

Mississippi's Children...

Our Most Precious Resource



Mississippi Child Death Review Panel

Mississippi State Department of Health, Health Services

2010 Annual Report

LETTER FROM THE CO-CHAIRS

Infant and child deaths have profound effects upon individuals and communities. These untimely deaths are all tragic, but those that could have been prevented are particularly so. The state of Mississippi has made efforts to prevent and reduce infant and child mortality and morbidity for many years; however, there have always been cases that remained largely unexplained. Preventing infant and child death requires further understanding of the causes and circumstances surrounding each case. As members of the Mississippi Child Death Review Panel (CDRP), it is to this goal of prevention that we are dedicated.

The CDRP was established by House Bill 560, which became effective July 1, 2006. We have since met at least quarterly, with subcommittees meeting as necessary. The CDRP is tasked with the specific duty of preparing an annual report to be submitted to the Chairmen of both the House and Senate Public Health and Human Services Committees. The report herein is written to display our findings and to make recommendations to legislators regarding policy additions and/or changes which would begin to reduce the number of infant and child deaths in our state.

Paramount for legislators and others to see is the number of “**preventable**” deaths. This data is listed at the top of each Cause of Death category and is highlighted in yellow. It serves as a reminder to us all that we CAN make a difference in protecting the lives of children in our state. By educating parents, teachers, caregivers and the general public about risk factors and safety issues - even when the education may challenge traditional habits and practices - we *can and will* make a significant impact on Mississippi’s child mortality and morbidity.

Regarding preventability, the most glaring numbers are seen this year in the following Cause of Death categories: *Vehicular, Fire/Burn Related and Suffocation/Strangulation*. In the Vehicular category, though great strides have been made through recent Graduated Licensure in teens and Booster Seat legislation, more vigilance is needed. Mississippi is one of only six states with no ATV safety laws; therefore, we recommend the passage of ATV safety legislation during the 2011 session. As for Suffocation/Strangulation deaths, we again **strongly support** the implementation of a statewide, state funded “Cribs for Kids” program. This program has proven time and again to reduce SIDS deaths by one half. Plainly stated, infants **must** have a safe place to sleep to reduce the tragedy of SIDS, SUID (Sudden Unexplained Infant Death), and Suffocation caused by rollovers or unsafe sleep environments. Above all, please note the recommendations on the corresponding pages as vital areas of opportunity to decrease the number of children’s lives lost.

Mississippi’s Child Death Review Panel remains committed to the simple, yet incredibly important goal of preventing infant and child deaths in our state. Through public awareness, education, and prevention and safety legislation, we intend to do just that.

Sincerely,

Tami H. Brooks, MD
Appointee, Speaker of the House

Jamie Adams Seale
Appointee, Lt. Governor

TABLE OF CONTENTS

Letter from the Co-Chairs.....	2
Table of Contents.....	3
State Team Members.....	4
Preface.....	5
Definitions.....	6
Overview.....	7
Cause vs. Manner of Death.....	8
The Review Process.....	9
Motor Vehicle Collision.....	10
Sudden Infant Death Syndrome.....	11
Suffocation / Strangulation.....	12
SUID (Sudden Unexplained Infant Death) and Combined Recommendations.....	13
Defining SIDS, Suffocation/Strangulation and SUID.....	14
Drowning.....	15
Firearm / Weapon Related.....	16
Poisoning / Overdose.....	17
Inflicted Injury.....	18
Fire / Burn.....	19
Other Causes Not Listed.....	20
Lack of Adequate Care.....	21
Legislative Recommendations.....	22

Supporting Documents and Information:

Addendum 1A – 1C: ATV Safety.....	23 - 25
Addendum 2: Safe Kids USA Booster Seats Tips.....	26
Addendum 3: Safe Sleep Messaging.....	27
Addendum 4: Cribs for Kids Program.....	28
Addendum 5: FBI Kids Gun Safety.....	29
Addendum 6: Suicide Prevention Hotlines.....	30
Addendum 7A – 7B: Mississippi EMSC.....	31 - 32
Addendum 8: Fire Prevention and Safety Federal Grant.....	33

STATE TEAM MEMBERS

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Cathy Files	Mississippi SIDS Alliance, Inc.
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Carolyn Gillentine	State Coroner's Association
Sam Howell	Mississippi State Medical Examiner's Office
Patti Marshall	Attorney General's Office
Sandra McClendon	Department of Human Services
Rex & Faye McCord	The Compassionate Friends
Judy Moulder	Mississippi State Department of Health – Office of Vital Statistics
Ashley Nichols	March of Dimes
Sheriff Tim Perkins	State Sheriff's Association
Jamie Adams Seale	Appointee – Lieutenant Governor
Lynn Walker, MD	American Academy of Pediatrics
LaFarra Young-Gaylor, MD	University of Mississippi Medical Center – Pathology Department
Vacant	Children's Advocacy Center

Ad Hoc Membership List

Reggie Bell	Mississippi Fire Academy
Scott Benton, MD	UMC Department of Pediatrics
Connie Bish, PhD	MCH Epidemiologist, CDC Assignee, MS State Department of Health
Gerri Cannon-Smith, MD	Jackson State University
Ricky Davis	Mississippi Fire Academy Chief Fire Marshall
Kelly Elliott	Mississippi Fire Chiefs Association
Michael Hughes	Mississippi SAFE Kids
Jara Miller	YMCA / Family Support Center
Tammy Peavy	Mississippi State Fire Marshall's Office
Gloria Salters	Attorney General's Office
Leslie Threadgill	Mississippi SIDS Alliance, Inc.

PREFACE

There were 706 children under the age of 18 who died in Mississippi from January to December 2009. While each one of these deaths leaves a terrible void, each also provides a powerful opportunity to serve as a warning to other children at risk. To better understand how and why these children died, the CDRP maintains statistical data on child mortality. Ultimately, it is our goal to identify deaths that may be preventable in Mississippi in years to come.

This report is a compilation of Review team meetings where members examine and assess death certificates, toxicology reports, autopsies, death scene investigations, etc. These are our intentions: 1) to identify factors that put children at risk of injury or death; 2) to share information among agencies that provide services to children and families or that investigate child deaths; 3) to improve local investigations of unexpected/unexplained child deaths; 4) to improve existing services and systems while identifying gaps in the community that require additional services; 5) to identify trends relevant to unexpected/unexplained child injury and death; and 6) to educate the public about the causes of child injury and death while also defining the public's role in helping to prevent such tragedies.

