



# STRATEGIC PLAN

2009-2011

The three-year strategic plan for Safe Kids Kansas was developed during retreats held in 2008 for the full coalition membership, local affiliates and board/staff.

# Safe Kids Kansas

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## Goal 1: Planned Expansion

Safe Kids Kansas will carefully plan an expansion of programs and of new local affiliates.

### Actions:

- Annual consultation with Safe Kids Worldwide for programmatic information
- Utilize needs assessment to prioritize injury areas to be addressed
- Identify areas of the state that are underserved
- Conduct an annual planning retreat to develop implementation strategy
- Coordinate with regional trauma councils to meet the needs within the state

## Goal 2: Infrastructure

Our success will be supported through a strong and vibrant program at the state level. We will have partnerships with funding sources that are willing to pay for staff in addition to program implementation and supplies. An administrative cost rate will be established and the state office will be staffed with an adequate number of skilled, competent professionals. We will strengthen our administrative capacity through the use of volunteers and coalition members.

### Actions:

- Determine administrative cost rate
- Gather data and ask for input from the Corporate Advisory Panel regarding fundraising and marketing strategies
- Identify budget needs for additional staffing
- Develop intern and volunteer protocols
- Include unrestricted funding in grants
- Use data to show success
- Look at ways to reduce workload of staff

## Goal 3: Outreach

Safe Kids Kansas will find new and creative ways to reach our target audiences, including participation in after school and community-based programs at the local level. We will reach out electronically through websites and virtual training options.

### Actions:

- Seek relationships with youth and faith-based organizations as another venue to communicate our messages
- Look for existing programs & potential partners/members
- Hold focus groups of organizations & individuals who have successfully expanded programming to school age children

### Goal 4: Data Collection

Safe Kids Kansas will partner with people and organizations with expertise in data collection to help us understand what information we really need and the best ways to collect, analyze, and use the data. A step that will significantly help our cause will be the passage of a Kansas law requiring standardized injury reporting on hospital discharges, emergency rooms, and from Emergency Medical Systems (EMS).

### Actions:

- Find data resources and list sources and tools
- Identify data needs and explore low-cost ways to get data i.e. academic institutions
- Identify gaps in data
- Create a plan for filling gaps
- Identify and collate the available data for Community Needs Assessment
- Publish our Community Needs Assessment and data





## Goal 5: Sustainability

Safe Kids Kansas will establish a corporate advisory board that will teach us how to stabilize and grow our funding, and how to build a sustainable business model.

### Actions:

- Identify members and hold an initial panel meeting
- Advisory panel will hold quarterly meetings
- John Drees, as former chair of Safe Kids Kansas, will continue to work with the Corporate Panel and as an ex-officio liaison to the Board of Directors.

## Goal 6: Professional Development

Safe Kids Kansas will provide training that helps local affiliates hone skills like fund raising and grant writing, and let us learn from one another by sharing best program practices.

### Actions:

- Obtain completed Coalition Performance Assessment Tool (CPAT) from all local Coalitions
- Develop list of training needs based on CPATs
- Identify experts/assistance from staff
- Identify local experts and mentors
- Investigate the delivery methods for programs
- Develop a schedule of programs & methodology
- Develop a curriculum for training as needed

## Goal 7: Mentoring Program

To address the learning curve of new coordinators, a voluntary mentoring program will be instituted.

### Actions:

- Define the responsibilities of a mentor, including input from locals
- Identify and inventory the need for mentors
- Recruit mentors, obtaining information on natural ties like profession, lead agency, etc.
- Match mentors with mentees

## Goal 8: Pragmatism

The state office recognizes that what constitutes a “meeting” may not occur at one place and time and will accept serial conversations as meetings.

### Actions:

- Develop parameters for documentation of meetings
- Communicate to local coalitions the importance of minutes and documentation
- Provide technical assistance on effective meeting strategies

## Goal 9: Communications

We will find new ways to communicate our success stories. The required annual report will be replaced with a monthly report and the annual report will be generated at the State level from the monthly local affiliate reports.

### Actions:

- Investigate online tools and existing software
- Investigate KDHE CDR online methodology for possible application
- Integrate our needs with the new Safe Kids USA member website [gomembers.com](http://gomembers.com)

## Goal 10: Website

We will create a password protected website that includes tools and resources local coordinators can use.

### Actions:

- Investigate options for availability and feasibility of a password protected site through our current public site
- Investigate options that may be available with the new Safe Kids USA member website

## Goal 11: Fundraising

We will share fundraising ideas both between state and local affiliates and between local affiliates.

### Actions:

- Inventory fundraising ideas and tools
- Utilize password protected website for posting ideas and tools

## CHILDREN AT HIGH RISK

### Key Facts

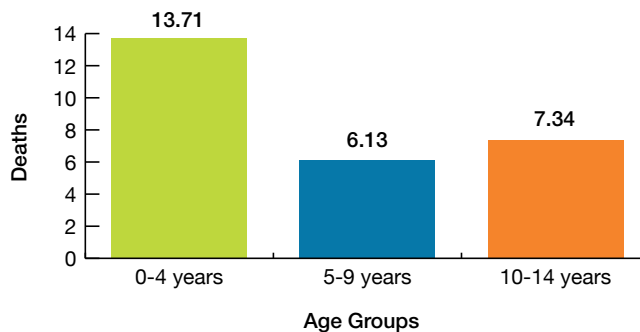
Unintentional injury is the number one killer of children ages 1-14 in the United States.

- The leading causes of injury death to children are motor vehicle crashes, drowning, suffocation, fires and/or burns and pedestrian-related incidents.
- Younger children, males, minorities, and poor children tend to suffer disproportionately; poverty is often a predictor of injury.

### Burden of Unintentional Childhood Injury

**Age:** Children ages 4 and under are at greater risk of unintentional injury-related death; among children under 14 years of age, children less than age 4 years account for approximately half of all unintentional injury deaths.

**1999 - 2005 Unintentional Injury Death Rates by Age Group, United States  
(per 100,000 population)**

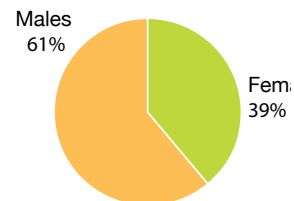


- Each year more children between the ages 1 and 4 years die from unintentional injuries than from all childhood diseases combined. An overwhelming majority of these fatalities occur in the home.
- Suffocation, motor vehicle occupant injury, drowning, residential fire or burn injury, falls, and poisoning are the leading causes of unintentional injury death for infants. Infants less than 1 year of age have higher overall rate of unintentional injury-related death than older children.
- For children ages 1 to 14 years, the leading causes of unintentional injury deaths are motor vehicle-related injuries, drowning, residential fires or burn injury, suffocation and pedestrian injury.
- Children under 4 years of age and children with disabilities are at the greatest risk of burn-related death and injury, especially scald and contact burns.

**Gender:** For all ages, males have a significantly higher risk of unintentional death and injury than females.

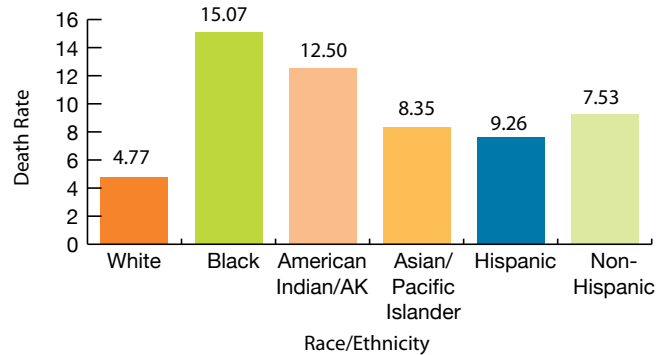
- From 1999 to 2005, males under 14 years of age accounted for 61 percent of all unintentional injury-related deaths in the United States.

**1999 - 2005, U.S. Unintentional Injury  
Death Percentages by Gender, United States  
(All races, ages 0-14)**



**Race:** Among children ages 14 and under, black and Native American children experience the highest rates of unintentional death and injury. Native American children are nearly twice as likely to die from an unintentional injury as white children.

**1999 - 2004 Unintentional Injury Death Rates by Race and Ethnicity, United States (Per 100,000 population, ages 0 to 14)**



- The unintentional injury death rate for black children is one and a half times that of white children.
- Factors that contribute to a higher death and injury rate among Native American children are tied to economic conditions rather than differences in parenting based upon culture.

**Income Level:** Injuries to low-income children result in more fatalities than injuries to children with greater economic resources.

- Children from low-income families are twice as likely to die in a motor vehicle crash, four times more likely to drown, and five times more likely to die in a fire.
- Lower income families have more difficulty obtaining necessary medical care in hospital emergency rooms and are often less likely to receive lifesaving preventive services.
- Children from low-income families may live in more hazardous environments that can increase their risk of injury. Risk factors include substandard and overcrowded housing, lack of safe playing facilities, the distances setting apart houses from busy streets, inadequate childcare and/or supervision, increased exposure to physical hazards and limited access to health care.
- Low-income families are less likely to use safety devices due to a lack of money, lack of access to obtaining safety devices, and/or a perceived lack of control over housing conditions.

**Rural and Urban Regions:** Children living in rural areas (especially minority children) are at significantly greater risk of unintentional injury-related death than children living in urban areas.

- Rural children are at high risk for drowning, motor vehicle crashes, unintentional firearm injury, residential fires and agricultural work-related injury.
- Urban children are at an increased risk of sustaining severe nonfatal injuries than suburban and rural children. This is possibly due to closer access to hospitals and trauma centers.

### Preventative Strategies

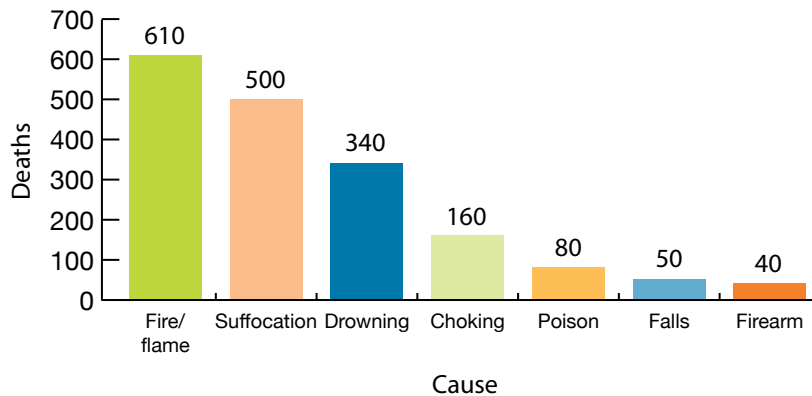
- Reducing or eliminating the financial barriers to obtaining safety devices (e.g. smoke alarms, bicycle helmets, car seats, and booster seats).
- Increasing educational efforts directed toward children who are at high risk for injury.
- Improving the overall safety of the child's surrounding environment.

## HOME SAFETY

### Key Facts

- Each year, an average of 2,096 children ages 14 and under die as a result of a home injury.
- Fires, suffocation and drowning are the leading causes of unintentional home injury death among children in this age group.
- In 2004, approximately 2,300 children ages 14 and under died from unintentional injuries that occurred in the home. Nearly 80 percent of these deaths were among children ages 4 and under.

**Deaths from Unintentional Home Injuries, Ages 0-14, 2004, United States**



In 2004, deaths to children ages 14 and under in the home were attributed to the following causes:

### Fire and flame burns

- At least 610 children died from fires and burns in the home. Nearly 60 percent were less than 4 years old.

