

FOR IMMEDIATE RELEASE

August 20, 1991

CONTACT: Rochelle C. Cohen  
Laura A. Elliott  
(301) 328-3697

**SHOCK TRAUMA NURSES TEACH PREVENTION  
STOP PROGRAM LAUNCHES CAMPAIGN AGAINST TRAUMA**

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The student goes on to explain that she and her mother were nearly in a car accident on their way home from school on the same day she attended the STOP program. "If it weren't for my seat belt I would have been thrown against the dash board when my mother slammed on the brakes," she continued.

The creative developers of the STOP program are Berti Shemer Glowac, R.N., M.Ed., nurse education specialist at the Shock Trauma Center of the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and Cindy Raisor, R.N., a former nurse training specialist for the MIEMSS department of emergency medical services (EMS) nursing and specialty care. The 60-minute presentation is aimed at reducing injury rates by educating people in the prevention of accidents. It covers such topics as highway accidents, helmet use, bicycling, firearms, water sport safety and other areas of injury prevention.

- more -

STOP Program  
Ad 1

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Subsequent slides show diagrammatically what happens to the body in certain kinds of accidents. "Mr. Bones," a life-sized model of the human skeleton, is used to show the parts of the body that are affected by various types of injuries.

STOP presentations are tailored to appeal to all age groups. Although most of the presentations thus far have been given to students at the elementary and middle-school levels, they have also been given to Boy Scout troops, occupational health nurses, and the safety employees of a large manufacturing company.

Is the STOP program effective in terms of getting children to follow safety precautions? We know we are getting through to them, says Ms. Glowac. "The letters we get from the children who have seen the program testify to that," she adds, noting some of the comments she has received.

STOP Program  
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Some of the children have even said they will pass on what they have learned to their families, continues Ms. Glowac. For example, one student states: "I am going to bug my mom and dad about safety tips," while another says: "I will be sure to tell my brother about wearing helmets; he has a dirtbike."

However, to make the STOP program a real success in terms of a significant reduction in accidents, Ms. Glowac says she needs parental support. For that reason, she wants to start giving the presentation to PTA's.

"We must increase public awareness that accidents are largely preventable," says Ms. Raisor. Accidents are not "a stroke of fate," as many people believe, she asserts. In fact, studies have shown a link between injuries and personality traits, lending credence to the popular idea that some people are accident-prone, she says.

But providing information about accidents is just a first step in preventing them, says Ms. Glowac. "We have to change people's attitudes toward safety measures as well," she adds.

After seeing the presentation, one student expressed the problem this way: "They (people) get injured because they think they're not going to get hurt."

STOP Program  
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Some people have the attitude that the cost of safety gear, such as riding helmets, is prohibitive, adds Ms. Raisor. To those people, she retorts: "Let me tell you about the prohibitive costs of medical treatment for injuries, especially head trauma." The combined costs of emergency surgery, critical care recovery, and rehabilitation are astronomical by comparison, she points out.

Then there are those who complain that protective gear, such as bike helmets, are for sissies, notes Ms. Glowac. "Many youths feel this way," she says. "We just show them slides of famous people who wear helmets, such as Mario Andretti and Evil Kneivel. This helps them get over the barrier of embarrassment," she adds.

"Peer pressure and lack of self-esteem also keep adolescents from acting responsibly in social situations," continues Ms. Glowac. "We try to strengthen the self-esteem of our listeners by showing them the consequences of not asserting themselves when their peers act irresponsibly, such as when they drink while driving," she says.

Money for initial development of the STOP program was contributed by the Maryland Department of Transportation in a grant to the Charles McC. Mathias, Jr. National Study Center for Trauma and Emergency Medical Services. Since the expiration of the grant, the project has been continued as a collaborative venture between the MIEMSS clinical and EMS nursing departments.

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## MEDIA ALERT

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### SHOCK TRAUMA NURSES GO BACK TO SCHOOL WITH STOP PROGRAM

As soon as the school bells begin to ring in September, nurses at the R Adams Cowley Shock Trauma Center will also head back to school with their creative Straight Talk on Prevention Program (STOP). STOP was created by Shock Trauma nurses to reduce injury rates by educating students and others in the prevention of accidents. Topics covered include highway accidents, bicycle safety, firearms and water sport safety.

Mr. Bones, a life sized model of the human skeleton is used to show the parts of the body affected by various injuries.

Letters and follow-up of the initial programs suggest it has been successful in getting through to the children.

Excellent photo/video opportunities are available during the presentations.

Programs are scheduled beginning on September 19. For specific dates and times call 328-\_\_\_\_\_.