Several bills have recently passed that we believe will, over time, decrease the number of child deaths in our state. We are truly grateful for the efforts and focus of numerous members of the House and Senate and applaud the legislature for the passage of the following bills and/or resolutions:

- HB558 (2008): Booster Seat Law
- HB1357 (2008): Bans riding off road vehicles in public waterways, increases fines for trespass
- HB1405 (2008): Creates \$50 fee on sale of ORVs & motorcycles to pay for state's trauma care system
- SB2280 (2009): Graduated Licenses for Teens
- SB2249 (2009): Self-extinguishing Cigarettes
- HB722 (2009): Hospital Notification of Fire Marshall on Burn Deaths
- SB2770 (2009): Teen Suicide Prevention Education for Teachers
- HC23 (2009): Joint Resolution encouraging families to take ORV safety course, use helmets for riders under age 16 and ride at slow speeds

We are extremely pleased with the legislature's focus on addressing the needs in the State Medical Examiner's office, *as it is and has been* our belief that with proper direction and management at that level, we will receive much more viable data to review and learn from. As Richard Burleson, Director of the Alabama Child Death Review, stated, "***You cannot change what you cannot measure.***"

The 2010 CDRP Annual Report presents key findings from the review team and from Mississippi's child mortality data. It also makes recommendations that may help prevent unexpected or unexplained child deaths. Thus, this report honors the memory of *all* children who have died in Mississippi. We hope that it leads to a better understanding of how we can all work together to make our state a safer and healthier place for children and grandchildren.

DEFINITIONS

Cases that meet the criteria for review: These are cases involving the deaths of Mississippi resident infants and children from birth to less than 18 years of age whose deaths are considered unexpected or unexplained. We also review child deaths of non-Mississippi residents that occurred in our state.

Cause of death: As used in this report, the term “cause of death” refers to the underlying cause of death. The underlying cause of death is the disease or injury/action initiating the sequence of events that leads directly to death, or the circumstances of the accident or violence that produced the fatal injury.

Reviewed Cases: This term includes those cases that were reviewed by the responsible CDRP subcommittee.

Manner of Death: This is one of six general categories (Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, or Natural Causes) that is found on the MS Death Certificate.

Medical / Natural Causes: A manner or cause of death by other than external means (the expected outcome of a disease, birth defect, or congenital anomaly). The CDRP normally will not review such cases. However, many cases in which the cause of death is initially classified as “Pending” or “Undetermined/Unknown” are later discovered to have been death by “Natural Causes.” This is why there are so many in this category included in our data. Sudden Infant Death Syndrome (SIDS) is considered a natural cause of death, but our teams are required by law to review all SIDS and SUID deaths.

SUID: (Sudden unexplained infant death) This is a new cause of death listed as a result of the CDC’s increasing need for accurately classified data regarding infant death.

Unexpected/Unexplained: In referring to a child’s death, this category includes all deaths which, prior to investigation, appear possibly to have been caused by trauma, suspicious or obscure circumstances, child abuse or neglect, other agents, or SIDS.

CMEI: County Medical Examiner Investigator



OVERVIEW

- There were 706 infant and child deaths (under the age of 18) in 2009, a decrease of 3 children compared to 2008 data.
- 372 cases met the criteria for review, with 128 of those found to be medical/natural causes.
- 54% (131 children) of all non-medical child deaths were in the following Cause / Circumstance categories: Vehicular, SIDS, Suffocation/Strangulation, or Firearm.
- **51% of all non-medical child deaths (125 cases) were children age 2 or under, with 91 cases of the 125 under age 1.**
- 58% of the non-medical deaths reviewed (141 children) were male.
- No significant racial or ethnic disparities were noted: 50% of deaths reviewed were African Americans, 48% were White, and 2% were of other races.
- Significant increases in Cause /Circumstance of death occurred in the Fire/Burn category which increased from 7 to 25 deaths, the Inflicted Injury category which increased from 8 deaths to 13, and the SUID category (Sudden Unexplained Infant Death) which grew from 0 to 28 deaths. This is the first year this category has been a part of the annual report.
- **Significant decreases occurred in the following categories:** Lack of Adequate Care (50% less), Suicide (50% less), Firearm/Weapon Related (50% less), SIDS (58% less), and Suffocation/Strangulation (54% less).