### Suffocation

- Approximately 500 children suffocated in the home; nearly 90 percent of these children were less than 4 years old.

### Drowning

- Approximately 340 children drowned in or around the home and more than 80 percent were ages 4 and under.

### Choking

- Approximately 160 children choked to death in the home; nearly 90 percent were ages 4 and under.

### Falls

- Approximately 50 children died as the result of falls in the home or on home premises. Nearly 70 percent of these deaths occurred to children ages 4 and under.

### Poisoning

- Approximately 80 children died from a poisoning incident in the home. Of these children, an estimated 60 percent were ages 4 and under.

### Unintentional firearm injury

- Approximately 40 children died from unintentional shootings in the home. Three-quarters of these children were ages 5 to 14 years.

### Who

- Overall, children from low-income families are four times more likely to drown and five times more likely to die in a fire.
- Low-income families are less likely to use safety devices due to a lack of money, lack of transportation to obtain safety devices and/or a lack of control over housing conditions.
- For children less than 10 years of age, falls are among the top five causes of unintentional home injury death.

### Where

- Deaths from an injury in the home vary widely by state. New Mexico, Mississippi and Arizona have the highest rates of unintentional home injury, exceeding the national average by more than 33 percent.

### Costs

- Unintentional home injuries cost society at least \$222 billion per year in medical costs.
- In terms of costs to society, the top five causes of unintentional home injury are falls, injuries involving the child being struck by/against, poisoning, cut/pierce wounds, and overexertion.

### Prevention Strategies

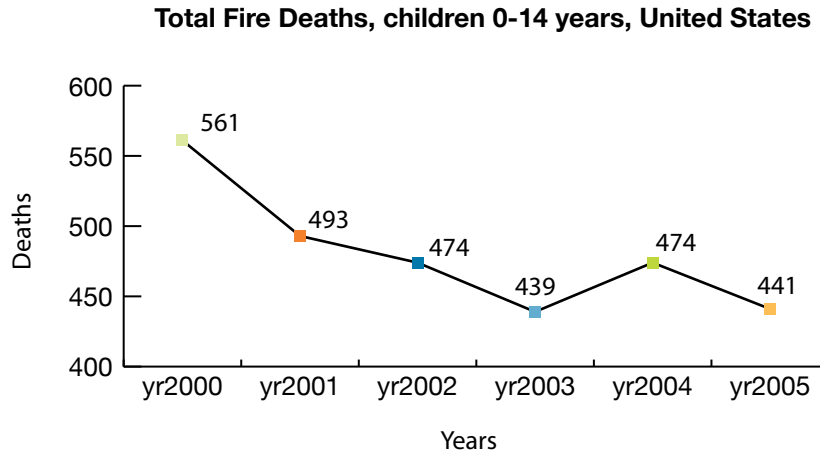
- Counseling and educational efforts moderately affect smoke alarm ownership in households. Community programs that give away smoke alarms have shown to reduce fire related injuries.
- Installation of a four-sided fence around home swimming pools has proven to be the only intervention effective in preventing drowning of young children. The fencing should include a self-closing and self-latching gate.
- Window guards installed in homes have shown to be effective in preventing falls. New York City passed a regulation along with a window guard distribution program that resulted in a 35 percent reduction in window-related deaths and a 50 percent reduction in window-related falls.
- Protective surfaces (rather than cement or asphalt) beneath playground equipment has shown to prevent the number of fall-related injuries as well as reducing the severity of injury.



## FIRE SAFETY

### Key Facts

- Each year, approximately 480 children ages 14 and under die in residential fires.



- An average of 113,600 hospital visits are the result of a fire/burn-related incident, each year.
- Fires and burns are the third leading cause of unintentional death among children aged 1-14 years.
- When a child is injured or dies from a residential fire, a smoke alarm is not working or not present in two-thirds of these occurrences.
- Each year approximately 300 people are killed in fires started by children playing with fire.
- Having a working smoke alarm reduces one's chances of dying in a fire by nearly half.

### Where, When and How

- Children playing with fire account for 4 percent of home fires. These fires cause 40 percent of home fire-related deaths among children under age 5.
- Over 40 percent of home fires and more than 40 percent of all home fire-related deaths occur in the 4 percent of homes without smoke alarms.
- During the cold-weather months of December through March, home fires and home fire-related deaths are more likely to occur.
- Smoking materials (e.g., cigarettes) are the leading cause of fire-related death and the fourth leading cause of fire-related injury in homes.
- Home cooking equipment is the leading cause of injuries in residential fires.

### Who

- Children under 5 years of age are at the greatest risk from home fire death and injury; their death rate is nearly twice the national average.
- Children living in rural areas have a dramatically higher risk of dying in a residential fire. Death rates in rural communities are more than twice the rates in large cities and more than three times higher than rates in large towns and small cities.
- Black children are more than three times as likely as white children to die in a fire.
- Male children have a slightly higher risk for fire-related deaths than females, with 58 percent of deaths occurring to boys ages 14 and under.

**Proven Interventions**

- On average, a \$33 smoke alarm generates \$940 in benefits to society.
- Smoke alarms and sprinkler systems combined could reduce fire-related deaths by 82 percent and injuries by 46 percent.

**Costs**

- Each year in the United States, \$280 million in property is destroyed by children playing with fire.
- The total annual cost of fire- and burn-related deaths among children ages 14 and under is more than \$2.6 billion. Children ages 4 and under account for more than \$1.4 billion of these costs.

**Laws and Regulations**

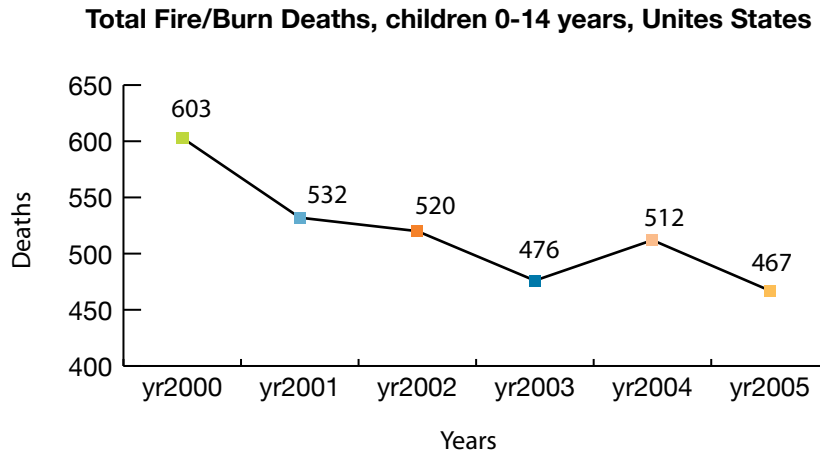
- Many states and the District of Columbia have laws requiring the use of smoke alarms in new and existing homes. A few states still have no comprehensive smoke alarm laws. Other states have a variety of laws covering specific situations such as new dwellings or multi-occupancy dwellings only.
- In 1994, the U.S. Consumer Product Safety Commission (CPSC) issued a mandatory safety standard requiring disposable and novelty cigarette lighters to be child-resistant. Since this has been in effect, the number of deaths and injuries associated with these fires has declined by 31 percent and 26 percent, respectively.
- To protect children from burns, the CPSC issued regulations requiring that children's sleepwear must be flame-resistant and self-extinguish if a flame causes it to catch fire. The rules cover all children's sleepwear above size 9 months and up to size 14. Children's sleepwear must be either flame-resistant or be snug-fitting.



## BURN AND SCALDS SAFETY

### Key Facts

- Each year, approximately 518 children ages 14 and under die due to unintentional fire- and burn-related injury.



- Each year, approximately 113,600 children are treated for fire/burn injuries.
- Scald burns, caused by hot liquids or steam, are more common types of burn-related injuries among young children, compared to contact burns, caused by direct contact with fire, which is more prevalent among older children.
- In 2006, there were 2,304 fireworks-related injuries among children under than 15 years of age.
- Among children ages 4 and under hospitalized for burn-related injuries, approximately 65 percent are treated for scald burns and 20 percent for contact burns.
- Among different types of fireworks in 2006, firecrackers were associated with the greatest number of estimated injuries at 1,300. There were 1,000 injuries associated with sparklers and 800 associated with rockets. Sparklers accounted for one-third of the injuries to children less than 5 years of age.
- Burns account for more than half of all fireworks-related injuries and primarily occur to the hands, eyes and head. Fireworks-related injuries peak during the month surrounding July 4, when 60 percent of them occur.

### Where and How

- The majority of scald burns children experience, especially in ages 6 months to 2 years, are from hot foods and liquids spilled in the kitchen or wherever food is prepared and served.
- Hot tap water accounts for nearly 1 in 4 of all scald burns among children and is associated with more deaths and hospitalizations than any other hot liquid burns.
- Tap water burns most often occur in the bathroom and tend to be more severe and cover a larger portion of the body than other scald burns.

### Who

- Children under 4 years of age and children with disabilities are at the greatest risk of burn-related death and injury, especially scald and contact burns.
- Male children are at higher risk of burn-related death and injury than female children.

- Children in homes without smoke alarms are at greater risk of fires and fire-related death and injury.
- Children ages 5 to 14 are at the highest risk of fireworks-related injuries. However, children ages 4 and under are at the highest risk for sparkler-related injuries.

### Costs

- In the United States, the total annual cost of scald burn-related deaths and injuries among children ages 14 and under is almost \$44 million. Children ages 4 and under account for \$39 million, or more than 90 percent, of these costs.
- Total charges for pediatric admissions to burn centers average \$22,700 per case.

### Proven Interventions

- Smoke alarms are extremely effective at preventing fire-related death and injury. The chances of dying in a residential fire are cut nearly in half when a working smoke alarm is present.
- On average, a \$33 smoke alarm produces \$940 in benefits to society in the United States.
- Less porous cigarette paper, which reduces the chance of cigarette fires, costs \$0.0001 per pack and generates \$0.07 in benefits to society.
- Child resistant cigarette lighters, which makes it more difficult for a child to ignite the lighter, cost \$0.04 per lighter and generate \$3.17 in benefits to society.
- Hot tap water scalds can be prevented by lowering the setting on water heater thermostats to 120 degrees Fahrenheit or below and by installing anti-scald devices in water faucets and shower heads.

### Laws and Regulations

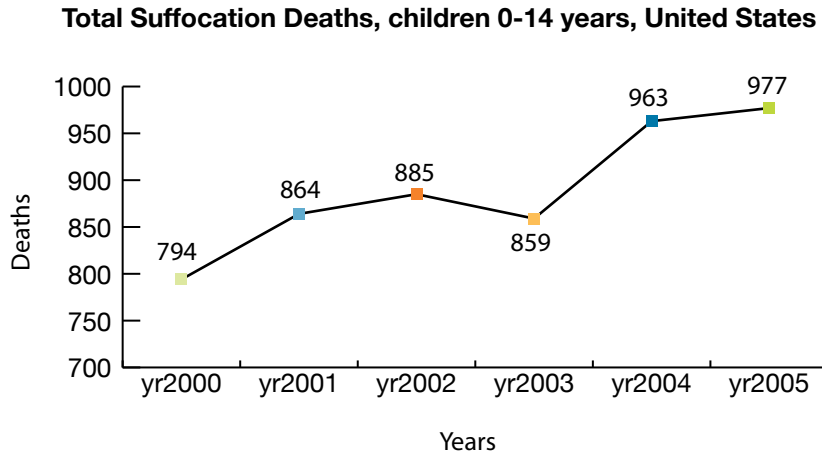
- Many communities have established local ordinances or building codes that require the installation of anti-scald plumbing devices in all new construction. These laws have been effective in reducing the number of scald burn deaths and injuries associated with hot tap water.
- The U.S. Consumer Product Safety Commission (CPSC) mandated a requirement for all disposable and novelty cigarette lighters to be child-resistant. Since this standard has been in effect, the number of child-play lighter fires has declined 58 percent; the number of deaths and injuries associated with these fires has declined 31 percent and 26 percent, respectively.
- CPSC has issued regulations requiring children's sleepwear be flame-resistant and self-extinguish if a flame causes it to catch fire. Children's sleepwear must be either flame-resistant or be snug-fitting.



