financial costs to continue, expedite, and develop SALF programs.

SAVE A LIFE FOUNDATION

Save A Life Foundation, Inc.

17479 West Dartmoor Drive Grayslake, Illinois Phone/Fax 708-549-7353

Carol J. Spizzirri President/Founder of Save A Life Foundation a not-for-profit organization that spearheads the need to learn Life Saving First Aid including CPR (cardiopulmunary resisitation). Instrumental in passing Illinois legislation, federal legislation, and various pre-hospital awareness programs for urban, rural and wilderness cummunities.

Ralph M. Shenefeld FF/NREMT-P - SALF Board, VP. Technical & Industrail Affairs for Medic First Aid, EMP America/International.

Joseph P. Perez NREMT-P/ Dir. C.LA's SALF Chapter, VP and co-founder of Bed Sty Volunteer Ambulance Corps., Reginal Sector Laision, Intn'l Association of EMT's & Paramedics, National Association of Government Employees

Steve Cole CPA - SALF Board, President of Cole & Martin Ltd.

Adam Zakroczymski - SALF Board Chairman, VP Medical Devises Internationa/Plastoc Inc.

Pam Smith - Leg. Assist. - Ill. Senator Carol Mosley-Braun

SAVE A LIFE

FOUNDATION

EMERGENCY MEDICAL SERVICES
THE JOURNAL OF EMERGENCY CARE AND TRANSPORTATION
AUGUST 1993
VOLUME 22, NUMBER 8, $2.50

VITAL SIGNS

Mother's Organization Takes First Steps

Last Labor Day, 18-year-old Christina Spizzirri lost control of her car and crashed near Waukegan, IL. Officers arriving at the scene decided not to administer CPR because their certifications had expired. By the time paramedics responded and began treating her, it was too late.

Two months after her daughter's death, Carol J. Spizzirri founded Save A Life Foundation, Inc., an organization that advocates nationally mandated basic first-aid and CPR training for teachers, police officers, coaches and other public servants, as well as annual recertification. The group's goal recently moved one step closer to becoming a reality: An Illinois State Senate committee voted on May 13 to send Spizzirri's legislation to the full Senate for a final vote.

If adopted, the legislation would establish a task force to monitor compliance with the law.

"I feel as though it has begun," an energized Spizzirri comments on the national implications of the vote. "There's so much more to go and this is really just a drop in the bucket, but it's a start."

Spizzirri acknowledges it cannot be conclusively proved that basic first aid and CPR would have saved her daughter's life, but she believes every victim should be afforded that care at a minimum.

Christina Spizzirri's death prompted her mother to form the Save a Life Foundation.

Another goal of Spizzirri's foundation is the development of the "Chris Kit." Named after her daughter, the kits, she says, "contain all the necessary components to allow public servants to safely perform basic first aid and CPR," including resuscitation masks to eliminate communicable-disease transmission risks. Spizzirri hopes the kits will eventually find their way into schools, police patrol cars and the hands of public servants across the country.

Besides receiving endorsements from the National Safety Council, American Medical Association and American Red Cross, Spizzirri has gained support from the Illinois Fire Department. And, with help from former teen idol Bobby Sherman—a longtime EMT who has worked for years to organize volunteer medics in Los Angeles—Spizzirri is trying to distribute 6,000 kits to members of the L.A. Police Department.

But despite established support, the Save A Life Foundation needs additional resources to survive. Spizzirri has contacted the American Academy of Pediatrics for information regarding federal grants, and she is looking for other options, as well.

"Not only monetary support, but any kind of help would be appreciated," she says.

For additional information, contact the Save A Life Foundation, Inc., 17479 Dartmoor Dr., Grayslake, IL 60030; 708/549-7353.

DID YOU KNOW:

Teachers, police officers, coaches, firefighters, EMS dispatchers, and other public servants, are not required to be certified and Life Saving First Aid (First Aid and CPR) and are not required to assist in an emergency?

Police officers are usually the first professionals on the scene of an accident or an emergency?

After an accident has finally been reported and depending on if is a rural or urban area, it can take up to an additional hour for emergency professionals to arrive to the scene?

National Safety Council state that 140,000 Americans die annually from accidental injuries, with tens of thousands more dying do to health conditions or violence, that may have been saved with Life Saving First Aid?

That only 15% of the nations emergency dispatchers are certified and are able to give life saving instructions over the phone to the caller?

That most school bus drivers are not required to be certified in these skills and are directed not to assist a child in an emergency?

That most schools throughout our country have no nurse on staff, leaving our children medically unsupervised?

That teachers and coaches, are not required to be trained these life saving skills, again leaving our children dying, that could have been saved with prompt by-stander assists?

COUNCIL MEMBERS

Board Members

Honorary Chairman, - David Hasselhoff - star of BAYWATCH

Chairman, Adam Zakroczymski - V.P. Medical Devices International, Inc.

Steve Cole, CPA - Pres. Cole Martin & Co. Ltd.

Nancy C. Krier, RN - V.P. Illinois Hospital Association, Inc.

Mike Weaver, Dir. Health & Wellness Ctr. Lincoln Land Com. College, IL.

President/Founder, Carol J. Spizzirri

Advisory Board

Donna Siegfried, Director - First Aid Institute, National Safety Council

Ralph Shenefelt, FF/NREMTP, V.P. Technical & Industrial Affairs, EMP America, MEDIC FIRST AID®

Gary Barton, Editor/Publisher, CPR Innovator Magazine

Grant Goold, MPA/HSA, EMPT, Ctr. for Prehospital Research & Training, UCSF, Medical Ctr.

Consultant

Peter Safer, M.D., Professor, Int'l Resuscitation Research Center, University of Pittsburgh

MISSION STATEMENT

To promote, education and continuing education in Life Saving First Aid.

To promote, consistency, uniformity, and safety in the application of these life saving procedures.

To assure that the best procedures and highest quality of materials are accessible and used,

To promote and expand Good Samaritan Laws nationally, protecting the rights of individuals who assist in saving a life.

To promote, the duty to act and compassion for one in need.

Contributions

Plasco/Medical Devises	Gurnee, Illinois
CPR Innovator	San Francisco, California
L J & Associates	Wauwatosa, Wisconsin
Anderson Office Supply	Mundelein, Illinois
Carl Temper	Fox Point, Wisconsin
APCO	South Daytona, Florida
Bunn-O-Matic	Springfield, Illinois
C.O.D.	Grayslake, Illinois
EMP America	Eugene, Oregon
Grayslake Exchange Club	Grayslake, Illinois
Huey Reprographics	Chicago, Illinois
Illinois Parent Teachers Assoc.	Chicago, Illinois
Insurance Risk Management	Oakbrook, Illinois
Intergovernmental Risk Mgt.	Oakbrook Terrace, Illinois
Jones & Bartlett Publishing	Boston. Massachusetts
Kimberly Clark Corporation	Dallas, Texas
Kusper & Raucci Chartered	Chicago, Illinois
Flolo Equipment	Gurnee, Illinois
Gagewood Lions Club	Grayslake, Illinois
Hoechst Celanese Environment	Somerville, New Jersey
Laerdal	McHenry, Illinois
Medic First Aid	Glen Ellyn, Illinois
NFL Communications	New York, New York
Northern Illinois Gas Co.	Aurora, Illinois
Water-Jel Technologies	Carlstadt, New Jersey
National Safety Council	Itasca, Illinois
Mosby Publications	St. Louis, Missouri
Quill Corporation	Lincolnshire, Illinois
Protect Aid, Inc.	Rockwall, Texas
MPI Outdoor Safety Products	North Andover, Massachusetts

We would also like to thank the hundreds of volunteers, and time donated by numerous professionals, that have been credited to Save A Life Foundation's accomplishments.

"Didn't you think that police knew life saving skills?" Didn't you assume that it was part of all public servant's job description to render aid in an emergency?" Carol J. Spizzirri, Pres./Founder, of the Save A Life Foundation, Inc. announced to the six member panel, that sat at her daughter, Christina's inquest. Christina, was involved in an automobile accident which severed her arm. Police who first responded to the scene would not render aid to stop the bleeding, because they had not been trained in CPR and First Aid, thus they felt it wasn't their job to assist. One month into her 18th year, Christina bleed to death, Labor Day morning, 1992.

Carol's first attempt to change this needless death from happening to others, was to form the Save A Life Foundation and contact her local officials. When her officials were not receptive to her plea, she sought out representation from down state Illinois to sponsor her legislation. *"If we have to make a law to teach people how to care, then let it be"*, Carol proclaimed to Rep. Chuck Hartke (IL. D-108). Hartke sponsored HB#903 in January, 1993; mandating police, firefighters and all school teachers to be trained in CPR and First Aid skills. This bill rose opposition form numerous special interest groups and politicians. Spizzirri's tireless efforts over the next months changed opinions, but not enough to change the system. Instead, HB#903 ended in a task force that year.

This was not enough to save lives, Carol believed; so she again expressed her desire to have new legislation written, but started with the senate. Senator Robert Raica (IL D-24) pursued Carol's request by sponsoring SB#1477, which would mandate training for police and firefighters in CPR and First Aid procedures. Carol lead a dedicated phone and letter campaign at once. Her efforts continued through every hallway at the state Capitol, introducing SB#1477 to each representative. Speaking in front of multiple groups, such as the Illinois State PTA, and the Illinois AARP, until Carol's path to Washington, DC.

The reception she received in Washington was overwhelmingly warm. Meeting with various governmental agencies, special interest groups and making her mission heard to countless representatives. Utter shock of disbelief covered the faces of Illinois' congressmen Dick Durbin (D-20) and Louis Gutierrez (D-4), senators Carol Mosley-Braun and Paul Simon, when Carol revealed that her tragic story was being repeated daily throughout the country. Each representative agreed to sponsor their own piece of legislation to cover this issue.

