



***It's the right thing to do and it saves money!***

By taking action on these ten recommendations we can:

- Save the lives of **thousands** of children in California;
- Save **hundreds of millions of dollars** a year in healthcare costs, and **billions of dollars** in parents' lost wages caring for injured children.

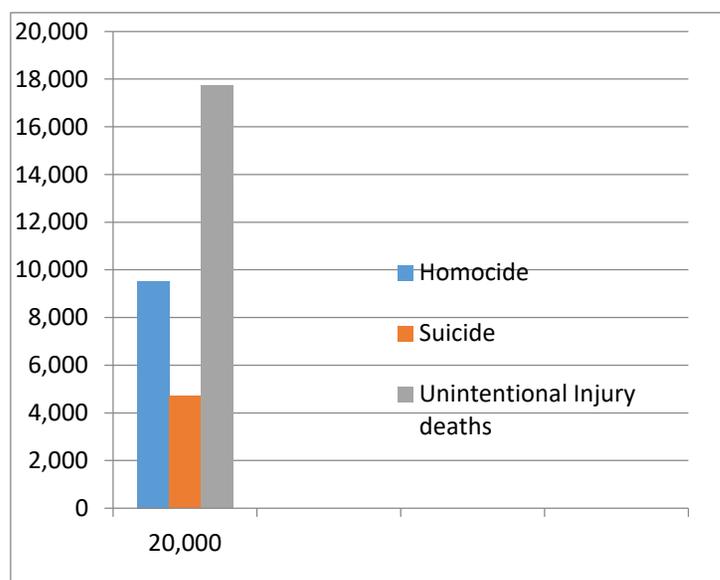
## Top Ten Actions

We need to take In California  
To save Children's Lives

**Unintentional Injury** is the leading cause of death and hospitalizations for California's children and youth ages 1-19 years old, and the leading cause of injury-related deaths for babies and infants.

Every ten years, unintentional injuries causes the death of nearly 10,000 California children and youth ages 0-19 years old, hospitalizes more than 240,000 others and sends over 4 million children and youth to emergency rooms.

**Table 1.**



Number of CA **0-24** y/o deaths 2003-2013

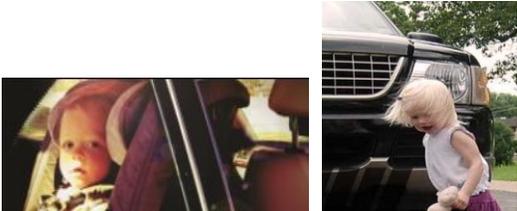
Data obtained Jul 13, 2015 from CDC's **WISQARS™** (Web-based Injury Statistics Query and Reporting System – Which uses age range 0-24 rather than 0-19 as the CA project)

This **“Top Ten Action List”** is a **call to action**. **If we want** to dramatically reduce the number and severity of unintentional – “preventable”- injuries that claim the lives of too many of California’s children, we need to act now. Working together we can **Save Children’s Lives!!!**

Action #	Unintentional Injury Prevention ACTION Description	RECOMMENDATIONS
1	<p><b>Prevent drowning by updating California’s Pool Safety law, and increase everyone’s knowledge of water safety concepts.</b></p> <p>Drowning continues to be the leading cause of injury-related deaths for children under the age of 5. A child can drown in the time it takes to answer a phone. Every year dozens of California’s youngest children lose their lives and more than 200 other children suffer near-drowning incidents, with the majority of the drowning taking place in their parents’ and guardian’s pools.</p> 	<ul style="list-style-type: none"> <li>❖ California’s Pool Safety Act must be updated to specify what barriers are required to prevent a child from getting to the pool unsupervised.</li> <li>❖ All existing pools should be inspected when a home is sold, to make sure the pool complies with the state’s Pool Safety Act standards.</li> <li>❖ We need all parents and caregivers to understand isolation fencing continues to be the most effective means of reducing pool drowning incidents!</li> <li>❖ We need to increase everyone’s knowledge of Safer3 concepts<sup>i</sup>: 1. Recognize risks associated with water related activities; 2. Implement strategies to reduce and manage those risks, especially active supervision; and 3. Maintain those strategies responsibly.</li> </ul>
2	<p><b>Protect babies from sleep suffocations by updating birthing hospital discharge protocols, parent education requirements, and supporting local outreach programs working with at risk moms.</b></p> <p>Each year suffocation injuries take the lives of more than 50 California children, results in 320 nonfatal hospitalizations and 879 emergency room visits, with sleep suffocation as the leading cause of suffocations resulting in death.<sup>ii</sup></p> 	<ul style="list-style-type: none"> <li>❖ All birthing hospitals should be required to adhere to The National Safe Sleep Hospital Certification Program<sup>iii</sup> concepts.</li> <li>❖ All birthing and parenting classes should include proven national best practice safe sleep information and training modules, such as those provided in the national <b>Safe to Sleep</b> campaign.</li> <li>❖ Local safe sleep advocates, new mom support groups, public health agencies, and children’s hospitals need more support from state and local government and foundations to ensure they have the resources to help them customize outreach, education and support programs that meet the unique needs of local populations and at-risk moms.</li> </ul>

