WRITTEN STATEMENT OF

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DIRECTOR OF PUBLIC POLICY &

GENERAL COUNSEL,

SAFE KIDS USA

ON

CHILD INJURY PREVENTION

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Committee Hearing

Senate Health, Education, Labor and Pensions Committee

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My name is Alan Korn, and I am the Director of Public Policy and General Counsel for Safe Kids USA, a member country of Safe Kids Worldwide. Safe Kids thanks the Senate Health, Education, Labor and Pensions Committee, and in particular Chairman Kennedy and Ranking Member Enzi for holding a hearing on childhood injury prevention. We have all come a long way over the past 20 years in protecting children from unintentional injuries and deaths. Despite the many successes, "accidents" are still the number one killer of children ages 1 – 14 in the U.S. Clearly there is so much more to do. Safe Kids hopes that the attention fostered by both the roundtable and the activities surrounding Safe Kids Week 2008 will prove to be the catalyst we all need to redouble those efforts that we know work, improve upon others that missed the mark and try new initiatives, both government-based and otherwise, that hold the promise of saving children's lives.

I. History of Safe Kids Worldwide

Safe Kids Worldwide is the first and only international organization dedicated solely to addressing an often under recognized problem: ***More children ages 1 – 14 in the U.S. are being killed by what people call "accidents" (motor vehicle crashes, fires, drownings and other injuries) than by any other cause***. Formerly known as the National SAFE KIDS Campaign, Safe Kids Worldwide unites more than 450 coalitions in 16 countries, bringing together health and safety experts, educators, corporations, foundations, policymakers and volunteers to educate and protect families against the dangers of accidental injuries. Our USA network includes coalitions in all 50 states and the District of Columbia, including outstanding programs in both Massachusetts and Wyoming.

Founded in 1987 by the Children's National Medical Center and with support from Johnson & Johnson, Safe Kids Worldwide and its member country, Safe Kids USA, relies on developing injury prevention strategies that work in the real world – conducting public outreach and awareness campaigns, organizing and implementing hands-on grassroots events, and working to make injury prevention a public policy priority.

This year marks our 20th anniversary of our efforts, which has resulted in the significant reduction of accidental childhood injury-related deaths in the U.S. We have, over the years, reinforced the ways that parents, caregivers, state and federal policy makers, and communities can continue to promote children's safety. We have released a comprehensive report to the

nation demonstrating how far we have come in 20 years, and how far we still have to go. In addition, the week of April 26 – May 4, is Safe Kids Week and Safe Kids coalitions across the country will be holding local community outreach events to spread awareness about child safety, such as bike helmet rodeos, health fairs and car seat check up events.

The ongoing work of Safe Kids coalitions reaching out to local communities with injury prevention messages has contributed to a decline in the childhood unintentional injury death rate since 1987. However, with more children dying from accidental injury than from cancer, heart disease and birth defects, Safe Kids Worldwide and its member countries remain committed to reducing unintentional injury by implementing prevention strategies and increasing public awareness of the problem and its solutions.

Safe Kids has been proud to work with the Senate Health, Education, Labor and Pensions Committee over the years to increase the knowledge and understanding of proper child safety practices. This Committee has addressed childhood accidental injury through hearings and media outreach events for Safe Kids' other milestones, such as our launch in 1988 and our 10th and 15th anniversary celebrations. We thank the Committee once again for being a part of Safe Kids' history and most importantly, for helping us to promote programmatic, educational and legislative interventions to ensure that every child in this country is protected from their most serious public health problem – accidental injury.

II. Findings from Safe Kids' *Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety*

A. Safe Kids USA's 2008 Report

Safe Kids marked our anniversary by releasing a comprehensive report to the nation demonstrating how far we have come in 20 years, and how far we still have to go. Entitled, *Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety*, the report examines accidental injury in the U.S. and its impact on children by age, gender and race, and reviews the changes in unintentional injury fatality rates for children ages 14 and under in areas such as motor vehicle occupant injuries, drownings and suffocation (which includes strangulation and choking).