Congressman D. Durbin introduced an Appropriation's Bill which was applauded and passed through both House's. Final approval came with President Bill Clinton's signature, on September 30, 1994. This bill will provide funding, under a 402 grant, by the National Highway Traffic Safety Administration for state programs to provide CPR and First Aid training to their police and emergency personnel.

Meanwhile Congressman L. Gutierrez introduced H.R. #3404, which provided funding for CPR and First Aid training of teachers and students, through the Secretary of Education. This bill found too much opposition to survive this session. Thus the staff of Congressman Gutierrez, and senators Braun and Simon, worked feverish throughout the summer to structure a similar bill which both senators will sponsor in January, 1995.

While the federal legislation was awaiting the President's signature, Illinois Governor Jim Edgar signed the Illinois' SB#1477 into law, September 16, 1994. It mandates all Illinois police and firefighters to complete a certified CPR and First Aid course prior to graduation from their academies.

Carol and the members of the Save A Life Foundation, continue promoting Life Saving First Aid (LSFA) at the grass roots level nationally with Save A Life Days and various other campaigns, as well as supporting new legislation, "With prompt application of these life saving procedures in an emergency, from the by-stander/first responder, life can be maintained until EMS professionals arrive, getting the victim to a hospital in better condition; saving lives." Spizzirri said.

S.A.L.F. Objectives

Our objective is to save lives by:

1. **Educating the public to "Good Samaritan Laws". Working to enacted this save guard to include all 50 states, opposed to the current 37 states presently.**

2. **Educating the public to the proper procedures and equipment thus, protecting themselves from blood borne pathogens.**

3. **Educating the public in the necessity for Life Saving First (Aid First and CPR) training for all students, and the need for this training to become part of their school curriculum, prior to receiving a drivers license.**

4. **Appealing to public vendors, such as restaurants, to require LSFA (Life Saving First Aid) training of all employees.**

5. **Providing information to corporation, municipalities and individuals as to the location of the trainer near them, through a central data base.**

6. **Promoting the education of a by-stander curriculum through the insurance industry. In turn for discounts through a wellness clause, to give an incentive to the by-stander to continue this education of life saving skills. Such as a none smokers receive. This can only be done by pointing out the savings that this industry will receive by having a victim arrival to a hospital in better condition.**

7. **To designate areas in schools, offices, vehicles, etc., for LSFA equipment to be stored, making it more accessible in cases of an emergency.**

8. **To make the training a free enterprise for all recognized and qualified trainers.**

9. **Awareness through grassroot efforts, how to be a by-stander and why all citizens need basic life saving skills.**

GRASSROOT EFFORTS INCLUDE:

Save A Life Day

Save A Life Foundation sponsored it's first Save A Life Day on February 26th, 1994. It was co-sponsored by 87 Illinois area hospitals, (through the Illinois Hospital Association), fire departments and healthcare agencies. These groups trained their area residents in CPR and First Aid procedures as part of the event. Illinois Governor J. Edgar proclaimed the 26th of February as Save A Life Day, spearheading the largest state-wide effort to train resident in our nation's history. This event gained national attention with Alpine, CA participation. The event will be repeated in 1995, with the addition of Virginia, Pennsylvania, and New York.

Save A Life Day banners rose for the training of 2,500 employees of Martin Marietta Corporation in September 1994, in CPR and First Aid skills. By the end of the year Save A Life Day will be again be presented by Martin Marietta's hospital, when they plan to train an additional 500 employees.

BAYWATCH television series will be flying the Save A Life banner in a made for television program, to be aired in Fall of 94.

Senator Carol Mosley-Braun has agreed to introduce a proclamation at the federal level, similar to Illinois Governor Edgar's, for a Save A Life Month.

Save A Life Day is becoming a nationally recognized annual event, that focuses on the need to learn basic life saving skills.

Membership

Include a quarterly newsletter
Brochures
Free year's subscription to the CPR Innovator magazine
Discounts for CPR mouth shields and ChrisKits

Artwork

Our visual aid artwork will be printed on mouth shield packaging, Chriskits, on various publications and promotional items. It acts as a reminder to individuals of their training or how to respond in an emergency.

Video

"By-stander Be Aware" video is sponsored by Medical Devises International, Inc. for the Save A Life Foundation. It was produced by FI Video and features Carol J. Spizzirri Pres./Founder of S.A.L.F., Ralph Shenefelt of EMP American (Medic First Aid, Inc.) and BAYWATCH star, David Hasseloff.

Chapters

Illinois, Virginia, California, Pennsylvania and New York

Public speaking
S.A.L.F. participates with it's booth at Health Fair events

S.A.L.F. EXAMINER

Save Lives Through CPR and First Aid Education

September, 1994

SAVE A LIFE FOUNDATION, INC.
17479 West Dartmoor Drive, Grayslake, Illinois 60030 (708) 549-7353

Number II
Volume I

Governor Signs Christina's Bill into Law

President Bill Clinton expected to appropriate funding by October

Illinois Gov. Jim Edgar signed into law a measure requiring all police offices and firefighters to be trained in life saving first aid - which includes cardiopulmonary resuscitation - before graduating from their training academies.

"You'd think this would have been mandated sooner," Carol Spizzirri, founder of the Save A Life Foundation, which initiated the law. "Didn't you think police and firefighters were always required to know life saving procedures? They weren't until now," Spizzirri said.

Before October, President Clinton is expected to sign a bill appropriating funding for the new training programs, which would be administered through the National Highway Traffic Safety Administration. Illinois Congressman Dick Durbin (D-20) brought the measure to Congress. U.S. senators Paul Simon and Carol Mosley-Braun support the move along with Illinois Congressman Luis Gutierrez.

Spizzirri knew little of how legislation was when she began the campaign two years ago - a few months after her 18-year-old daughter, Christina, died in a car accident. "Her arm was severed, and the police - the first responders in the scene - refused to render aid because it wasn't part of their job description, " Spizzirri said.

The measure, SB#1477, received bipartisan support in both the Illinois House of Representatives and Senate. Rep. Jay Hoffman, lead the measure through the House, co-sponsored by representatives Virginia Frederick, Mary Flowers, Monroe Flinn, Don Moffitt and House Speaker Michael Madigan. Sen. Robert Raica brought the bill to the upper chamber, co-sponsored by senators Walter Dudycz, Jesus Garcia, William Peterson, and Don Trotter.

The Save A Life Foundation and all its members would like to add a special tribute to Benevolent and Protective Association's President, Hobart "Curly" Rogars, who recently joined Christina in rest late this summer. Curly became a close friend, loved by all who knew him and played a very vital role in the passage of SB#1477. Curly commented to Spizzirri this Spring that, his years of being on the police force made him realize the importance of learning how to care for people.

S.A.L.F. hopes that we can count on all of you again , especially now that new legislation will be introduced, both at the state and federal level.

We want extend our appreciation and recognize each one of you, with our sincere thanks.

BAYWATCH ADDS S.A.L.D. TO FALL PROGRAM

Be watching this Fall for **BAYWATCH** and **Save A Life Day**.

David Hasselhoff and his beach crusaders will be promoting the Save A Life Foundation's mission on their weekly television series, by waving our banner.

David presented our foundation with a 30 second PSA, and plans to meet with us, while we tour the **BAYWATCH** studio in October. **Ladies**, look for more information about David in our next newsletter

1995 Save A Life Day

We are looking for people interested in contributing time, sponsorship, or training for the 2nd Annual, 1995 Save A Life Day event in their state. This event will be recognized the week of February 24th. to train your area resident's in CPR/First Aid. For information how you can help, or have an event in your community, Call the

Save A Life Foundation at:

(708) 549-7353

EDUCATING THE GOVERNOR IN CPR/FIRST AID
Gov. Jim Edgar chats with Carol Spizzirri at the IL. State PTA Convention, prior to the passage of the CPR and First Aid bill.

Illinois Congressmen give support for S.A.L.F.'s mission in Washington

Illinois Congressman Dick Durbin, has been concentrating this summer on receiving federal support for training and retraining CPR and First Aid skills to police and emergency personnel, on a federal level.

S.A.L.F was informed last week by Durbin's legislative aid, Jim Jepsen, that the Appropriation Bill introduced this Spring by Congressman Durbin, passed both houses. A legislative committee has been meeting over the passed few months to reach an agreement as to the direction of this legislation. It is expected that the U.S. Department of Transportation, who assisted with the development of this legislation will oversee it's success by encouraging each state to organize their own training programs.

"It is a sad fact of modern life that our children and young adults need basic awareness of life-saving skills now more than ever" Congressman Luis Gutierrez (IL-4)

Durbin said, "It is essential to insure that police and other emergency service personnel have adequate training in First Aid and CPR."

Meanwhile, Illinois Congressman Luis Gutierrez led his own crusade for all teachers and students to be trained in life saving skills, with H.R #3404.

This bill would have enacted the Secretary of Education to provide local educational agencies grants to establish training programs in CPR and First Aid for teachers and students. Unfortunately Gutierrez found more opposition, than Congressman Durbin.

Thus, Gutierrez continues his efforts by working closely with both Illinois Senators, Carol Mosley-Braun and Paul Simon, who plan to reintroduce a bill similar to H.R.#3404, as a Senate Bill , in January, 95

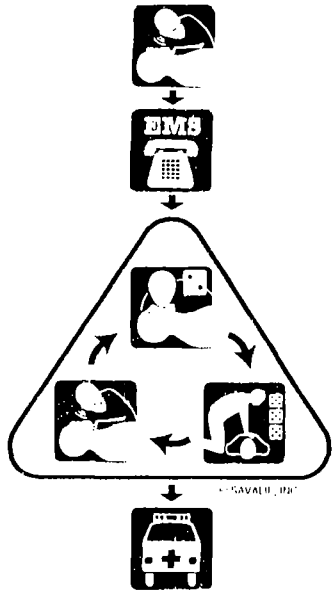
By-Stander's Visual Aid

Persons often feel they will be unable to perform life saving techniques in an emergency because they will have forgotten what they had learned. It has been proven, that in most emergencies, panic of the by-stander. results in moment- memory lose. Thus, S.A.L.F has developed visual aids to assist in such emergencies

Simple icons, allows the by-stander to reaffirm his/her skills in life threatening situations, by visually recognizing the procedures. The artwork provides a fast source of review, because there is no reading and the icons are universally recognizable.