Top Counties of Residence for Child Deaths Reviewed

Hinds County – 21 Deaths

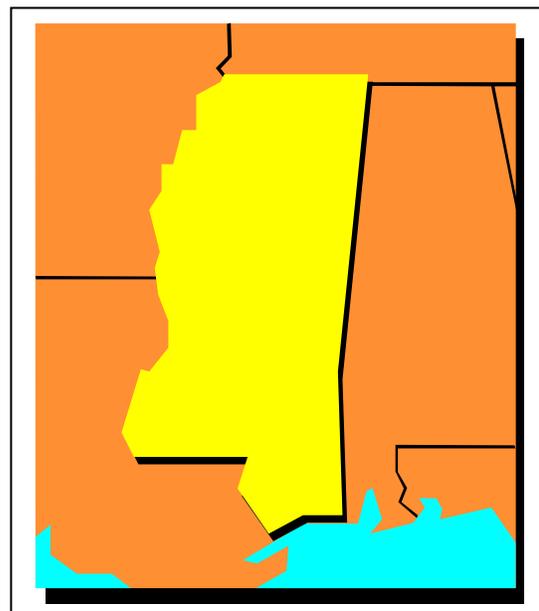
Rankin County – 11 Deaths

Jackson County – 10 Deaths

Oktibbeha County – 8 Deaths

Warren County – 7 Deaths

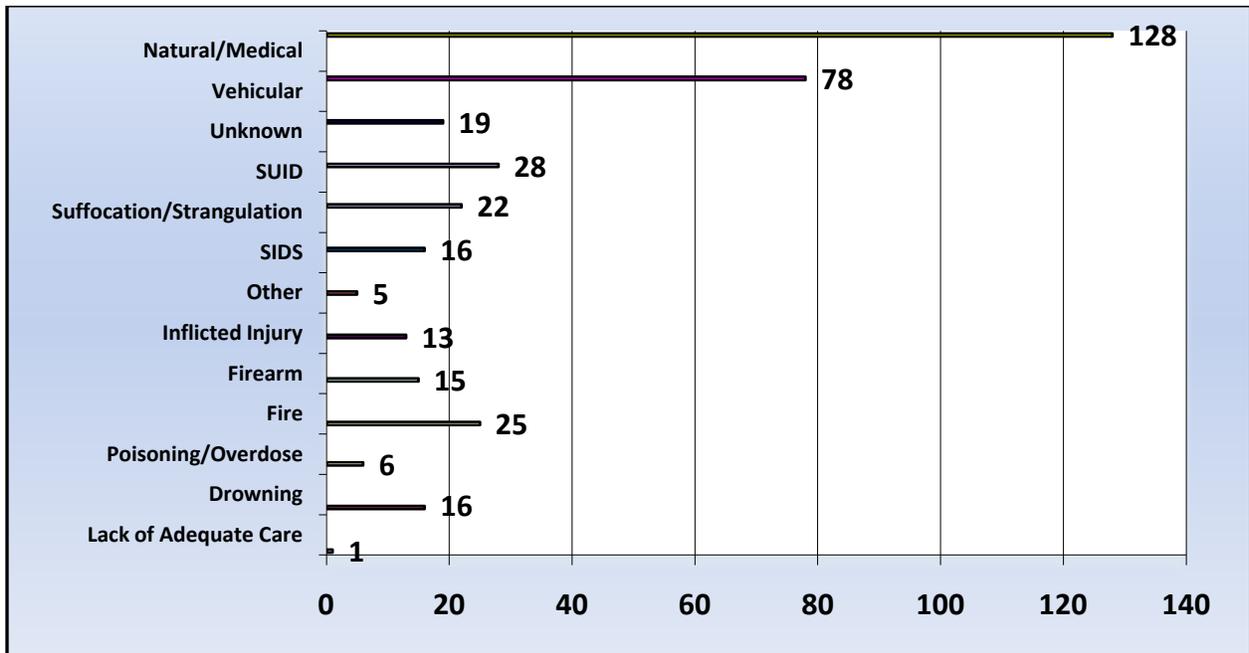
Forrest County – 7 Deaths



CAUSE vs. MANNER OF DEATH

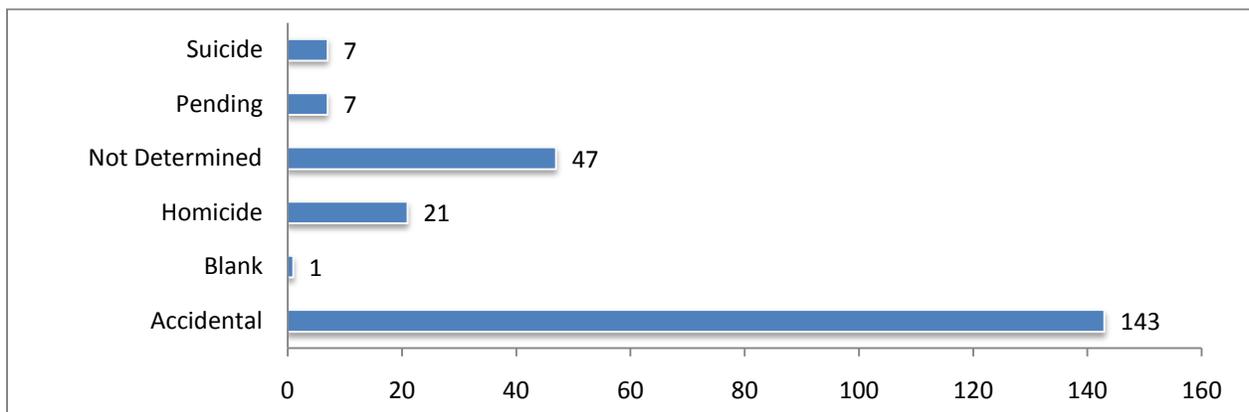
Cause of Death is the reason the child died. This is the disease or injury/action initiating the sequence of events that leads directly to death, or the circumstances of the accident or violence that produced the fatal injury. Information related to Cause of Death is reviewed from multiple sources including the MS Death Certificate.

The following graph shows the number of reviewed cases in each cause of death category:



Manner of Death is the classification of how the child died. It is one of six categories that is used to group deaths: Accidental, Blank (not listed), Homicide, Natural, Not Determined, and Suicide. As you can see, the majority of all reviewed child deaths in our state are accidental, thereby ***largely preventable***.

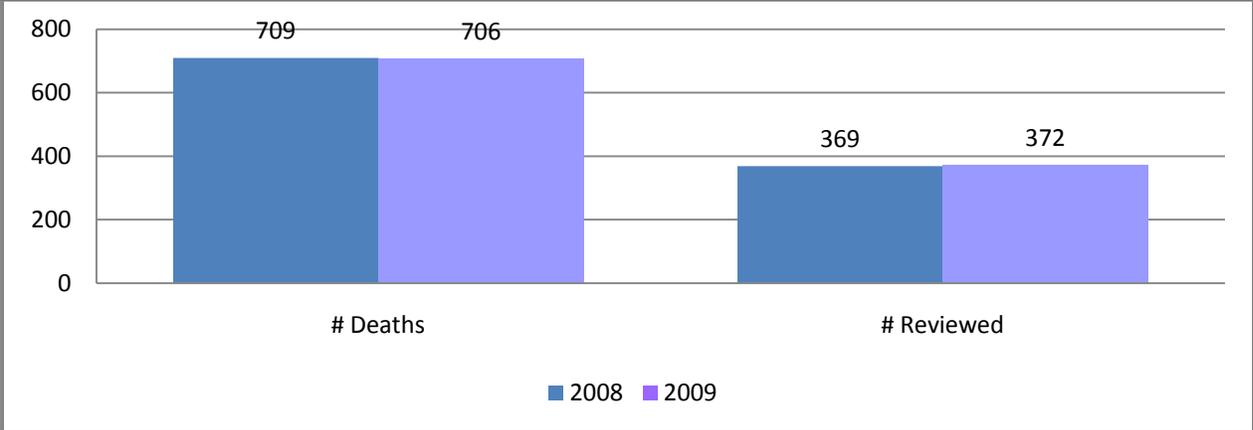
The following graph shows the manner of death (excluding Natural/Medical) in all cases reviewed:



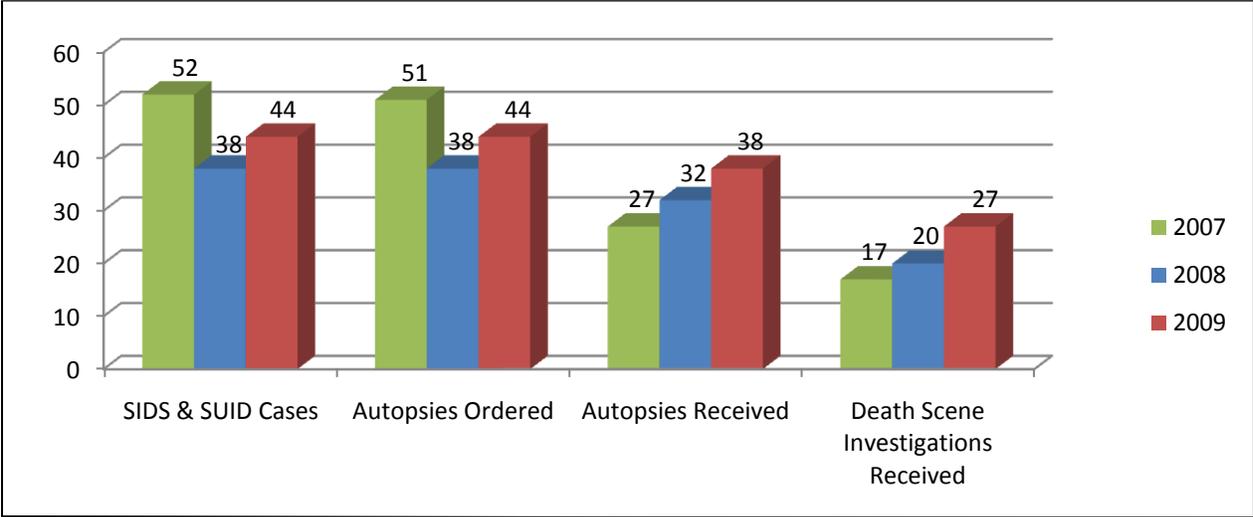
THE REVIEW PROCESS

Since inception in 2006, the Child Death Review Panel has been party to a very large learning curve. As the group has gained new members with differing areas of expertise, protocols and procedures have been streamlined and adapted to meet the needs of our state. It is our goal to review as many deaths as possible, as thoroughly as possible, focusing especially on those that are *preventable*.