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<p><b>3</b></p>	<p><b>Increase teen driving safety as priority to reduce traffic related unintentional injuries and deaths.</b></p> <p>Traffic related vehicle crashes are the leading cause of unintentional injuries leading to hospitalizations and death. Teen Graduated Driver Licensing (GDL) polices have resulted in a 40-60% reduction in teen fatalities. However, vehicle crashes caused by teens continue to be the number one cause of death and hospitalizations over all other childhood unintentional and intentional injury causes. Currently under California law teens can wait until they are 18 years of age and receive a driver’s license without driver’s training or progressive driving experience. Teens that skip going through GDL have a 45% higher crash rate than teens who pass California’s GDL program. Those teens that wait until 18 to obtain their license, and thereby avoid the entire GDL process, are literally killing hundreds of other drivers and teen passengers.</p>	<p>❖ Increase the age range for our Graduated Driver Licensing program from age 17 to age 21, to ensure that all young drivers get the training and experience they need to protect themselves and everyone else on California’s roadways.</p> 
<p><b>4</b></p>	<p><b>Prevent young children from falling out of windows.</b></p> <p>Falls, including window falls, are the leading cause of nonfatal injuries for children ages 0-19 years old. Approximately 8,000 children across the country are treated in emergency departments every day in the United States for fall-related injuries,<sup>iv</sup> which is aligned with the SafeKids report for 2013 that reported more than 2.5 million children were seen in emergency rooms due to falls.<sup>v</sup> Window falls are not the leading type of fall in terms of numbers seen in emergency rooms, but unlike many other types of falls window falls are the most deadly. New York City reduced its window fall incidents by 95% using best practice window fall prevention public safety law.</p>	<p>❖ Enact best practice law proven to be successful in other parts of the United States. The model window fall law requires building owners, landlords and superintendents to provide tenants with young children window fall safety information, and to install window safety guards if the tenant has young children under the age of ten. Window safety guards cost less than \$35 and are easily installed by a certified technician.</p> 

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5	<p><b>Reinstate schools and fire departments safety education role in our communities.</b></p> <p>All California school districts used to be required to have age appropriate safety curriculum, and fire departments used to maintain safety education staff. These important community safety resources and partners are no longer required in our state.</p> 	<ul style="list-style-type: none"> <li>❖ California’s Department of Education needs to restore the age appropriate safety curriculums to our schools.</li> <li>❖ All local fire departments’ safety education staffing must be restored.</li> <li>❖ Develop age appropriate student and parent/caregiver interactive safety workbooks. Safety workbooks should incorporate, besides age appropriate safety information and lessons, interactive components bringing parents and caregivers together with their children around the issues of safety. To increase unintentional injury prevention we need both age groups – parent and students – to have increased knowledge about unintentional injury prevention and what to do when an injury occurs.</li> </ul>
6	<p><b>Increase bicycle and pedestrian safety.</b></p> <p>Research has consistently showed that a properly fitted and worn safety helmet can reduce head injuries, facial injuries, and the severity of brain injuries associated with bicycle crashes by 66% to 88%. An American Academy of Pediatric funded study of 1,248 bicycle crashes in Los Angeles between 2006-2011, involving children with an average age of 13, found only 11.3% had a helmet on at the time of the bicycle crash. Eight of nine children that died resulting from these bicycle crashes did not have a helmet on at the time of the crash.</p> <p>In just over ten years, 2003-2013, there were 6,689 California children between the ages of 0-13 hospitalized and 421 killed due to pedestrian versus vehicle crashes. Of those children killed or hospitalized, 299 deaths and 4,360 hospitalizations were children less than eight years of age. Emergency room childhood pedestrian incident data is only available from 2006 on. During 2006 to 2013, more than 116,622 children ages 0-13 were treated in emergency rooms due to pedestrian versus vehicle collisions.</p> 	<ul style="list-style-type: none"> <li>❖ Increase access to bicycle safety helmets by supporting programs providing low cost or free bicycle helmets, especially in low income communities.</li> <li>❖ Remove barriers to the enforcement of California’s bicycle helmet law. Restrict bike helmet violation citations to \$25 and remove the \$275 additional court fees currently tacked on to the helmet citations, unless the citation is contested in court. Inflated bicycle helmet citation costs and discourage law enforcement from writing helmet violation citations, especially in low income communities</li> <li>❖ Increase support for hands-on-safety-education programs carried out at schools</li> <li>❖ Increase requirements for intra-communication and cooperation of state and local traffic planning, repair and maintenance agencies. Lack of transportation maintenance and planning agency communication and collaboration results in ineffective application of intersection and roadway strategies and remedial actions when a pedestrian and/or bicycle “hot spot” is identified. Hotspots are the locations where there are multiple pedestrian, bicycle or vehicle crashes, and where “traffic calming” and “road diet” techniques or other corrections could prevent future crashes.</li> </ul>

