



## Chapter 12. Prevention

Child death review helps identify high-risk behaviors and other factors that can assist professionals in preventing future deaths. The findings of child death review teams may assist in strengthening prevention-focused programs, such as home visiting and parenting education. Child death review also functions in a preventive way by assuring that surviving siblings are not placed in harm's way, and that adults who are violent towards children are monitored as to their future associations with children. While child death review teams often have a primary goal of working to prevent child abuse fatalities, the larger effect from a county team is the potential to develop prevention efforts for all causes of deaths, including accidental, natural and/or non-intentional deaths.

Campaigns and programs addressing child deaths that promote prevention include:

1. Public education on the potential hazard of accessible five gallon, fluid-filled buckets to young toddlers resulting in toddler drowning
2. Infant automobile safety seat campaigns that provide donated seats for families who have limited funds
3. Child- proof drug containers, particularly for prescription pills or iron pills that resemble candy
4. Traffic safety campaigns and the provision of speed bumps in neighborhoods with large numbers of young children
5. The enacting of ordinances for four-sided fencing to help prevent pool and spa drowning and river safety programs that utilize warning signs in multiple languages
6. The provision of needed home smoke detectors (particularly homes where infants and toddlers reside) by child protective service agencies
7. An increased awareness of the needs of infants and toddlers by both law enforcement and child protective services
8. Multi-agency joint home visits by public health nurses, child protective services and law enforcement
9. Prenatal/perinatal health care programs for women in jails and juvenile facilities

10. Parenting programs for incarcerated parents, particularly young fathers
11. Multi-agency integrated data systems to coordinate and monitor services to children and families with multiple problems

CDR team members who may not traditionally think of themselves in a preventive role have a lot to contribute to the design of prevention programs. The Prosecutor has insight into the families involved in child abuse and neglect. The Medical Examiner knows the general history of the teen that commits suicide. These professionals have respect and standing in the community that can increase the chances of success of a prevention initiative.

We also need to learn and to educate our communities that injuries to children are not random "accidents" that just happen, and that can't be stopped. Injuries to children are often predictable and understandable, and therefore preventable.

### CDRT's and Unintentional Injuries

One of the key functions of child death review teams is to make recommendations that can help reduce the number of future child deaths. As discussed in the chapter on "Cause and Manner of Deaths," Public Health Professionals use the term non-intentional injuries to separate these deaths from intentional injury (homicide and suicide). The word accidental appears on the death certificate, but many public health professionals prefer "unintentional" since the term "accidental" seems to imply that the injury could not have been avoided.

Causes of injuries vary, depending on the age and the developmental stage of the child.

### Causes of Unintentional Child Injury Fatalities - 2001<sup>61</sup>

#### Under One Year of Age

- 1) Suffocation
- 2) Motor Vehicle - Traffic
- 3) Drowning
- 4) Fire/Burn
- 5) Fall

#### 1-4 Years of Age

- 1) Motor Vehicle - Traffic
- 2) Drowning
- 3) Fire/burn
- 4) Suffocation
- 5) Pedestrian
- 6) Natural/Environment

#### 5-9 Years of Age

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<sup>61</sup> Refer to SECTION VI, APPENDIX B: Data on the 10 Leading Causes of Injury for the year 2002.

- 1) Motor Vehicle - Traffic
- 2) Drowning
- 3) Fire/burn
- 4) Other Land Transport
- 5) Suffocation
- 6) Fall

### 10 -14 Years of Age

- 1) Motor Vehicle - Traffic
- 2) Drowning
- 3) Fire/burn
- 4) Other Land Transport
- 5) Suffocation
- 6) Firearm

### 15 - 19 Years of Age

- 1) Motor Vehicle - Traffic
- 2) Poisoning
- 3) Drowning
- 4) Other Land Transport
- 5) Firearm
- 6) Fall

## Contributing Factors

There is often a common contributing factor or factors for injuries, even though the specific mode is different. “Lack of Supervision” may apply to fatal injuries due to drowning, falls, suffocation, burns, pedestrian/vehicle, etc. of young children. The physical, motor, and behavioral development of a child has a great impact on the risk for injuries.

## Prevention Measures

- Median dividers on highways
- Fencing for home swimming pools
- Child-resistant medicine bottles
- Air bags & Anti-Lock Brakes
- Promoting changes in individual behavior
- Teaching about risks and risk reduction
- Promoting injury prevention policies and public information
- Passage of legislation or policies that require use of safety equipment or safety standards
- Graduated driver’s licenses for adolescents
- Seat Belts & Car Seats, Helmets
- Pool safety barriers
- Flame retardant sleepwear

- Toy and playground equip. safety
- Five-gallon bucket drowning prevention
- Maximum blood alcohol levels (driving)
- Home fire safety, including smoke detectors and removal of volatile chemicals, trash and dry brush