The following chart shows the number of deaths in 2008 and 2009 vs. the number reviewed:



Though we believe that progress is being made, we are still experiencing an overall lack of information. We remain hopeful that as the system of payment for timely Death Scene Investigation reports is fully utilized, there will be a marked increase in the number of reports completed by CMEIs. (*CMEIs are required by law in our state to complete these reports for all SIDS cases, and the county coroners are now receiving additional compensation of \$100 (HB 1523) for getting this information to the State Medical Examiner's office in a timely manner.*) Though progress has been made, the chart below indicates that **information is still lacking** from CMEIs in our state *in spite of the legal mandate*.



MOTOR VEHICLE COLLISIONS

78 deaths

77 preventable

Key Findings:

- **Restraints** (when present in the vehicle) **were not used in at least 27 cases**, were used in 13 cases, and is unknown in 17 cases due to lack of documented information
- **37 of the 78 deaths were teens age 15 through 17 years**
- 25 deaths were drivers, 38 were passengers, 10 pedestrians, 1 left blank as to position of decedent, and 4 “other,” i.e., child on bicycle or playing in a vehicle
- 35 children were traveling in a car prior to death, 24 in a truck, RV or SUV, and 6 *cases were ATV related*
- All but 2 MVAs (97%) were accidental, with 1 case ruled a homicide and 1 case suicide
- Drivers were impaired in at least 3 cases, another violation was made by the vehicle operator in at least 20 cases, and speed or recklessness was cited in 11 cases
- All 6 of the ATV victims were *not* wearing a helmet

Recommendations:

- Continue to educate the public regarding roadway safety, use of restraints, and ATV safety, especially targeting young drivers. (*See Addendums 1B and C*)
- Examine the impact of the graduated licensing legislation that was passed during the 2009 session (SB2280).
- Consider amending current legislation mandating booster seats for all children at least 4, but under age 7 and weighs less than 65 lbs to bring more in line with national guidelines of under 4’9” tall and 80 – 100 lbs, regardless of age. (*See Addendum 2*)
- Consider mandating ATV safety courses with the purchase of a new vehicle. 4-H groups offer free safety courses, as well as the ATV Safety Institute and ATV.gov. Owners simply type in their zip codes and are directed to the closest ATV safety course.
- Institute an ATV drivers licensing and /or safety certification program similar to that required of hunters and boaters issued through the Department of Wildlife and Fisheries.
- **Support recommendations made by the Mississippi Chapter of the American Academy of Pediatrics regarding ATV safety legislation.** (*See Addendum 1A*)

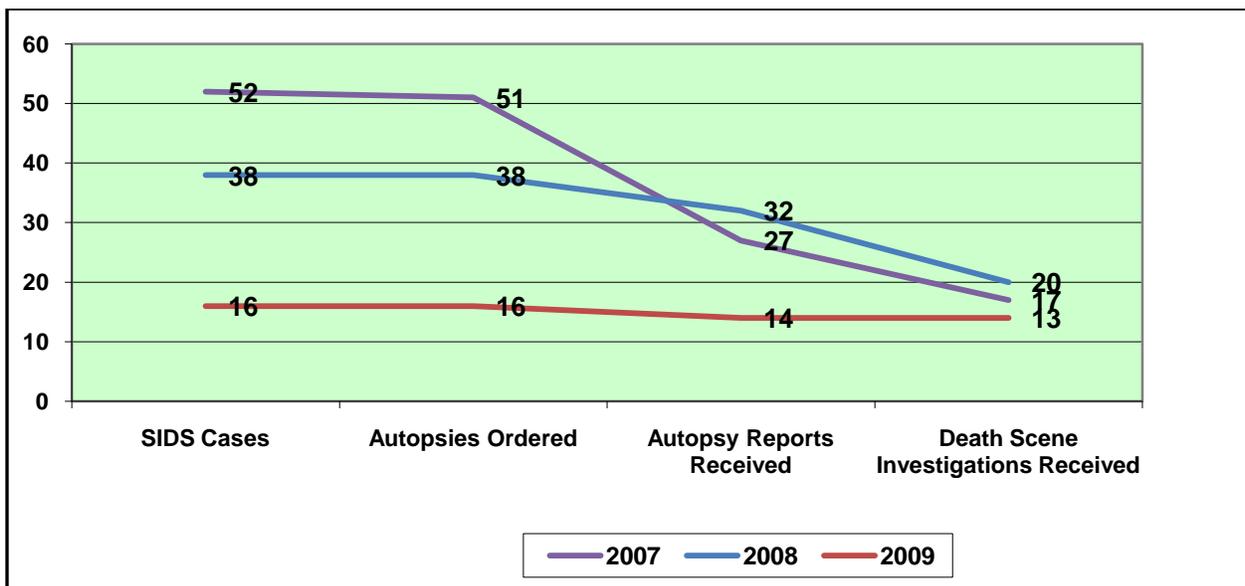
SUDDEN INFANT DEATH SYNDROME*

16 deaths

Key Findings:

- 16 infants deaths were classified as SIDS compared to 38 in 2008, a decrease of 58% - some of which is attributed to the new category of SUID in determining the cause of infant death
- No disparity in race was shown as 8 children were African American and 8 were White
- 12 infants were male (75%), 4 were female (25%)
- DHS was involved in 2 of these cases
- 94% of the infants were 4 months old or younger
- Upon discovery, 4 babies were on their backs (as recommended by the American Academy of Pediatrics), 5 were on their stomachs, 5 on their sides and 2 were unknown regarding position
- 38% of infants had a smoker in the household, 31% did not, and 31% were unknown
- 4 infants were premature, 11 were not premature, and 1 was unknown with the information presented to the Panel
- Mississippi law **mandates** that infant death scene investigations be performed on **all** suspected SIDS cases and reported to the State Medical Examiner's office, and although significant improvements have been made, there still remains a lack of full information available.

In support of this statement, please refer to the following graph:



SUFFOCATION/STRANGULATION*

22 deaths

22 preventable

Key Findings:

- 77% of the deaths (17 cases) reviewed in this category were babies under 12 months of age
- At least 16 of the 22 deaths (73%) were the result of co-sleeping (rollovers) or were sleeping in an unsafe sleep environment
- 18 of the suffocation/strangulation cases (82%) were reported as accidental, 1 was undetermined, and 3 were suicide
- 3 children died as a result of “other” unsafe sleep environments, i.e., unsafe sleeping surface, blanket around head, stuffed animals in bed, etc.



Looks can be deceiving!