## SUFFOCATION AND CHOKING SAFETY

### Key Facts

- Each year, approximately 890 children ages 14 and under die from airway obstruction injuries.



- Children sustain approximately 17,200 suffocation injuries each year.
- In 2006, there were more than 14,000 emergency room visits for choking-related episodes.
- In 2004, 963 children ages 14 and under died from an unintentional strangulation injury; 88 percent of these deaths occurred to children under 4 years of age.
- Choking accounts for 45 percent of all toy-related fatalities.
- Each year, cribs and playpens are responsible for half of all nursery product-related deaths among children ages 5 and under.
- Cribs, often older or used cribs, are responsible for 26 strangulation and suffocation deaths each year.

### Where and How

- The majority of childhood suffocation, choking and strangulation incidents occur in the home.
- 60 percent of infants suffocate in the sleeping environment as a result of pillows/cushions blocking their airway while sleeping.
- The majority of childhood choking injuries are associated with food items, including hot dogs, candies, nuts, grapes, carrots and popcorn.
- Non-food choking hazards tend to be round in nature, such as coins, small balls, and/or objects that conform, like balloons.
- Common items that strangle children include clothing drawstrings, ribbons, necklaces, pacifier strings, and window blind and drapery cords.
- Openings that permit the passage of a child's body but are too small for his or her head, can lead to entrapment and strangulation. Hazards include bunk beds, cribs, playground equipment, baby strollers, carriages, and high chairs.

### Who

- Children ages 4 and under, especially under age 1, are at greatest risk for all forms of airway obstruction injury. Children 4 years and under are 15 times more likely to experience a suffocation death than children between 5-14 years of age.

- Male and non-white children, as well as children from low-income families, are at increased risk from suffocation, choking and strangulation.
- Black children are twice as likely as white children to die from suffocation.
- Children placed in adult beds are at increased risk for airway obstruction injury. Since 1990, at least 296 children under 2 years of age have died in adult beds as a result of entrapment in the bed structure. Furthermore, 209 children in this age group died in adult beds from smothering as a result of being overlain by another person.

### **Costs**

- The total annual cost of airway obstruction injury among children aged 14 years and under exceeds \$1.5 billion in the United States.
- Children aged 4 years and under account for more than 60 percent of these costs.



### **Laws and Regulations**

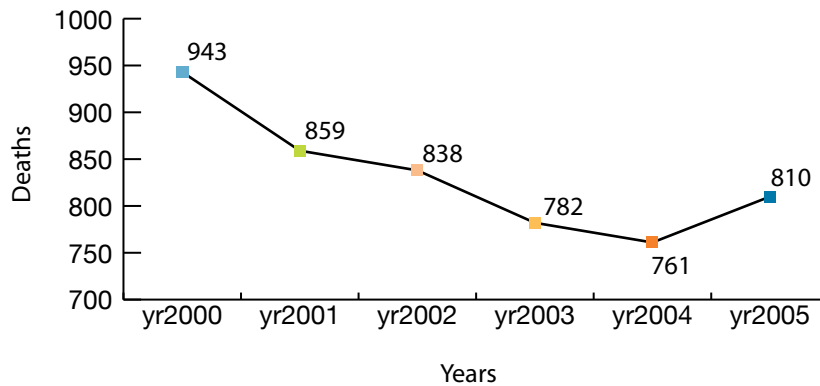
- The Child Safety Protection Act bans any toy intended for use by children under age 3 that may pose a choking, aspiration or ingestion hazard and requires choking hazard warning labels on packaging for these items when intended for use by children ages 3 to 6.
- The U.S. Consumer Product Safety Commission (CPSC) has issued voluntary guidelines for drawstrings on children's clothing to prevent strangulation in the neck and waist drawstrings of upper outerwear garments, such as jackets and sweatshirts.
- In 1992, the CPSC voted to ban infant cushions, in order to prevent infants from suffocating while sleeping on infant cushions. Banned cushions have all the following features: 1) a flexible fabric covering; 2) is loosely filled with a granular material such as plastic foam beads or pellets; 3) is easily flattened; 4) is capable of conforming to the body or face of an infant; and 5) is intended or promoted for use by children under age one.

## DROWNING AND WATER-RELATED SAFETY

### Key Facts

Each year, more than 830 children ages 14 and under die as a result of unintentional drowning.

**Total Drowning Deaths, children 0-14 years, United States**

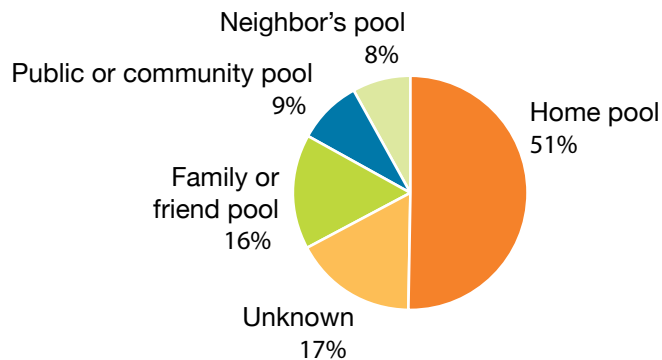


- On average, an annual 3,600 injuries occur to children due to a near-drowning incident.
- Drowning is the second leading cause of unintentional death among children ages 1 to 4 years and children 10 to 14 years. For infants less than 1 year, drowning is the third leading cause of death.
- In 2006, near-drowning incidents in the pool were responsible for 3,703 injuries to children less than 5 years of age.

### Where, When and How

- Home swimming pools are the most common site for a drowning to occur for a child between the ages 1 to 4 years.
- According to a national study of drowning-related incidents involving children, a parent or caregiver claimed to be supervising the child in nearly 9 out of 10 child drowning-related deaths.
- In the summer, between May and August, drowning deaths among children increase 89 percent over the rest of the year.
- Approximately 75 percent of pool submersion deaths and 60 percent of pool submersion injuries occur at a home.
- 16 percent of drowning deaths in children under 5 years of age are at a family or friend's pool while 17 percent of deaths occur at a public, community or neighbor pool.

**Pool Submersion Locations for Deaths to Children ages 0-5, United States**



- The majority of infant (less than 1 year old) drowning deaths happen in bathtubs, buckets or toilets.
- Recreational boating accidents caused 11 drowning deaths in 2004; more than half of the children were not wearing personal flotation devices or life jackets.



### Who

- Children ages 4 and under have the highest drowning death rate (three times greater than other age groups) and account for 80 percent of home drownings.
- Male children have a drowning rate almost twice that of female children.
- Black children ages 5 to 14 have a drowning rate more than three times that of their white counterparts.
- Low-income children are at greater risk from non-swimming pool drownings.

### Proven Interventions

- Four-sided isolation fencing around home pools could prevent 50 percent to 90 percent of childhood drownings and near-drownings. When used properly, door alarms, pool alarms and automatic pool covers, add an extra layer of protection.
- From 1999 to 2003, it is estimated that 85 percent of boating-related drownings could have been prevented if the victim had been wearing a personal flotation device. In 2003, 62 percent of children ages 14 and under who drowned in reported recreational boating accidents were not wearing PFDs or life jackets.
- Educational efforts focused on PFDs and safe boating practices are effective in increasing PFD usage.

### Costs

- In 2000, total drowning injuries cost the nation over \$16 billion.

### Laws and Regulations

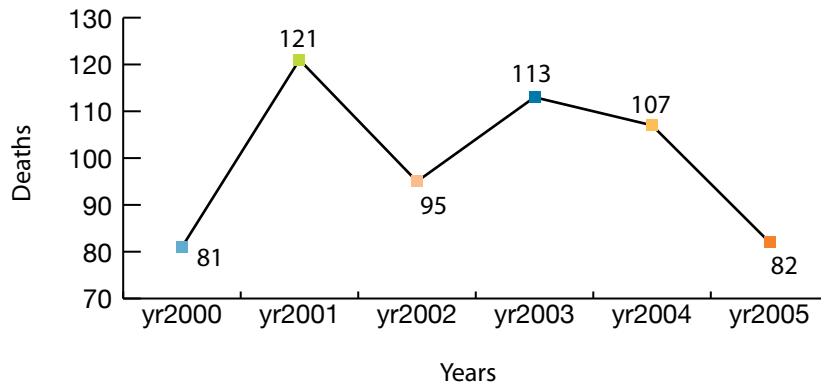
- The U.S. Consumer Product Safety Commission has developed voluntary guidelines, including education and labeling, to address the hazard of infants drowning in five-gallon buckets.
- Ten states (AZ, CA, FL, IN, GA, IL, ME, MA, NJ & OR) and many communities have safety laws requiring some type of fencing around residential swimming pools.
- Forty-six states and the District of Columbia require children to wear PFDs (i.e. life jackets) while on board a recreational boat.
- Recreational boats must carry one properly-sized, U.S. Coast Guard-approved PFD (accessible and in good condition) for each person on board.

## SAFETY FROM FALLS

### Key Facts

- Each year, approximately 100 children die from fall-related injuries.

**Total Deaths from Falls, children 0-14 years, United States**



- Each year, more than 2.3 million fall-related injuries in children are reported.
- Falls are the leading cause of unintentional injury for all children ages 14 years and under.
- In 2006, more than 2.2 million children were treated in hospital emergency rooms for fall-related injuries. Forty-four percent of those injuries were to children ages 4 years and under.
- In 2005, 61 percent of all fall-related deaths were children ages 4 years and under.
- Window falls account for 12 childhood deaths and 4,000 injuries for children under age 10 years annually.

### Where, When and How

- More than 80 percent of fall-related injuries to children 4 years and under occur in the home. For children ages 5 to 14 years, nearly half of fall-related injuries occur in the home; 23 percent occur at school.
- Window falls occur more frequently in large urban areas, low-income neighborhoods, and in over-crowded housing.
- Children living in apartment buildings have the highest number of window fall incidents – five times more than children living in residences.
- The majority of falls occur at noon and early evening, the most common playtime for children.
- Infants are at risk from falls associated with furniture, stairs and baby walkers.
- Windows and playground equipment are major risk factors for toddlers and older children.
- In 2004, nearly 3,900 children (less than age 4 years) were treated in hospital emergency rooms for baby walker-related injuries.

### Who

- Males are nearly twice as likely as females to die from fall-related injuries.
- Window fall victims are more likely to be male children, under age 5 years and playing unsupervised at the time of the fall.
- Low-income children are more likely to be injured from falls due to improper supervision and unsafe environments, including aging or deteriorating housing.
- Black and Hispanic children are at greater risk of falls from heights due to their increased likelihood of living in urban, multiple-story, low-income housing.