B. Major Findings

Major findings from the report include:

1. The unintentional childhood injury fatality rate among children ages 14 and under has decreased in the U.S. by 45 percent since 1987.

2. Despite this decline, unintentional injury remains the leading cause of death among children ages 1 to 14 in the United States. In 2005, 5,162 children ages 14 and under died from an unintentional injury, and 6,253,661 emergency room visits for unintentional injuries in this age group occurred in 2006.

3. The unintentional injury fatality rate has declined in most risk areas. Some of the greatest improvements have been made in prevention of bicycle injuries (down 73 percent), fire/burn injuries (down 68 percent) and pedestrian injuries (down 62 percent). The four leading causes of death from accidental injuries to children 14 and under are suffocation (19 percent), motor vehicle occupant injuries (16 percent), drownings (16 percent) and pedestrian incidents (11 percent).

4. Unfortunately, the suffocation rate has a documented increase of 21 percent. This is largely the result of a re-categorization of the cause of death driven by an improvement in the quality of death scene investigations that is occurring at various levels across the country. Previously, many of these deaths were categorized as Sudden Infant Death Syndrome (SIDS). With the improved investigations, more cases are being seen where a child suffocates from soft pillows, mattresses, or mattress coverings in his/her crib or from bed-sharing with a parent.

5. Children ages 4 and under have the highest fatality rate as well as the highest number of deaths (2,747 in 2005). Between 1987 and 2005 there has been a 35 percent decrease in fatal unintentional injuries in this group.

6. The fatality rate from unintentional injury is higher among males than females, as is the actual number of deaths. In 2005, approximately 3,000 boys and 2,000 girls ages 14 and under died from unintentional injury.

7. There are large disparities between the fatality rates among children of different races and ethnicities. American Indian/Alaskan Native children have the highest fatality rate from unintentional injury at 15.3 per 100,000, and Asian/Pacific Islander children have the lowest fatality rate at 4.24 per 100,000. These disparities have been consistent since 1987.

8. Fatality rates from unintentional injury declined in each of the four regions of the United States between 1987 and 2005. The largest decrease, almost 60 percent, was in the Northeast, while the Midwest had the smallest decrease, 40 percent. Since 1987, the South has consistently had the highest rate of fatality, 10 per 100,000 in 2005, and the Northeast has had the lowest, 4.56 per 100,000.

III. Advancements in Child Safety over the Years

While the fatality rate in the U.S. from unintentional injury in children ages 14 and under has declined by 45 percent since 1987, and significant progress has been made in most risk areas,

there is still a long way to go. Every year, more than 5,000 American children ages 14 and under die from unintentional injury. Deaths from suffocation, motor vehicle crashes and drowning still represent a majority of these deaths – and the vast majority of these deaths could have been prevented.

A. Motor Vehicle Occupant Safety

1. **Problem:** Car crashes pose a significant risk for injuries and death to children. Although the motor vehicle occupant death rate among children ages 14 and under declined 49 percent from 1987 to 2005, motor vehicle crashes remain the leading cause of death among children ages 3 to 14 in the U.S. In 2005, an estimated 842 children ages 14 and under died unintentionally as motor vehicle traffic occupants. Additionally, in 2006 an estimated 190,346 emergency room visits were for motor vehicle traffic occupant injuries to children ages 14 and under.

   In addition to motor vehicle crashes, children are also at risk of injury or death from being left unattended in closed vehicles. Each year from 1998 to 2004, an estimated 33 children died from heat stroke after being left unattended in a vehicle. Between 1987 and 1998 there were 19 reported deaths to children under age 7 due to car trunk entrapments, where children were playing in the trunk and closed the door. Children can also be backed over by unknowing drivers; from 2001 to 2003 approximately 7,475 children (2,492 per year) aged 1 to14 years were treated for nonfatal motor vehicle backover injuries in emergency departments. 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.

