Maryland
EMS News

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Teaching Safety at Children's Village

It is almost the end of their first day at Children's Village when 21 second-graders from Clear Spring Elementary School trek across the yard to see the "Power of Fire." Mouths literally drop open and there is a stunned hush. "Power of Fire" is not a lavish audiovisual program but an actual house heavily damaged by fire that was donated by its owner to Children's Village, then dismantled

A second-grader from Clear Spring Elementary School practices making a 9-1-1 call.

and reassembled on the village grounds by firefighters and community members. Most of it is exactly as it was after the fire--soot-covered furniture, a TV with its backing melted and deformed, charred pots and kitchenware, heat-twisted plastic coke bottles, blackened canned goods, and the stench of smoke that clings through the years and makes many of the children hold their noses.

The reality of the damage caused by the kitchen grease fire that burned six minutes is stunning--$110,000. In each room, plaques on the walls indicate the temperature of the fire at that specific spot--1,000 degrees at the top of the living room, 600 degrees at 5 feet, and 80 degrees from the floor up to about 3 feet. Children suddenly realize *why* they are always told to crawl along the floor in case of fire--heat and smoke rise; at 600 degrees there is little chance of surviving, but at 80 degrees they can breathe and crawl to safety. And as they hear Firefighter Joe Goodrich from the Maugansville Volunteer Fire Company, their instructor for the day, tell them details of the fire--how the teenager who fell asleep while heating oil for french fries throws water on the fire to extinguish it, they immediately shout out that he should have covered the pot to smother the fire and turned off the stove. As the story progresses, they note that his grandfather should have called 9-1-1 from a neighbor's house, not from the kitchen where he collapsed from a heart ailment and smoke inhalation while making the call. The children have taken Firefighter Joe's previous lessons to heart.

FF Joe Goodrich explains how a fire alarm box works to his class from Clear Spring Elementary School.

Children's Village is a comprehensive, life safety educational facility in Hagerstown. Each year, every second-grade student from Washington County--from public, private, and "home" schools--will spend two consecutive days, first listening to a firefighter and then to a police officer demonstrate safety "rules" on a variety of topics in a special safety classroom, well equipped with large photos, videos, films, and props for demonstrations. The curriculum has been approved by the Washington County Board of Education and is an integral part of safety training.

Role-playing is emphasized--for example, children practice dialing 9-1-1 and talking to a dispatcher (instructor) who asks them the same vital questions they would be asked in a real emergency; they crawl through a fabricated tunnel as if it were a smoke-filled building; they drive small battery-powered cars and bikes and walk on the miniature streets of a village that includes standard, operating, traffic lights as well as traffic signs,

(Continued on Page 2)

Children's Village

(Continued from Page 1)
crosswalks, a miniature pizza restaurant, gas station, convenience store, hospital, and garage. As drivers of the cars, children gain an "adult" perspective on pedestrians and bike riders.

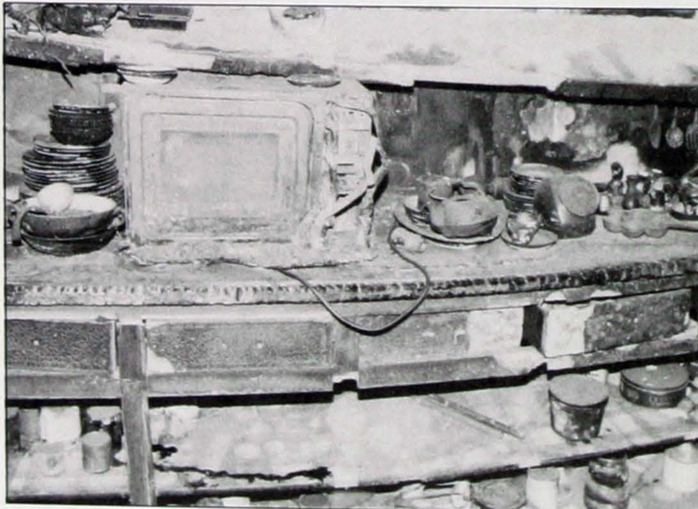
Other topics in the curriculum include drug and alcohol information, poison awareness, water safety, "stranger dangers," and heating and electrical safety.