The infant pictured here is actually in a very unsafe sleep environment due to the following factors: the infant is sleeping on his stomach, not back, too many surrounding objects posing a risk of suffocation, i.e., blankets, pillow, stuffed animals, etc.

Babies who sleep in unsafe sleep environments, including adult beds, are at a 40 times greater risk of dying.

- Cribsforkids.org

SUID (Sudden Unexplained Infant Death)*

28 deaths

25 preventable

Key Findings:

- All deaths reviewed in this category were babies under 11 months of age
- 25 of the 28 deaths (89%) occurred while either sleeping or in a “sleep environment”
- 16 of the 28 deaths (57%) in this group were due to unsafe sleep environments, i.e., co-sleeping with an adult, soft sleeping surface, blankets and stuffed animals in bed, etc.
- *Though mandated by the state, Infant Death Scene Reports were only received in 14 of the 28 cases*
- No significant disparity was noted in gender or race
- Manner of death was undetermined in 25 of the 28 cases
- Autopsies were performed in all 28 cases, but only 24 autopsy reports were received by the panel
- Department of Human Services involvement was noted in 2 cases

Recommendations (SIDS, Suffocation/Strangulation, and SUID):

- Greatly increase public awareness about the dangers associated with infants sleeping in adult beds and other unsafe sleep environments through simple, concise messages that family members and caregivers can remember easily. (*See Addendum 3*)
- Financially support the “Cribs for Kids” program which has been shown to decrease rollover occurrences by 50%. *In 2010, the Mississippi SIDS Alliance distributed 341 cribs at a total cost of \$22,161.59.* Each crib is purchased for \$49.99 with a \$15 fee for shipping. (*See Addendum 4*)
- Continue to educate the CMEI on completing death scene investigations as required by law as well as *uniformity in reporting*.
- Require that autopsies of suspected SIDS cases be performed by or in consultation with a pediatric pathologist with expertise in SIDS.
- Provide funding for advanced training in child death scene investigations for CMEIs.

Defining SIDS, Suffocation/Strangulation and SUID

The relationship between SIDS, Suffocation/Strangulation and SUID is an issue that must be addressed in order to accurately present data related to these causes of death.

Nationally, SIDS (Sudden Infant Death Syndrome) rates have been declining since the early 1990s. However, CDC research has found that the decline in SIDS since 1999 can be explained by the *increasing* SUID and Suffocation/Strangulation rates due to “rollover deaths,” i.e., overlaying, suffocation, and wedging of infants in a sleep environment.

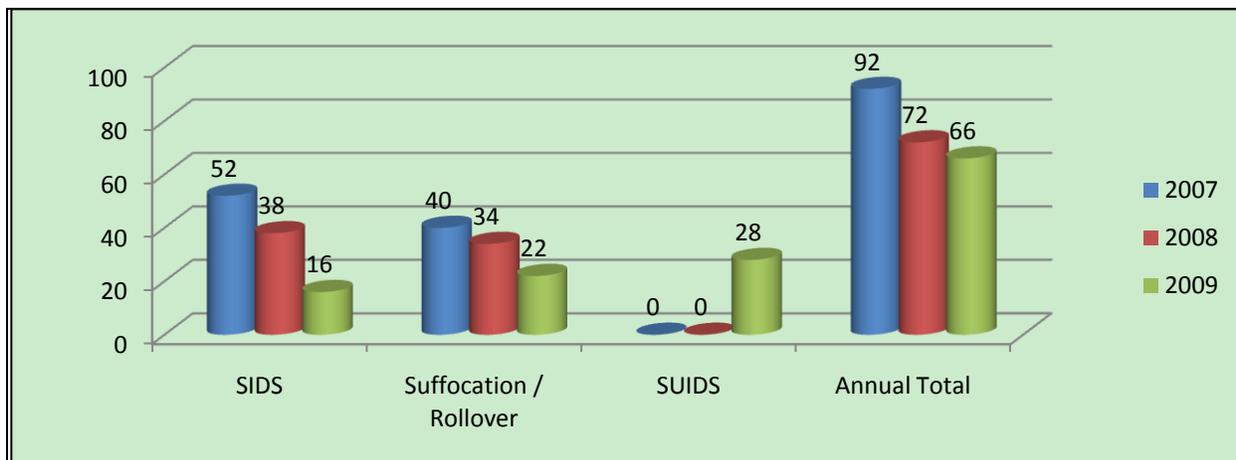
Inaccurate classification of cause and manner of death obviously hinders prevention efforts – not only in Mississippi, but nationwide. Researchers are unable to adequately monitor national trends, identify risk factors, or evaluate intervention programs. Noting the effect of inaccurate classification of cause and manner of infant deaths, the CDC began the SUID Initiative. The goals of this initiative were to develop tools and protocols to:

- Standardize and improve data collected at infant death scenes.
- Promote consistent diagnosis and reporting of cause and manner of death for SUID cases.
- Prevent SUIDs by using improved data to monitor trends and identify those at risk.
- Improve national reporting of SUID.

Mississippi Coroners, as did many in other states, subsequently received training in 2006/2007 on how to complete the revised SUID Investigation Reporting Form, interview families, and conduct death scene reenactments (e.g., how was the infant discovered, and what was the sleeping environment). To date, more than 14,000 individuals across the nation have been trained, but **we are still woefully lacking consistent reporting in Mississippi.**

More training is needed for Mississippi’s CMEIs, and more emphasis should be placed on the institution of a consistent means of reporting and investigating deaths of infants under 12 months of age.

Taking the relationship of these three causes of death into account, please see the chart below for the most accurate comparison of data related to infant death from 2007 to 2009:



DROWNING

16 deaths

16 preventable

Key Findings:

- 63% of the drownings occurred in children age 5 and under
- 7 children were African American, 1 Bi-racial, and 8 White
- 6 children drowned in a creek, river, pond or lake, 7 in a swimming pool, and 3 in a bathtub
- Flotation devices were not worn in 12 of the 16 cases (75%)
- 12 of the children (75%) were male, 4 were female (25%)

Recommendations:

- Support public education and awareness campaigns about water safety, placing special emphasis on the need for constant adult supervision.
- Encourage the use of flotation devices when in and around open bodies of water – especially those that may be unstable or unknown in nature, i.e., creeks, rivers, lakes and ponds.
- Persuade communities to seek ways to make swimming lessons and water safety classes more readily available to children and parents – especially when children are under age 5.
- Utilize the “Watch Out” program provided by Mississippi’s Emergency Medical Services for Children (EMSC) regarding water safety. (*See Addendums 7A and B*)



Key Findings:

- **Deaths in this category decreased by 50% from 2008 to 2009**
- 12 of the 15 child deaths due to firearms (80%) were teenagers 14 to 17 years old
- 12 deaths (80%) were male, and 3 deaths (20%) were female
- 10 cases were African American (67%) and 5 were White (33%)
- 8 cases were ruled as Homicide (53%), 3 were Suicide (20%), and 4 were Accidental (27%)
- 33% of all cases reviewed occurred in Hinds County
- 27% of the deaths occurred with the decedent as the gun handler
- Handguns were used in 7 cases (47%), a Rifle or Shotgun was used in 6 cases (40%), and 2 cases could not be determined with data provided the CDRP