2. **Solution:** The increased use of car seats has contributed to the reduction in injury and death rates from motor vehicle accidents. Adult seat belts do not adequately protect children under age 8 from a crash injury so car seats, when used appropriately, are the most effective safety devices to protect children. Research demonstrates that correctly installed car seats can reduce fatal injury by 71 percent for infants less than 1 year of age and by 54 percent for toddlers ages 1 to 4. Booster seats for older children reduce the risk of injury by 59 percent. It is recommended that children ride on booster seats, in the rear seats of a vehicle, until they reach 4'9" in height and weigh between 80-100 pounds. Many children are moved prematurely to seat belts when they should still ride on booster seats.

   a. Education: The nationwide proliferation of car seat education and distribution programs – and in particular, increased availability of child restraint inspection/installation opportunities utilizing certified technicians – has increased the prevalence and proper usage of these vital safety devices.

Safe Kids has a national program sponsored by General Motors to educate parents and caregivers about the importance of properly restraining children on every ride. Since 1996, the General Motors Corporation has served as Safe Kids Buckle Up's exclusive funding source and helped build Safe Kids Buckle Up into a multifaceted national initiative, bringing motor vehicle safety messages to children and families through community and dealer partnerships. In October 2004, Chevrolet became the lead partner of Safe Kids Buckle Up, bringing an added dimension to the promotion of Safe Kids Buckle Up activities.

Since the program's inception, more than 13 million people have been exposed to Safe Kids Buckle Up events and community outreach efforts, and child passenger safety specialists have examined more than 915,250 seats and donated 365,000 seats to families in need. The program includes car seat check up events, mobile car seat check up vans, child safety seat inspection stations, child safety seat distribution programs, technical child passenger safety trainings, educational workshops, legislative and enforcement efforts to enact or publicize child restraint laws and a toll-free hotline for parents and caregivers to access child safety information.

b. Enactment and Enforcement: Over the years improvements in child occupant protection and safety belt laws have proven effective at increasing restraint use and protecting children. The first child occupant protection law was passed in Tennessee in 1978. Since then, all states have passed laws requiring young children be restrained in car seats in motor vehicles. The first booster seat law to protect older children went into effect in California on January 1, 2002. Since then, 43 states, including Washington, D.C., have improved upon their restraint law to require some older child passengers to ride properly restrained in a booster seat. Significantly, Massachusetts became the last state in the Northeast to pass a booster seat law. Governor Deval Patrick signed the bill into law on April 11, 2008. Wyoming passed their law in 2003 and has one of the strongest child passenger safety laws in the nation.

Primary enforcement of seat belt laws is also important. Currently, seat belt use laws in only 26 states and the District of Columbia are subject to primary enforcement. These laws allow a citation to be issued if a police officer simply observes an adult or child riding improperly without a safety belt. Primary enforcement has proven effective in increasing restraint use for both adults and children. In 2007, seat belt use was 87 percent in primary law states versus 73 percent in secondary law states.

In addition, several states have enacted safety laws that protect children in and around cars, including 14 states that prohibit leaving children unattended in a motor vehicle.

The National Highway Traffic Safety Administration has also contributed greatly to the success. Improvements to the Federal Motor Vehicle Safety Standard Number 213, the LATCH system of car seat installation, ease of use ratings for child safety seats – along with their many government-funded public education campaigns supported by the 2005 federal SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users) law – have made child safety seats more effective, user-friendly and has helped Safe Kids spread the important message of consistent and correct car seat usage.

In addition, the National Transportation Safety Board has helped promote this vital message. Their Most Wanted List of Traffic Safety Improvements has consistently included the recommendation for state governments to upgrade their child passenger safety laws. The Board has taken a strong role in encouraging these changes through their Advocacy Center.

B. Bicycle and Wheeled Sports Safety

1. **Problem:** Although the bicycle unintentional injury death rate among children ages 14 and under declined by 73 percent from 1987 to 2005, bicycle injury remains a major cause of child mortality and morbidity. In 2005, an estimated -121 children ages 14 and under died from unintentional bicycle injuries. Additionally, in 2006 an estimated 226,409 emergency room visits by children 14 and under were for unintentional bicycle-related injuries.