According to Mike Weller, a firefighter and the Life Safety Education Officer for the City of Hagerstown who wrote the fire safety curriculum for Children's Village and has trained its 14 fire safety instructors, second-graders are like sponges, absorbing the information. When they finish the two-day program, "they're deputized as junior firefighters and law enforcement officers and they take a pledge to be protectors of little friends and pets and to teach safety to adults." It is a pledge they take seriously. "Homework" after the first day includes such things as checking to see if their homes have working smoke detectors and if their house numbers are large and visible from the street in case an emergency vehicle has to respond.

Although Children's Village has existed only since January 1991, its "graduates" have already made a difference in saving lives. Most prevention efforts go undocumented. But in a survey by the Injury Prevention Center of the Johns Hopkins University School of Public Health, one-third of the parents who responded indicated that because of their child's visit to Children's Village they had bought fire extinguishers, got new smoke detectors, put batteries in their old smoke detectors, did a fire escape plan, put 9-1-1 stickers on phones, or bought bike helmets. "Saves" that are documented include an 8-year-old who found his mother unconscious and called 9-1-1; two children who instructed their babysitters on how to extinguish a fire; and another child who called 9-1-1 after his mother had a seizure and fell down the stairs.

FF Joe Goodrich introduces Mike Weller, who wrote the fire safety curriculum, to a class at Children's Village.

More than 2,000 second-grade students participate in the Children's Village program each year. But this is only the beginning of Mike Weller's dream. He envisions a comprehensive injury control center that is open weekends and evenings for adults, that is available to businesses for in-service safety training, and that houses an injury prevention museum. He has just finished writing a six-day safety program for tenth-graders and has trained instructors. Based on the pilot classes, the high-school program seems to be as successful as the one for second-graders.



A kitchen fire destroyed this house, which was later moved to Children's Village and used as a teaching tool.

Children's Village is a community effort built from private funds and run by a citizens' board of directors that includes representatives from local education, fire, police, government, business, and industry. Building materials and labor to construct Children's Village were donated. Mr. Weller was overwhelmed by the community's reaction to the project. He tells of the street being lined with contractors' trucks. One man told him: "I have a son. This is to his future."

Each year the Board of Education does a master schedule noting every public school second-grade glass; private school second grades are then scheduled. Instructors volunteer their time and usually schedule themselves to teach children from their community or surrounding area. To retain their skills, volunteers are required to teach at least once every 5-7 weeks. The annual operating budget of $40,000 is raised from donations. This year Children's Village was awarded a $100,000 state grant to finish construction of the actual village.

Children's Village has become a model community injury control center where life safety education begins at an early age with the goal of preventing injury, death, and property loss. Many who see it have remarked that every county needs a Children's Village. For information on doing any aspect of life safety education, contact Mike Weller, Public Fire Education, Hagerstown Fire Department, Hagerstown, MD 21740 or call 301-790-2476.

◆ *Beverly Sopp*

If You Suspect Child Abuse

According to an experienced Washington, DC police officer, health providers often miss child abuse, even when it is staring them in the face.

It's easy for EMTs to develop blinders while responding to an emergency, said Sgt. Andrew White at "Emergency Care in an Increasingly Violent Society," a conference presented October 7 by the Emergency Education Council of Region V, Inc. and MIEMSS.

EMTs frequently become so focused on the immediate medical emergency that they screen out obvious signs of child abuse at the scene, said Sgt. White, who has also served as a firefighter and EMT at the Kensington Volunteer Fire Department in Montgomery County for the last 17 years. For example, he said a first responder rushing to the aid of an elderly woman with a broken hip resulting from a fall may not notice that the patient's grandson, abandoned by his mother, is suffering from malnutrition.

Another part of the problem is that emergency department personnel are often too willing to accept the explanations for the injuries they treat, not wanting to point an accusing finger, said Sgt. White.

Finally, there are the less noticeable, non-physical forms of abuse, such as neglect and emotional abuse, said Sgt. White. Some forms of neglect, including deplorable living conditions and malnourishment, are so common that it's easy to develop a blind eye to such conditions and accept them as "normal," he noted.

The clues that a child's physical injury is the result of abuse are usually inherent in the nature of the injury. Often, however, they are also provided by the child's parents or guardians, and sometimes by the patients themselves. Sgt. White reviewed the signs of physical child abuse published by Children's National Medical Center in Washington, DC.