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7	<p><b>Protect kids from being left in cars, and keep them from being backed over or run over by vehicles leaving driveways and parking spaces.</b></p> <p>It is estimated that dozens of California children are killed each year and more than 200 children suffer serious injury due to being left in cars or being hit or run over by vehicles exiting driveways or parking spaces.</p> <ul style="list-style-type: none"> <li>• KidsAndCars.org reports that when infants and young children are left in cars, 50% of the incidents are unintentional, 12% are intentional, and 33% are due to children playing in parked cars and becoming trapped. The overwhelming cause of death for a child left in car is heat stroke.</li> <li>• A sobering statistic involving backover incidents is that approximately 70% of these tragedies result in death, and in the majority of cases a parent or close relative was responsible.</li> </ul> 	<ul style="list-style-type: none"> <li>❖ Provide more prevention technical support helping local injury prevention groups, and public health, fire department and law enforcement agencies to be more effective in community engagement and communication regarding these safety issues</li> <li>❖ Establish statewide incident reporting standards that ensure incidents of children being left in cars, and backovers and frontovers are reported accurately. This will provide better overall understanding of the underlying circumstances of these incidents which will lead to better prevention policies and strategies.</li> <li>❖ Support the National Highway Transportation Safety Administration's (NHTSA) federal auto manufacturing standards requiring all vehicles built after 2018 to have rearview video camera and sensing systems, that will help prevent driveway and parking lot backovers.</li> <li>❖ At the state level create incentives using insurance premium and/or vehicle license fee discounts to encourage installing aftermarket rearview video cameras in vehicles made before 2018.</li> </ul>
8	<p><b>Prevent sports related concussion and brain injury</b></p> <p>Far too many children suffer lifelong brain damage, because they continue to participate in sports even though they may have a concussion. Updated brain development science and high profile concussion discussions around professional sports are providing a platform for establishing concussion and brain injury prevention protocols for school based athletic programs and other organized sports. California's legislature and Governor recognized the concussion safety issue and in 2014 passed legislation instilling concussion prevention protocols in our school athletic programs (AB 2127 (Cooley)/Chapter 165 of 2014). California now needs to protect the brains of all young athletes.</p>	<ul style="list-style-type: none"> <li>❖ Extend concussion safety protocols to all organized sports programs that utilize public parks and other public facilities. Base the sports related concussion prevention safety protocol on the free on-line program provided by the Center for Disease Control "Head's Up" brain injury training and certification course for coaches, parents and players or equivalent program. Educating coaches, parents/caregivers and players about brain injury prevention, and having well established remove from play and return to play head injury protocol in place will help prevent concussions and brain injury in our young athletes.<sup>vi</sup></li> </ul> 

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9	<p><b>Increase access to smoke alarms, carbon monoxide alarms, bicycle safety helmets, safety seats, and life jackets, especially in low income communities, and support safety programs in how to correctly use these safety tools correctly.</b></p> <p>Most childhood burn related hospitalizations and death are associated with home fires, with the greatest number of childhood injuries caused by kitchen fires. Smoke alarms are one of the most important tools a family has to prevent fire related injuries or death involving house fires. Vehicle safety seats are required for all children up to 8 years old, and the National Highway Traffic Safety Administration (NHTSA) estimates that controlling for driver safety belt use and the child's seating position, child restraints are 71% effective in reducing fatalities among infants and 54% effective among children aged one to four in passenger cars.</p> <p>Life jackets<sup>vii</sup> are required for all children up to age 13 while boating, and recommended for older children not proficient in swimming while swimming in a pool or open body of water. But, this important safety equipment is not of any use if a child or their parent(s) does not have access to the equipment, nor if parents and children do not know how to correctly use the safety equipment.</p>	<ul style="list-style-type: none"> <li>❖ Increase access to low cost or free smoke alarms, safety helmets, safety seats, and life jackets, especially in low income communities.</li> <li>❖ Increase the number of an access to NHTSA trained safety technicians, to ensure all parents and caregivers know how to install a safety seat, and where and how to buckle up a child correctly</li> <li>❖ Support school based students' hands on safety training programs with a focus on burns, bicycle, swimming, boating and pedestrian safety based on model programs like Safe Moves in LA, Safe Street in the Bay area, and Safetyville USA in Sacramento.</li> </ul> <div style="text-align: center;">  </div>
10	<p><b>Establish best practice statewide standards for incident reporting.</b></p> <p>California does not have a statewide standard for collecting information and data from the sites where children suffer unintentional injuries. Better collection of data and information at the site of the incident can help us develop better prevention policies and strategies.</p> <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> <li>❖ The counties of Orange, Riverside, San Bernardino, and San Diego have developed best practice report forms for drowning incidents, and an American Academy of Pediatrics Chapter 4 research report<sup>viii</sup> provide templates that can be applied statewide, and help in the development of other types of unintentional injuries incidents report forms.</li> <li>❖ Having accurate information about California unintentional injury incidents involving burns, window falls, sleep suffocation, poisoning, kids left in cars, backovers and frontovers, is critical in addressing prevention.</li> </ul>