By displaying, both the CPR (shown to the right) and the First Aid visual aids where ever the public has access, it serves as a continuos reminder; which will also act as reassurance in time of need. The more you see, the more comfortable you become.

These aids are presently being printed on several CPR and First Aid products packages. The artwork is suitable for any corporation or organization's promotional handouts, showing your concern for the well being of the people you serve.



For more information how you can obtain the artwork, for posters, or stickers, contact the Save A Life Foundation.

Friends:

I would like to personally thank you for all the help each of you have given over the past months, for our mission and to me personally. I pray for each of you, that your lives will be enriched with blessings.

You are the ones that make this work!

God Loves you, and so do I.

Carol J. Spizzirri

Thanks Garry

"By-Stander Beware" Video

The S.A.L.F. "By-Stander Beware" video, is now available to members at a very reasonable price.

This video features Carol J. Spizzirri, Founder/President of S.A.L.F., her experiences, pictures and why S.A.L.F. was started. Ralph Shenefelt's, being a paramedic for the past 10 years adds support to the role of the by-stander, and David Hasselhoff (star of Baywatch) points out that the procedures are easily learned.

It will promote your chapter and enhance your members when they speak at community event and speaking engagements

To purchase a "By-Stander Beware", call the Save A Life Foundation, at (708) 549-7353

CARE BEAR is a new member of S.A.L.F.

In a recent agreement by the American Greeting Card Co., S.A.L.F. has been allowed to use the **CARE BEAR** artwork. We are looking forward to saving lives with American Greeting

If there is anyone of our members interested in joining the public relations committee, please call or write (708) 549-7353

Our Special thanks to PLASCO/ Medical Devises International, Gurnee, IL. MICROSHIELD™

FDA MOUTH SHIELD UPDATE

In a letter written to Adam Zakroczymski, Vice President of Sales & Marketing, at Medical Devises Int'l, Sept. 9th, by Atty. Howard M. Holstein, from the firm of, Hogan & Hartson, where he described several conversations he had concerning the FDA regulations for CPR mouth barriers.

Atty. Holsten went on to point out a more recent telephone conversation he had with Michael Glunk (Chief Anesthesiology and Respiratory Branch, CDRH) about the FDA's regulatory plans with regard to CPR valves. According to Mr. Gluck, the FDA has no plans to prohibit continued sale of devices that are presently on the market. Despite published news stories and letters distributed by one or more companies to the contrary. The FDA does not plan to remove such products from the market or require prescription labels for them. FDA is working to develop a standard that will seek to limit new valves to 2 cm or less in length. This standard may incorporate or be based upon a draft by Canadian standards for CPR valves. Mr Gluck went on to state, that he was not certain when such a standard would be issued, but it could be quite some time. Gluck did state, however, that the FDA does not consider the continued sale of currently marketed CPR devices to be a priority for Agency action. **In conclusion**, CPR valves that currently are marketed, can continue to be sold without a prescription legend

This FDA decision, was prompted by the numerous letters and articles that appeared over the past months relating to the FDA's initial opinion of CPR mouth shields and the concept of by-stander care. We would like to point out that this and other EMS and By-Stander Care practices and devices will be a target as this industry grows and more individuals are introduced to life saving skills (Life Saving First Aid). Some issues will weigh merit and some will need to be addressed. Thus, we ask our members to keep S.A.L.F. alerted to issues. By addressing them together, will again be able to correct a misunderstanding before it becomes a problem.

♥

Board and Advisory Board strengthen direction

Steve Cole, CPA, of Cole, Martin & Co., Ltd., Lincoln-wood, IL, has joined the Board of Save A Life Foundation. Steve and his firm, specialize in corporate accounting and computer consulting, throughout the U.S. and Canada.

We feel extremely fortunate to have a special member like Steve to strengthen our board.

The newest members to S.A.L.F.'s Advisory Board include a very recognized face to us all: **Donna Siegfried,** Director of Training for the *National Safety Council.*

Everyone knows Donna for her kind radiant smile, her knowledge of LSFA, and her dedication to the National Safety Council.

Ralph Shenefelt, FF/ NREMTP VR, Technical and Industry Affairs, *EMP America, Medic First Aid®*

Although his title is long, his wit and charming personality compliments his eagerness to save lives.

Ralph has just completed his role in the production of S.A.L.F.'s recently filmed, "By-Stander Beware", video.

Gary Barton, Owner/Editor of the *CPR Innovator Magazine*, is respected by us all, for uniting the distance between local, state and federal levels of EMS. His human interest stories capture our hearts, while reassuring us that our efforts make a difference.

S.A.L.F. members receive a free subscription to this most worthy publication.

We are honored to include the wisdom of these vital individuals both Board and Advisory Board, to lead us in accomplishing our goals.

ChrisKit gets support from AAA

Published by Jones and Bartlett Publishers, the AAA's (American Automobile Assoc.) By-Stander manual stresses the need and explains how motorists can render aid in a highway emergency

The S.A.L.F.'s ChrisKit (in memory of Christina) has been named in this manual, as having the proper materials needed to provide basic emergency care. The kit includes both First Aid/CPR items in a convenient water resistant pouch. And is suitable for cars, boats, homes, and the office. Reasonably priced, and capable of displaying your company or organization 's name and logo.

Save A Life Story Heard Around the World

This past summer Laerdal Today, featured an article written by a talented reporter/ editor, Mary Neuman, "In Memory Of Christina". Laerdal Today is s publication by the Laerdal Corp., headquarters in Norway, and distributed to over 50,000 readers world wide.. In addition, this publication, accompanied the August issue of JEMS Magazine. Unbeknown to the writer, this article was released on Christina's 20th birthday.

It alerted persons from all parts of the world. S.A.L.F.'s mission, and stimulated new members, as far away as Austria, as close as Canada. We appreciate Laerdal's support in our efforts.

Christina Spizzirri's death prompted her mother to form the Save a Life Foundation.

Martin Marrietta Corp.,
trained 3,000 of their employees in Piteton Ohio, with an expected 3,000 additional employees, to be trained later this year.

Our **Save A Life Day** (NSC) booklets, were given to each of the 3,000 employees.

S.A.L.F CHAPTERS INSPIRER GOALS

Two more Save A Life Foundation Chapters have been formed this month, this increased interest in our organization's mission, is an indicator that there is a need to educate communities in basic life saving procedures. These new chapters are located in **Pennsylvania,** and **New York**. If either of these chapters are in your state, remember they need your help on a grass roots level. For more information on these chapters, or other chapters, or if you want to start a S.A.L.F. chapter in your own state, please call (708) 549 7353..

IT IS LAW IN ILLINOIS

Save A Life Foundation, Inc.
17479 West Dartmoor Drive
Grayslake, IL 60030
(708) 549-7353

DID YOU KNOW THAT YOUR POLICE, EMERGENCY PERSONNEL, SCHOOL TEACHERS, Etc., DO NOT HAVE TO LEARN LIFE SAVING SKILLS TO ASSISTANT IN AN EMERGENCY?

SAVE A LIFE FOUNDATION'S MISSION:

To mandate Police, Firefighters, School Teachers, Bus Drivers, 9-1-1 dispatchers, all public service personnel be trained and retrained in Cardiopulmonary Resuscitation and First Aid and the requirement of all person's prior to receiving a driver's license, be trained in By-stander Life Saving First Aid instruction.

TO SAVE OUR CHILDREN'S LIVES WHO EXPERIENCE A LIFE THREATENING TRAUMA BY, MAINTAINING LIFE SUPPORT THROUGH BASIC SKILLS UNTIL EMERGENCY MEDICAL PERSONNEL ARRIVE.

Please help us maintain our continuous strength in making this mission a reality - **no longer an assumption**, by joining Save A Life Foundation today. For further information, please call S.A.L.F.'s Illinois Headquarters at (708) 549-7353. Thank you!

Membership Application: SAVE A LIFE FOUNDATION 17479 W. Dartmoor Dr. Grayslake, IL. 60030

NAME (Please Print)

COMPANY or AGENCY NAME

ADDRESS

STATE ZIP PHONE NUMBER/AREA CODE

YEARLY MEMBERSHIP: ☐ Individual..$35.00 ☐ Business..$100 ☐ Senior or Students..$25.00 ☐ Gov. Agency $0
Numerous benefits accompany this membership, including One Year Free Subscription to **CPR INNOVATOR MAG.**

103D CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
103–543

DEPARTMENT OF TRANSPORTATION AND RELATED AGENCIES APPROPRIATIONS BILL, 1995

JUNE 9, 1994.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. CARR of Michigan, from the Committee on Appropriations, submitted the following

REPORT

[To accompany H.R. 4556]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 1995.

INDEX TO BILL AND REPORT

80–024

tivity, and indicate how the recommended action fits within the respective mission of each agency.

Access to emergency medical services is critical to prevent unnecessary loss of life and injury to victims of traffic accidents. NHTSA's Bystander Care Program is designed to improve the emergency care given to highway accident victims, particularly in rural areas. The Committee is concerned about the level of training provided to police officers and other emergency personnel, particularly in small towns and rural areas. Police officers are often the first called to the scene in cases involving trauma. In those initial life-or-death moments after an accident has occurred, the skill and training of police officers and emergency personnel in first aid and cardiopulmonary resuscitation (CPR) is critical.