Certain physical injuries should be red flags to medical personnel, he said. For example, abuse should be suspected when a child presents with:

- multiple injuries, especially fractures, in various stages of healing
- injuries that are unusual for the child's stage of development, such as fractures in infants
- emergent burns or burns with an unusual pattern
- injuries to the genitals or peritoneal area
- bizarre injuries such as cigarette burns, bite marks, and loop marks around the neck
- severe mouth injuries, which are uncommon
- any injuries if the child has a chronic disease or handicap.

Injuries of the last kind usually result from the frustration felt by the parent or guardian in having to care for the child constantly. Abuse should also be suspected in children with advanced unattended illnesses.

Some children are brave enough to attribute their injuries to their parents or guardians when asked, but they are more likely to blame their injuries on a sibling, a non-family member, or an unwitnessed event, if they offer any explanation at all.

Frequently the parents or guardians give themselves away, such as when they are uncooperative in explaining their child's injury or when the explanation that they do provide is contradictory or inconsistent, or is implausible considering the injury.

Some authoritarian parents and guardians freely admit to harming their children to discipline them, while others try to cover their involvement by persistently complaining about their own irrelevant problems or about the inconvenience that having to go to the hospital or doctor's office has caused them. In its worst form, the parent's or guardian's unwillingness or inability to focus on the welfare of the child manifests in waiting an inordinate amount of time before seeking medical attention.

The child's medical history may suggest abuse. It should be suspected, for example, when a child arrives at the hospital with the same kind of injury for which he or she has been treated on several other occasions, or when the frequency of visits, for whatever reason, is relatively high.

To avoid creating a medical history that would implicate themselves, some abusive parents and guardians take their children to a different medical facility each time they harm their children enough to require medical treatment. This is known as "hospital shopping." The only way to stop the practice, said Sgt. White, is to develop a central database of treatment rendered in cases of suspected child abuse that would be accessible to all of the medical facilities in a particular geographic area.

What should medical personnel do when they suspect child abuse? It's best not to get personally involved, said Sgt. White. Instead, hospital personnel should first discuss their concerns with their hospital social workers. If their hospital does not have a social work department, they should contact both the local police department and the child protective services agency in their community. The former will investigate whether criminal charges should be brought against the parents or guardians, while the latter will take steps to ensure the child's welfare.

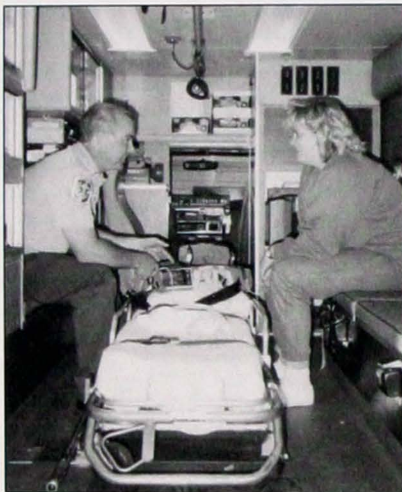
For additional information about child abuse, Sgt. White recommended contacting the National Center on Child Abuse and Neglect in Washington, DC, which offers numerous free publications on the topic (202-245-0586).

◆ *Dick Grauel*

High School EMS Club Benefits Students & Community

Editor's Note: The following article was written by Diane Lee, a former EMT and current Highway Safety Director of Garrett County Health Department. It was published in several Garrett County newspapers and is reprinted with her permission.

The new Emergency Medical Services Club at Northern High School in Garrett County is giving students a unique opportunity of learning how to handle life-threatening situations during club meetings and putting that knowledge to work during their free time.



First Responder and EMS Club member Darla Friend gets a lesson about the cardiac monitor from Paramedic Jamie Adams at Northern Garrett County Rescue Squad. (Photo courtesy of Jamie Adams.)

Last May, club members organized the Prom-Promise Parade, conducted a blood pressure screening for the school students and staff, and participated in EMS Week activities at the Country Club Mall.

"Everyone involved in the EMS Club genuinely feels we have a unique organization which not only provides an educational opportunity for young people in the field of emergency medical services," said club advisor H.B. Martz, "but more importantly provides a meaningful service to our neighbors in the community."

Students who are Maryland certified First Responders or EMTs are helping to staff ambulances after school and on weekends. In addition to responding to emergency calls, club members are participating in various squad community service activities and helping to maintain rescue squad facilities and equipment. Most of the students have joined Northern Garrett County Rescue Squad.

"I was in favor of the idea from the beginning," said Walter Lee, chairman of Northern Rescue Squad. "Young people are the future of the squad and if we can get them involved now it will benefit everyone. They are getting involved and they are making a difference."

