

KING COUNTY CHILD DEATH REVIEW 2002 ANNUAL REPORT

CHILD DEATH REVIEW (CDR) ACTIVITY IN KING COUNTY

The King County CDR Team continues to be coordinated by Public Health – Seattle & King County. The team met for 2 hours each month during 2002. The team continued to review deaths of children who are not King County residents when the injury occurred in King County. This report will summarize deaths that occurred during 2002. Public Health – Seattle & King County has decided to continue to support the Child Death Review process even though funding from the state ended on 6/30/03.

COUNTY OF RESIDENCE	NUMBER OF REVIEWS	PERCENT
King	73	91
Out-of-county (WA resident)	7	9
TOTAL	80	100

MANNER OF DEATH	NUMBER REVIEWED	PERCENT
Accident	28	35
Natural	32	40
Homicide	8	10
Suicide	6	8
Undetermined	5	6
Complication of therapy	1	1
TOTAL	80	100

CIRCUMSTANCE OF DEATH	NUMBER REVIEWED	PERCENT
Vehicular	13	16
SIDS	13	16
Drowning	8	10
Firearms	6	8
Fell/jumped	2	2
Drug intoxication	1	1
Fires	1	1
Other circumstance	37	46
TOTAL	81*	100

Other circumstances of death were from a variety of causes such as cardiac arrhythmias, congenital heart disease, seizure disorders, infectious diseases, hangings, falls, stabbings, metabolic disorders and prematurity.

*NOTE: There may be more than one circumstance of death for a given child.

PHYSICAL ABUSE A FACTOR	NUMBER N = 80	PERCENT
Pattern of abuse of the child	1	1
Isolated act of abuse	4	5
TOTAL	5	6

NEGLECT A FACTOR	NUMBER N = 80	PERCENT
Pattern of neglect of child	6	8
Pattern of neglect in family	2	2
Isolated act of neglect	3	4
TOTAL	11	14

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

DSHS CASE	NUMBER	PERCENT
Yes	23	29
No	57	71
TOTAL	80	100

PREVENTABILITY	NUMBER	PERCENT
Preventable	43	54
Not preventable	19	24
Unable to determine	18	22
TOTAL	80	100

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

VEHICULAR INJURY

- A Comprehensive Health and Safety Education Curriculum is needed for the public schools to improve and optimize injury prevention for school age youth. Such a program might include the “Wary Walker” to promote pedestrian safety, coordination of drinking and driving prevention using best practices, bicycle safety and other traffic safety topics.
- Development of public play spaces for children and youth near large apartment complexes is encouraged. This is to discourage children from playing near busy streets.
- Public education about pedestrian safety at schools and churches should encourage policies requiring the driver and adults who are in charge to look carefully on all sides of the vehicle before moving.
- Public Health can train staff to do home safety assessments and distribute safety devices to prevent children from exiting the home and accessing busy streets.
- Public education for youth and parents needs to emphasize the risks of driving and the slowing of reaction time with any amount of alcohol in the blood.
- Identifying sources where youth under 21 years of age are illegally obtaining alcohol would help control access to alcohol.
- More research is needed to engineer effective pedestrian crosswalks so that drivers are alerted to the need to stop for pedestrians.
- Public education about seatbelt use in pregnancy is needed so as to prevent fetal trauma in the event of a collision.
- Crosswalks in high crash locations need to use the “airport cadence” so that flashers in the street will flash when a pedestrian is in the crosswalk.

SIDS

- Public Health has suggested that the WA State Department of Health and Department of Social and Health Services include safe sleep environment education as an outcome indicator for the Maternity Support Services Program.
- Outreach and public education is needed to assure that fathers are hearing the safe sleep messages.
- A source of cribs is needed for low-income families who are unable to afford them.
- More education and assistance is needed to assist parents to stop smoking during pregnancy and when a child is in the home.
- Ongoing education is needed about the hazards of sleeping with a baby on a couch.
- For infants who are colicky or cry a lot, pediatricians can provide support and strategies for avoiding a prone sleeping position.