The Committee urges NHTSA to encourage states to require first aid and CPR training for all police and emergency services personnel and to increase the technical assistance provided to states and local governments to improve the emergency medical services training provided to police and other emergency services personnel.

Drive alert, arrive alive campaign.—The Committee is aware of a new public information campaign on the hazards of driving while drowsy called "Drive Alert, Arrive Alive". The Committee understands that the campaign materials were developed with NHTSA's assistance and encourages NHTSA to work through its regional offices to share information about the campaign with the states.

Highway traffic injury studies.—During hearings on the fiscal year 1995 NHTSA budget, the Committee heard convincing testimony regarding the need to continue studies of real world automobile crashes which link detailed engineering investigations of automobile crashes with detailed medical evaluations of crash injuries. In particular, the Committee received updates on work underway at the Jackson Memorial Hospital in Miami on crashes involving airbag-equipped vehicles and at Children's Hospital in Washington, D.C. on pediatric injuries in automobile crashes. The Committee believes that studies of this type provide valuable information and has added $300,000 to the budget request for traffic injury studies to support a program level of $800,000 in fiscal year 1995, the same level as in 1994.

National accident sampling system.—The Committee recommends a total $9,400,000 for the national accident sampling system (NASS), approximately the same amount available in 1994 and an increase of $1,041,000 over the budget request. The Committee believes that NHTSA's proposal to reduce both the basic and detailed crash data collected through the NASS in fiscal year 1995 is very shortsighted. Sufficiently large numbers of data sets are needed to ensure scientific validity of national estimates derived from NASS data. This information forms a unique database that is used not only by NHTSA, but also by other public agencies, consumer groups and automobile manufacturers. According to NHTSA, the NASS is the sole source of data by which the agency and the highway safety community determine the details of pre-crash events, vehicle crash performance and injury causes and outcomes. This database is also used to provide national estimates for all police-reported traffic crashes and identify potential safety problems and causes. In summary, the NASS provides the technical and scientif-

b. Minimum courses of study, attendance requirements and equipment requirements.

c. Minimum requirements for instructors.

d. Minimum basic training requirements, which a probationary police officer must satisfactorily complete before being eligible for permanent employment as a local law enforcement officer for a participating local governmental agency. Those requirements shall include training in first aid (including cardiopulmonary resuscitation).

e. Minimum basic training requirements, which a probationary county corrections officer must satisfactorily complete before being eligible for permanent employment as a county corrections officer for a participating local governmental agency.

(Source: P.A. 87-182.)

Section 10. The Illinois Fire Protection Training Act is amended by changing Section 8 as follows:

(50 ILCS 740/8) (from Ch. 85, par. 538)

Sec. 8. Rules and minimum standards for schools. The Office shall adopt rules and minimum standards for such schools which shall include but not be limited to the following:

a. Minimum courses of study, resources, facilities, apparatus, equipment, reference material, established records and procedures as determined by the Office.

b. Minimum requirements for instructors.

c. Minimum basic training requirements, which a trainee must satisfactorily complete before being eligible for permanent employment as a fire fighter in the fire department of a participating local governmental agency. Those requirements shall include training in first aid (including cardiopulmonary resuscitation).

P.A. 88-0161
APP. 9-16-94
EFF. 9-16-94 generally; some provisions effective 1-1-95
LRB8813251JWpk

Section 5. The Illinois Police Training Act is amended by changing Section 7 as follows:

(50 ILCS 705/7) (from Ch. 85, par. 507)

Sec. 7. The Board shall adopt rules and minimum standards for such schools which shall include but not be limited to the following:

a. The curriculum for probationary police officers which shall be offered by all certified schools shall include but not be limited to courses of arrest, search and seizure, civil rights, human relations, criminal law, law of criminal procedure, vehicle and traffic law, traffic control and accident investigation, techniques of obtaining physical evidence, court testimonies, statements, reports, firearms training, first-aid <u>(including cardiopulmonary resuscitation)</u>, handling of juvenile offenders, recognition of mental conditions which require immediate assistance and methods to safeguard and provide assistance to a person in need of mental treatment, law of evidence, the hazards of high-speed police vehicle chases with an emphasis on alternatives to the high-speed chase, and physical training. The curriculum shall include specific training in techniques for immediate response to and investigation of cases of domestic violence and of sexual assault of adults and children. The curriculum for permanent police officers shall include but not be limited to (1) refresher and in-service training in any of the courses listed above in this subparagraph, (2) advanced courses in any of the subjects listed above in this subparagraph, (3) training for supervisory personnel, and (4) specialized training in subjects and fields to be selected by the board.

PAUL SIMON
ILLINOIS

United States Senate

WASHINGTON, DC 20510-1302

January 19, 1994

Ms. Carol J. Spizzirri
Executive Director
Save a Life Foundation, Inc.
17479 Dartmoor Drive
Grayslake, Illinois 60030

Dear Ms. Spizzirri:

Thank you for letting me know about the Save A Life Foundation being featured on Channel 7.

As you may know, I have long been an advocate of increasing awareness of life-saving techniques. Most recently, I was a co-sponsor of "Life-Saving Day."

I know that the Save A Life Foundation has made great progress in promoting the education of life-saving methods.

The legislation you mentioned is still being drafted by Senator Moseley-Braun. I will be working with her on this after it is introduced.

Thanks again for keeping me informed.

My best wishes.

Cordially,

Paul Simon
U. S. Senator

PS/hdl

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TDD: 217/544-7524

250 WEST CHERRY
ROOM 115-B
CARBONDALE, IL 6290[illegible]
618/457-3653

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

JOHN EDWARD PORTER
10TH DISTRICT OF ILLINOIS

January 10, 1994

Ms. Carol J. Spizzirri
President/Founder
Save A Life Foundation
17479 West Dartmoor Drive
Grayslake, IL 60030

Dear Ms. Spizzirri:

I want to send my warmest wishes to you and the Save A Life Foundation and to express my strong support for your upcoming Save A Life Day on February 26th.

The value of the work that you do on Save A Life Day and throughout the year cannot be adequately expressed in words. By emphasizing the critical importance of CPR and basic first aid training for emergency personnel and private citizens alike, your organization is promoting life-saving intervention in the critical few minutes following an accident and helping to prevent needless deaths. That gift of life is priceless, and your advocacy in this vital area should not only be recognized, but applauded.

I send congratulations for your outstanding good works and best wishes for your ongoing success.

Sincerely,

John Edward Porter
Member of Congress

JEP:dlk

STATE OF ILLINOIS
HOUSE OF REPRESENTATIVES

105TH DISTRICT OFFICES
9 E. FAIRCHILD
DANVILLE, ILLINOIS 61832
(217) 431-1986
115 E. WALNUT
WATSEKA, ILLINOIS 60970
(815) 432-2293

SPRINGFIELD OFFICE
ROOM 300, STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
(217) 782-4811

WILLIAM B. BLACK
ASSISTANT MINORITY LEADER

July 20, 1994

Carol Spizzirri
President/Founder
Save A Life Foundation, Inc.
17479 Dartmoor Drive
Grayslake, IL 60030

Dear Mrs. Spizzirri:

Thank you for your kind letter of July 16, 1994. I congratulate you on your dedication and untiring effort to get SB 1477 passed during this most difficult session.

I wish you continued success.

Sincerely,

William B. Black
Assistant Minority Leader
ILLINOIS HOUSE OF REPRESENTATIVES
105th District

WBB:mkf

LUIS V GUTIERREZ
4TH DISTRICT, ILLINOIS

COMMITTEE ON BANKING,
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Congress of the United States
House of Representatives
Washington, DC 20515-1304

1208 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-8203

3181 NORTH ELSTON AVE
CHICAGO, IL 60618
(312) 509-0999

TO: Carole Spizzirri, Alice Blair, Rich Hamburg, Damian Thorman

FROM: Jennice Fuentes

DATE: October 14, 1993

RE: Congressman Gutierrez' CPR & First Aid bill

I truly appreciate your patience regarding the much anticipated press conference to announce the introduction of the above mentioned bill. Due to another conflict with the Congressman's schedule, we are forced to move it to next week. The new date for the press conferences is Monday, October 25 and it will be held at our district office at 3181 N.Elston Avenue, tel. (312) 509-0999. The bill itself would be introduced either that previous Friday or that Monday.

As promised, enclosed is a copy of the final draft of the bill. Feel free to comment once you have had time to review it.

As a parting note, I would also like to share with you that the Congressman, along with the Washington D.C. office staff, will be taking a CPR course next Thursday.

Once again, thanks for endorsing this legislative initiative and I look forward to working with you during this Congress to make this bill part of the Elementary and Secondary Education Act.

Bill #3404
for Kennedy II co-sponsorship

RICHARD J. DURBIN
20TH DISTRICT, ILLINOIS

AT-LARGE WHIP

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON AGRICULTURE AND RURAL DEVELOPMENT
SUBCOMMITTEE ON TRANSPORTATION
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives
Washington, DC 20515-1320

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SPRINGFIELD, IL 62703
(217) 492-4062

400 ST. LOUIS STREET, SUITE #2
EDWARDSVILLE, IL 62025
(618) 692-1062

221 EAST BROADWAY, SUITE #101
CENTRALIA, IL 62801
(618) 532-4265

October 21, 1994

Mr. Kirk Brown
Secretary
Illinois Department of Transportation
2300 S. Dirksen Parkway
Springfield, Illinois 62764

Dear Mr. Brown:

I am writing to urge the Illinois Department of Transportation to give first aid and CPR training and certification programs for police officers and other emergency services personnel a high priority in the allocation of NHTSA Section 402 highway safety grants.