Mr. Martz uses the EMS Club period to educate its 25 members through specific topics and guest speakers. Topics have included critical incidence stress debriefing, radio communications training, and organizing school-based activities.

Although students are not required to go through training to join the group, last semester nine club members were Maryland certified First Responders, two were EMTs, and two others were in the EMT class. Since the club is an extracurricular activity, students must maintain their grades to remain eligible to participate.

The EMS Club concept developed from a simple discussion about the personnel shortage and recruiting volunteers by Northern Rescue Squad members. Mr. Martz, an EMT-P with Northern Rescue and a teacher at the high school, received approval from the administration to organize the EMS Club and met with interested students.

The club was formed in June of 1993 and in August, MIEMSS certified 13 students as Maryland First Responders.

"They gave up their summer vacation to take this class," said Jamie Adams, EMT-P who taught the class with the help of various other Northern Rescue Squad members. "We envisioned that these First Responders would become active squad members."

"We have got a real nice cooperative effort here between the rescue squad and the school," said Marty Green, Northern High School principal. "It does two things. It gives our kids something, but more importantly, it helps the community."

Many of the students are interested in pursuing medical professions and believe this experience may help jump-start their careers. The students also see the club as a way to help other people. "I chose this because it's something new and different," said Darla Friend. "It's something I always wanted to do. I have been around it all my life." Her father and sister are both EMTs.

Students are averaging 24 volunteer hours per month. These hours will fulfill the state requirement that all students graduating after 1996 complete a designated amount of community service hours.

"It's a great habit for all people to get into," Mr. Green said, "to volunteer their time. It is much better than the current attitude of 'If I don't get paid for it, I won't do it.'"

Northern High School has been aided in the development of their EMS Club by Northern Rescue Squad, Garrett Community College, Garrett Memorial Hospital, and Dave Ramsey from MIEMSS Region I Office.

January Case Review

A MIEMSS Prehospital Case Review Program will be held Wednesday, January 25, from 7 to 9 pm, at the Auditorium of the Raymond M. Curtis Hand Center at the Union Memorial Hospital in Baltimore.

Two hours of B credits for ALS providers and two hours of T credits for BLS providers will be offered.

To register, call the MIEMSS Educational Support Services Office at 410-706-3994.

Dr. Adkins To Retire

New Year's Day 1995 will have a special meaning for Robert T. Adkins, MD, medical director of EMS Region IV and director of the emergency department at Peninsula Regional Medical Center (PRMC). It is the day he officially retires.

Dr. Adkin's interest in EMS spans his entire career, going back 26 years to 1968 when he became a full-time physician at PRMC. He has seen EMS develop into a sophisticated system in Maryland. "In 1968, there was no communication with the field; no ALS training; and working in the emergency department, we didn't know what we were getting until we saw the flashing lights of the ambulance pulling up to our back door. In my own Region IV, ALS went from being non-existent to existing in all 9 counties."

Before becoming EMS Region IV medical director, Dr. Adkins was one of the original members of the Medical Management Group appointed by R Adams Cowley, MD, founder of Maryland's EMS System and Shock Trauma Center. His involvement in EMS continued as he worked with John Bulkeley, MD, the first EMS Region IV medical director. When Dr. Bulkeley resigned as Region IV medical director in 1982, he and the Region IV EMS Advisory Council recommended to Dr. Cowley that Dr. Adkins replace him.

One of the things that Dr. Adkins advocated as medical director was the implementation of ALS in *all* Region IV counties. He realized that not only must the best training in ALS be provided but that one must be highly selective in choosing the students to participate in ALS training. He endorsed and promoted a screening process that includes pretests, interviews with prospective students, and testing and counseling throughout the ALS course. The result is a well prepared student who can absorb the difficult ALS material, pass the exam, and be skilled and confident in patient care in the field.

The main problem that Dr. Adkins encountered in implementing ALS regionwide is one faced by any primarily rural area with volunteer EMS providers--the problem of students having a significant amount of time to allocate for ALS training. A continuing problem, as techniques and procedures increase in sophistication, is maintaining the skill proficiency level of prehospital providers who may not see a steady stream of patients needing those particular procedures. To prevent skill decay, periodic inservice classes and reassessment of skills are required.