   Other wheeled sports such as skateboarding and skating continue to grow in popularity, and a significant rate of child injury is associated with these activities. According to the U.S. Consumer Product Safety Commission (CPSC), in 2004, more than 46,200 emergency room visits by children 5 to 14 years old were for injuries from inline skating and roller skating. In the same year, more than 43,100 emergency room visits by children 14 and under were for injuries involving non-powered scooters. Nearly 60,300 emergency room visits by children 5 to 14 years old were for skateboarding injuries. The most serious injuries and many of the deaths are due to head injuries.

   Quite simply, not enough children are wearing helmets and other protective gear when using bikes, scooters, in-line skates or skateboards.

2. **Solution:** Public health interventions such as education about the proper use of a bicycle helmet, safety campaigns, and environmental changes, have likely helped reduce the child injury death rate from bicycle and other wheeled sports. Bicycle helmets can help protect children from head injuries while participating in bicycle and wheeled sports. In fact, bicycle helmets are 88 percent effective in preventing serious brain injury, yet fewer than half of bicycle riders wear one.

a. Education: In addition to promoting helmet use, advocates and researchers recommend creating a comprehensive bicycle safety campaign that includes education about safe riding practices and provides helmets at a discounted cost to those in need. Community-based interventions that include making environmental changes, educating children about helmets and safe riding practices, and enforcing bicycle helmet laws, have proven to increase helmet use and decrease bicycle injuries.

Environmental changes that make streets safer also protect children when they are biking, skateboarding, or skating. A nationwide coalition of diverse members and organizations is currently pushing for states, cities and towns to build road networks that include safety improvements. This coalition stated that a recent survey found 71 percent of adults walked or rode their bicycles to school as a child, but only 17 percent of their own children currently do so. Although decreased biking also decreases a child's risk of injury, the goal is to increase participation in these activities among children in a safe way. More children are likely to bike to school when there are sidewalks or footpaths, safe street crossings, and when there are enforced school zones of vehicle speed.

b. Enactment and Enforcement: Legislation requiring helmet use and strict enforcement has positively impacted bicycle helmet use among children. California had the first state helmet law, which became effective in 1987. The enactment and enforcement of mandatory helmet legislation for children (in 21 states, the District of Columbia and over 150 localities across the U.S.) has likely contributed to the decline in bicycle-related injuries and deaths from 1987 to 2000.

Various studies have shown bicycle helmet legislation to be effective at increasing bicycle helmet use and reducing bicycle-related death and injury among children covered under the law. One study showed that in the five years following the 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. In addition, eight states and Washington, D.C. now require children wear a helmet while participating in a wheeled sport (e.g., scooters, inline skates, skateboards). Other states should follow suit.

Over the years, helmets used by children and required by state and local laws have become much more effective. In 1994, Congress required the CPSC to establish performance standards for bike helmets. These better engineered helmets have contributed to our success in lowering the injury death rate.

In addition, the enactment of SAFETEA-LU included the establishment of Safe Routes to Schools, a federally funded program designed to make it safer for children to walk or bike to school. Through this program and with grant monies, states can fix sidewalks, execute traffic-calming and speed-reduction measures, improve pedestrian and bicycle crossings, and conduct public education campaigns to encourage children to walk or bike to school.

C. Poisoning Prevention

1. **Problem:** The childhood unintentional poisoning death rate among children ages 14 and under declined 42 percent from 1981 to 1987 and has continued to decline by 21 percent since 1987. However, unintentional poisoning is still a serious threat to young children. In 2005, an estimated 92 children ages 14 and under died from unintentional poisonings. Additionally, in 2006 an estimated - 71,649 emergency room visits were for unintentional poisoning injuries to children 14 and under. In 2005 nearly 63,000 children under age 5 were treated for unintentional medication poisoning. More than 1.2 million unintentional poisonings among children ages 5 and under are reported to U.S. poison control centers. In addition, according to the Centers for Disease Control and Prevention, from 1999-2004, 135 children ages 14 and under died from unintentional, non-fire related CO poisoning.

