

## KING COUNTY CHILD DEATH REVIEW 2001 ANNUAL REPORT

### CHILD DEATH REVIEW (CDR) ACTIVITY IN KING COUNTY

The King County CDR Team continues to be coordinated by Public Health – Seattle & King County. The team met for 2 hours each month during the 2001 calendar year. This report will summarize deaths that occurred during 2001.

NUMBER OF REVIEWS	COUNTY OF RESIDENCE
72	King
6	Out-of-county (WA resident)
2	Out-of-state resident
<b>80</b>	<b>TOTAL</b>

The King County team continues to review deaths of children who are not King County residents if the injury occurred in King County.

NUMBER REVIEWED	MANNER OF DEATH
27	Accident
34	Natural
9	Homicide
4	Suicide
5	Undetermined
1	Probable accident
<b>80</b>	<b>TOTAL</b>

NUMBER REVIEWED	CIRCUMSTANCE OF DEATH
17	Vehicle
17	SIDS
6	Drowning
8	Firearms
2	Fell/jumped
4	Drug intoxication
0	Burns/Fires
26	Other circumstance
<b>80</b>	<b>TOTAL</b>

Other circumstances of death were from a variety of causes such as cardiac arrhythmias, congenital heart disease, seizure disorders, infectious diseases, drug intoxications, hangings, falls, stabbings and deaths on railroad tracks.

NUMBER	PHYSICAL ABUSE A FACTOR
1	Pattern of abuse of the child
2	Isolated act of abuse
<b>3</b>	<b>TOTAL</b>

<b>NUMBER</b>	<b>NEGLECT A FACTOR</b>
4	Pattern of neglect of child
2	Pattern of neglect in family
9	Isolated act of neglect
15	<b>TOTAL</b>

The team determined that an isolated act of neglect was a factor in the death if a child was unrestrained in a vehicle, firearms were not stored safely in a home with a child or if a child was not closely supervised near water.

<b>NUMBER</b>	<b>DSHS CASE</b>
22	Yes
58	No
<b>80</b>	<b>TOTAL</b>

<b>NUMBER</b>	<b>PREVENTABILITY</b>
45	Preventable
13	Not preventable
22	Unable to determine
<b>80</b>	<b>TOTAL</b>

The team emphasized the following prevention strategies for the most common circumstances of death:

### **VEHICULAR INJURY**

- Since the Graduated Driver's License was recently implemented on 7/1/01, there is still need for education to assure that parents and youth understand that it takes time to develop the experience and judgment that will reduce the risk of teenagers being involved in collisions.
- Increasing emphasis patrols on Vashon Island at the school lunchtime and after school might deter speeding and reckless driving by youth.
- A Comprehensive Health and Safety Education Curriculum is needed for the Public schools. This curriculum could be tailored to individual communities to include education about refusal skills specific to drinking and driving as well as a variety of other health topics.
- Billboards near railroad crossings could alert the public about the hazards of trespassing.
- Operation Lifesaver did an educational blitz of public schools near the site of a death on railroad tracks. They are also exploring putting articles about the hazardous nature of walking on RR tracks into community newspapers and block watch newsletters for neighborhoods located near RR tracks.

## **SIDS**

- Strategies of health education about creating a safe sleep environment must address issues of how to get people to change behavior and follow the recommendations to place infants to sleep on the back.
- Education is needed to further emphasize the role that overheating may play in SIDS.
- Funds from the Tobacco Settlement should be used to assist pregnant women, parents and others who are around infants to stop smoking to further reduce the risk of SIDS.
- Childcare centers should do formal agreement with parents about infant sleep position and location.
- A system is needed to assure that providers in Licensed Child Care Homes are receiving ongoing child health and safety information including product recalls from the Consumer Product Safety Commission.

## **DROWNING**

- Barrier alarms are needed for waterfront homes where children reside.
- A Comprehensive Recreational Bathing Beach Policy is needed for King County. Such a policy could incorporate guidelines for closing deeper areas of the beach if the visibility is less than 5 feet. It could also provide other guidelines to reduce drowning at public facilities.
- Athletic facilities that have pools without lifeguards need to monitor that kids < 12 y.o. are accompanied by adults.
- Sheriff's or other legal entities in all counties must be authorized to close rivers to rafters and other users when conditions are dangerous. They must also be authorized to cite rafters and other recreational users who are in hazardous sections of the river.