**Proven Interventions**

- Window screens are not enough. Protect children from falling out by installing window guards on upper floors, making sure they're designed to open quickly from the inside in case of fire. Window guards are priced between approximately \$10 and \$30.
- Protective surfacing under and around playground equipment can prevent falls or reduce the severity of fall-related injuries.
- The use of safety gates at the tops and bottoms of stairs reduces a young child's chances of falling.
- In New York City, an education and window guard distribution program combined with window guard legislation resulted in a 35 percent reduction in window fall-related fatalities after two years.

**Costs**

- The largest portion of injury costs for children ages 14 years and under is attributed to falls.
- Falls are responsible for approximately one-quarter of all childhood unintentional injury-related costs.

**Laws and Regulations**

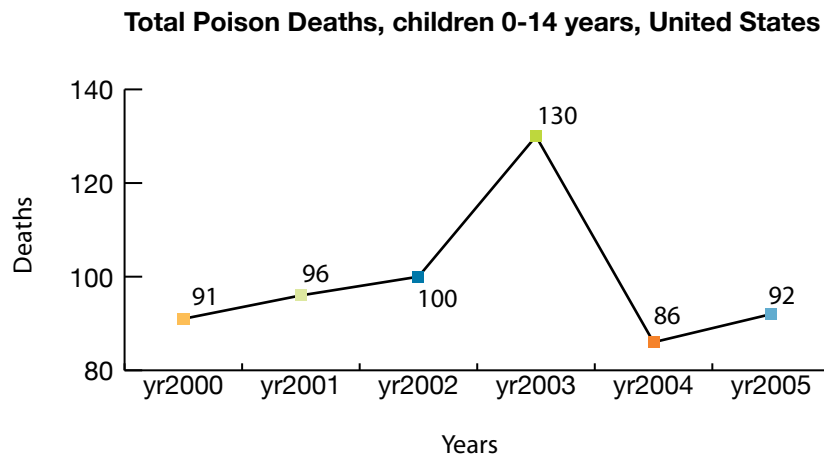
- In June 2000, the American Society for Testing and Materials (ASTM) established voluntary safety standards for window guards, which ensure that those guards designed for single-family homes or the lower floors of apartment buildings have simple emergency-release mechanisms for use in the event of a fire.
- Playground equipment guidelines have been developed by the U.S. Consumer Product Safety Commission (CPSC) and ASTM. Fifteen states have passed legislation or regulations to address playground safety.
- All baby walkers must meet ASTM voluntary and mandatory standards, which require that baby walkers either be too wide to fit through a standard doorway or have features, such as a gripping mechanism, to stop the walker at the edge of a step.



## POISON SAFETY

### Key Facts

- Each year, approximately 100 children ages 14 years and under die as a result of unintentional poisoning.



- Each year, there are more than 90,000 nonfatal poisonings to children that are treated in hospital emergency rooms.
- More than 1.2 million unintentional poisonings among children ages 5 years and under were reported to U.S. poison control centers in 2004.
- In 2005, nearly 63,000 drug poisonings happened to children under age 5 years.
- Non-pharmaceutical products such as cosmetics, cleaning substances, plants, foreign bodies and toys, pesticides, art supplies, and alcohol are responsible for 56 percent of poisoning exposures for children under 5 years of age.
- Each year, an estimated seven children ages 14 years and under are fatally poisoned by exposure to carbon monoxide (CO).

### Where, When and How

- For every 10 poison exposures in children, approximately 9 occur in the home.
- Calls to poison control centers peak between 4 -11 p.m., especially during warmer months.
- Children are poisoned by household and personal care products, medicines, vitamins, pesticides, plants, lead, and carbon monoxide.
- Among children under 5 years of age, more than half of poisoning exposures are by products such as cosmetics, cleaning substances, plants, toys, pesticides, art supplies, and alcohol; 44 percent of poison exposures are attributed to medicines.

### Who

- Black children under 14 years of age have a poisoning death rate twice that of white children.
- Children ages 5 years and under are at greatest risk for nonfatal poisoning.
- In 2005, half of all poisoning cases occurred to children age 6 years and under.
- Males are at a slightly higher risk for poisoning injury or death than females.

### Proven Interventions

- Child-resistant packaging of prescription medicine effectively reduces the poisoning mortality rate among children ages 4 years and under.
- Child-resistant packaging of prescription medications has saved an estimated 460 deaths among children under age 4 years from 1974 through 1992.
- Poison Control Centers yield an estimated cost savings of \$290 for a cost of only \$43 per call in the United States.
- Of cases reported to Poison Control Centers, 77 percent are managed in a non-health care facility (e.g., site of exposure, the home).
- CO detectors are effective in preventing residential CO poisoning. It is estimated that CO detectors may prevent half of such deaths.



### Costs

- Poison Control Centers are effective and economical because more than 70 percent of cases are resolved over the telephone while the patient remains at home. This avoids unnecessary emergency room visits, ambulance use, hospital admissions, and treatment delays.
- If Poison Control Centers were not available nationwide, 600,000 additional poisoning victims would receive medical treatment annually at a much higher cost.

### Laws and Regulations

- Only fourteen states and some local jurisdictions have passed legislation requiring the use of CO detectors in homes.
- Texas and Tennessee enacted legislation requiring the installation of CO detectors in certain childcare facilities.

## CARBON MONOXIDE SAFETY

### Key Facts

- On average, more than an estimated 15,000 people are treated for unintentional exposure to carbon monoxide (CO) a year.
- More than 25 children ages 14 and under die from unintentional CO poisoning every year.
- Children ages 4 and under have the highest rate of non-fatal CO poisonings of all age groups.

### Where and How

- CO is a colorless and odorless gas that is produced when burning any fuel, such as gasoline, propane, natural gas, oil, wood, and charcoal.
- Items such as generators, portable heaters or improperly ventilated stoves and fireplaces, as well as running cars can lead to a build up of CO gas in enclosed or poorly ventilated spaces.
- CO causes illness by decreasing the amount of oxygen present in a person's body.

### Symptoms

- The most common symptoms include headache, fatigue, nausea, vomiting, and confusion.
- In severe cases, the person may lose consciousness or die.
- CO poisoning can often be mistaken for other illnesses, such as the flu.
- Often, more than one person in the household will suffer symptoms at the same time.

### What to Do

- If a CO leak is suspected, open windows to allow fresh air into the home.
- Get everyone out of the house as quickly as possible.
- Call 9-1-1 if someone is ill.
- Call the poison control hotline at (800) 222-1222 for more information.

### Prevention Strategies

To decrease risk of CO poisoning the following tips are recommended:

- Install battery-operated or AC-powered with battery back-up CO alarms near sleeping areas and on every floor of the home.
- Test alarms every month and replace batteries twice a year.
- Have all gas, oil or coal burning appliances inspected by a technician every year to ensure they are working correctly and are properly ventilated.
- Never use a stove for heating.
- Never use a grill, generator or camping stove inside your home, garage or near a window.
- Don't idle a car in an attached garage, even if the garage door is open.
- Install a CO alarm on your motorboat; CO can accumulate anywhere in or around a boat.

### Laws and Regulations

- Only 14 states and some local jurisdictions have passed legislation requiring the use of CO alarms in homes. They are:

- |                 |                 |
|-----------------|-----------------|
| • Alaska        | • New Jersey    |
| • Connecticut   | • New York      |
| • Florida       | • Rhode Island  |
| • Illinois      | • Utah          |
| • Maryland      | • Vermont       |
| • Massachusetts | • West Virginia |
| • Minnesota     | • Wisconsin     |

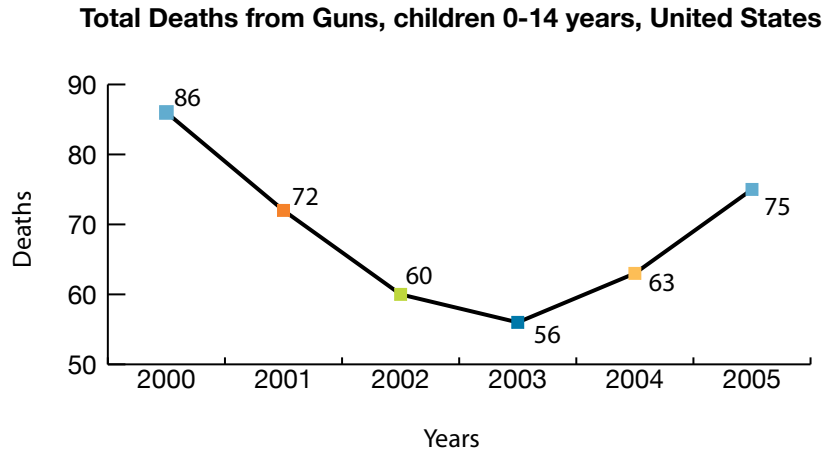
- Two states, Texas and Tennessee, require CO alarms in daycare centers.
- There is a correlation between cities with CO alarm ordinances and lower death rates from CO.
  - In Los Angeles, where CO alarms are not mandatory, 15 percent of CO exposures were fatal. In Chicago, where CO alarms are required, 0.4 percent of people exposed to carbon monoxide died.



## GUN SAFETY

### Key Facts

- Each year, 68 children ages 14 years and under die from an unintentional gun shooting.



- Approximately 880 children are treated in the emergency room annually for injuries due to accidental shootings from handguns, shotguns and rifles.
- In 2006, there were more than 8,400 non-fatal injuries to children involving BB guns and pellet guns.
- Unintentional shootings account for nearly 20 percent of all firearm-related fatalities among children ages 14 years and under.
- Approximately one-third of families with children (representing more than 22 million children) keep at least one gun in the home.

### Where, When, and How

- Nearly all childhood unintentional shooting deaths occur in or near the home.
- Most childhood unintentional shooting deaths involve guns that have been kept loaded and accessible to children and occur when children play with loaded guns.
- An estimated 3.3 million children in the United States live in homes with guns that are either always or sometimes kept loaded and unlocked.
- Unintentional shootings among children occur most often when children are unsupervised and out of school. Accidental shootings occur more often in the late afternoon, peaking between 4 - 5 p.m. during the weekend.
- Unintentional firearm injuries to children occur most frequently between June and August and throughout the holiday season (November to December).
- More than 70 percent of unintentional firearm shootings involve handguns.
- Rural areas have higher rates of firearm ownership and unintentional firearm-related deaths and injuries than urban and suburban areas.
- Shootings in rural areas are more likely to occur outdoors with a shotgun or rifle; shootings in urban areas are more likely to occur indoors and with a handgun.

### Who

- Male children are far more likely to be injured and die from unintentional shootings than female children; 83 percent of children ages 14 years and under who are killed from an unintentional shooting are male.

- A study showed that half of male boys, ages 8 to 12 years, who found a real handgun were unsure whether it was a toy.
- Children living in the South have an unintentional shooting death rate that is four times that of children living in the Northeast.
- Children as young as age 3 years are strong enough to pull the trigger of many of the handguns sold in the United States.

### **Proven Interventions**

- Two safety devices — gun locks and load indicators — could prevent more than 30 percent of all unintentional firearm deaths.
- Gun design changes can prevent unintentional firearm death and injury in children; every unintentional shooting by a child under age 5 years who either killed itself or another could have been prevented with the installation of a safety device.

### **Costs**

- Hospital treatment costs, on average, \$28,000 per child for a firearm-related injury.
- A study of all direct and indirect costs of gun violence including medical, lost wages, and security costs estimates that gun violence costs the nation \$100 billion a year.