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# INJURY PREVENTION STOP

## Straight Talk On Prevention

Program Coordinators: Berti Shemer Glowac, RN  
Cindy Raisor, RN

August 1991

DATE	ORGANIZATION or SCHOOL	LOCATION	AGE GROUP	NUMBER OF PARTICIPANTS	PROGRAM FOCUS	PRESENTER
11-30-90	Eldersburg Boy Scout Troop	Eldersburg, MD	Youth - Adult	70	Injury Prevention	C. Raisor
01-15-91	Ruxton Country Middle School	Baltimore, MD	5 - 7th Grade	40	Injury Prevention	B. Shemer Glowac
01-23-91	Cathedral School	Baltimore, MD	1 - 5th Grade	250	Injury Prevention	C. Raisor
01-29-91	W. R. Grace	Columbia, MD	Adult	25	Injury Prevention	C. Raisor
02-07-91	Solomon Schechter School	Baltimore, MD	6 - 8th Grade	50	Injury Prevention	B. Shemer Glowac
02-12-91	Occupational Health Nurses	Bethesda, MD	Adult	40	Injury Prevention	C. Raisor
02-24-91	Boy Scout Troop	Aberdeen, MD	Adult	40	Injury Prevention	C. Raisor
03-12-91	Coppin State RN-BSN Nurses	Baltimore, MD	Adult	50	Injury Prevention	C. Raisor
04-11-91	Alcohol & Drug Abuse Prevention Conference	Baltimore Convention Cntr.	Youth - Adult	20	Injury Prevention	B. Shemer Glowac
04-24-91	W. R. Grace	Columbia, MD	Adult	30	Injury Prevention	C. Raisor

*N=675*





05-15-91	Holy Redeemer School	Berwyn Heights, MD	4 - 6th Grade	30	Injury Prevention	B. Shemer Glowac
06-10-91	Millbrook Elementary	Baltimore, MD	5th Grade	30	Injury Prevention	B. Shemer Glowac
07-24-91	Maryland Wellness	Oakland, MD	Adults	25	Injury Prevention	C. Raisor
08-01-91	Faith Christian Fellowship Camp	Baltimore, MD	1 - 7th Grade	40	Injury Prevention	B. Shemer Glowac

Meeting 91



# Trauma Awareness

Two nurses at the Maryland Institute for Emergency Medical Services Systems (MIEMSS) have launched an effective prevention program that can be easily adapted to different age groups, according to the *Maryland EMS Newsletter*.

The program, developed in collaboration with the Charles McC. Mathias, Jr., National Study Center (NSC) for Trauma and Emergency Medical Services, incorporates a plastic skeleton wearing a Shock Trauma tee-shirt and an EMS hat. "Mr. Bones" is a silent associate of the Straight Talk on Prevention (STOP) program, a free 60-minute presentation for community, school, health care, and civic groups. He helps the two MIEMSS nurses educate the public on such topics as substance abuse, highway crashes, seat belts, bicycle safety, firearms, and water sports.

The STOP program is structured by age-related content: grade 1-4, 5-8, high school, and adult. In a typical school program, the nurses show a slide of a child without protective gear on a skateboard. With Mr. Bones in the spotlight, the nurses explain what injuries might occur, which bones would be affected, and how protective gear could avoid these injuries.

For more information about the STOP program, contact Cindy Raisor at (301) 328-3930 or Berti Shemer Glowac at (301) 328-6321.

## NTAM '92: Motor Vehicle Trauma, continued from page 2

hoped that this will aid in obtaining cosponsors for the bill.

The ATS recently joined the newly formed National Safety Belt Coalition organized to promote seatbelt usage. This seatbelt coalition, with its slogan of "70% By 1992," is targeting 1992 as the time period when 70% of the population will, hopefully, be buckled up. As part of this group, ATS will expand its contacts in its broader mission to prevent injuries and reduce vehicle trauma. Any organization interested in joining the National Safety Belt Coalition should write to 1859 M St., NW, Suite 900, Washington, DC 20036 or phone (202) 785-4151.

# Legislative Developments

## S. 1306 Includes Funding for Trauma Centers for Drug Related Violence

Sen. Bentsen and Gore successfully attached their version of Rep. Waxman's bill—to provide \$150 million in grants to trauma centers beleaguered by drug related violence and associated uncompensated care—to S. 1306, after trying, but failing, to attach it to the Senate crime bill. S. 1306, the Alcohol, Drug Abuse, Mental Health Administration Reorganization Act of 1991, passed the last day before Congress adjourned for its traditional August recess. It now includes language authorizing \$50 million (down from \$150 million) to be given in FY '92, and such sums as necessary in FY '93 and '94 to "Trauma Centers Operating in Areas Severely Affected by Drug Related Violence."

