

# **Child Deaths in Idaho**

## **2012**

A Report of Findings by the  
Idaho Child Fatality Review Team

[www.idcartf.org](http://www.idcartf.org)

Prepared April 2015





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## EXECUTIVE SUMMARY

The Idaho Child Fatality Review Team presents its second annual report on child deaths occurring in Idaho. The team was formed by the Governor's Task Force on Children at Risk, under Executive Order 2012-03 to review deaths to children under the age of 18, using a comprehensive and multidisciplinary process. The team is tasked with identifying information and education that is needed to improve the health and safety of Idaho's children. Their goal is to identify common links or circumstances in these deaths that may be addressed to prevent similar tragedies in the future.

The team utilizes information already gathered by coroners, law enforcement, medical personnel and state government agencies in their reviews. In this second review year by the CFR Team, agencies more readily cooperated with information requests. Agreements are now in place with some Idaho hospitals to provide medical records to the team, while adhering to specific practices to safeguard patient privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA). However, in the absence of subpoena power or statutory authority, the team continued to face barriers due to the inability to obtain certain records.

The challenges include:

- Incomplete or missing records such as coroner reports or law enforcement incident reports (not available, redacted, or refused on the basis of privacy concerns)
- Schools' refusal to provide academic and behavioral records, citing Family Educational Rights and Privacy Act (FERPA) restrictions

### SUMMARY OF FINDINGS

There were 168 child deaths occurring in Idaho in 2012. The team screened all of these deaths by cause to determine whether the case met the criteria for full review (was due to an external cause *OR* was unexplained *OR* was due to a cause with identified risk factors). The team conducted full reviews of 78 of these child deaths.

### **Sudden Unexplained Infant Death**

*Sudden Unexplained Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. SUID (a diagnosis of exclusion to be made only after eliminating other possible causes) was the recorded cause of death to 9 infants in 2012. The CFR team reviewed these SUID deaths along with 3 infant deaths of “undetermined” cause and 4 accidental suffocation infant/toddler deaths.*

While improvements in the consistency of death certificate coding were seen since 2011, there continued to be instances of incomplete investigations and misclassification of infant deaths. Continued training is again recommended to coroners, law enforcement and state agencies to ensure that national guidelines are interpreted and applied correctly.

The team found shortfalls in child care facility procedures in following the American Academy Pediatrics (AAP) safe sleep recommendations.

Several public education opportunities were identified that might help to prevent infant deaths. These include reminders to call 911 as a first line of response, promoting AAP safe sleep policies, encouraging infant CPR training, and warning of the health risks of prenatal smoking and second hand smoke exposure.

### **Motor Vehicle Accidents**

*There were 15 motor vehicle accident deaths to children and teens in Idaho. In addition to street vehicle collisions (involving cars, pickups, SUVs, etc.) there were 2 cases involving an All-Terrain-Vehicle (ATV). Three of the accidents resulted in deaths to a pedestrian or bicyclist.*

About one-third of the accidents involved teens committing driver errors and/or law violations. The most common contributing causes in traffic accidents were impairment, speeding, and distraction. The CFR Team calls for support from parents, law enforcement, as well as public health and transportation agencies to improve driver training and traffic safety.

The 5 accidents involving ATVs, bicycles, or pedestrians all resulted in deaths to children under the age of 13. The team identified a need for parent education on safe

practices for operating ATVs and bicycles, including awareness of the recommend age range for riders/operators and proper helmet use.

### **Strangulation**

*There were 4 accidental strangulation deaths in 2012. All were to school aged children. Two of the deaths were determined to be the result of the “choking game”—a public health threat first described by the CDC in 2008. Adolescents engage in this activity to give themselves a brief high. Intentional choking may cause children to pass out within seconds and lead to serious brain injury or death.*

Parents, educators, and medical professionals must be aware of this activity and look for signs that a child is participating in the choking game. Parents should closely monitor their children’s internet usage and media access.

### **Drowning**

*Drowning accounted for 6 child deaths. Nearly all of these incidents occurred in the open water. One-half (3) of the victims were teenagers who had been swimming or playing near the water.*

The team found that inadequate supervision was a common factor in about half of the cases. In addition, 2 of these incidents may have been prevented with the use of a flotation device.