Access to well trained emergency services personnel is essential to prevent unnecessary loss of life and serious injury to victims of traffic accidents. Police officers are often the first to arrive at traffic accidents involving serious injury. In those first critical moments after an accident has occurred, the skill and training of police officers and other emergency services personnel in first aid and CPR can make the difference between life and death for the victims.

The House Appropriations Committee included language in the FY 1995 appropriation to the Department of Transportation directing the National Highway Traffic Safety Administration to encourage states to use their federal highway safety grants to establish first aid and CPR programs for police and other emergency services personnel. A copy of these provisions is attached for your information. I urge the Illinois Department of Transportation to give first aid and CPR training and certification programs a high priority in the allocation of Section 402 funds.

The Save A Life Foundation has been a leader in efforts to strengthen first aid and CPR training in Illinois. I urge you to work closely with the Save A Life Foundation in the development of Illinois' plan for the use of federal highway safety funds. I would appreciate it if you would keep me informed of the status of Illinois' plan for the use of Section 402 funds and IDOT's efforts to strengthen first aid and CPR programs for police and emergency services personnel.

Thank you for your attention to this matter. I look forward to working with you on this and other highway safety issues facing Illiniois.

Sincerely,

Dick

Richard J. Durbin
Member of Congress

RJD:jj

CRAIG THOMAS
WYOMING, AT LARGE

WASHINGTON OFFICE:
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-5001
(202) 225-2311
DISTRICT OFFICES:
ROOM 4003 FEDERAL BUILDING
CASPER, WY 82601-1969
(307) 261-5413
ROOM 2015 FEDERAL BUILDING
CHEYENNE, WY 82001-3631
(307) 772-2451
2632 FOOTHILL BLVD.
SUITE 101
ROCK SPRINGS, WY 82901
(307) 362-6012

Congress of the United States

House of Representatives

Washington, DC 20515

September 26, 1994

Jimm Murray
Director
Emergency Medical Services
Department of Health
Hathaway Building
Cheyenne, Wyoming 82002

Good morning Jimm...

and thank you for contacting me regarding emergency medical services (EMS). It was good to see you in Jackson.

I share your strong support for Section 402 of the Fiscal Year (FY) 1995 Transportation Appropriations bill, H.R. 4556. The House Committee report language encourages states to develop first aid and CPR training and certification programs for police and other emergency services personnel. As you know, effective trauma care systems are an important component of highway safety.

As you know, H.R. 4556 funds the Section 402 formula grants at $123 million for FY 1995. Currently, this measure is pending in a House/Senate conference committee and the conference report will be considered by the House soon. I certainly will encourage the conferees to maintain appropriate funding levels and the report language you support. I think it makes a great deal of sense.

Again, thanks for sharing your thoughts.

Best regards,

Craig Thomas
Member of Congress

see you!

CT:cj

WARREN NEWPORT PRESS
Lake and Newspapers
VOL. 33 NO. 38 SEPTEMBER 23, 1994 THREE SECTIONS-68 PAGES 50 CENTS

Edgar makes CPR campaign worthwhile

STEVE PETERSON
Staff Reporter

Carol Spizzirri has been waiting for this particular telephone call for two years.

"I received a phone call from Kelly Cunningham, an aide to Gov. Jim Edgar, saying that the CPR bill has been signed," Spizzirri said.

The bill requires training in CPR and first aid for firemen and police after graduating from their respective training academies. At first glance, the bill is just a a piece of paper, but for this Woodland Meadows mom, it is something she has been striving for since her daughter Christinia died in a Park City car crash on Labor Day weekend, 1992.

"Gov. Edgar is a very nice, sincere individual," said Spizzirri, who also complimented the govenor's staff.

She knew little of how legislation is adopted when she started contacting legislators a few months after her daughter died at age 18.

"Trying to pass legislation was something totally new to me," she said.

She quickly found friends in State Rep. Charles Hardke of Effingham, Cook County Republican Rep. Robert Raica, State Sen. Bill Peterson (R- Long Grove) and State Rep. Virginia Frederick (R-Lake Bluff), who led the Lake County delegation in sponsoring the measure.

She had the National Safety Council and Secretary of State George Ryan at her side as well as the Illinois Parents-Teachers Association.

A tireless public speaker, she spoke in front of groups as diverse as a dispatchers and health group in Montreal to a Grayslake club and a Wildwood Homeowners Assn.

Spizzirri still had hurdles to overcome. Police groups and municipalities argued the mandated law would be too costly. She received little backing in the early going from Lake County legislators.

"I received all my support from downstate — from people who did not know me," she said.

"The ultimate goal is to have every student certified in CPR before they take drivers' education. Then they can take those skills into the work place and school and save lives," Spizzirri said.

Spizzirri reports chapters have been created in California for Save-A-Life Foundation, which coordinates the CPR efforts.

Martin-Marietta, a huge Maryland firm, trained 3,000 of its employees with another 3,000 soon to be trained.

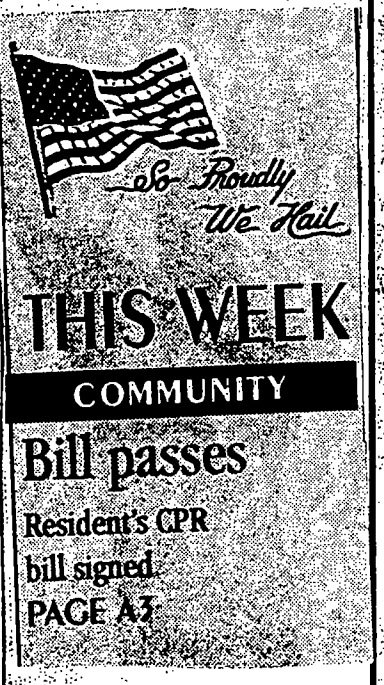
This summer, David Hasselhoff, star of Bay Watch, filmed a public service message on behalf of Save-A-Life organization and plans are in the works to have Spizzirri visit the set soon.

State Senators Paul Simon (D) and Carol Moseley Braun (D) are sponsoring legislation in Washington for funding for state's CPR training measures.

A look at the walls of Spizzirri's Woodland Meadows home, with many photos of Christina, gives one an easy answer as to the reasons behind the effort.

"This is Christina's bill," Spizzirri stated.

Conversation with the governor
Gov. Jim Edgar chats with Carol Spizzirri at an earlier function. Edgar signed CPR legislation for firemen and policemen which the Woodland Meadows resident supported. —Photo by Steve Peterson



nea
NATIONAL EDUCATION ASSOCIATION

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Washington, D.C. 20036-3290
(202) 822-7350 Fax (202) 822-7482

PROFESSIONAL STANDARDS AND PRACTICE
Barbara J. Yentzer, Director

September 30, 1994

Ms. Carol J. Spizzirri
President/Founder
Save A Life Foundation, Inc.
17479 West Dartmoor Drive
Grayslake, Illinois 60030

Dear Ms. Spizzirri:

Your recent letter regarding proposed Illinois legislation to ensure that CPR/First Aid training is part of teacher training was brought to my attention recently by President Geiger. Thank you for bringing us up-to-date on your activities. As you know, NEA is on record in support of training for school employees and students in emergency life-saving techniques. Legislative matters at the state level, however, are the jurisdiction of our state affiliates--in this case the Illinois Education Association. I would urge you to contact Clay Marquardt, Executive Director of the Illinois Education Association to discuss your efforts.

Best of luck with your endeavors.

Sincerely,

Lynn M. Coffin
Senior Director
National Center for Innovation

cc: Keith Geiger
Clay Marquardt

U:\TESTLTR.DOC

7272 Greenville Avenue Dallas, TX 75231-4596 214 373 6300 FAX: 214 706 1341

American Heart Association
National Center

Dedicated to the reduction of disability and death from cardiovascular diseases and stroke

April 5, 1994

Ms. Carol Spizzirri
President, Save-A-Life Foundation, Inc.
17479 Dartmoor Drive
Grays Lake, Illinois 60030

Dear Ms. Spizzirri:

Thank you for your recent letter updating me on the activities and goal of Save-A-Life Foundation, Inc. I concur with you that the efforts to improve the public's responsiveness to all emergencies should not be the responsibility of any one single agency, but the collective effort of several groups. The American Heart Association, like you, will be exploring avenues to improve legislation regarding emergency rescue support availability and I believe that input from several agencies will likely get the message across that this is indeed an important issue. Thank you again for sending me information regarding your foundation.

Sincerely yours,

Nisha Chibber Chandra, M.D.
Chairperson, National BLS Subcommittee
Director, Coronary Care Unit
Francis Scott Key Medical Center
Associate Professor of Medicine
The Johns Hopkins University
School of Medicine

NCC/kr

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
THE FRANCIS SCOTT KEY MEDICAL CENTER

ARDIOLOGY
EPARTMENT OF MEDICINE

ISHA CHIBBER CHANDRA, M.D.
ssociate Professor of Medicine
irector, Coronary Care Unit

Please address reply to:
Division of Cardiology
The Francis Scott Key Medical Center
4940 Eastern Avenue
Baltimore, Maryland 21224

Telephone: (410) 550-0851
If no answer: (410) 550-0100
FAX: (410) 550-1183

August 8, 1994

Ms. Carol J. Spizzirri
Save-A-Life Foundation, Inc.
17479 Dartmoor Drive
Grays Lake, Illinois 60030

Dear Ms. Spizzirri:

Many congratulations on the initiative that you have taken in Illinois and your ability to get the CPR-First Aid bill passed. You are truly quite a dynamo! I completely agree with you that a concentrated effort must be made by a multi-disciplinary approach to promote legislation at the Federal level. The American Heart Association is actively pursuing this and undoubtedly the ability to get such bills passed will be strengthened by multiple organizations working towards a common goal.