   Carbon monoxide is a hidden hazard for children and families. CO is produced when any fuel is incompletely burned – potentially resulting in flu-like illnesses, such as dizziness, fatigue, headaches, nausea, and irregular breathing. Common fuel-burning appliances, like furnaces, stoves, fireplaces, clothes dryers, water heaters, and space heaters can produce lethal amounts of CO under certain conditions. Carbon monoxide poisoning mimics other illnesses so can sometimes be difficult to diagnose. CO poisoning symptoms include headache, dizziness, weakness, nausea, vomiting, chest pain, confusion, loss of consciousness and death to unborn babies. Infants are more susceptible to the effects of CO. Carbon monoxide detectors are essential to have in homes and are effective in preventing deaths from carbon monoxide exposure.

   Lead paint poisoning is an additional danger to children. In children, lead poisoning can cause brain damage, impair mental functioning, retard mental and physical development and reduce attention span. Because the early symptoms of lead poisoning are easy to confuse with other illnesses, it is difficult to diagnose lead poisoning without medical testing. Early symptoms may include persistent tiredness, irritability, loss of appetite, stomach discomfort, reduced attention span, insomnia, and constipation. Failure to treat children in the early stages can cause long-term or permanent health damage.

2. **Solution:** A multitude of factors have contributed to the reduced number of deaths from poisonings, including child-resistant packaging for medications and household cleaning products, educational programs, increased accessibility of poisoning prevention information, and treatment/care advances. For unintentional medication exposures, manufacturers are being encouraged to further improve container designs, allowing more convenient access for the user, especially seniors, while also serving as a barrier to children gaining entry.

   Intensive efforts to reduce lead in consumer products such as gasoline and paint have helped to protect children from lead poisoning. However, lead paint continues to be an issue in older homes, especially in low-income apartment buildings, where children can ingest paint chips or inhale paint dust. Children also can be poisoned by lead if they lick their fingers after they interact with products that are coated with lead paint. Recently, lead paint in toys has posed a risk to children. Significant news coverage and outreach by nonprofits about lead in toys has likely increased awareness of this issue.

   a. Education: The nation's seventy poison control centers historically operated with distinct phone numbers for each center. A big advancement has been the creation of a new nationwide toll-free number for poison control centers. The hotline (1-800-222-1222) was established through the passage of the Poison Control Center Enhancement and Awareness Act of 2000, a law which originated in the Senate HELP Committee with the leadership of Senators Kennedy and DeWine, among others. The hotline is available 24 hours a day and seven days a week to provide assistance with poisoning emergencies, questions about a specific poison, or information about poison prevention, no matter where the caller is from.

   In addition to emergency response, these centers perform public education, professional education, data collection and referral resources – services which are all supported by the federal Act.

   b. Enactment and Enforcement: The enactment of laws has protected children from unintentional poisoning. The Poison Control Center Enhancement and Awareness Act of 2000 also provided much needed funding to the centers which were on the verge of having their doors shut due to budget shortfalls. In addition, the issuance of the U.S. Food and Drug Administration regulation requiring iron-containing products to carry a warning about the acute poisoning risk to children has been important in protecting kids from poisoning.

   The federal government has also banned paint that contains a certain amount of lead. The ban protects children from lead poisoning that can occur by ingesting paint chips or inhaling paint dust. The regulation also includes toys or other children's products as well as furniture with lead paint.

The Poison Prevention Packaging Act of 1970, administered by the CPSC, mandated child resistant packaging for hazardous products such as drugs, certain household cleaners, and some residential use portable fuels. The purpose of the Act is to protect children under age 5 from poisonings and deaths that occur when they open containers of hazardous products, and eat or drink the contents. The Act has been credited with reducing prescription medication deaths in children less than 4 years of age by 45 percent from 1974 to 1992.