Children and teens (even those with swimming skills) should be warned of the unpredictable nature of swift moving rivers and creeks.

### **Suicides**

*In 2012, Idaho’s child suicide rate reached its highest level in the past decade. Suicide rates in Idaho continue to be significantly higher than national rates. The team reviewed the 17 suicides that occurred in Idaho. As in the prior year, the victims were exclusively teenagers and predominantly male. While firearms were again the most commonly used injury mechanism, about one-third of the deaths occurred by hanging.*

In reviewing the 2012 suicide deaths, the team found that many of the victims shared common factors like direct access to firearms in the home, past mental health concerns,

substance abuse, and recent school problems. Notably, an interaction of these factors was often observed in these deaths.

The team was struck by the number of victims who were described as “high achievers” at school, in sports and/or in the community. The team cites recommendations by the Idaho Lives Project, which among numerous other points, warns parents to watch for signs that teens are feeling excessive academic or social pressures.

The CFR team believes that toxicology results are necessary to understand the circumstances leading up to a suicidal act. They found that Idaho coroners were not routinely conducting toxicology testing in suicide investigations and/or autopsies.

### **Deaths of “Natural” Manner**

*For the 2012 review year, the team identified 2 deaths to children from families who refused medical intervention due to religious beliefs. The team determined that both of these deaths may have been prevented with proper and timely medical treatment.*

Idaho civil and criminal codes provide religious exemptions on child abuse and neglect which may prevent authorities from investigating and monitoring neglect cases and discourage reporting of these incidents. In the interest of protecting the health and safety of all Idaho children, the CFR Team encourages re-evaluation of Idaho law related to such exemptions. *(See page 59 for additional detail)*



## KEY RECOMMENDATIONS

To improve the health and safety of Idaho children and prevent tragic deaths in the future, the CFR Team recommends the following actions (organized by stakeholder group).

### *Public Health Agencies*

Idaho Department of Health and Welfare (IDHW) can provide support to CFR Team recommendations through improved coordination with outside agencies and by promoting safe practices to parents and medical professionals.

The Bureau of Vital Records and Health Statistics personnel should continue to provide coroner trainings to ensure that a consistent approach is determined and applied in certifying deaths.

The team found numerous areas that could benefit from additional public education. IDHW health promotion programs should consider new or additional campaigns on the following topics:

- AAP safe sleep practices
- CPR certification for parents and child supervisors
- Health risks to infants of smoking (in pregnancy and in home)
- Calling 911 as a first line of response in an emergency
- Bicycle safety for riders (including helmet use) and motorists
- Safe ATV riding and awareness of safety certification for riders
- Drowning prevention and water safety
- Safe home storage of guns, ammunition, and medications

In an effort to reduce the high number of motor vehicle fatalities to teen drivers, the CFR Team sees opportunities for joint projects between IDHW and the Department of Education (SDE) for continued and expanded driver education in public schools.

### *Coroners*

Coroners should take advantage of formal training opportunities to stay current on national guidelines related to defining and coding cause and manner of death on death certificates.

Without exception, unexplained infant deaths should be coded with a manner of “could not be determined.” Close coordination with the Bureau of Vital Records and Health Statistics can confirm that coding is applied properly and consistently. Coroners should work with law enforcement agencies to complete a thorough investigation in unexplained infant deaths. Consistent usage of the CDC’s SUID reporting form is strongly recommended.

To better understand the precursors and contributing factors of suicide, the CFR team recommends that Idaho coroners include toxicology testing as a routine step of suicide death investigations.

### *Health Care Providers*

The CFR team urges health care professionals to educate patients on known risk factors in the infant’s sleeping environment including stomach sleeping, soft sleep surfaces, co-sleeping, smoking, and alcohol/drug impairment. In accordance with recent American Academy of Pediatrics research, medical professionals should advise parents of proper swaddling techniques for newborns (on back, with specially designed sleep sacks), to consider pacifier use, stay current on immunizations, and to learn infant CPR.