In a compromise with Sen. Hatch, the language eliminates the Waxman provision restricting eligibility to those trauma centers treating a significant number of penetrating cases, but retains other eligibility requirements concerning participation in organized systems of trauma care with designated centers and triage, transfer, and transportation policies equivalent to the American College of Surgeons' guidelines. Priority in funding is given to public hospitals, to centers in areas where other trauma centers have closed in the past 5 years and to centers incurring amounts of uncompensated trauma care to cause closure in the coming year which would seriously impact trauma care delivery in the surrounding area. Also added is a new priority category: trauma centers that are working to develop innovative, long-term strategies to survive the impact of uncompensated care.

## Sen. Cranston Poised with Trauma Systems Amendment of \$10 Million

Both the House and Senate Subcommittees on Labor, HHS, and Education Appropriations failed to include any funding for the Trauma Care Systems Planning and Development Act. Rep. Coleman (D-TX), from El Paso, TX made a valiant, but unsuccessful attempt at the full Committee level in the House to get a \$10 million amendment funding the trauma systems Act adopted. No effort at the full committee in the Senate was made, but Sen. Cranston is planning to offer an amendment for \$10 million in funding on the floor of the Senate when it debates the FY '91 Labor, HHS, Education funding bill.

Sen. Cranston appears to have Sen. Harkin's (D-IA and Chairman of the Senate Subcommittee) acquiescence regarding the amendment, but it remains to be seen if others will support it. The trauma systems Act itself has considerable Senate support, but Sen. Cranston, under the new Budget Agreement rules, must offer an offset (funding cut) to pay for new program funding. After much deliberation with Sen. Harkin, he chose an offset that was agreeable to Sen. Harkin, but is not agreeable to some coalition organization members, and may not be agreeable to other Senators. The offset chosen was the administrative budget for the Health Services Resources Administration—essentially jobs and salaries for HRSA.

## Bill Which Includes Safety Belt/Helmet Amendment Delayed

The House Public Works Committee leadership incorporated, and strongly supported in a Subcommittee vote to weaken them, Rep. Jim Cooper's (D-TN) provisions providing incentives to states to enact mandatory safety belt and motorcycle helmet use laws. The provisions easily survived the Subcommittee challenge, and were not challenged at all during the full Committee vote. However, as the Surface Transportation bill made its way to the House floor, strong opposition emerged regarding other features of the bill unrelated to the safety provisions. The Public Works Committee leadership decided to delay floor action until after the August recess and probably work on a re-draft, but assured advocates that the Cooper provisions would not be touched.

It is expected that when the bill does reach the House floor that Rep. Scott Klug of Madison, WI will offer an amendment to weaken the Cooper provisions—to only require states to enact an age-specific motorcycle helmet law that would apply to younger riders. Data strongly show age-specific laws do not work and that injury and death rates in age-specific states are the same as in states with no use laws at all.

Kent County News  
Chestertown, Md.

SEP 18 1991

## Trauma nurses teach prevention

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"Providing information about accidents is just a first step in preventing accidents," said Glowac. "We have to change people's attitudes toward safety measures as well."

After seeing the presentation, one student expressed the problem this way: "They (people) get injured because they think they're not going to get hurt."

Some have the attitude that the cost of safety gear, such as riding helmets, is prohibitive, said Raisor. To those people she responds: "Let me tell you about the prohibitive costs of medical treatment for injuries, especially head trauma. The combined costs of emergency surgery, critical care recovery and rehabilitation are astronomical by comparison."

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For more information on the STOP program, call Rochelle Cohen at (301) 328-3697.

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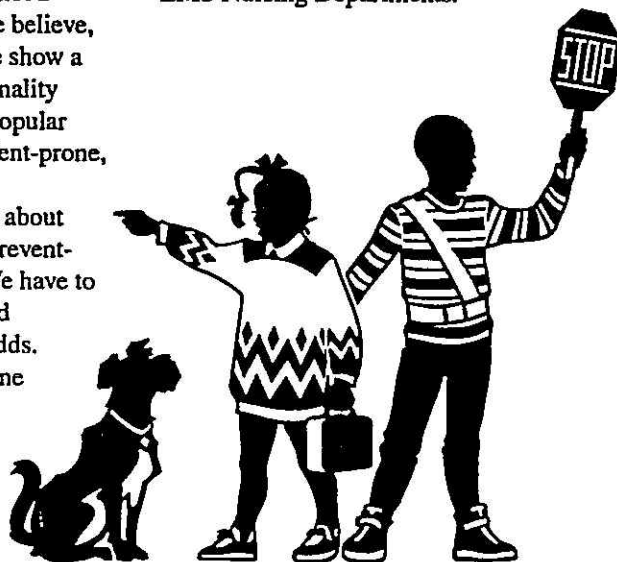
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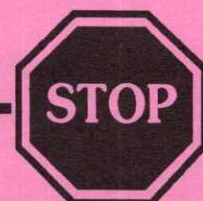