Although CRT (cardiac rescue technician) training classes had began in 1976 in Region IV, the first paramedic level training program was conducted in Region IV in 1988 by the Ocean City EMS Division in conjunction with PRMC, with funding from the Ocean City Paramedic Foundation. Now, in addition, each year an EMT-P class, is conducted at PRMC.

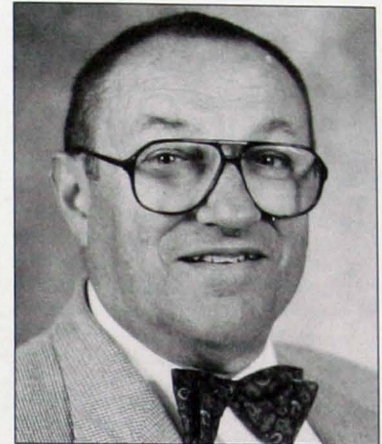
The implementation of ALS in Region IV is certainly one of the most positive changes in the region, according to Dr. Adkins, for both the area's permanent residents and many visitors.

Regarding Dr. Adkins. . .

Marc Bramble, Region IV Administrator: "He is a leader and a professional who has contributed to the quality and progress of rural EMS in Maryland, with an emphasis on quality care."

Joseph J. Colella, MD, medical director of EMS Region V: "He has been an untiring warrior in the fight to rationalize EMS. The work of his paramedics and BLS providers is more practical and efficient as a result of his efforts."

Fred Miltenberger, MD, medical director of EMS Region I: "He was involved at all levels of EMS and can truly be considered a personification of a dedicated medical director. I think that his comment 'resuscitate, do not resurrect' will ring true in my thinking for years to come. Despite his strong feelings and opinions, he was the ultimate team player."



Dr. Robert T. Adkins

"Although most of Region IV is rural and sparsely populated, Ocean City becomes the second largest city in Maryland with the influx of summer visitors. Actually most areas of Region IV see an increase in visitors during the summer; consequently there is also an increase in traffic on the region's highways and waterways and an increase in motor vehicle and recreational injuries."

Because PRMC, an areawide trauma center designated by MIEMSS in 1978, is situated 7 miles below the Delaware line and 28 miles from the Virginia line, there are frequent patient transfers across state lines. Dr. Adkins meets regularly with Delaware and Virginia EMS and county officials, as well as Med-Evac and ambulance providers to discuss common problems regarding training or equipment and to work out referral patterns. The Coast Guard, both in Cape May, New Jersey and Elizabeth City, North Carolina also frequently transport patients who become ill or injured at sea to PRMC.

With all of his activity during his tenure as regional medical director, it is easy to believe Dr. Adkins when he says that as far as retirement is concerned, he "hasn't put in his requisition for a rocking chair." He will just be trading one busy life for another, full of his outside interests such as "church, Freemasonry, reading, fishing, birdwatching, growing roses. . ." He reiterates that he is pleased and proud to have been a part of what has happened in EMS during the past 25 years.

◆ *Beverly Sopp*

Update on EMT-Basic

After four years of deliberation and several rewrites, the National Highway Traffic Safety Administration (NHTSA)/ Department of Transportation (DOT)--the division of federal government assigned the task of creating national EMS curricula--released the revised EMT-Basic curriculum on March 1, 1994.

How did the revision of the EMT-Basic curriculum come about?

In January 1990, in Crystal City, Virginia, NHTSA convened a meeting of EMS experts to identify priorities for revising EMS curricula. By the close of the second day, using a nominal group process, the panel of 27 had discussed 23 priorities, the top 10 of which were included in the EMT-Basic curriculum.

Will the EMT-Basic curriculum change the scope of practice for EMTs?

In a word, yes. The EMT-Basic curriculum includes enhanced skills, such as automated external defibrillation (AED) and the administration of patient-prescribed medications (epinephrine, oral nitroglycerine, and medicated inhalers). Because of this, on- and off-line medical direction and the development of standing orders and BLS protocols are also required as part of the EMT-Basic program.

What is MIEMSS doing about the revised EMT-Basic in Maryland?

Working with the Regional Medical Directors and the Pediatric Medical Advisory Group, MIEMSS will assume the lead role to determine the scope of practice for the Maryland EMT-Basic program. Working with the Maryland Fire and Rescue Institute (MFRI), MIEMSS will assume a supportive role to assist MFRI in the design and implementation of the Maryland EMT-Basic training program.

When will MIEMSS and MFRI begin to phase in the revised EMT-Basic training program?