### **Laws and Regulations**

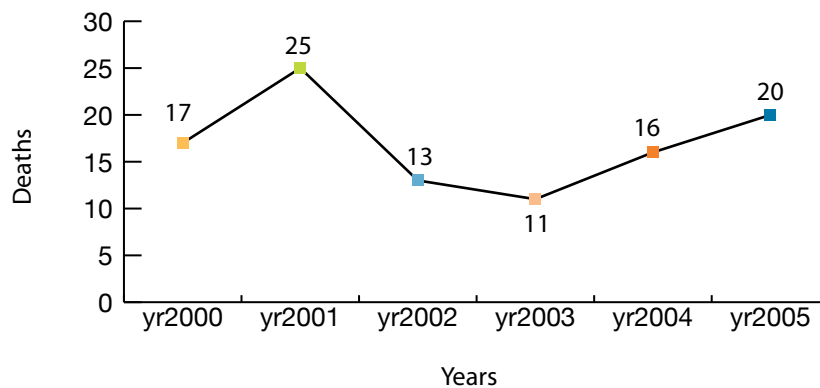
- In October 1997, Massachusetts became the first state to issue consumer product safety regulations for all handguns made or sold in the state. California and New York have passed similar regulations.
- Twenty states have enacted child access prevention (CAP) laws, which may hold adults criminally liable for failure to either store loaded firearms in a place inaccessible to children or to use safety devices to lock guns.
- State safe-storage laws intended to prevent child access to guns have reduced unintentional firearm-related deaths among children ages 14 years and under an average of 23 percent.
- Nine states and several local jurisdictions have passed laws or ordinances requiring a gun lock to be sold with every handgun.
- A federal law, the Child Safety Lock Act of 2005, requires a secure gun storage or safety device to be provided with every sale or transfer of a handgun in the U.S.

## TOY SAFETY

### Key Facts

- Each year, approximately 15 children under age 14 years die from a toy-related incident.

**2000-2005 Reported Toy-Related Deaths to Children (under 15 years), United States**



- Each year, approximately 217,000 toy-related injuries are treated in hospital emergency rooms.
- 20 toy-related deaths in children were reported in 2005. In the same year, there were 75,000 toy-related injuries in children under 14 years of age.
- In 2005, 46 percent of toy-related injuries were to the head or face.
- In the United States, more than 3 billion toys and games are sold annually.

### How

- Many toy-related deaths are caused by choking, drowning, a motor vehicle incident, or strangulation.
- Small play balls and balloons account for many choking deaths.
- Riding toys including un-powered scooters and tricycles are associated with more injuries than any other toy group. In 2005, more than 58,000 injuries to children were treated in hospital emergency rooms due to injuries sustained from a riding toy.

### Who

- Children under age 3 are high risk for choking on toys.
- Males account for more than 58 percent of all toy-related injuries.
- Children under 8 years of age are at a higher risk for choking on un-inflated or broken latex balloons.

### Prevention Strategies

- The Web site of the U.S. Consumer Product Safety Commission (CPSC) has updated information and pictures of recalled toys that may be harmful to children ([www.cpsc.gov](http://www.cpsc.gov)).
- Mylar balloons are safer than latex balloons because of the safety sealing valve. Also, Mylar balloons remain in one piece once deflated or popped, unlike latex balloons which present a choking hazard.
- Any toys with strings, straps or cords longer than 7 inches can be a strangulation hazard to a child.
- Electrical toys are a potential burn hazard. Children under age 8 years of age should not use toys with electrical plugs or batteries.

**Laws and Regulations**

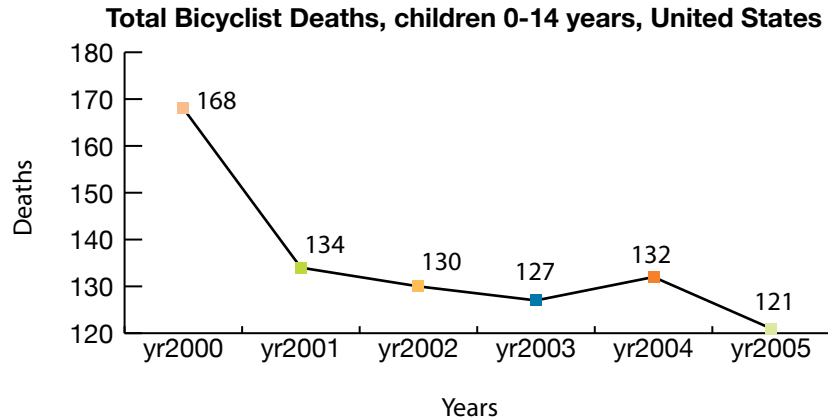
- The Child Safety Protection Act requires choking hazard warning labels on packaging for small balls, balloons, marbles, and certain toys and games containing small parts. This act also bans any toy intended for use by children under 3 years of age that may pose a choking, aspiration or ingestion hazard.
- The Federal Hazardous Substances Act bans any toy or children's article that contains any hazardous substance, including hazardous levels of lead, or that presents an electrical, mechanical or thermal hazard.
- The toy industry has established voluntary toy safety standards (Standard Consumer Safety Specification on Toy Safety) to minimize the risk of injury.
- The Labeling of Hazardous Art Materials Act requires all art materials be reviewed to determine the potential of causing a chronic hazard and if so, appropriate warning labels must be put on the materials posing a hazard.



## BICYCLE, ROLLERBLADE AND SKATEBOARD SAFETY

### Key Facts

- Each year, approximately 135 children are killed as bicyclists.

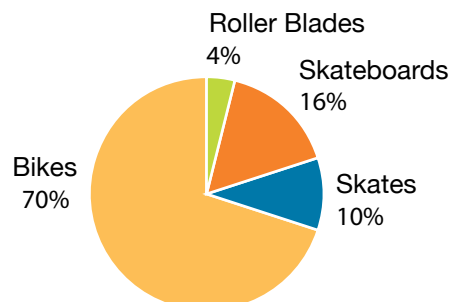


- Children sustain more than 267,000 nonfatal bicycle injuries each year.
- Nearly 630 children are injured daily due to bicycle-related crashes.
- A total of 226,409 total child bicyclist injuries were recorded in 2006.
- An estimated 14,000 youth bicyclists were injured involving a motor vehicle in 2005.
- More than 70 percent of children ages 5 to 14 ride a bicycle regularly.
- National estimates report that bicycle helmet use among child bicyclists ranges from 15 percent to 25 percent.
- Apart from the automobile, bicycles are tied to more childhood injuries than any other consumer product.

### Wheeled Sports Safety

- Each year, children between the ages of 0-14 years, sustain an estimated 38,155 roller skating injuries and represent 57 percent of all rollerblading/in-line skating injuries.
- Each year, there are approximately 61,000 injuries to children involving skateboards.
- In 2004, an estimated number of 18,743 head injuries were treated in emergency rooms due to skateboarding.

### 2005 Annual Injuries among Children (Ages 0-14) by Product, United States



### **When and Where**

- 53 percent of children (16 years and under) are killed bicycling on minor roads (connecting roads and neighborhood streets) compared to 46 percent killed bicycling on major roads (high-volume roads across cities and towns).

For motor vehicle-related bicycle crashes,

- 69 percent of child bicyclist deaths occur during warmer months (May - October).
- 58 percent of child bicyclist deaths occur at non-intersection locations.
- 70 percent of deaths occur between 2-8 p.m.

### **Who**

- It has been estimated that 75 percent of fatal head injuries among child bicyclists could have been prevented with a bicycle helmet.
- Children are five times more likely to be injured in a bicycle-related crash than older riders (15 years and older).
- Males account for 82 percent of bicycle-related deaths. Males make up 70 percent of nonfatal injuries among children.
- More children ages 5 to 14 are seen in hospital emergency rooms for injuries related to biking than any other sport.

### **Proven Interventions**

- Universal use of bicycle helmets by children ages 4 to 15 could prevent between 135 and 155 deaths, between 39,000 and 45,000 head injuries, and between 18,000 and 55,000 scalp and face injuries annually.
- Helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent.
- Various studies show that bicycle helmet legislation is effective in increasing bicycle helmet use and reducing bicycle-related death and injury among children covered under the law.
- One study showed that within the five years of passage of a state mandatory bicycle helmet law for children ages 13 and under, bicycle-related fatalities decreased by 60 percent. Police enforcement increases the effectiveness of these laws.

### **Health Care Costs and Savings**

- In the United States, every \$11 spent on a bicycle helmet generates \$570 in benefits to society.
- If 85 percent of all child cyclists wore helmets every time they rode bikes for one year, the lifetime medical cost savings could total between \$134 million and \$174 million.

### **Laws and Regulations**

- Twenty-one states, the District of Columbia and more than 150 localities have enacted some form of bicycle helmet legislation.
- Eight states and District of Columbia require children to wear a helmet while on scooters, in-line skates and skateboards.
- The rate of bicycle helmet use by children ages 14 and under was 58 percent greater in a county with a fully comprehensive bike helmet law than in a similar county with a less comprehensive law.

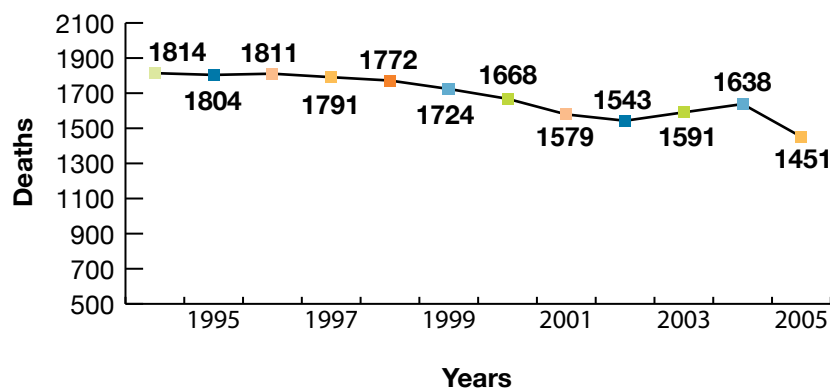
## MOTOR VEHICLE SAFETY

### Key Facts

Motor vehicle crashes are the leading cause of death to children ages 2 to 14 and the leading cause of injury-related death for children under 2. When installed and used correctly, child safety seats and safety belts can prevent injuries and save lives. Young children restrained in child safety seats have an 80 percent lower risk of fatal injury than those who are unrestrained.

- Each year, an estimated 2,446 children ages 14 years and under die in a motor vehicle incident.