In addition, 14 states and some local jurisdictions have passed legislation requiring the use of carbon monoxide detectors in some homes. However, most state carbon monoxide detector laws only apply to newly constructed residences, reinforcing the need for legislation that applies to all homes.

D. Fire and Burn Safety

1. **Problem:** The unintentional fire/burn death rate among children ages 14 and under declined by 68 percent from 1987 to 2005, yet fire and burn injury remains the fifth leading cause of child unintentional injury-related death. In 2005, an estimated 467 children ages 14 and under died from unintentional fire/burn injuries. Fire and flames accounted for 460, or 99 percent, of these deaths. Additionally, in 2006 an estimated 98,760 emergency room visits were for unintentional fire/burn injuries to children ages 14 and under including scald, thermal, chemical and electrical burns. 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.

   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. Because younger children have thinner skin, their skin burns at lower temperatures and more quickly than adult skin does.

2. **Solution:** There are many factors likely involved in the downward trend of the child death rate from fire and burn injuries. Most home fires started by children begin with playing with lighters or matches and the most common items ignited are mattresses, bedding, clothing, upholstered furniture, trash or papers. Fortunately, there has been a decline in the number of fires set by children playing with lighters and matches, most likely as a result of lighters being subject to a consumer product safety standard that requires them to be child resistant. However, parents still need to be educated to store matches and lighters out of children's reach, preferably in a locked cabinet.

a. Education: In addition, smoke alarms, which cut the chances of dying in a residential fire nearly in half, have been promoted as an invaluable tool for preventing fire and burn injury. According to data from the National Fire Incident Reporting System (NFIRS) and the National Fire Protection Association's (NFPA) annual fire department experience survey, 96 percent of U.S. homes report having at least one smoke alarm. However, 47 percent of fire deaths in one- and two-family dwellings and 15 percent of apartment fire deaths resulted from fires with no smoke alarms present, reinforcing the need for continued promotion of smoke alarms in homes.

Another factor involved in the downward trend of reduced fire and burn-related deaths include intensive public education campaigns by federal agencies such as the CPSC and U.S. Fire Administration, non-profit advocacy groups like Safe Kids, the National Fire Protection Association, the Home Safety Council and the thousands of committed fire departments that promote residential fire safety and burn prevention. Efforts to educate parents about the importance of checking smoke alarm batteries monthly as well as grassroots activities that distribute smoke alarms have made a difference. These efforts must be continued, with the help of the federal government, since most of the deaths and injuries to children happen in residential fires in homes with no smoke alarms.

Methods to reduce scald burns include lowering hot water temperatures to 120 degrees and keeping hot fluids and liquids away from children, especially when cooking. Educational efforts around these messages to parents may have contributed to a decline in burn-related deaths.

b. Enactment and Enforcement: The 1994 child-resistant lighter standard established by the CPSC and the agency's regulations requiring that children's sleepwear be flame resistant and self-extinguish if a flame causes it to catch fire have reduced fire-related deaths. Since the lighter standard has been in effect, the number of child-play lighter fires has declined 58 percent and the number of deaths and injuries associated with these fires has declined by 31 percent and 26 percent, respectively.

For smoke alarms, all states and the District of Columbia have laws that require smoke alarms to be used in both new and existing dwellings.

E. Drowning Prevention

1. **Problem:** Although the childhood drowning death rate declined by 49 percent from 1987 to 2005, fatal drowning remains the second-leading cause of unintentional injury-related death for children ages 1 to 14 years. In 2005,

810 children ages 14 and under died from unintentional drowning, and in 2006, an estimated 3,771 emergency room visits were for unintentional drowning injuries to children ages 14 and under. As many as 20 percent of near-drowning survivors suffer severe, permanent neurological disability. Infants less than 1-year-old drown in bathtubs, buckets, or toilets most often while the majority of child drownings between ages 1 to 4 occur in residential swimming pools. Older children drown more often in open bodies of water.