Your dedication is truly exemplary. I look forward to seeing you in the near future. Best wishes for your organization's continued success.

Sincerely yours,

Nisha Chibber Chandra, M.D.
Director, Coronary Care Unit
The Johns Hopkins Bayview Medical Center
Associate Professor of Medicine
The Johns Hopkins University
School of Medicine

NCC/kr

LAERDAL TODAY

Number 2 - 1994

IN MEMORY OF CHRISTINA

It will soon be two years since the Labor Day weekend traffic accident that claimed the life of 18-year-old Christina Spizzirri of Grayslake, Illinois. Although CPR may not have helped the young trauma victim, it still was distressful for the victim's family to learn that police officers at the scene of the accident had not rendered emergency care, in part because their CPR and first aid training had lapsed.

Although nothing could be done to bring Christina back, the victim's mother , Carol Spizzirri, was determined that others should not have to suffer the same pain, wondering forever what might have been.

And so she founded the Save-A-Life Foundation, and began a crusade to ensure that all police officers in the state of Illinois are prepared to provide CPR and first aid. Spizzirri's tireless efforts are beginning to bear fruit. The Illinois Senate has voted unanimously to approve legislation which would require all police officers and firefighters to undergo not only initial training in CPR and first aid, but also periodic refresher training. The legislation has also passed the Rules Committee and now goes before the House of Representatives.

Christina's bill had been opposed by municipal, county, and state officials who were concerned about the cost of ongoing training. Spizzirri argued successfully, however, that federal funds are available for this purpose, but unless state law mandates the retraining, the funds can be used for other purposes.

The Save-A-Life Foundation also advocates CPR training for all school teachers and plans to bring both campaigns to national levels. According to Spizzirri, several senators and congressmen have already agreed to introduce federal legislation later this year which would promote CPR training for police officers, firefighters, and teachers nationwide.

Lakeland Newspapers

Friday, June 25, 1993

National 911 group to hear Save A Life's plans

by STEVE PETERSON
Lakeland Newspapers

When Carol Spizzirri began her effort to raise public awareness about the importance of CPR training, the emphasis was on Springfield and seeking legislation requiring teachers and policeman to have CPR training.

"I never suspected it could get so widespread. More and more people are interested, from large corporations to individuals," Spizzirri said.

The spark for Save A Life Foundation was the death of Spizzirri's daughter, Christina. Christina was killed in a car crash in Park City Sept. 7, 1992.

"CPR is for any individual, not just a particular group of people," Spizzirri said.

Next week, the message will be received north of the border as Spizzirri will give a speech to an Enhanced 911 conference in Montreal on June 27.

The National Safety Council states 14,000 Americans die annually from accid l injuries and one of four Americans suffers a non-fatal injury.

Spizzirri's efforts have won praise from Il nois Sec. of State George Ryan and area legislators.

"I think it is a great program," Ryan during a stop in Grayslake.

Spizzirri, who resides in Woodland Meadows subdivision, was successful in having a bill passed which created a task force to study CPR related issues. That task force is due to report to Gov. Jim Edgar January.

"This will be an excellent opportunity to craft a workable, multi-agency agreement more likely to receive the full support of the General Assembly," Terrance Gainer, director of the Illinois State Police, said.

There has been talk of having CPR training made mandatory to receive a drivers' license, as is the case in Germany.

"That might be more difficult," State Rep. Al Salvi (R-Wauconda), said.

The audience of hundreds of first responders in Canada will hear of efforts to have dispatchers know CPR.

"They could help calm a caller and then help the victim by reading step-by-step instructions. They would get the satisfaction of knowing they helped," Spizzirri said.

Among those who have endorsed Save A Life or expressed interest in it: American Assn. of Retired Persons; National Emergency Number Assn. 911; National Safety Council; American Red Cross; Medical Devices International; Illinois Parents Teachers Assn.; American Trucking Assn.; Illinois Dept. of Public Health; Illinois Retired Teachers Assn.; Benefit Trust Life Insurance Co.; Congressman John Porter (R- Lake Bluff) and U.S. Senator Paul Simon (D) and Illinois Board of Education.

Persons may join the foundation's efforts as a benefactors, $1,000; sponsors, $500; donors, $250 and contributors, $100.

Volunteers may type letters, make phone calls and help in fund raising. Memberships are available for $35 for one year, $60 two year or for corporations.

For more information, call Save A Life at 549-7353.

Talking CPR

Illinois Secretary of State George Ryan, left, chats with Carol Spizzirri. Spizzirri is head of Save-A-Life-Foundation, which is leading call for CPR legislation. Legislature set up task force to study CPR-related issues and report to Gov. Jim Edgar in January. Ryan was in Grayslake for Republican fund raiser. — Photo by Steve Peterson.

Laerdal
helping save lives ™

August 1, 1994

Ms. Carol J. Spizzarri
President/Founder
Save A Life Foundation, Inc.
17479 Dartmoor Drive
Grayslake, IL 60030

Dear Carol:

I thought you might appreciate receiving the enclosed copies of *Laerdal Today*. On page 3, you will notice Christina's story, "In Memory of Christina." We recognize your tireless efforts and hope this will create additional awareness of the Save A Life Foundation.

Laerdal Today is an information service for customers which we produce several times a year. It focuses on real life stories of communities trying to strengthen their local Chain of Survival. We send it out to over 50, 000 contacts around the world as a proactive way to stimulate communication and information sharing on a global basis. You will also notice that this issue will be distributed in a polybag with the August issue of *JEMS*.

We will certainly forward any requests for information to you.

My very best,

David

David A. Johnson
Director of Marketing
CPR & ALS Training Products

/ejb
Enclosures 25

Telephone (914) [illegible] • Telefax (914) [illegible]
Customer Service (800) 431-1055 • Sales Representatives (800) 648-1851

THE UNIVERSITY OF IOWA

July 20, 1994

Carol J. Spizzirri
President and Founder
Save A Life Foundation, Inc.
17479 Dartmoor Drive
Grayslake, IL 60030

Dear Mrs. Spizzirri:

Thank you very much for your letter of July 12 about the foundation you have established in your daughter's memory. Certainly you have identified a very important issue in injury control and one that is particularly important in rural America. The University of Iowa Injury Prevention Research Center is currently working with the Iowa Department of Public Health to promote passage of a comprehensive trauma bill by the Iowa legislature in the coming year. This is badly needed in our state and in most other states in the country. We are also developing the Midwestern Injury Prevention Consortium and would like for your organization to become affiliated with this consortium. This implies no obligation on your part but is only a means of communication between parties in the midwest dedicated to injury prevention. I have asked our Center coordinator, Mr. John Lundell, to follow up on this letter in regard to this affiliation.

You may be aware of another organization which developed as a result of a mother's dedication to the cause of injury prevention to farm children resulting from the death of her son in a gravity flow wagon. This organization is Farm Safety for Just Kids and the President is Marilyn Adams of Earlham, IA. I enclose some information about Farm Safety for Just Kids so you can be in touch with Marilyn if you have not already heard of this organization. We have been working with Farm Safety for Just Kids since 1988. They have now developed a national reputation and a North American program of chapters to promote farm safety among farm children. They have learned a lot about how one organizes this type of voluntary organization and I am sure Marilyn would be delighted to talk with you and share her experiences.

Yours sincerely,

J.A. Merchant

James A. Merchant, M.D., Dr. P.H.
Professor of Preventive and Internal Medicine
Director Institute of Agricultural Medicine and
Occupational Health

JAM:gh
Enclosure
cc: John Lundell
Marilyn Adams

Institute of Agricultural Medicine and Occupational Health
Department of Preventive Medicine and Environmental Health
College of Medicine
100 Oakdale Campus #124 AMRF
Iowa City, Iowa 52242-5000
319/335-4415
FAX 319/335-4225

Emergency Services Newsletter

May/June 1994

The Save A Life Foundation

The Save A Life Foundation is an organization that promotes nationally mandated certification and recertification in CPR and First Aid for teachers, police officers, and other public servants. Carol Spizzirri founded the organization after the death of her 18-year-old daughter, Christina, in a 1992 automobile accident. Police officers, who arrived on the scene first, had not been recertified in CPR and First Aid. As a result, they did not administer aid, and Christina bled to death. Carol felt the need to take action in order to prevent this tragedy from happening to anyone else.

The Foundation, established in Illinois, is already spreading to other parts of the country. Chapters are being formed in Wisconsin and California.

Since its formation in 1992, the Save A Life Foundation has already accomplished many things to help educate the public on the importance of knowing CPR and First Aid. On April 20, 1994, the Illinois Senate voted to approve SB1477, which requires police and fire personnel to be certified in CPR and First Aid.

[illegible] proposed bills would require school teachers to be certified as well. No action has been taken on this bill. At present, no one in the above-mentioned professions is required by law to be certified in First Aid and CPR.

On the national level, legislation is in its preliminary stages. Save A Life is working with the National Highway Traffic Safety Administration (NHTSA) regarding CPR and First Aid recertification training for first responders.

The Save A Life Foundation's ultimate goal, however, is for *all* public servants to be certified. At present, Spizzirri is trying to propose pilot programs that would require all people applying for a driver's license to be trained in CPR and First Aid. "I just want people to start caring again. *Everyone* should know CPR and First Aid," she said.

In addition to receiving endorsements from the National Safety Council, the American Medical Association, and the American Heart Association, Spizzirri has also gained support from the Illinois State Fire Marshall's Office and the Federal Emergency Management Agency.

Despite the success of this organization, Spizzirri needs additional resources to continue. For additional information, [illegible] Save A Life Foundation, 12479 Dartmoor Dr., Grayslake, IL 60030; 708/549-7353.