**Motor Vehicle Occupant Fatalities, Ages 0-14, United States**



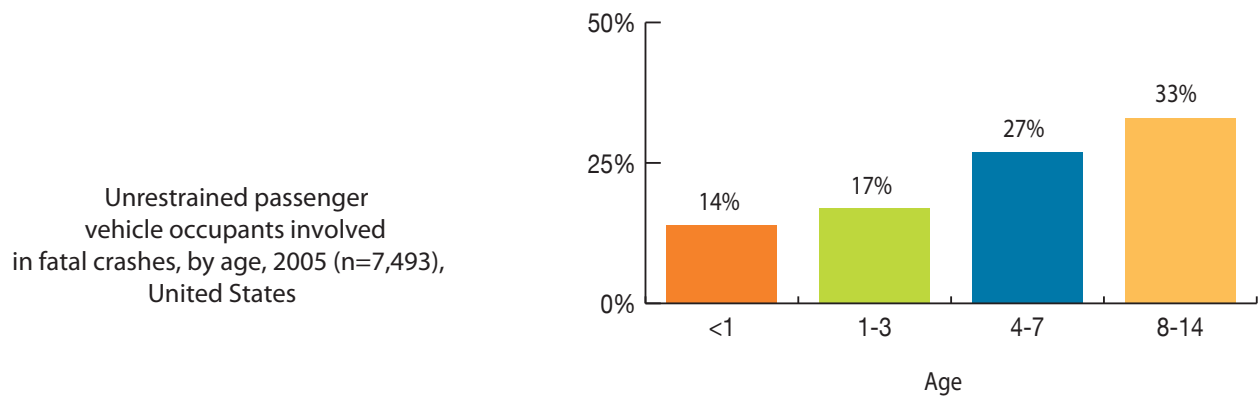
- In 2005, more than 1,400 child occupants (ages 0-14) died in motor vehicle crashes and nearly half were unrestrained. In the same year, 203,000 child occupants were injured.
- From 1999 to 2005, restraint use improved from 15 percent to 73 percent for children 0 to 8 years old.
- An estimated 1,700 children's lives were saved between 1996 and 2002 due to being seated in a back seat.
- Children are more likely to be properly restrained when the driver is properly restrained.

### Who is at Risk

- There are approximately 42 percent more fatal crashes in rural settings than urban ones. Crashes in rural areas tend to be more severe.
- African American children ages 4 to 7 have the lowest restraint use among children, an estimated 26 percent are not restrained while riding in a motor vehicle. Asian children have the highest restraint use, followed by white children, and then Hispanic children.
- There were 159 reported fatal injuries associated with airbag deployment that occurred between 1993 and 2002 for children 0 to 12 years of age. All of these children were either unrestrained or improperly restrained.
- Children 2 to 5 years of age who are prematurely in seat belts are four times more likely to suffer a serious head injury in a crash than those restrained in child safety seats or booster seats.

### Child Restraint System Effectiveness

- Child safety seats reduce fatal injury by 71 percent for infants (less than 1 year old) and by 54 percent for toddlers (1 to 4 years old) in passenger cars.
- Young children restrained in child safety seats have an 80 percent lower risk of fatal injury than those who are unrestrained.
- In the United States, a \$46 child safety seat generates on average \$1,900 in benefits to society. A \$31 booster seat generates \$2,200 in benefits to society.



- The overall critical misuse for child restraints is about 73 percent. Infant seats have the highest percent of critical misuse, followed by rear-facing convertible seats.

### Child Occupant Protection and Safety Restraint Use Laws

- All 50 states and the District of Columbia have child restraint laws. In 42 states, including the District of Columbia, all children younger than 16 are covered by either safety belt laws or child restraint laws.
- As of April 2008, 43 states, including the District of Columbia, upgraded their child restraint laws to require the use of booster seats or other appropriate child restraint device by children up to as old as 9.
- Belt use laws in 27 states, including the the District of Columbia, are standard, or primary, meaning police may stop vehicles solely for belt law violations.

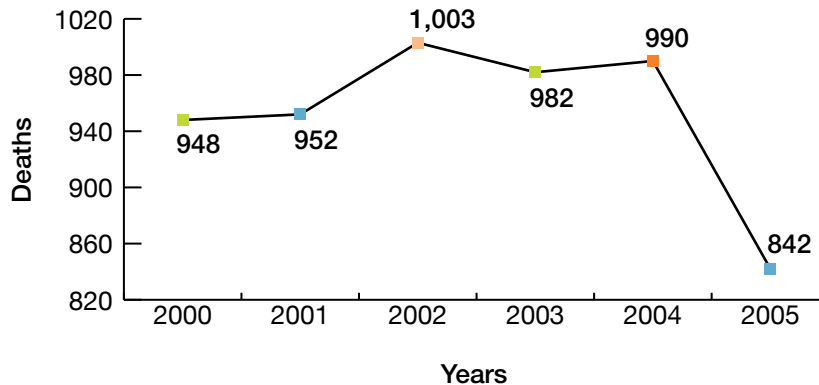


## CAR SEATS, BOOSTER SEATS AND SEAT BELTS

### Key Facts

Child safety seats and safety belts, when installed and used properly, can prevent injuries and save lives. Each year, an estimated 953 child occupants under 14 years of age die as a result of a motor vehicle incident. Young children restrained in child safety seats have an 80 percent lower risk of fatal injury than those who are unrestrained.

**Motor Vehicle Traffic Occupant Deaths, Ages 0 to 14, United States**



- In 2005, more than 842 child occupants died in motor vehicle crashes and nearly half were unrestrained.
- More than 190,000 occupants under 14 years of age were injured in motor vehicle crashes in 2006.
- From 1993 to 2002, there were 159 reported fatal injuries to children less than 12 years of age associated with airbag deployment. Of the total child fatalities 69.2 percent were unrestrained and 29.6 percent were improperly restrained.
- For children ages 0 to 8, restraint use has increased from 15 percent in 1999 to 73 percent in 2005.
- Children are more likely to be properly restrained when the driver is properly restrained.
- In a study observing the misuse of 3,442 child restraint systems (CRS) in six states, approximately 73 percent of CRSs showed at least one critical misuse.
  - 84 percent of CRSs showed critical misuses. Booster seat misuse was 41 percent.
- The most common form of misuses for all CRSs included loose vehicle seat belt attachment to the CRS and loose harness straps securing the child to the CRSs.

### Who is at Risk

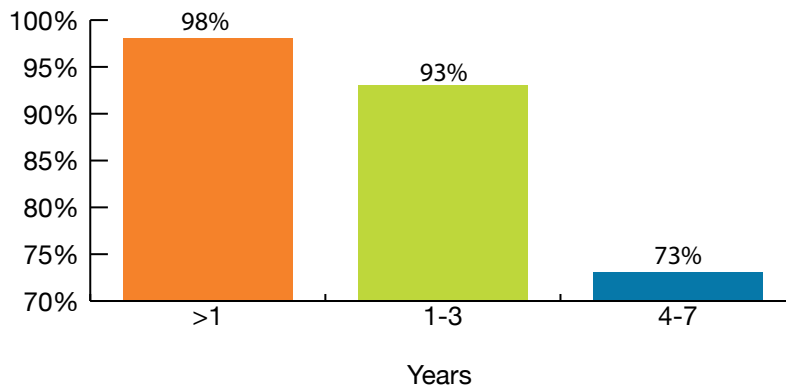
- African American children ages 4-7 have the lowest restraint use among children ages 4 to 7, an estimated 26 percent are not restrained while riding in a motor vehicle. Asian children have the highest restraint use, followed by white and Hispanic children.
- Children 2 to 5 years of age using safety belts prematurely are four times more likely to suffer a serious head injury in a crash than those restrained in child safety seats or booster seats.

### Child Restraint System Effectiveness

- Child safety seats reduce fatal injury in passenger cars by 71 percent for infants less than 1 year old and by 54 percent for toddlers 1 to 4 years of age. For children 4 to 7 years of age, booster seats have shown to reduce injury risk by 59 percent compared to safety belts alone.
- Among children under 5 years of age, 451 lives were saved in 2004 due to child restraint use. Of these 451 lives saved, the use of child safety seats was responsible for 413 saved lives and the use of safety belts saved 38 lives.

- An estimated 1,700 children's lives were saved between 1996 and 2002 solely because they were seated in a back seat.

**Percentage of children using safety restraints, by age, 2004, United States**



### Safety Interventions

- Ensure that every occupant is properly restrained for every ride.
- Always follow manufacturer's instructions. Infants should ride in rear-facing child safety seats as long as possible (a minimum of 12 months old and 20 pounds).
- Correctly secure children that weigh between 20 and 40 pounds in a forward facing child safety seat. Always use the safety seat tether for optimal protection.
- Correctly secure children over 40 pounds in a booster seat or other appropriate child restraint until the adult lap and shoulder safety belts fit correctly (approximately 4'9" and 80-100 pounds, usually between 8 and 12 years).
- Return the product registration card provided for all new child safety seats to the manufacturer to ensure you will be notified of any recalls.
- Check [www.recalls.gov](http://www.recalls.gov) to inquire about any recalls or safety notices on child safety seats. Avoid purchasing safety seats from yard sales, flea markets and second hand stores or when there is no known history of the seat.

### Laws and Regulations

- All 50 states and the District of Columbia have child restraint laws. In 42 states, including the District of Columbia, all children younger than 16 are covered by either safety belt laws or child restraint laws.
- As of April 2008, 43 states, including the District of Columbia, upgraded their child restraint laws to require the use of booster seats or other appropriate child restraint device by children up to as old as 9.
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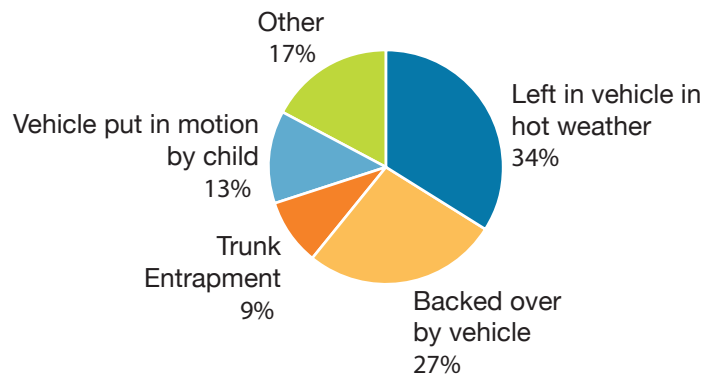
## IN AND AROUND VEHICLE SAFETY

### Key Facts

Non-traffic related vehicle incidents are incidents that occur in places other than a public highway, street, or road. These incidents occur in driveways, parking lots, or off-road locations and may involve bicyclists, pedestrians, non-moving vehicles, or vehicles backing up.

- During July 2000–June, 2001, an estimated 78 fatal injuries occurred among children less than 14 years who were left unattended in or around motor vehicles that were not in traffic.

Deaths from incidents in or around motor vehicles (N=78), United States



### Backover Injuries

From 2001 to 2003 approximately 7,475 children (2,492 per year) aged 1 to 14 years were treated for nonfatal motor vehicle backover injuries in emergency departments.

- Nearly 50 percent of the children injured in backover incidents were 1 to 4 years old; 55 percent were males.
- Most backovers occurred at either home or in driveways or parking lots; 47 percent occurred at home, and 40 percent occurred in driveways or parking lots.

### Heat-Related Incidents

From 1998-2007, 339 hyperthermia deaths have been reported as a result of a child being left in a hot vehicle, an average of 34 a year.

- Each year, an average of 36 children dies from hyperthermia after being left unattended in a vehicle.
- From March 17th to September 4th, 2007, there have been at least 26 hyperthermia deaths of children who were left in a hot vehicle. Ages of the children ranged from 3 months to 8 years old.
- A child's body does not have the same internal temperature control as an adult's, and can warm three times to five times faster. Heatstroke occurs when the body core temperature reaches 104 degrees F, and a body core temperature of 107 degrees F is usually fatal.
- Within 10 minutes, the inside temperature of a vehicle will be almost 20 degrees hotter than the outside temperature, after 30 minutes the vehicle's temperature will be 34 degrees hotter.

### Trunk Entrapment

- Nine incidents of fatal car trunk entrapments were reported from 1987 to 1998, resulting in 19 deaths to children less than 7 years of age. All of the incidents occurred in hot weather.