In swimming pools and spas, the suction from drain outlets is strong enough to cause entrapment of hair or body parts, and children cannot free themselves. From 1985 to 2004, at least 33 children ages 14 and under died as a result of entrapment in a pool or spa drain, and nearly 100 children ages 14 and under were injured. However, because entrapment is generally a little-known risk for drowning, it is possible that many drowning deaths have not been classified as entrapment and as a result, the number of fatalities could be much higher than reported.

2. **Solution:** Many factors have contributed to the decrease in the childhood drowning rate, including water safety public education efforts, the passage of critical pool/spa and boating safety laws and the decreased use of alcohol in and around water. Advances in emergency medical services and increased training of the public in cardiopulmonary resuscitation (CPR) for drowning incidents also have likely contributed to the downward trend.

   a. Education: Despite successes in reducing the death rate from drowning, there is still much that can be done to protect children. Nearly nine out of ten fatal drowning events occur during a brief lapse in supervision. Most children who drown in swimming pools were last seen in the home, had been missing from sight for less than five minutes and were in the care of one or both parents at the time of the drowning. Very young children can drown when they wander outside and fall into their own or other's backyard pools. These research results emphasize the need for pool fencing, swimming lessons for children, and active supervision by parents and caregivers. The installation and proper use of four-sided fencing could prevent 50 to 90 percent of residential swimming pool drownings and near drownings of children.

   A specific type of pool/spa drowning known as entrapment cannot be prevented with supervision as the force of the drain's suction is too strong for many adults to remove a child. Entrapments can be prevented by using proper devices, such as anti-entrapment drain covers, a safety vacuum release system, and a multiple drain or no-drain system.

   For children ages 10 to 14, recreational or open water settings (such as lakes, rivers, or the ocean) pose a higher risk representing the majority of drownings for this age group. 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 life jacket, however a Safe Kids 2007 Parent Survey showed that only 76 percent of parents consistently have their child wear a life jacket when they are in or near a lake, river or ocean. These statistics emphasize the need for educating parents and caregivers on the importance of consistent use of life jackets when children are boating or playing in or near open bodies of water.

Life jacket loaner stations are an effective way for communities to provide education and safety devices to parents and children. The stations consist of life jacket loaner boards from which families can borrow a life jacket for their child before heading out on the open water. In Alaska, 75 percent of children under 18 used life jackets at loaner sites compared to 50 percent at non-loaner sites and have reported 12 lives saved.

b. <u>Enactment and Enforcement:</u> There have been laws passed in many states to protect children from unintentional drowning. Ten states have safety laws requiring fencing around residential swimming pools and many local jurisdictions also have fencing or barrier ordinances. Five states have laws designed to prevent entrapment-related incidents for residential swimming pools. These generally consist of requiring anti-entrapment safeguards, such as the installation of drain covers or multiple drains. The Virginia Graeme Baker Pool and Spa Safety Act, a federal law passed in December 2007, provides an incentive for states to pass comprehensive laws requiring safeguards for pools and spas, such as barriers/fences and anti-entrapment devices. The law also requires the establishment of a safety standard for anti-entrapment drain covers; public pools and spas to be equipped with anti-entrapment drain covers and other layers of protection, such as safety vacuum release systems; and a federal government-implemented national drowning prevention education program.

Forty-seven states and the District of Columbia have enacted boating safety laws that require children wear life jackets while participating in recreational boating and in 2002, the U.S. Coast Guard issued a rule requiring children under 13 wear life jackets while aboard recreational vessels in Coast Guard waters.

IV. Safe Kids USA's Call to Action

Despite the reduction in the child injury death rate, more work still needs to be done in order to address the leading killer of children ages 1 – 14 in this country. Safe Kids USA is calling on national and state governmental leaders to recognize that accidental injury is the #1 threat to the nation's children, and in response, to marshal a multi-faceted effort (similar to what the nation

has done to address drunk driving and smoking cessation) to eliminate this serious public health threat.