The team is concerned about the incidence of Idaho strangulation deaths related to “the choking game.” The CDC describes this as a dangerous activity that involves self-inflicted choking to produce a brief high ([www.cdc.gov/homeandrecreationalafety/Choking/choking\\_game.html](http://www.cdc.gov/homeandrecreationalafety/Choking/choking_game.html)). Providers should be aware of the warning signs and alert parents if they suspect a child may be engaging in the activity.

In addition to knowing the risk factors, warning signs and protective factors related to suicide, medical professionals are encouraged to take advantage of the tools and education offered by the Idaho Lives Project.

### *Child Care Providers*

Child care facilities should have policies in place for safe sleeping position and environment. All employees should be properly trained in and strictly comply with those procedures. Child care providers should be trained in and stay current on child and infant CPR training.

### *Parents*

Parents and babysitters should remember to call 911 (or local equivalent) as the first line of response in an emergency. The CFR team discovered several instances in which a relative or friend was first called for advice upon finding an unresponsive infant or child rather than immediately contacting emergency medical services.

The CFR team encourages parents to familiarize themselves with safe sleep recommendations (see page 27) for infants and make sure that child care providers are also following these practices.

Smoking in pregnancy and exposure to second hand smoke present significant health risks to infants and children. Idaho's Project Filter offers the "Quit Now" program to support individuals' smoking cessation efforts: [www.quitnow.net/idaho/About/Overview](http://www.quitnow.net/idaho/About/Overview)

Parents and child care providers should learn infant and child CPR. Local training courses can be found at: [www.redcross.org/take-a-class](http://www.redcross.org/take-a-class)

Children should be well versed on basic traffic and safety rules before riding bikes near motor vehicles. The Idaho Transportation Department ([http://itd.idaho.gov/bike\\_ped/](http://itd.idaho.gov/bike_ped/)) provides tips and resources promoting bicycling safety (see pages 41-42). Bicyclists should wear a properly designed helmet. Young children must be closely supervised when walking or biking near road traffic. Drivers must take extra care to watch for children on roadways and in parking lots.

To prevent All-Terrain-Vehicle (ATV) accidents, parents should be aware of manufacturers' age recommendations, safe riding practices, and Idaho laws for operating ATVs on public lands (see pages 42-43). The American Academy of Pediatrics and most manufacturers do not recommend these vehicles for anyone under the age of 16. Even when not mandated by law, parents should closely supervise young ATV riders and teach them how to ride safely. Kids

Health offers information to parents and teens for responsible ATV operation:

[http://kidshealth.org/parent/firstaid\\_safe/travel/atv-safety.html#](http://kidshealth.org/parent/firstaid_safe/travel/atv-safety.html#)

Parents are urged to follow the Idaho Transportation Department (ITD) safety steps for transporting children in motor vehicles (*see pages 43-44*). Children under age 13 should ride in the back seat. Child passengers should be restrained in a developmentally appropriate safety seat or seat belt. To ensure that the correct safety seat is used and installed correctly, ITD recommends routine inspection by a trained professional. Check points throughout Idaho can be found at: [www.safercar.gov/cpsApp/cps/index.htm](http://www.safercar.gov/cpsApp/cps/index.htm)

The team reviewed 2 accident deaths in 2012 to adolescents who were determined to have engaged in “the choking game”—a dangerous activity that involves self-inflicted choking to produce a brief high (*see pages 46-47*). Parents should carefully monitor children’s media and internet usage and be aware of the warning signs that a child may be engaging in this activity: [www.cdc.gov/homeandrecreationalafety/Choking/choking\\_game.html](http://www.cdc.gov/homeandrecreationalafety/Choking/choking_game.html)

Parents must closely supervise young children while swimming or playing near open water and pools. Even teens with swimming skills should be warned about the unpredictable nature of open water—especially swift moving rivers and creeks. Parents should also warn teens of the high risk of alcohol consumption while engaging in water sports and swimming. As drowning is the most common cause of injury death for those with seizure disorders, children of any age with that condition should be supervised while bathing or swimming.

It is important for parents to be familiar with the warning signs of suicide attempts and to work to provide protective factors at home (*see page 54-55*). They should promptly consult health care providers and/or educators for support when concerns arise. Because easy access to a lethal method was found to be a common factor in suicide deaths, families should ensure that firearms and medications in the home are secured and out of reach of children and teens—especially those with mental health concerns or who are under extreme emotional distress.