EMS INSIDER
THE NEWSLETTER FOR EMS MANAGERS
EMS INSIDER ▲ MAY 1994

THE LAST WORD

The FDA Strikes Again

The U.S. Food and Drug Administration's (FDA) crackdown on defibrillator manufacturers has set defibrillation programs back nationwide. The FDA appears ready to threaten yet *another* link in the chain of survival.

The FDA is drafting new guidelines to regulate CPR devices such as pocket masks and face shields—including making some devices available by prescription only.

"Nothing has yet been solidified on this, but our thinking points to allowing any device that goes into the mouth less than 2 cm to remain over-the-counter," said FDA spokesman Joe Raulinaitis. "If they go farther into the mouth, you'd need a prescription to buy one." Raulinaitis said the FDA is now "just hammering [the guidelines] around, and it could be months before they are released."

It appears, however, that the FDA had no intention of asking the EMS or CPR communities to help hammer out the specifics of the new rules. In fact, the agency's plans came to light only because an FDA official mentioned them in a letter (on another subject) to a CPR device manufacturer. That letter said in part, "All such devices must contain a one-way valve and [are] to be labeled 'for emergency use only by persons properly trained in CPR and the use of the devices.'" While the letter writer said the guidelines had already been drafted, officials later revealed that the guidelines are still in flux.

"These are interpretive guidelines, so they don't have to be published in the *Federal Registry*," said Adam Zakroczymski, chairman of the board of Save A Life Foundation. "So the industry doesn't know what is going on and has no chance to comment."

Informed about the FDA's scheme, Save A Life helped alert organizations such as the American Heart Association [illegible] and convince the FDA that requiring prescriptions for simple CPR devices discourages citizen CPR and costs—not saves—lives.

"Someone has already called the FDA and asked, 'If you are going to regulate any device that goes into the mouth, will we have to get a prescription before we do a finger sweep?'" said Save A Life founder Carol Spizziri.

"We want to reduce barriers to citizen CPR, not create them," said American Red Cross spokesman Larry Newell, PhD. "Labeling devices [by prescription only] or saying you must be CPR-certified to use them flies in the face of the new [AHA Cardiac Care] guidelines."

Save A Life Day

Sponcored by the Save A Life Foundation, Inc.

STATE OF ILLINOIS

EXECUTIVE DEPARTMENT

Proclamation

WHEREAS, Cardiopulmonary Resuscitation (CPR) and first aid education can significantly reduce death and disabling injuries; and

WHEREAS, Save A Life Foundation's mission is to promote training and education of life-saving techniques; and

WHEREAS, the administration of CPR and first aid helps save lives by maintaining life support until professionals arrive; and

WHEREAS, on February 26, more than 86 Illinois hospitals will provide residents of their communities with training and certification in CPR and first aid;

THEREFORE, I, Jim Edgar, Governor of the State of Illinois, proclaim February 26, 1994, as SAVE A LIFE DAY in Illinois.

In Witness Whereof, I have hereunto set my hand, and caused the Great Seal of the State of Illinois to be affixed.

Done at the Capitol in the City of Springfield this FOURTEENTH day of JANUARY in the Year of Our Lord, one thousand, nine hundred and NINETY-FOUR and of the State of Illinois, the one hundred and SEVENTY-SIXTH

George H Ryan
SECRETARY OF STATE

Jim Edgar
GOVERNOR

Surf's up for CPR crusade as 'Baywatch' star signs on

By Christi Parsons
TRIBUNE STAFF WRITER

Grayslake activist **Carol Spizzirri** could be a chapter in a textbook on how to crusade for a cause.

In her ongoing crusade to teach cardiopulmonary resuscitation and other lifesaving techniques to residents all over Illinois, Spizzirri has convinced state leaders including Gov. **Jim Edgar** and state Senate President **James "Pate" Philip** to get on board.

Now she has now picked up another high-profile supporter.

David Hasselhoff, star of the television program "Baywatch," has agreed to be the honorary chairman of "Save a Life" Day on Feb. 26, when hospitals all over the state will hold free training programs.

Spizzirri managed to snag Hasselhoff by simply calling the producer of his show and explaining her cause.

Not only will he lend his name to the cause, but he also has agreed to record a public service announcement encouraging people to sign up for the classes.

"They were really excited," Spizzirri said. "All I had to do was ask. I guess you could call me persistent."

Spizzirri's 17-year-old daughter, Christina, was fatally injured in a car crash near Waukegan last year. The first police officers on the scene balked at administering CPR because their certifications had expired. By the time paramedics arrived and began treating Christina, it was too late.

Since then, Spizzirri has lead a local campaign to promote funding for, and participation in, certification classes.

Edgar recently agreed to declare "Save a Life" Day in honor of the foundation Spizzirri set up, and Philip is interested in sponsoring legislation for the group, according to Spizzirri.

Lake watch
Politics

David Hasselhoff will record a public service announcement for the "Save a Life" cause.

VI. RESOLUTION ON SAVE A LIFE CPR AND FIRST AID TRAINING FOR SCHOOL PERSONNEL

WHEREAS: Item 7a. of the Illinois PTA Legislation Platform calls for adequate legislative support for the protection, health and welfare of children and youth; and

WHEREAS: The Illinois PTA in its Statements of Position urges the State Board of Education to continue and improve teacher training programs; and

WHEREAS: The National PTA Objectives include securing adequate laws for the care and protection of children and youth; and

WHEREAS: The American Academy of Pediatrics encourages "schools to develop a personnel plan for dealing with emergencies, and to make basic life-support/pediatric life-support training and certification available for all schools, including and not limiting non-teaching staff;" and

WHEREAS: The National Safety Council states, that 140,000 Americans die every year from injuries, and one-in-four suffers a non-fatal injury; now therefore be it

RESOLVED: That the Illinois PTA encourage its local units, councils, districts, and region to work with their Boards of Education to adopt policies urging CPR and basic first aid training for school personnel and volunteers working within the school; and be it further

RESOLVED: That the Illinois PTA support legislation requiring public schools to offer basic first aid and CPR training to all teachers and other school personnel, school bus drivers, and volunteers working with students.

SUBMITTED BY:

Woodland CCSD #50 PTA, Gages Lake

District 26

RECOMMENDED by the State Board of Managers for presentation to the 1993 IPTA Convention.

Internal Revenue Service

Department of the Treasury

District
Director

Person to Contact: EO:TPA

SAVE A LIFE FOUNDATION INC.
C-O CAROL J. SPIZZIRRI
% CAROL JEAN SPIZZIRRI
17479 W. DARTMOOR DR.
GRAYSLAKE, IL 60030-3014

Telephone Number: 1-800-424-1040
312-435-1040

Refer Reply to: Telephone
Inquiry

Date: June 15, 1994

RE: EXEMPT STATUS
EIN: 36-3869454

This is in response to the letter dated June 14, 1994, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in August 1993, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally $25,000.00 or more, you are required to file Form 990, Return of Organizations Exempt from Income Tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

Marilyn W. Day

Marilyn W. Day
District Director

*Your advance ruling period ends on December 1997.

S.A.L.F. CHAPTER APPLICATION

Representative name:_____

Prospective Chapter name:_____

Address:_____

Anticipated activities of chapter:_____

_____

_____

_____

How does your chapter intend to recruit members?_____

_____

_____

List people within your community that have expertise in these areas who might be willing to assist in the efforts of Save A Life Foundation. If you need assistance in locating individuals with these qualities please indicate with a check.

Volunteer experience	_____
Leadership	_____
Public speaking	_____
Organizational skills	_____
Management	_____
Marketing/public relations	_____
Training background	_____
Writing news articles	_____
Membership recruitment	_____
Fundraising	_____
First Aid/CPR background	_____
State/local laws	_____

What costs do you anticipate in starting this chapter? (itemize on back).

Will these costs be able to be funded locally? How?

Send to: Save A Life Foundation, 17479 W. Dartmoor Dr, Grayslake, IL 60030

(If you have not become a member as of yet - please filled out the membership application, include your fee and mail with this form)

SAVE A LIFE FOUNDATION

17479 West Dartmoor Drive
Grayslake, Illinois 60030
(708) 549-7353

Membership Application

Benefits

- Quarterly updates on legislation, news worthy articles and guidelines related to life saving First Aid and CPR - **SALF EXAMINER.**
- One year free subscription to the **CPR Innovator** magazine.
- Network through the foundation's database.
- Special discounts on life saving equipment and supplies.
- National recognition and ability to participate in S.A.L.F. events, such as Save A Life Day.
- Ability to start a Save A Life Foundation chapter in your community.
- Being part of an organization that **saves lives** by promoting CPR and First Aid education.

Make tax deductible check payable to Save A Life Foundation

✂----------

SAVE A LIFE FOUNDATION, INC.
17479 West Dartmoor Drive
Grayslake, Illinois 60030

❑ Individual $35.00 ❑ Student/Senior $25.00 ❑ Business/Organization $100.00

Please accept my contribution of $_____ to continue your efforts.

_____
(Print name) (Date)

_____ _____
(Company)

_____
(Address) (Zip Code)

(____)_____
(Phone)

_____
(fax)

❑ I want to start a S.A.L.F. chapter in my community

❑ I want to become active in the S.A.L.F. chapter within my community?

Chriskit*tm*

CPR Bystander Kit

Pack includes the following items:

1 Pair Johnson & Johnson MICRO-TOUCH Latex Medical Gloves
1 CPR MicroShield Clear Mouth Resuscitator
1 Johnson & Johnson Cloth Tape, 1"x1 yd.
1 Johnson & Johnson Conforming Bandage, 2"x65"
2 Each Johnson & Johnson Dressing, 4"x4"
1 Pair Metal Scissors 4 1/4" Sharp/Blunt, 1 Rescue Blanket
1 Biohazard Waste Bag, 1 Tamper-Evident Sleeve,
1 Instruction Sheet/Incident Report Form

For emergency use only by persons properly trained in CPR and in the use of the enclosed CPR Device.