The Charles McC. Mathias, Jr.  
National Study Center for Trauma and Emergency Medical Services  
and  
The Maryland Institute for Emergency Medical Services Systems

announce



# STOP!



## "STRAIGHT TALK ON PREVENTION"

A free, 60-minute presentation for community, school,  
health care and civic groups.

### Did you know?

- Trauma is the #1 killer of individuals between the ages of 15 and 24.
- Alcohol plays a role in half of all fatal vehicle crashes.
- Half of the fatally injured bicyclists are children.
- Safety belts reduce motor vehicle fatalities by 40%.
- Firearms are involved in 30,000 deaths and 900,000 nonfatal injuries each year.

**DESCRIPTION:** STOP (Straight Talk on Prevention) is a descriptive and lively presentation appealing to all age groups, from elementary school through adults.

### Topics for the program include:

- Substance Abuse and Highway Accidents
- Helmet Safety
- Bicycle Safety
- Firearms Safety
- Water Sports Safety
- Other Injury Prevention Topics

**THE PRESENTORS:** Trauma nurses are on the front lines in seeing the devastating injuries caused by accidents. Though caring for the critically injured patient remains a challenge, their ultimate concern is the prevention of traumatic injuries. Frustrated by the senseless and painful injuries to victims and their families, trauma nurses have launched a campaign to educate the public on injury prevention.

**FOR FURTHER INFORMATION:** Please call 301-328-3930 and ask for STOP, or fill out the form below.

*This program was initiated with funding from Maryland Department of Transportation Project #90-013*

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## REQUEST FORM FOR **STOP!** PRESENTATION

YES! I'd be interested in hearing more about STOP!

ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

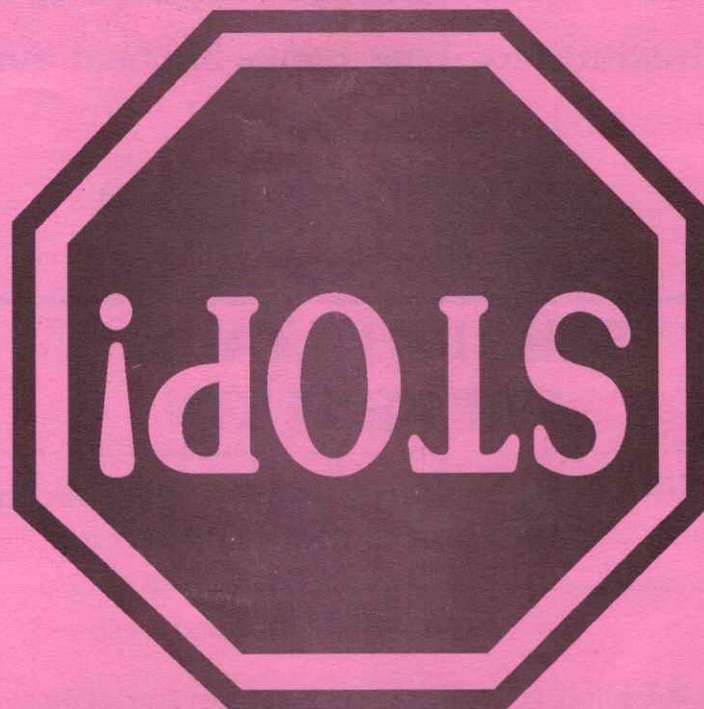
PHONE NUMBER (DAYTIME) \_\_\_\_\_

AGE GROUP \_\_\_\_\_ DATE REQUESTED \_\_\_\_\_

Send to "STOP!" c/o MIEMSS, EMS Nursing Specialty Care,  
22 South Greene Street, Baltimore, MD 21201-1595.



"STRAIGHT TALK ON PREVENTION"



THE CHARLES McC. MATHIAS, JR.

# NATIONAL STUDY CENTER

FOR TRAUMA AND EMERGENCY MEDICAL SYSTEMS  
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