### *Public Transportation Agencies*

To better understand the circumstances leading to motor vehicle accidents, the CFR team requests updates to the Idaho Transportation Department (ITD) crash report forms with 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition

of cell phone/device usage as options among the “contributing circumstances” listed on the form.

The CFR Team recognizes and supports ITD efforts in educating the public about proper seat belt/safety restraint usage and reminding them of the dangers of impaired driving and texting while driving. The CFR team recommends expanding the number of child safety seat check points in rural areas of the state through cooperation with law enforcement and public health agencies.

### *Law Enforcement*

Law enforcement agencies should work closely with coroners in investigating infant deaths. To encourage complete investigations and rule out other possible causes of death, the CDC’s SUIDI reporting form should be consistently used in incident investigations.

The team supports strict enforcement of alcohol and drug impaired driving laws along with ongoing public education as a way of reminding drivers of the potential deadly consequences. The team supports strict enforcement of graduated licensing requirements and restrictions for teen drivers.

The need for additional detail on motor vehicle crash report forms was addressed in this report with the Idaho Transportation Department (ITD). Though not currently mandated on the forms, reporting officers are encouraged to provide details on estimated speed and sources of driver distraction in the narrative section.

To better understand the impact of impaired driving, law enforcement agencies should routinely conduct toxicology testing (both alcohol and prescription/illicit drugs) for all drivers involved in motor vehicle accidents.

### *Educators*

The team reviewed 2 strangulation deaths in 2012 to adolescents who had engaged in “the choking game”—a dangerous activity that involves self-inflicted choking to produce a brief high. Teachers, school administrators and playground attendants should be aware of the warning signs of this public health threat:

[www.cdc.gov/homeandrecreationalafety/Choking/choking\\_game.html](http://www.cdc.gov/homeandrecreationalafety/Choking/choking_game.html)

In addition to knowing the risk factors, warning signs, and protective factors related to suicide, school administrators, teachers and counselors are encouraged to take advantage of the tools and education offered by the Idaho Lives Project (*see pages 54-55*).

## IDAHO CHILD FATALITY REVIEW

2012

This report is a review of child deaths occurring in Idaho, summarizing the state's Child Fatality Review (CFR) process. The Idaho Child Fatality Review Team was established in 2013 following an executive order from Gov. C.L. "Butch" Otter (No. 2012-03). The CFR team is tasked with performing comprehensive and multidisciplinary reviews of deaths to children under age 18 in order to identify what information and education may improve the health and safety of Idaho's children.

Idaho's current CFR process is in response to the longstanding public concern for the welfare of children, particularly those who are abused or neglected. Efforts to understand all of the factors that lead to a death may help prevent other injuries or deaths to children in the future. Following national guidelines and best practices, this is accomplished by a collaborative process that incorporates expertise and perspectives of multiple disciplines.

### CHILD FATALITY REVIEW TEAM

The statewide CFR team is established and supported by the Governor's Task Force for Children at Risk. The following members were appointed and participated in 2012 reviews:

**Jerrilea Archer**, Ada County Sheriff Department (retired), CFR Team Chair

**Alfred Barrus, JD**, Cassia County Prosecutor

**Glen Groben, MD**, Ada County Coroner, Forensic Pathologist

**Christine Hahn, MD**, Idaho Department of Health and Welfare, State Epidemiologist

**Margaret Henbest**, Executive Director, Nurse Leaders of Idaho, Pediatric Nurse

**Paul McPherson, MD**, St. Luke's Medical Center, Pediatrician

**Kathryn Rose, JD**, Bonner County Coroner

**Erwin Sonnenberg**, Ada County Coroner

**Miren Unsworth**, Idaho Department of Health and Welfare, Child and Family Services

**Tahna Cooper-Barton**, Court Appointed Special Advocates (CASA)

## **ASSISTANTS TO THE CHILD FATALITY REVIEW TEAM**

The Department of Health and Welfare serves as the fiscal agent, and provides staff support to the CFR team utilizing Children's Justice Act Grant funding. In addition, the team employs assistants for analytical, reporting, and administrative support. These adjunct team members do not have decision making or voting authority on the CFR team.