This product is endorsed by the Save A Life Foundation, Inc.
A portion of the proceeds from the sale of each kit goes to the Save A Life Foundation, Inc.

ProtectAide, Inc.

Instructions for

Chriskit™ CPR Bystander Kit

It is important to don all protective apparel prior to working with ANY potentially contaminated matter.
Follow donning and removal instructions carefully. Non-Sterile Disposable.

This pack contains:

1 Pair Johnson & Johnson MICRO-TOUCH Latex Medical Gloves
1 CPR MICROSHIELD Clear Mouth Resuscitator
1 Johnson & Johnson Cloth Tape, 1"x1 yd.
1 Johnson & Johnson Conforming Bandage, 2"x65"
1 Pair Metal Scissors, 4 1/4" Sharp/Blunt
2 Each Johnson & Johnson Dressing, 4"x4"
1 Rescue Blanket
1 Instruction Sheet/Incident Report Form
1 Biohazard Waste Bag
1 Tamper-Evident Sleeve

GLOVES DONNING:

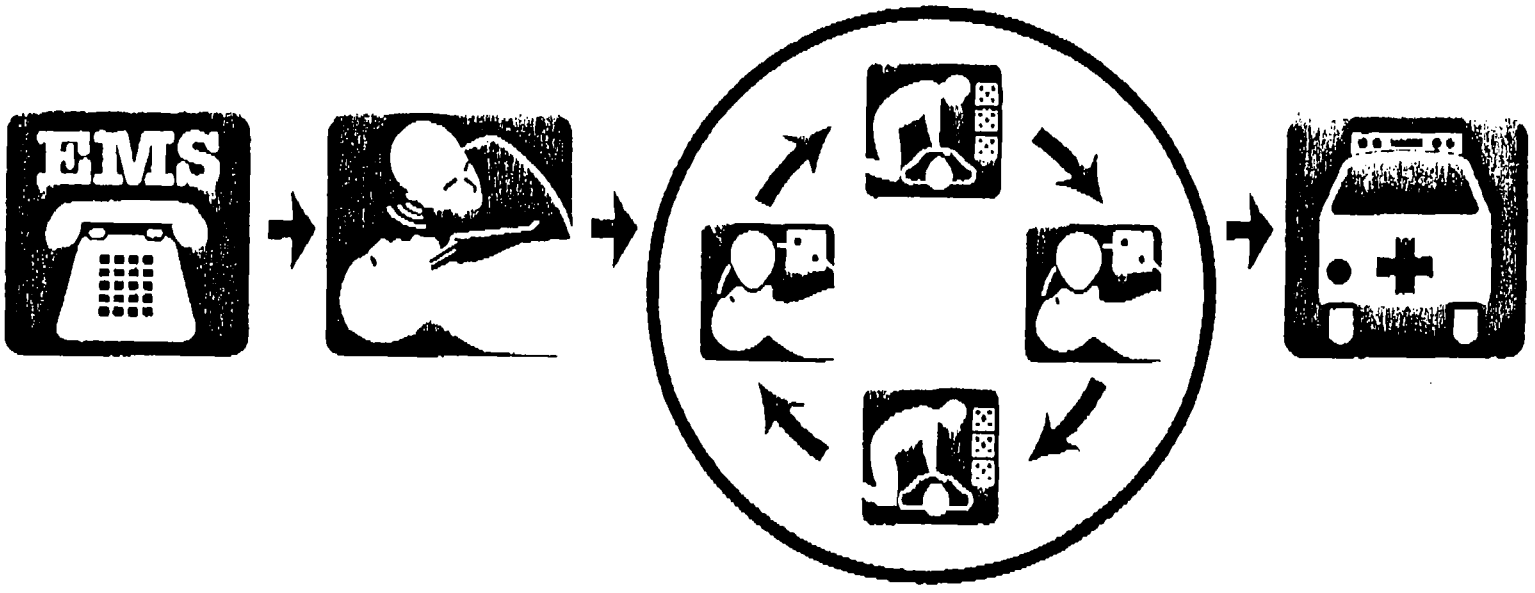
* Insert hand into glove and pull upward from cuff.
* Pull glove over garment cuff to provide full protection.

CPR MICROSHIELD CLEAR MOUTH RESUSCITATOR

See instructions inside CPR pouch. For emergency use only by persons properly trained in CPR and in the use of the CPR Device.

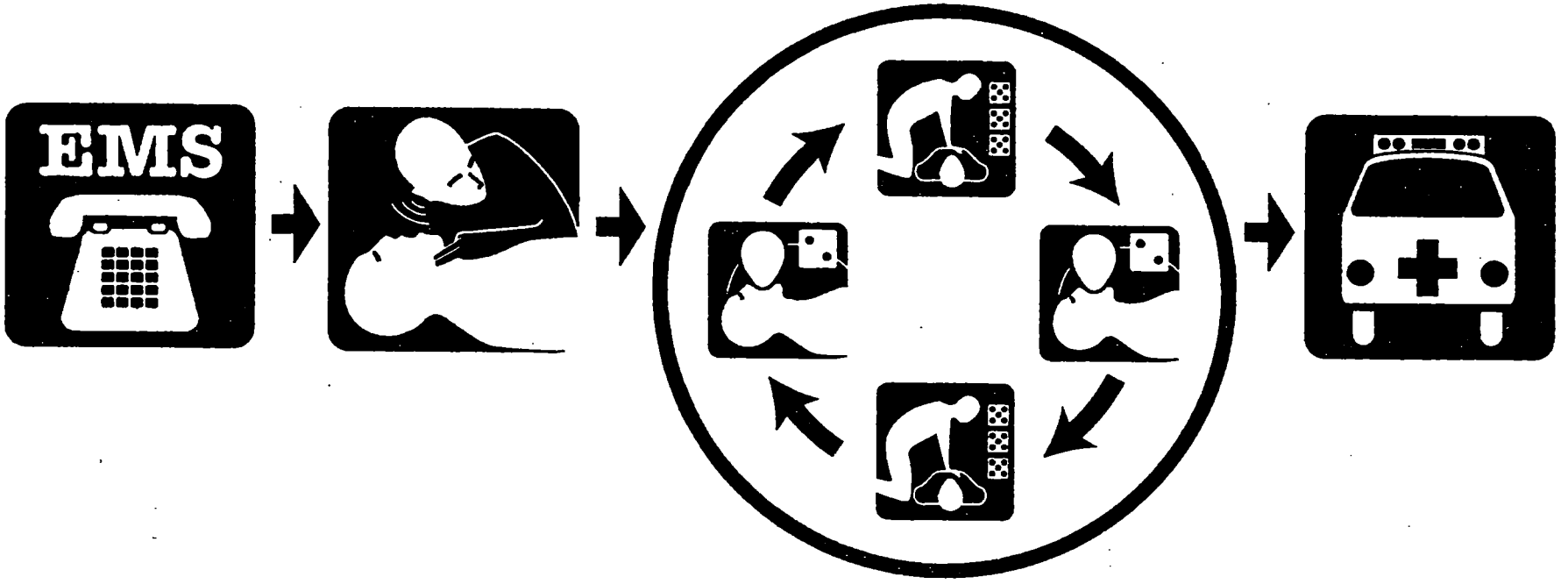
GLOVES REMOVAL:

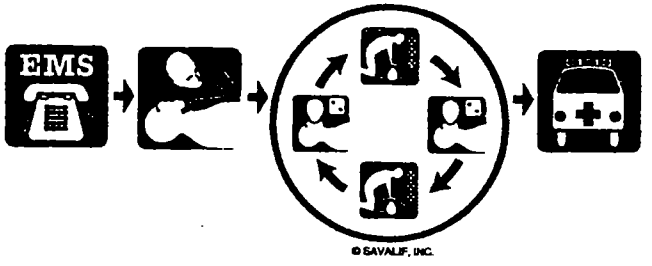
* Remove both gloves beginning at the wrist, turning inside-out. Be careful not to touch contaminated area with bare hands.



IMPORTANT: It is highly recommended that the removal procedures for all protective apparel be practiced prior to any actual use in situations where exposure to potentially contaminated matter is possible. Use of this product does not guarantee against infection with blood-borne pathogens. These instructions are intended to assist in the prevention of cross-contamination and are not to be interpreted as legal advice.

For technical information, call ProtectAide, Inc. at 1-800-235-9035.





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Vital Signs

EMS Public Relations

What One Person Can Do

In September 1992, 18-year-old Christina Spizzirri of Woodland Meadows, Ill., died in a car crash. First on scene were two police officers who refused to attempt CPR or render medical aid because their CPR and first aid certifications had expired.

Christine's mother, Carol, used her grief and outrage to take action. She founded the Save A Life Foundation, a nonprofit organization dedicated to requiring first aid and CPR training for teachers, public safety workers and emergency dispatchers (see November 1993 **Inside EMS**). Now, her efforts are bearing fruit.

This September, Illinois Gov. Jim Edgar signed a bill into law that Spizzirri had initiated. The law requires all Illinois police officers and firefighters to be trained in first aid and CPR before graduating from their academies (see October **Inside EMS**).

Also in September, both houses of Congress approved a 1995 appropriations bill for the U.S. Department of Transportation, which contains language introduced by Spizzirri's congressman, Richard J. Durbin, D-Ill., at her insistence.

The bill asks the National Highway Traffic Safety Administration (NHTSA) to "encourage states to require first aid and CPR training for all police and emergency services personnel and to increase the technical assistance provided to states and local governments to improve [such] training." It also directs NHTSA to encourage states to allocate funds for highway safety, first aid and CPR training.

Impressive work by a woman who knew nothing about politics two years ago!

PASG: Squeezing the Life Out of Patients?