Recommendations:

- Encourage gun safety education for youth and parents. (*See Addendum 5*)
- Encourage community based violence prevention programs, focusing especially on teens showing signs of anger management or conflict resolution issues.
- Work with Alternative Schools in all districts to assess, treat and develop effective strategies to prevent acts of violence, possibly using resources available through the Department of Human Services (DHS), the Department of Mental Health or local Families First Resource Centers.
- Support education on the warning signs for suicide and intervention strategies provided through Mississippi Youth Suicide Prevention Program and MS Department of Mental Health.
- Widely publicize helplines like **(800) 273-TALK** (the National Suicide Prevention Crisis Line), before it is too late. (*See Addendum 6*)

Key Findings:

- **83% of all deaths in this category were children under age 3**
- 3 cases were ruled Accidental, 1 Homicide, 1 not determined, and 1 was pending investigation
- **In 5 of the 6 cases, death occurred in the child's residence**

Recommendations:

- Encourage education and awareness of Poison Prevention Programs. Free materials are offered by the Poison Control Center and may be obtained by calling 1-800-222-1222.
- Widely publicize **(800) 222-8000** as the Child Abuse Hotline # for parents or caregivers in crisis.
- Support the recommendations of Mississippi's Youth Suicide Prevention Council.

**Save this number.
You might save a life.**



INFLICTED INJURY

13 deaths

2 preventable

Key Findings:

- 9 of the deaths (69%) were children age 3 or under, with all others listed as teenagers 14 to 17 years old
- 10 cases were ruled Homicide, 2 were Accidental, and 1 was pending investigation
- **DHS was involved in 5 of the 13 cases**
- One child died due to an attack by a pit bull
- Blunt objects were used to inflict the injury in 62% of the cases

Recommendations:

- Continue to support educational and awareness opportunities regarding child abuse prevention.
- Consider adopting dangerous animal ordinances as written and implemented by the City of Cleveland, MS. Requirements include: being 21-years of age, \$100,000 liability insurance, mandatory spay/neuter and posting a "Dangerous Dog" sign.
- Widely publicize **(800) 222-8000** as the Child Abuse Hotline # for parents or caregivers in crisis.
- Support the recommendations of Mississippi's Youth Suicide Prevention Council.
- Consider parenting classes or outreach programs specifically geared to young parents or caregivers, possibly providing some sort of financial, tax or other incentive for attendance.



Key Findings:

- **Fire deaths more than tripled in comparison to the the previous year's annual report**
- **68% of all deaths in this category (17 cases) were children under age 6**
- **6 children died in a single fire in Oktibbeha County**
- 5 children died while in a trailer, 9 in a wood frame house, 9 in a brick or stone house, 1 in a barn or camphouse, and 1 was unknown with the information provided the CDRP
- Cooking appliances used as a heat source caused 5 deaths as did electrical wiring, the cause of 9 deaths was unknown, and various other items caused the remaining 6 deaths, i.e., Christmas tree, matches, space heater, extension cord, etc.
- Smoke alarms were present in at least 11 cases, but it is unknown whether they sounded

Recommendations:

- Encourage the use of the MS State Department of Health's Mobile Fire Safety House in all Elementary school settings. The MS Emergency Medical Services for Children has developed a Fire Safety Program. The Fire Safety Program includes using a two-story mobile unit that simulates a house, equipped with heated doors, smoke alarms, and a fire escape ladder. Children are taught drills, smoke alarm use and maintenance, and the proper way to exit a burning house. *(See Addendums 7A and B)*
- Encourage enforcement of laws governing smoke alarm installation, testing, and inspection in all homes, including new and used manufactured homes, focusing also on non-owner occupied and rental dwellings.
- Offer incentives to local fire departments for developing, expanding, and/or implementing fire education activities, particularly for elementary schools and other child care facilities.
- Consider legislation requiring smoke alarms in all single family dwellings as well as residential sprinklers in multi-family dwellings.
- Support and explore the effects of fire safety grants such as the almost \$1,000,000 federal grant awarded to the MS State Fire Marshal's Office. This grant provided free smoke alarms to approximately 30,000 households at or below the poverty level. With timely and appropriate use of these dollars, we hope to see another decrease in the number of child deaths associated with fires in our state. We also recommend obtaining similar grants to promote fire safety and fire prevention strategies. *(See Addendum 8)*

OTHER CAUSES NOT LISTED

5 deaths

2 preventable

Key Findings:

- 1 case was an accidental death, 3 natural, and 1 could not be determined with the information received by the CDRP
- All 5 cases were male children
- **3 of the 5 cases were children under age 1**
- **Deaths Scene reports were only received in 1 of the 5 children's deaths**, and Infant Death reports were received in only 1 of the 3 infant cases
- Autopsy reports were received in 4 of the 5 children's deaths
- Cases ranged in cause from Acute Myocardial Ischemia to spontaneous premature birth with cocaine toxicity

Recommendations:

- Continue to encourage education and awareness of injury prevention strategies, placing special emphasis on the need for adult supervision in young children.



LACK OF ADEQUATE CARE

1 death

1 preventable

Key Findings:

- The child was an infant less than 1 year old
- Death was ruled a Homicide
- In this case, there was “apparent” lack of medical care

Recommendations:

- Continue to educate the public on resources available to parents and caregivers in crisis.
- Educate the public on *safe places* to take newborns when parents cannot care for them sufficiently.
- Continue to stress to the public the importance of adult supervision at all times for infants and young children.
- Educate the public by making the child abuse helpline #s available so that intervention is possible before it is too late.



LEGISLATIVE RECOMMENDATIONS

As members of the Child Death Review Panel, and with the best interest in the health and welfare of our state's children, we support the following upcoming legislation for the 2011 session:

1. Continue to fund the Child Death Review Panel through the Mississippi State Department of Health to allow greater strides in the reduction of child deaths in our state.
2. Support an aggressive public education campaign regarding safe sleep environments for infants and injury prevention strategies for Mississippi's children. (*See Addendum 3*)
3. Financially support the "Cribs for Kids" program through the Mississippi SIDS Alliance as it has been shown to reduce rollover deaths due to co-sleeping by 50%. (*See Addendum 4*)
4. Continue to support legislation to fully fund the State Medical Examiner's office.
5. Promote the utilization of programs targeting comprehensive injury prevention education which is currently available through Mississippi's Emergency Medical Services for Children (EMSC). (*See Addendums 7A and B*)
6. Support legislation promoting ATV safety. (*See Addendums 1A - C*)
7. Support legislation banning *all* cell phone usage in teen drivers unless used for emergency purposes.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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January 10, 2011

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Jackson, MS 39215-1700

Dear Dr. Currier,

We are writing to ask that ATV Safety legislation be added to this week's agenda for the meeting of the State Board of Health. We had thought that we had made this request in plenty of time to make the agenda in this fall, but it appears our request was lost in the shuffle.