## **HOMICIDE**

- Ongoing education of gun owners is needed about the importance of storing guns and ammunition separately.
- A statewide safe storage law is needed (e.g.) Whitney-Graves Bill that would require gun owners to safely store their weapons and provide penalties for negligence.
- Public education is needed so that parents and caregivers are aware that even if children have had firearm safety training that boys have been shown to still point guns at one another and attempt to pull the trigger when they find a hidden gun.
- A comprehensive gun tracing system is needed to identify sources of guns used in crimes (e.g. gunshows, stolen).

## **SUICIDE**

- Research and education is needed for the community and gun owners about the most effective methods for safely storing firearms (e.g. bolted combination lock boxes of gun safes).
- Gatekeeper training is needed for parents, coaches and teachers to recognize signs of depression and suicidal ideation.

## **FIREARMS**

- Public education is needed about the importance of dressing in bright clothing at shooting ranges.
- Safety rules and regulations need to be developed for areas used informally as shooting ranges.

## **POISONING/DRUG INTOXICATION**

- Future strategies may need to explore restricting access to controlled substance over the Internet. By ordering from other countries, users can obtain medications that are controlled in the U.S.
- Opportunities for drug education in high school would be more likely if the state adopted a Comprehensive Health Education Curriculum.
- Public education is needed to educate the youth about the risks of using ecstasy since it has a reputation of being a safe drug.

## **INTERVENTION EFFORTS**

- A group of representatives from the KCCDR team met with Child Care Licensing staff from DSHS to discuss methods to improve compliance with the sleep safety recommendations from the American Academy of Pediatrics. The Division of Child Care and Early Learning discussed including the most recent sleep safety guidelines in the Minimum Licensing Requirements for Child Care Centers when the next revision is done.
- Staff from the KCCDR team met with the Child Care Health Team of PHSKC, the SIDS Foundation of WA and Child Care Licensors to discuss strategies to assure that Licensed Child Care Homes follow the sleep safety recommendations. The following strategies were discussed:
  - The Child Care Health team has started sending an Infant-Toddler Newsletter to 2800 licensed centers and homes. It includes information about sleep safety for infants.
  - DSHS will assure that monitoring visits to homes that occur 18 months after initial licensing or license renewal will be done with a monitoring checklist that includes sleep safety.
  - Updates about SIDS risk reduction will be offered to all providers who are renewing their licenses.
  - DSHS will offer sleep safety updates for all licensors of child care centers and homes.
- To prevent unsafe child products (e.g. cribs, playpens) from being put on the market, the team had the Director of PHSKC send a letter on their behalf to all members of the WA State Congressional Delegation requesting their support of the Infant and Toddler Durable Product Safety Act. This bill would change current law to require testing of children's products, like cribs and high chairs, before they are put on the shelves. Currently, Jim McDermott of Seattle is the only WA State Congressman co-sponsoring this bill.
- The team wrote a letter to the Childbirth Education Association encouraging childbirth educators to tell parents about the importance of periodically checking used and new products on the CPSC website for any recalls.

- KCCDR data was used at a recent King County Board of Health meeting about a Bicycle Helmet Ordinance. Data was shared that showed the portion of deaths on bicycles that would have been prevented had the child been wearing a helmet. A current ordinance requires helmet use in King County outside of the Seattle city limits. The new ordinance that is continuing to be developed would also include Seattle.
- The KCCDR staff have spoken with Child Profile staff to assure that health education messages about periodically checking used and even new products for CPSC recalls are included in Child Profile mailings. The Child Profile mailings have been updated to include CPSC information in the 3 and 6 month mailings.
- KCCDR data was shared at a “Public Health Spotlight” brown bag presentation at PHSKC to inform co-workers and decision makers about the value of the CDR process.
- A KCCDR staff member participated in a panel presentation at the WA State Public Health Association Meetings in Yakima in October 2001. King County shared information about interventions that have been done based on local findings from the CDR process.
- The team greatly appreciates the work done by the Department of Health staff to increase the ease with which the CDR Database can be exported for analysis into statistical software. The KCCDRC staff is working with an Epidemiologist with expertise in injury prevention to do more in-depth analysis with the King County data. DOH staff has been exceedingly helpful and responsive in this process from developing data dictionaries to renaming variables so that the database could be more easily exported.