A. Federal Efforts Needed

Specifically, Safe Kids is urging the federal government to implement a number of steps to keep kids safe:

1. Congress and the President should continue and increase efforts to modernize the operations and facilities of the U. S. Consumer Product Safety Commission (CPSC) so that it can better fulfill its critical mission of protecting consumers, especially children, from dangerous products. This includes swift passage and enactment of the CPSC's pending reauthorization legislation (H.R. 4040/S. 2663)

2. Congress and the President should target increased funding to the several federal agency programs charged with promoting and improving child safety. These include programs housed at agencies, such as the National Highway Traffic Safety Administration (NHTSA), the United States Fire Administration (USFA) and the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control (CDC).

3. Congress should continue its aggressive oversight of the federal agencies charged with protecting children from unintentional injury to ensure each agency is properly meeting its mission.

4. Congress and the President should support full funding to the programs recently authorized by the Virginia Graeme Baker Pool and Spa Safety Act (P.L. 110-140). This would allow the CPSC to properly and fully implement the state law advocacy grant program that is designed to motivate states to pass or improve pool and spa safety laws by requiring "layers of protection" that prevent drowning and entrapments (i.e., four sided isolation fencing, anti-entrapment drain covers, safety vacuum release systems, among other safety devices). Congress and the President should also provide the necessary funds to implement the critical pool and spa safety education program required by the law.

5. Congress and the President should fully fund, and federal agencies should continue to support, incentive grants programs that are designed to encourage states to pass child safety laws, such as primary safety belt enforcement, booster seat and pool/spa safety legislation.

6. Congress and the President should, through existing programs and the creation of new authorities, ensure that life-saving child safety devices (car seats, carbon monoxide detectors, smoke alarms, pool/spa anti-entrapment drain covers, for example) are available at no cost (or low cost) to disadvantaged families that could not otherwise afford them.

7. Congress, federal agencies and injury prevention stakeholders should work together to improve consumer product recall effectiveness so that dangerous products are quickly removed from retail store shelves, homes, day care centers and re-sale shops.

8. The U.S. Surgeon General, America's chief health educator, should focus the nation's attention on childhood accidental injury by issuing an official public health report on unintentional injuries and deaths and how, collectively, we can prevent them. This report should be a catalyst to generate a major public health initiative in the Office of the U.S. Surgeon General.

B. State Efforts Needed

Safe Kids also believes that there is a role for state government officials to promote proper child safety practices:

1. Safe Kids calls on state legislatures and governors to enact:

   a. Laws that require all children to be appropriately buckled in a child safety seat (infant seat, forward facing child safety seat or booster seat) or seat belt in the back seat of motor vehicles; and

   b. Laws that make it unlawful to leave a child unattended in a motor vehicle even for a short period of time.

2. State legislatures should address bike crashes by passing or improving child helmet use laws in all 50 states for all wheeled activities (i.e., bicycles, scooters, skateboards and in-line skates).

3. State legislatures should address carbon monoxide poisoning by passing carbon monoxide detector use laws in all 50 states that require detectors in all residences, day care centers, hotels/motels and schools.

   **Please note that the penalties for violations of these safety device use laws (items 1 – 3) should be high enough to provide an economic disincentive for non-compliance.*

4. State governors and legislatures should ensure that their respective state public health agencies have adequate funding streams to support the country's injury prevention departments. For the last several years, funding has been reduced for state agencies to address unintentional injury prevention. An adequately funded state public health agency is the cornerstone of a state government's commitment to preventing accidental childhood injury.

V. Conclusion

As childhood unintentional injuries and deaths still exist and can be prevented, parents, caregivers, state and federal policy makers, and communities must make children's safety a priority. Safe Kids commends Chairman Kennedy and Ranking Member Enzi, along with the other members of this committee, for their support of child safety and safer environments for children. We look forward to working with this Committee on any efforts designed to protect children from accidental injury and death.