**Organizations that put in financial or significant in-kind resources to support the Unintentional Injury Prevention Strategic Plan Project:**

- ✦ Association of California Life Health Insurance Companies, Brad Wenger President
- ✦ California Association of Health Plans, Honorable Pat Johnson, Past President
- ✦ California Hospital Association, Honorable William J. Emmerson, DDS, Senior Vice President, State Relations & Advocacy
- ✦ California Department of Public Health, Safe Active Communities Branch
- ✦ California Emergency Medical Services Authority
- ✦ University of San Diego Children's Advocacy Institute and Center for Public Interest Law
- ✦ Northern California Kaiser Foundation
- ✦ Lucile Packard Children's Hospital
- ✦ UCSF Benioff Children's Hospital Oakland
- ✦ California Healthcare Foundation
- ✦ The California Endowment
- ✦ Clinica Sierra Vista
- ✦ California Coalition for Children's Safety and Health (CCCSH)
- ✦ Advocates for Health Economics and Development (AHEAD)

To obtain the full 120 page Unintentional Injury Prevention Strategic Plan Project report contact Steve Barrow, AHEAD, Project Co-Chair at [scbarrow88@gmail.com](mailto:scbarrow88@gmail.com) or Cathy Barankin, CCCSH, Project Co-Chair at [cbarankin@aol.com](mailto:cbarankin@aol.com).

<sup>i</sup> Safer 3 at <http://www.swimforlife.org/programs-services/safer3.html>

<sup>ii</sup> California Department of Public Health EPICenter data

<sup>iii</sup> National safe to sleep and safe sleep hospital certification on-line information <https://www.nichd.nih.gov/sts/Pages/default.aspx> [http://www.cribsforkids.org/wp-content/uploads/22772-Cribs-for-Kids-Brochure\\_15.pdf](http://www.cribsforkids.org/wp-content/uploads/22772-Cribs-for-Kids-Brochure_15.pdf)

<sup>iv</sup> Center for Disease Control and Prevention (CDC) 2012 injury prevention center data.

<sup>v</sup> Safe Kids reports on fall safety <http://www.safekids.org/falls>

<sup>vi</sup> Legislation was passed in the 2013-14 California state legislative session amending Section 49475 and adding Section 35179.5 to the California Education Code, relating to interscholastic sports head injuries and concussions. The bill was Assembly Bill No. 2127, by Assembly member Cooley, and was signed by the Governor as Chapter 165 in 2014. The legislation, AB 2127, provides for concussion and head injury protocol involving kids playing sports associated with public and private schools in California. The legislation is focused on four things: Head injuries and traumatic brain injury are a serious concern regarding interscholastic sports programs; Education of parent and caregivers, requiring them to sign an informational fact sheet regarding concussion and head injuries before their child can participate in a school based sport; Creates the frame work for "return-to-play" procedures in case of a head injury or concussion; and Urges – but does not require - the California Interscholastic Federation to work in consultation with the American Academy of Pediatrics and the American Medical Society for Sports Medicine to develop and adopt rules and protocols to implementing "return to play" protocol. Bill legal language can be found at: [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB2127](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2127)

<sup>vii</sup> Life jacket information <http://www.dbw.ca.gov/Boaterinfo/LifeJacketinfo.aspx>

<sup>viii</sup> CA AAP Chapter 4 research "Drowning of 1-4 Year Old Children in Swimming Pools and Spas – Surveillance Handbook" <http://www.ockeepkidssafe.org/pdfs/drowning/Drowning-of-1-4-Year-Old-Children-in-Swimming-Pools-and-Spas-Surveillance-Handbook.pdf>