The Mississippi State Medical Association has adopted ATV Safety as a legislative priority this year, and we have allied with a wide number of other groups including the MS Brain Injury Association, 4-H, and state trauma nurses and EMTs.

Dr. Carrie Fielder was a great help with this effort and put together a fact sheet, which is attached, while at MSDH. The Child Death Review Panel, working under the auspices of MSDH, last year and this year recommend legislative adoption of an ATV Safety bill.

Working with legislative supporters, we are asking for a simple law:

1. mandated helmet use, [we know that mandated helmet use laws have decreased fatalities in other states];

2. clear prohibition of ATV use on highways or with passengers unless ATVs are specifically designed for passengers, [under current state law, because ATVs are untitled vehicles they are prohibited on public roads, but this is poorly understood by both the public and law enforcement. Many of the most horrific ATV crashes happen on public roads, mainly when the ATV is going too fast or when another vehicle runs into the ATV or forces it off the road];

3. any child under age 18 must have either a driver's license or a certificate showing passage of an approved ATV Safety course to ride an ATV on public lands, [the 4-H Safety course currently offered throughout the state is a good model. All approved courses should include an on-vehicle riding test. The AAP recommends that no child under 16 or any minor who does not have a driver's license ride an ATV].

We have bills introduced in the Senate and commitments from House members to introduce a bill. Again, our apologies for the late request to you.

Thank you so much for your consideration of this request and advocacy for this legislation.

Sincerely,

Tami Brooks, MD
Tami H. Brooks, MD
Legislative Chairperson

Addendum 1A



Search ASI Site



ASI Home / Home



About ASI

The All-Terrain Vehicle Safety Institute® (ASI), a not-for-profit division of the Specialty Vehicle Institute of America® (SVIA), was formed in 1988 to implement an expanded national program of all-terrain vehicle (ATV) safety education and awareness. ASI's primary goal is to promote the safe and responsible use of ATV's, thereby reducing accidents and injuries that may result from improper ATV operation by the rider.

Media Information

ASI Press Releases | SVIA Press Releases | Info Sheets
Public Service Announcements | Images | ASI in the News
SVIA in the News



Watch: Ride Safe, Ride Smart and Other Videos



[Watch Video Now](#)

This video demonstrates the importance of riding an ATV the "right" way. Two families are featured, both emphasize the ASI Golden Rules and recommend taking an ATV RiderCourse to get the most from your ATV. [For a copy of the video, click here.](#)



[Watch Video Now](#)

All new, short videos from the Massey family. Angel, Kyle and Chris talk about how to have fun and stay safe while riding your ATV.

For the ATV RiderCourse™ nearest you, call toll free (800) 887-2887

The All-Terrain Vehicle Safety Institute (ASI), a not-for-profit division of the Specialty Vehicle Institute of America (SVIA), was formed in 1988 to implement an expanded national program of all-terrain vehicle (ATV) safety education and awareness. The ASI is sponsored by [Arctic Cat](#), [BRP](#), [Honda](#), [KTM](#), [Kawasaki](#), [KYMCO USA](#), [Polaris](#), [Suzuki](#), [Tomberlin](#), [Tomoto](#), and [Yamaha](#). For a list of non-member "Participating Companies," [click here](#).

ATVSafety.gov

Before you hit the trails,
take knowledge to the extreme

▶ Home

▶ Safety Tips

▶ National Data

▶ State Data

▶ State Legislation

Pennsylvania

Information reprinted from

➔ State Laws:

- No ATV shall be operated without a lighted headlight and taillight from ½ hour after sunset to ½ hour before sunrise.
- All ATVs must be titled and registered, with the owner receiving one numbered plate.
- Registration is to be renewed once every two years.
- No one under age 8 shall operate an ATV on state-owned land.
- No one between 8 and 15 may operate an ATV unless on a parent's land or in possession of a safety training certificate.
- No one under 16 may cross a highway or operate an ATV on designated roads unless in possession of a safety certificate and with an adult 18 or older.
- ATV use on any street or highway is prohibited, except to cross and except for roads designated as ATV roads.

➔ **State Agency that Regulates ATVs:** State Police. View their Web Site: www.psp.state.pa.us

➔ **Training:** Click [here](#) to learn how to enroll in an ATV safety training course near you!

➔ **Legislation:** To view Pennsylvania's state ATV laws, click [here](#)

"The U.S. Consumer Product Safety Commission (CPSC) is providing the abovementioned information on state laws for your convenience. CPSC is expressing no opinion on any of these various requirements. To ensure full compliance with the laws in your state, CPSC recommends that ATV owners and riders check with their state government or legislative officials for a detailed list of off-road vehicle laws and regulations."

Top Booster Seat Tips

- Use a booster seat with the vehicle lap AND shoulder safety belts until your child passes the Safety Belt Fit Test.
- Vehicle seat belts are designed to fit an average-sized adult. To get the best protection from a seat belt, children usually need a booster until they are about 4 feet 9 inches tall and weigh between 80 and 100 pounds. Many children will be between 8 and 12 years of age before they meet these height and weight requirements.
- Use a booster seat correctly in a back seat every time your child rides in a car.
- Older kids get weighed and measured less often than babies, so check your child's growth a few times a year. Generally, kids need to use a booster until they are about 4 feet 9 inches tall and weigh between 80 and 100 pounds.
- Booster seats are not installed the same way car seats are. Booster seats sit on the vehicle seat and are used to properly position the adult seat belt for an older child.
- A booster seat uses no harness. It uses the vehicle's lap AND shoulder belts only. Be sure the seat belt is properly buckled.
- Never place the shoulder belt under the child's arm or behind the child's back.
- Be sure all occupants wear safety belts correctly every time. Children learn from adult role models.
- Tell all drivers who transport your big kid that booster seat use is a must when your child is in their vehicles.
- Treat seat belts as you would any cord or rope. Do not allow children to play with them at any time.



Proud Program Supporter
General Motors
FOUNDATION

Safe Sleep messages don't have to be lengthy or detailed to get the point across!

The following graphic is page 3 of a 12 page brochure that was developed by the Public Health Agency of Canada. The brochure has been praised for its combining of many best practices for infant sleep safety into four simple steps.

Safe Sleep for Your Baby is available on Internet at the following address: <http://www.publichealth.gc.ca/safesleep>.

 Creating a **Safe Sleep Environment** for your baby will help him or her sleep safely and reduce the risk of Sudden Infant Death Syndrome (SIDS).

Here are Four Steps
that you can take to help create a
Safe Sleep Environment for your baby:



Provide a **smoke free environment** – both before and after birth.



Always place your baby on his or her **back to sleep** – night time and nap time.



Place your baby to sleep in a **crib next to the adult's bed** for first 6 months.



Provide a **safe crib environment** that has no toys or loose bedding (use only a fitted sheet).

Cribs for Kids



Cribs for Kids® is a safe-sleep education program for low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments.