### Laws and Regulations

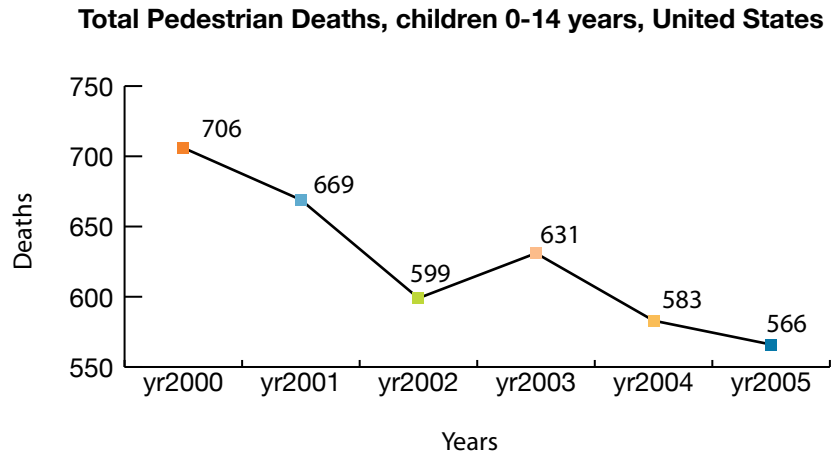
- Only 14 states have laws prohibiting leaving a child unattended in a vehicle. Penalties for leaving children alone range from noncriminal traffic infractions to second-degree manslaughter charges if the child dies as a result from being left alone in the car.



## PEDESTRIAN SAFETY

### Key Facts

- Each year, approximately 626 child pedestrian fatalities occur.



- Children sustain almost 38,500 nonfatal pedestrian injuries each year.
- In 2006, there were 566 pedestrian fatalities in children ages 14 years and under. The year prior, 583 children died and nearly 70 percent of these deaths were motor vehicle-related traffic crashes.
- 32,590 children were treated in hospital emergency rooms for pedestrian-related injuries in 2006.
- Between 1995 and 2005, the number of child pedestrian fatalities decreased by 40 percent.
- The maturity level of a child under 10 years of age makes him/her unable to correctly gauge the speed of vehicles putting them at greater risk for injury and death.

### When and Where

- Young children ages 0-2 years suffer the highest number of injuries as pedestrians in the street, but injuries also occur in driveways, parking lots and on sidewalks.
- 83 percent of child pedestrian deaths occur at non-intersection locations.
- 1 in 4 child pedestrian deaths occur between 6 - 9p.m.
- On average, 12 children are killed annually as pedestrians in school bus-related incidents.

### Who

- Almost two-thirds of childhood pedestrian deaths occur to males.
- Black children have a pedestrian injury death rate almost twice that of white children.
- 4 out of 5 driveway-related incidents occur to children ages 4 and under.
- Parents of children who suffer from a pedestrian-related injury are three times less likely to practice other preventive behaviors and are more likely to be single parents, young mothers or both.

### Proven Interventions

- Policies that increase the number of people walking and bicycling appears to be an effective method for improving the safety of people walking and bicycling.

## Laws and Regulations

- In 2005, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law. The SAFETEA-LU includes the establishment of Safe Routes to School, a program with the goal of making it safer for children to walk or bike to school. The Safe Routes to School program aims to:
  1. Fix or improve sidewalks
  2. Execute traffic calming and speed reduction measures
  3. Improve pedestrian and bicycle crossings
  4. Conduct public education campaigns to encourage walking and biking to school
- State and local laws created to protect child pedestrians include:
  - Lower speed limits in residential areas
  - Protection of pedestrians in crosswalks
  - Providing pedestrian walkways
  - Prohibition of vehicles from passing school buses while loading and unloading passengers
  - Providing crossing guards and requiring pedestrians to not cross streets at locations other than designated crosswalks



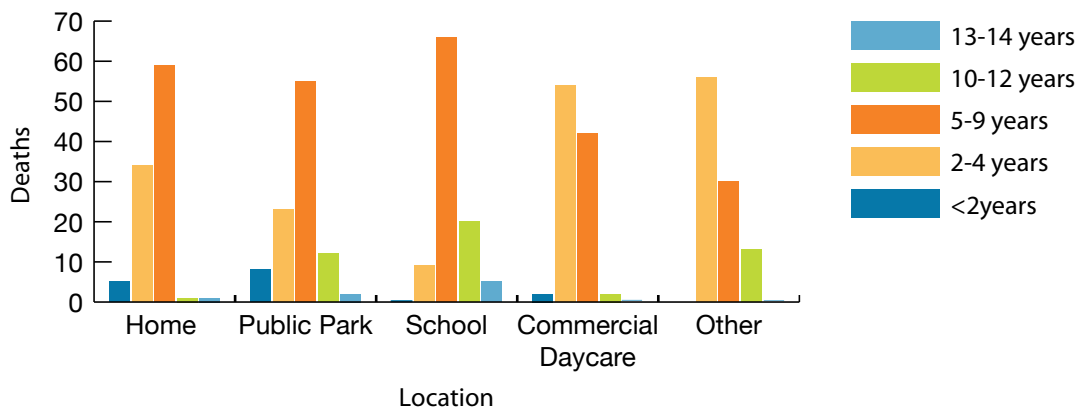
## PLAYGROUND SAFETY

### Key Facts

Non-fatal playground injuries are most often due to falls. The leading cause of death related to the playground and playground equipment is strangulation, and the majority of these deaths occur on home playgrounds.

- From 1990 to 2000, at least 147 children have died from playground equipment-related injuries. Nearly 70 percent of these deaths occurred on home playgrounds.
- About 45% of playground-related injuries are severe, which include fractures, internal injuries, concussions, dislocations, and amputations.
- In 2004, nearly 206,900 children ages 14 and under were treated in hospital emergency rooms for playground equipment-related injuries; children ages 5 to 14 accounted for nearly 75 percent of these injuries.
- The public playground injury rate among children ages 5 and under has doubled since 1980.
- In 2001, an estimated 8,250 children under the age of 2 years were treated in hospital emergency rooms for injuries associated with playground equipment. Ninety-five percent of the injured children were between 1 and 2 years of age.

**Percentage of Playground Equipment-Related Injuries Treated in U.S. Hospital Emergency Rooms, Ages of Victims by Location of Incident (NEISS data 1998 – 1999), United States**



### Who

- Children ages 5 to 9 account for more than half of all playground-related injuries. The majority of these injuries occur at school.
- Children less than 4 are more likely to suffer head and face injuries, while children ages 5 to 14 are more likely to suffer injuries to the arm and hand.
- Female children hold a slightly higher risk of experiencing playground-related injuries than males.

### How

- Falls are the most common mode of playground injury accounting for approximately 80 percent of all playground-related injuries.
- Strangulation is the primary cause of playground fatalities, accounting for over 50 percent of the deaths. Falls to the ground are responsible for an additional 20 percent of the deaths.
- Head injuries are involved in 75 percent of all fall-related deaths associated with playground equipment.

- In a study conducted by CPSC, it was found that only 9 percent of home playgrounds had proper protective surfacing. About 80 percent of public playgrounds in the study had proper protective surfacing.
- Lack of supervision is associated with approximately 40 percent of playground injuries.
- A recent study found that children play without adult supervision more often on school playgrounds (32 percent), following park playgrounds (22 percent) and lastly, childcare centers (5 percent).



### Where and When

- It is estimated that one-third of playground deaths and 75 percent of playground injuries occur on public playgrounds.
- Nearly 40 percent of playground injuries occur during the months of May, June and September.
- On public playgrounds, over half of the injuries occur as a result of the child climbing on equipment and falling, and 67 percent of injuries that occur on home playgrounds involve swings.

### Prevention Strategies

- Increasing adult active supervision of children on playgrounds.
- Decreasing the height of playground equipment and using protective surfaces on the playground (energy-absorbing materials)—such as shredded rubber, wood chips, wood fiber, and sand—that reduce injuries related to falls. Both have shown to markedly reduce injury risk to children.
- Educating the public about the need for playgrounds to have separate age-appropriate playground areas for children. Only 42 percent of U.S. playgrounds have separate play areas for children ages 2 to 5 and children ages 5 to 12, and only 9 percent have signs indicating the age-appropriateness of equipment.
- A recent study found that the rate of playground-related injuries at North Carolina childcare centers dropped 22 percent after a law was passed requiring new playground equipment and surfacing in childcare facilities to conform to U.S. Consumer Product Safety Commission guidelines.

### Laws and Regulations:

- Playground equipment guidelines and standards have been developed by the U.S. Consumer Product Safety Commission and the American Society for Testing and Materials. Fifteen states have enacted some form of playground safety legislation or regulations.
- The CPSC has issued voluntary guidelines for drawstrings on children's clothing to prevent children from strangling or getting entangled in the neck and waist drawstrings of outerwear garments, such as jackets and sweatshirts. Children are at risk from strangulation when drawstrings on clothing become entangled in playground equipment.

## SCHOOL SAFETY

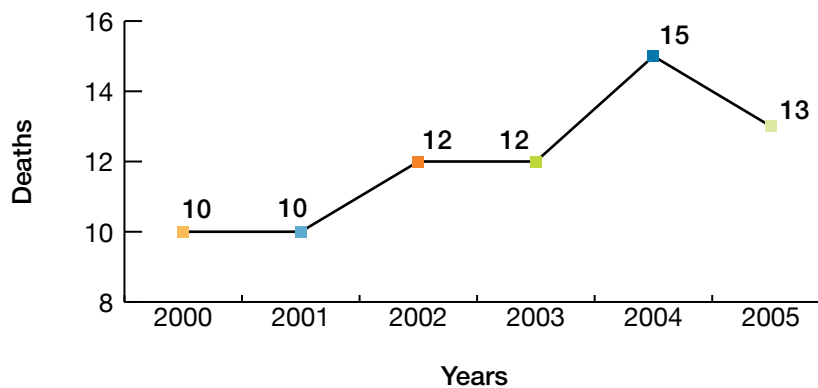
### Key Facts

- An estimated 14 million unintentional injuries are sustained by children each year less than 14 years of age, of these injuries, 10 percent to 25 percent occur in and around schools.
- Annually, one in 14 students will sustain an injury at school that is either temporarily disabling or will require medical attention.
- A study indicated that children are nine times more likely to sustain an unintentional injury than to be harmed as a result of violence while at school.
- Approximately 1 in 400 injury-related fatalities among children aged 5 to 19 years occur on school premises.

### School Bus-Related Accidents

- More than half of all school-age pedestrians killed in school bus-related crashes are between the ages of 5 and 7.

**Child Pedestrians Killed in School Bus Related Crashes, Ages 0-15 from 2000-2005, United States**



- Approximately 90 percent of students who are injured in school bus-related incidents are occupants.

### Who

- Children ages 10 to 14 years account for 46 percent of school-related injuries.
- Male students are injured 1.5 times more often while at school than female students and are three times more likely to sustain an injury requiring hospital care than female students.

### How

- Approximately 715,000 sports- or recreation-related injuries occur in and around schools each year.
- Among school-related injuries requiring hospitalization, falls (43 percent) and sports activities (34 percent) are the most frequent causes.
- Approximately 13,000 playground equipment-related injuries occur on school playgrounds during school hours.
- The three most common sites of school injuries are on the playgrounds, athletic fields and in gymnasiums.

### **Prevention Strategies**

The U.S. Department of Health and Human Services (DHHS) has indicated the need for more schools to provide comprehensive health education in order to prevent unintentional injury.