At this time we have not determined a definite date. We have scope of practice questions to answer and training issues to resolve before we can begin to phase in the revised EMT-Basic training program in Maryland. Beginning in February/March 1995, we plan to conduct "town meetings" around the state to inform you of our progress and get your input.

When will the Maryland EMT-Basic program begin?

In January 1995, the State EMS Advisory Council's (SEMSAC) Education Committee will begin planning for summer and fall pilot training programs.

◆ *Ronald B. Schaefer, NREMTP*
Director of Field Operations

AED Program in Region IV

Editor's Note: Survival of the cardiac arrest patient depends on a series of critical interventions. This "chain of survival" has four independent links: early access, early CPR, early defibrillation, and early advanced life support. The American Heart Association has identified early defibrillation of the cardiac arrest victim as the most important single factor in this "chain." Approval of the AED last year as an optional procedure is an attempt to increase the availability of early defibrillation in Maryland.

Five volunteer fire departments have recently implemented the first automatic external defibrillator (AED) programs in Region IV.

The Hurlock Volunteer Fire Department, the Neck District Volunteer Fire Department, and the Secretary Volunteer Fire Department, all located in Dorchester County, purchased AEDs with company funds. The AED training in Dorchester County was coordinated through the Region IV Office and the Dorchester General Hospital. Michael Joyce, MD, Director of the Emergency Department at Dorchester General Hospital, functions as the local medical director for Dorchester County.

In Talbot County, the Tilghman Volunteer Fire Department and the Oxford Volunteer Fire Department have purchased AEDs and have begun using that equipment under the direction of Gino Alberto, DO, Associate Director of the Emergency Department at Memorial Hospital at Easton.

The Region IV Office, in cooperation with the local medical directors, Cathy Weber, RN, Nurse Coordinator at Dorchester General Hospital, and Luanne Satchell, RN, Nurse Coordinator at Memorial Hospital at Easton, developed a student training manual and program standards to implement AED training. Volunteers not only received training on the AED but also received four hours of continuing education in patient assessment to enhance BLS skills.

◆ *John Barto*
Region IV Assistant Administrator

Montgomery County ALS Celebrates 20th Anniversary

A "Celebration of 20 years of Paramedic Service" recently was held at the Public Services Training Academy in Montgomery County.

On September 30, 1974 two Mobile Intensive Care Units (MICUs) were dedicated by the County Executive and placed into service in Montgomery County. One was assigned to the Bethesda-Chevy Chase Volunteer Rescue Squad and the other was placed at the Wheaton Volunteer Rescue Squad. The units were staffed by four career paramedics during the weekdays and by volunteers on evenings and weekends. A third unit was placed into service the following year at the Rockville Volunteer Fire Department. Since that time 16 additional MICUs have been placed in service throughout the county. Today 151 career and 85 volunteer CRT/EMT-Ps staff the units providing advanced life support.

TFC Kerr Named 'National Flight Paramedic'

TFC Walter A. Kerr, who works out of the Maryland State Police (MSP) Aviation Division at Martin State Airport, is the 1994 "National Flight Paramedic of the Year." He accepted the award from the National Flight Paramedics Association on October 17, at the association's annual convention in Detroit.

This is the second straight year that a Maryland state trooper has been named the top flight paramedic in the country. The competition includes approximately 1500 flight paramedics from 50 states.

During his six years with the MSP, Trooper Kerr has flown 1,742 missions, including 1,441 Med-Evac, 27 air rescue, and 274 law enforcement missions.

He has been honored for his work several times. In 1989, he received a Superintendent's Commendation for an aerial rescue of two canoeists who capsized in the Gunpowder River. In January 1993, he received a Governor's Commendation for a night aerial rescue of two women clinging to a sailboat that was about to break up in a storm in the Chesapeake Bay. In August 1994, he was honored by his peers as the Maryland Chapter Flight Paramedic of the Year.

According to MSP Superintendent Col. Larry W. Tolliver, "TFC Kerr is not only a dedicated and decorated trooper/paramedic he is an outstanding teacher. He maintains the highest level of prehosptial care certification both as a practitioner and instructor, making him invaluable to the Maryland State Police."

Trooper Kerr is a board member of the National Flight Paramedics Association and has served as both president and vice-president of its Maryland chapter.