Cribs for Kids® currently has 250 Partner Programs in 42 states throughout the country which provide a GRACO Pack N Play® crib and educational materials regarding 'safe sleeping' and other important safety tips to protect your baby. Since 1998, through the donation of thousands of cribs, Cribs for Kids® has been making an impact on the rates of babies dying of Sudden Infant Death Syndrome (SIDS) and accidental suffocation.



Nemours has partnered with the Division of Public Health and Child Death Commission. An initial grant for this initiative led specifically for the push to lower the rate of infant mortality in the state of Delaware.

We do not give cribs to families directly. A referral request must come through a social worker/case worker or your pediatrician.

- [Helpful information for Parents](#)
- [Frequently Asked Questions](#)
- [Brochure for Parents](#)

Reprinted from www.Nemours.org on December 16, 2009.



What should you do when you see a gun?

**DO NOT PICK UP THE GUN.
DO NOT EVEN TOUCH THE GUN.**

Remember, you must have special training to know that the gun is safe and empty.



If something like this happens to you -- tell an adult right away. Tell your mom, dad, teacher, or neighbor. Guns should be locked up after they have been used.

**GUNS ARE DANGEROUS. THEY ARE NOT MEANT TO BE TOUCHED BY
SOMEONE WITHOUT PROPER TRAINING.**



Reprinted from www.fbi.gov/kids

Addendum 5

MISSISSIPPI Suicide & Crisis Hotlines



USA National Suicide Hotlines
Toll-Free / 24 hours / 7 days a week

1-800-SUICIDE
1-800-784-2433

HEAR

1-800-273-TALK
1-800-273-8255

TTY: 1-800-799-4TTY (4889)

COLUMBUS

- Helpline
(662) 328-0200
- (662) 327-4357 (HELP)
Choctaw, Clay, Noxubee, Iktibbeha, Webster, & Winston Counties
- Teen Line
(662) 328-4327 (HEAR)

JACKSON

- Helpline
(601) 713-4357

Or, call 911 and ask for help. Tell them you are in suicidal danger.

Websites: Suicide.com | Suicidal.com | SuicideHotlines.com

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Emergency Medical Services for Children (EMSC)

The (EMSC) Program is a federal-funded initiative designed to reduce child and youth disability and death due to severe illness or injury. The first EMSC legislation was passed in 1984.

At present, all 50 states have received funding through the EMSC Program. The EMSC Program is jointly administered by the U.S. Department of Health and Human Services through the Health Resources and Services Administration's Maternal and Child Health Bureau and the U.S. Department of Transportation's National Highway Traffic Safety Administration.

The goals of the EMSC Program are to ensure that state-of-the-art emergency medical care is available for ill or injured children and adolescents, to ensure that pediatric service is well integrated into an emergency medical services system, and to ensure that the entire spectrum of emergency services – including primary prevention of illness and injury, acute care, and rehabilitation – is provided to children and adolescents.

The mission of the Mississippi Emergency Medical Services for Children (EMSC) Program is to prevent and reduce child, youth and adolescent disability and death resulting from severe illness and injury. In addition, this program

- provides education for the pre-hospital professionals;
- provides injury and illness prevention education for children, parents and teachers;
- establishes the permanence of the EMSC program in Mississippi's EMS system; and
- ensures pediatric equipment, according to the American Academy of Pediatrics/American College of Emergency Physicians (AAP/ACEP) guidelines, is available on prehospital emergency vehicles that transport children.

EMSC Programs

Watch Out

EMSC implemented the Watch Out Program via our 2002 partnership grant. The program provide safety education to children and youth throughout the state. Examples of programs that will be made available through the Mobile Pediatric Education Unit include, but is not limited to:

- Water Safety Programs
- Bicycle Rodeos
- Fire/Burn Safety Programs
- Fall Prevention Programs
- Car/Seat Belt Safety Programs
- Pedestrian Safety Programs
- Poison Prevention Programs
- Home Safety Programs
- Call 911 Programs

These programs and others will be made available throughout the state. Programs will be geared toward children, adolescents, youth and parents/care givers. We will collaborate with local organizations and determine the education needs of the community.

The equipment used in the presentation of these programs includes an RV for basic home safety, a smoke house for use with fire prevention and safety, and the characters Andy the Ambulance and Pluggie the Fire Plug for interaction with the kids at the safety programs.

Mobile Fire Safety House

The purpose of the EMS Mobile Fire Safety House is to provide fire safety education to children and youth throughout the state. It will create an opportunity to provide fire safety education to communities, cities, towns and schools. It will target schools, fairs, conferences and civic organizations.

This unit simulates smoke as from a house fire and education is done on how to escape safely. Stations are set up to demonstrate stop drop and roll if your clothes catch on fire. There are other stations with activities that participants can participate in also for fire safety education.



March 24, 2010

State Fire Marshal Free Smoke Alarm Program Gets Major Boost from Federal Grant

Jackson – The war on fire deaths in Mississippi has received major support from the Federal Government with the announcement that the State Fire Marshal’s Free Smoke Alarm Installation Program is the recipient of a Department of Homeland Security (DHS) grant totaling nearly \$1 million.

The State Fire Marshal’s Office will use the \$999,248 awarded to them through the DHS Assistance to Firefighters Grant-Fire Prevention and Safety Grant Program to purchase up to an additional 58,000 smoke alarms for distribution throughout the state. Installation and delivery of a special sealed smoke alarm with a 10-year battery will be coordinated through county fire coordinators.

During the visit to install alarms firefighters will provide fire prevention and home escape planning education and leave educational brochures for the residents to review after the firefighters have left. Low income families, senior citizens, families with children under 14 and persons with disabilities are being targeted to receive smoke alarms.

“Having working smoke alarms in your home can cut your risk of dying in a fire by almost half. Of the 29 fire deaths the State Fire Marshal’s Office has investigated this year our investigators have found working smoke alarms in only one fire. Smoke alarms were found but not working in three other fires. Every home should have a working smoke alarm and with this grant we hope to save many lives,” Commissioner of Insurance and State Fire Marshal Mike Chaney said.

“I would like to express our thanks for the support and assistance we have received from Senators Cochran and Wicker for this program.”

This is the second grant awarded to the State Fire Marshal’s Office for the purchase of smoke alarms. Thirty-two thousand smoke alarms were purchased with a 2007 grant.

The Bobby and Jannie Smith family of the Oloh community credits the smoke alarm they received through the program with saving their home and their lives.

“We would like to say that we are so thankful of the Free Smoke Detector Program that the Fire Marshal has been able to get grant funding for. This program saved our home and possibly my husband’s life when a fire broke out in our kitchen. Thanks to the free smoke detectors that were installed in our home from a previous grant like this one, his life and our home was saved,” Jannie Smith said.

Communities wishing to participate in the program should contact their local fire department or county fire coordinator.

Addendum 8

This Annual Report is dedicated to the memory

*of all **706 children** who lost their lives*

in our state in 2009.

May we use the information contained herein

to prevent any future harm

to our most vulnerable citizens.