- Coordinated school health programs that promote lifelong unintentional injury skills through practice and reinforcement of safe behaviors. Injury prevention efforts in the school would include:
  - Addressing policies and procedures, staff development, the physical environment of the school, and the student's curriculum.
  - Collaborating with school personnel, students, families, community organizations and agencies, and businesses to develop, implement, and evaluate injury-prevention efforts.

### **Laws and Regulations**

- In 31 percent of states and 90 percent of districts, schools are required to write an injury report when a student is seriously injured on school property.
- There are a multitude of state and local laws that affect childhood pedestrian injuries, including: low speed limits in residential areas; protecting pedestrians in crosswalks; providing for pedestrian walkways; prohibiting vehicles from passing school buses while loading and unloading passengers; providing for crossing guards; and requiring that pedestrians not cross streets at locations other than designated crosswalks.
- Playground equipment guidelines and standards have been developed by the U.S. Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials (ASTM). Fifteen states have enacted some form of playground safety legislation or regulations.



## SPORTS AND RECREATION SAFETY

### Key Facts

The American Academy of Pediatrics recommends that every child should have an opportunity to participate in sports or any recreational activity that promotes regular physical activity. Participation can be related to health benefits as well as health risks. Although deaths among children playing organized sports are rare, sports injuries are a common occurrence among children.

- Brain injury is the leading cause of sports-related death to children.
- Each year, more than 3.5 million children ages 14 years and under receive medical treatment for sports injuries.
- Approximately 2 out of 5 traumatic brain injuries among children are associated with participation in sports and recreational activities.
- More than 30 million children participate in sports each year in the United States.
- Nearly three-quarters of U.S. households with school-age children have at least one child who plays organized sports.
- The most common types of sport-related injuries in children are sprains (mostly ankle), muscle strains, bone or growth plate injuries, repetitive motion injuries, and heat-related illness.

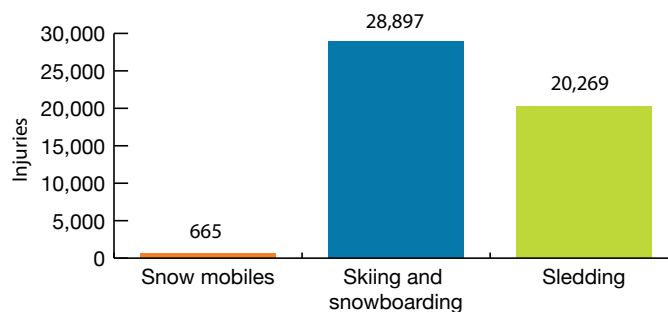
### Sport

- A recent survey found that among athletes ages 5 to 14 years, 15 percent of basketball players, 28 percent of football players, 22 percent of soccer players, 25 percent of baseball players, and 12 percent of softball players have been injured while playing their respective sports.
- In 2004, nearly 391,800 children ages 5 to 14 years were treated in hospital emergency rooms for either football or basketball-related injuries.

### Winter Sports

- Each year, children ages 0-14 years sustain nearly 52,000 injuries involving snowmobiles, sleds, snow skis or snowboards.
- Children ages 5-14 years are at a higher risk of winter sports injuries; each year, approximately 49,000 injuries are sustained among this age group involving skiing, snowboarding or sledding.

**2005 Annual Injuries among Children (Ages 5-14) by Product, United States**



### Where, When and How

- Most organized sports-related injuries (62 percent) occur during practice rather than games.
- Collision and contact sports are associated with higher rates of injury. However, injuries from individual sports tend to be more severe.
- Each year, approximately 715,000 sports and recreation injuries occur in school settings alone.
- A national survey revealed that approximately 33 percent of parents often do not take the same safety precautions during their child's practice as they would for a game.



### Who

- Older children are more likely to suffer from bicycle- and sports-related injuries and overexertion than younger children.
- Black children are one and a half times more likely than white children to suffer sports-related injuries.
- Children ages 5 to 14 years account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments. The rate and severity of sports-related injury increases with a child's age.
- Children who do not wear or use protective equipment are at greater risk of sustaining sports-related injuries. Inappropriate or unavailable equipment are reasons for children's not wearing protective gear.
- The highest rates of injury for boys, in regards to sports, are ice hockey, rugby and soccer. Soccer, basketball and gymnastics seem to incur the highest rates of injury in girls.

### Proven Interventions

- Children should have access to and consistently use the appropriate gear necessary for each respective sport.
- Children enrolled in organized sports through schools, community clubs, and recreation areas that are properly maintained assist in injury prevention.
- Coaches should be trained in first aid and CPR, and should have a plan for responding to emergencies. Coaches should be well versed in the proper use of equipment, and should enforce rules on equipment use.
- Sports programs with adults on staff who are Certified Athletic Trainers are ideal because they are trained to prevent or provide immediate care for athletic injuries.

## RURAL SAFETY

### Key Facts

Children living in rural areas are at greater risk of unintentional injury-related death than children living in urban areas. It is estimated that nearly 1.1 million youth lived in farming households during 2001 and more than half of the youth performed work or chores on the farm. The environment on a farm allows children to be exposed to such hazards as heavy tractors, harmful chemicals, complex machinery, pesticides, and large animals.

### Childhood Agricultural Injuries and Deaths

- Each year, it is estimated that 70 children ages 14 and under die from injuries occurring on a farm.
- Children account for almost 20 percent of all agricultural injury fatalities and hospitalizations.
- In 2001 there were an estimated total of 22,648 agricultural injuries to youth under the age of 20; and 63 percent of the injuries occurred when the child was not actively working.

### Where

- Nearly two-thirds (16,851) of the youth who experienced an agricultural injuries are those who lived on a farm.
- In 2001, nearly 50 percent of all childhood injuries occurred in the Midwest while 31 percent occurred in Southern regions.

### Who

- Approximately 6,138 farm-related injuries occur among children under 10 years of age. For children ages 6 and under, falls, large animals and tractors are the primary cause for their injuries on the farm.
- In 2001, male children under 15 years of age accounted for 80 percent of farm-related fatalities and nearly three-fourths of nonfatal farm-related injuries.
- Male children under 14 years of age are more likely than females of the same age to suffer injuries or death as a motor vehicle occupant in the bed of a pickup truck, or riding on ATVs and snowmobiles.
- Older children, ages 6 to 12, are more likely to sustain injuries from farm equipment due to attempting farm tasks that are not age-appropriate.

### How

- Nearly two-thirds of childhood agricultural deaths involve head injuries and nearly two-thirds of nonfatal injuries resulted in broken bones and fractures.
- Between 1995 and 2000, the majority of childhood farm-related deaths were due to machinery (25 percent), motor vehicles (17 percent) or drowning (16 percent).
- In 2005, nearly 750 children ages 14 and under were treated for snowmobile-related injuries.
- In 2005, nearly 16,000 children ages 14 and under were treated in emergency rooms for equestrian-related injuries.
- Fire death rates in the most rural communities (population under 2,500) are roughly double the national rate.

### Costs

- The direct and indirect economic costs attributable to farm injuries are extensive; it has been estimated the costs of agricultural occupational injuries in the United States in 1992 to be \$4.57 billion annually, for all age groups combined.



### **Prevention Strategies**

- Keeping children ages 16 and under from riding on or driving ATVs, snowmobiles or tractors can prevent the child from being severely harmed or even killed.
- In addition, eliminating extra riders on tractors, mowers, or minibikes is a safety measure that could reduce childhood unintentional injury or death.

### **Laws and Regulations**

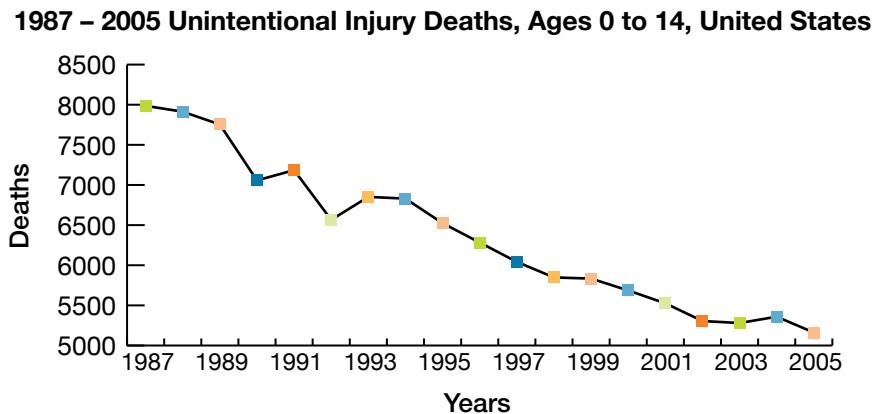
- Twenty-six states and the District of Columbia have restrictions on passengers riding in pickup truck beds, but many of these laws contain huge gaps in coverage and do not provide comprehensive protection for young children.
- Only about 5 percent of farms in the United States are covered by safety regulations specified in the Occupational Safety and Health Act (OSHA). Youths of any age may legally work at any time in any job on a farm owned or operated by their parents.
- In 1988, the U.S. Consumer Product Safety Commission (CPSC) banned the manufacture of three-wheeled ATVs, required warning labels to be placed on ATVs and issued engine-size regulations for ATVs designed for use by children under the age of 16.

## TRENDS IN UNINTENTIONAL CHILDHOOD INJURY DEATHS

Safe Kids Worldwide is a national organization dedicated solely to the prevention of unintentional childhood injury, the leading killer of children ages 14 and under. The US has witnessed an overall reduction in unintentional injury-related mortality in the past two decades. Safe Kids Worldwide has supported research, development, and implementation of various preventative safety programs to meet these injury needs through a network of 300 coalitions and 16 member countries including the United States.

### Unintentional Injury-Related Death Rates

In 1987, there were 7,986 unintentional injury deaths among children less than 14 years of age. In 2005, there were 5,162 unintentional injury deaths among children less than 14 years of age.



- From 1987 – 2005 there has been a 45 percent decrease in unintentional injury deaths rate.

The number of unintentional injury deaths for leading causes among children less than 14 years of age has declined from 1987 to 2005:

Type of Incident	Number of Deaths in 1987	Number of Deaths in 2005	Percent Decrease/Increase
Motor vehicle crash	3,587	2,210	▼ 38%
Drowning	1,363	810	▼ 41%
Pedestrian injury	1,283	566	▼ 56%
Fire and/or burn injury	1,233	467	▼ 62%
Suffocation	690	977	▲ 242%
Bike	389	121	▼ 69%
Falls	149	82	▼ 45%
Poisoning	100	92	▼ 8%
Firearm	247	75	▼ 70%

## Injury Prevention Efforts

### Child Safety Seats

- All 50 states and the District of Columbia have child restraint laws. In 42 states, including the District of Columbia, all children less than 16 years of age are covered by either safety belt laws or child restraint laws.
- As of April 2008, 43 states, including the District of Columbia, have upgraded their child restraint laws requiring the use of booster seats or other appropriate child restraint device by children as old as 9 years of age.

### Bicycle Helmets

- Twenty-one states, the District of Columbia and over 150 localities have enacted some form of mandatory child bicycle helmet legislation; more than half of the laws cover children less than 15 years of age.
- Eight states and Washington, D.C. now require children to wear a helmet while participating in other wheeled sports (e.g., scooters, inline skates, and skateboards) since the launch of Safe Kids.

### Fire and Burns

- All national and regional code-making bodies have amended their plumbing code language to require anti-scald technology and a maximum water heater temperature of 120 degrees Fahrenheit in all newly constructed residential units.



[www.safekidskansas.org](http://www.safekidskansas.org)