(L-r) C. A. Cockrell, Director of Material Support at American Eurocopter; Maj. Johnny L. Hughes, Commander, MSP Aviation Division; TFC Walter Kerr, "National Flight Paramedic"; TFC Eric Smothers; and John Murphy, Administrative Director at MIEMSS.

EMSC Enhancement Grant

MIEMSS received a two-year grant (1994-1996) from the Maternal and Child Health Bureau of the U.S. Department of Health & Human Services to construct an enhanced system of Emergency Medical Services for Children (EMSC) to focus on life-threatening illness and to integrate it into the existing statewide EMS system in Maryland. This EMSC enhancement within the state EMS system is a logical progression since the system already includes a statewide pediatric trauma system, a neonatal transport program, and specialty care components (burn, cardiac, eye, hand, hyperbaric medicine, neurotrauma, and high risk perinatal). These components, as well as one to address life-threatening illnesses in children, are the key components listed in the report from the Institute of Medicine on Emergency Medical Services for Children.

The EMSC Enhancement Grant has two broad goals:

- To create a forum for ongoing communication to identify the issues related to pediatric emergency medical care services and the strengths and weaknesses within each of the five EMS regions in Maryland relating to these services. Subcommittees are being formed in each of those five EMS regions, consisting of professional and community members with a strong commitment to emergency care of children; each subcommittee will report to the pediatric medical director in its region.
- To define the pediatric capabilities in emergency departments in each of the five EMS regions, including professional resources, education, quality improvement, databases and data management systems, and to reevaluate the equipment and pharmacologic resources surveyed in the first Maryland EMSC grant period (1987-1990).

Project co-directors for the EMSC grant are J. Alex Haller, Jr., MD, Associate EMS Medical Director for Children's Programs, and Cynthia Wright-Johnson, MSN, MIEMSS pediatric nurse coordinator.

Governor William Donald Schaefer

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DATED MATERIAL

Remember Ryan Davis-Shanahan During the Holidays

How does a three-year old stop a drunk driver?

My son did with his life.

In 1990 my son Ryan Davis-Shanahan was killed by a drunk driver. During this holiday season, please, do your best to stop your friends, your relatives, anyone, from getting into a car and driving while under the influence of anything. I implore you. Please don't drink and drive.

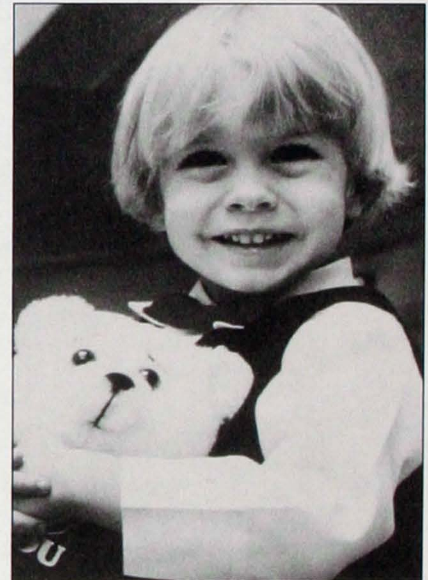
Intense pain permeates the above words of Susan Davis, the mother of Ryan, in the public service announcement that she did for MIEMSS. Earlier she had spoken at a press conference to remind people to drive sober during the holidays.

We share some of her story.

Susan remembers Ryan as gentle and smart (at 3 years old, he was starting to read and add). "He loved to drive his little Corvette that his grandmother got him. He was a good driver."

On the evening of July 8, 1990, he and his friend Jimmy were picking crab apples on the hill and bringing them to the imaginary grocery store in Ryan's back yard while both mothers watched from the picnic table. The car could be heard when it was a half mile away. Then the driver, a young girl who had been drinking, took the corner of their street too fast, ending up on the wrong side of the road, then veered to the other side going over the curb, onto the sidewalk, and into Ryan's yard, hitting him and dragging him across the yard before hitting a tree.

Susan ran over to Ryan. She recalls: "He couldn't breathe. His face was crushed. He tried to move his mouth as if to speak and you could hear the teeth that had been smashed. I told him over and over that I loved him. I didn't really know what to do. I could smell the earth. I was lying face down with him and he was face up. I told him over and over that I loved him . . . People tried to keep me from Ryan but I had already seen him and in a way I had already said my last good-bye to him . . ."



Ryan Davis-Shanahan, 3 years old, was killed by a drunk driver.

* * *

During this holiday season, please remember Ryan and his mother and drive sober.