DROWNING

- There is a need to develop vests that youth will use. One example is a vest that can be kept in a deflated position but inflated by the wearer if flotation is needed. Promotion of lower cost but practical water ski type vests for swimming in non-lifeguarded waters should be expanded. Education should emphasize that wearing a life vest while swimming or boating is “cool” and still allows for freedom of movement while swimming.
- Child Profile mailings should emphasize the importance of not letting children wade or swim in the ocean due to the hazards of rip currents.
- A Comprehensive Health and Safety Education curriculum is needed in the public schools to address health and safety issues in an ongoing manner. It could teach students about how to refuse when they are in a group engaging in risky behaviors such as swimming in areas without lifeguards. Special emphasis could be done in school districts near the Green River.
- King County Council should take steps to close portions of the Green River to swimming. Signs are needed to caution swimmers at especially hazardous sections of the Green River about the risk of death from entering the water in these locations.
- Puget Sound Educational Service District could organize a meeting with the Prevention Specialists who are working in “Drug Free Schools” to share information about drowning prevention in the Green River.
- Adequate lifeguard coverage for bathing beaches needs to be addressed to assure sufficient capacity to monitor swimmers.
- Signage about risks at beaches need to be in multiple languages due to the diversity of the population of King County.

HOMICIDE

- Seattle Police Department will improve investigation by having a detective and Sergeant go to all infant death scenes.
- The Sheriff’s Office is developing a protocol so that a detective will always respond to the scene of an infant death.

SUICIDE

- The Office of the Superintendent of Public Instruction (OSPI) should assure that schools have protocols to provide counseling at schools after the suicide of a student.
- Increased mental health services are needed for depressed youth.

- The public must be educated that all youth suicide attempts must be taken seriously.
- A Comprehensive Health Education Curriculum if implemented by OSPI could include information for high school students about where to seek help for depression.
- Gatekeeper education, which can help teachers, staff and students recognize more subtle signs that a youth is becoming depressed, is needed in the public schools.
- Public Health and child psychiatry should consider writing a grant to secure private money so that complete psychological autopsies can be done after suicides. Three counties such as King, Pierce and Snohomish could apply jointly.
- The Whitney-Graves safe storage bill has been before the legislature and can be an effective deterrent to the impulsivity of teens in a suicidal moment. This bill, if ever passed, would require safe storage of firearms in the homes of children.
- Public education is needed to assure that parents know that securing a gun significantly reduces the likelihood of a suicide.
- The CDR committee or other entity should track where and when youth suicide attempts and completions occur to identify any clusters indicating that enhanced prevention is needed.

FIREARMS

- Youth access to guns could be reduced if the state passed the Whitney-Graves Bill which requires safe storage of firearms.
- The Lokitup.org website and information should be widely promoted to schools and PTSA's.

INTERVENTION EFFORTS

- KCCDR data was used at King County Board of Health meetings about a Bicycle Helmet Ordinance. Data was shared that showed the portion of deaths on bicycles that would have been prevented had the child been wearing a helmet. On July 18, 2003, the Board of Health passed an ordinance that requires helmet use inside the Seattle city limits. (An existing ordinance requires helmet use in King County outside of Seattle). It will go into effect on August 17, 2003.
- The team wrote to the Professional Ski Instructors of America – Northwest Division (PSIA-NW) to encourage education at ski lessons about the hazards of out-of-bound skiing. In response, PSIA-NW wrote to the team to let them know that they had shared and discussed the issues raised in the letter at a board meeting. They had decided to explore further education about the issue in their newsletter and in instructor training and education.
- The KCCDR staff have spoken with Child Profile staff to assure that health education messages about drowning prevention and infant sleep safety include lessons learned from the child death review process.
- A KCCDR staff member participated in a panel presentation at the WA State Public Health Association Meetings in Wenatchee in October 2002. King County shared information about interventions that have been done to reduce the risk of SIDS based on local findings from the CDR process.
- The team greatly appreciates the work done by the Department of Health staff to develop a web-based Child Death Review Database.