**Teresa Abbott**, Principal Research Analyst, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

**Mindy Peper**, Administrative Support, The Governor's Children at Risk Task Force (CARTF)

## **ACKNOWLEDGEMENTS**

The CFR team relies on the support of many state agencies in their efforts to obtain records and review information. These reviews are made possible because of the cooperation of numerous law enforcement agencies, coroner offices, and medical facilities throughout the state. In particular, the CFR team would like to relay its appreciation to following individuals for providing data support to the team:

**Pam Harder**, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

**Steve Rich**, Principal Research Analyst, Idaho Transportation Department



## **THE OBJECTIVES OF CHILD FATALITY REVIEW**

The National Center for Child Death Review provides resources and guidance to the Idaho CFR process. While multi-agency death review teams now exist in all 50 states and the District of Columbia, there are variations on how the process is implemented. However, all U.S. Child Death Review processes share the following key objectives (*National Center for Child Death Review, Program Manual for Child Death Review, 2005*):

1. Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death.
2. Improve communication and linkages among local and state agencies and enhance coordination of efforts.
3. Improve agency responses in the investigation of child deaths.
4. Improve agency responses to protect siblings and other children in the homes of deceased children.
5. Improve delivery of services to children, families, providers and community members.
6. Identify specific barrier and system issues involved in the deaths of children.
7. Identify significant risk factors and trends in child deaths.
8. Identify and advocate for needed changes for legislation, policy and practices and expanded efforts in child health and safety to prevent child deaths.
9. Increase public awareness and advocacy for the issues that affect the health and safety of children.

The team's focus is to seek out common links or circumstances that may be addressed to avert future tragedies.

## **METHODOLOGY**

Deaths of Idaho residents under the age of 18 years occurring in Idaho during calendar year 2012 were reviewed. Deaths occurring out of state were not reviewed since pertinent records are not available for the team's use.

The designated CFR research analyst within IDHW's Bureau of Vital Records and Health Statistics identified the deaths using the Vital Records system and retrieved death certificates. A subcommittee met prior to each full review team meeting to screen the list of deaths by cause and identify possibly preventable deaths for further review. The subcommittee selected a death for further review when it met one or more of the following criteria:

- Death was due to an external cause
- Death was unexplained
- Death was due to a cause with identified risk factors

The subcommittee next identified what additional information was necessary for a comprehensive review. The CFR analyst then requested information from the appropriate agency. The information may include:

- Death certificates
- Birth certificates (full form)
- Autopsy reports
- Coroner reports
- Law enforcement reports
- Transportation Department crash and injury reports
- National Transportation Safety Board reports
- Medical records
- Emergency medical systems records
- Child protection records

Although the team attempted to obtain all relevant records from the various agencies, the team does not have subpoena power and could not always obtain confidential records.

Of 168 child deaths occurring in Idaho in 2012, 78 were initially selected for detailed review by the CFR Team. However, during the research process the team learned that the single assault death was still under criminal investigation. So as not to interfere with pending litigation, the team will reconsider this incident for review once the court case has been resolved. In addition, the team reviewed 2 cases from 2011 that had pending litigation at the time of the first attempted review.

Deaths that were not selected for full CFR team review included most deaths due to extreme prematurity, malignancies and severe and/or multiple congenital anomalies.

### 2012 Deaths to Children (Birth to Age 18) Occurring In Idaho

	Total	Screened by CFR Subcommittee	Reviewed by CFR Team
Perinatal Conditions/Congenital Malformations	76	76	4
Unintentional Injuries (Accidents)	33	33	33
Suicide	17	17	17
Unexplained Infant Death (SUID)	12	12	12
Assault (Homicide)	1*	1*	0
Malignancies	7	7	0
Flu/Pneumonia	1	1	1
Cerebrovascular/Heart Disease	5	5	1
Non-ranking/All Other Causes	16	16	10
	<b>168</b>	<b>168</b>	<b>78</b>

\*The single assault death was pending criminal investigation at time of review.

The CFR team met five times between May 2014 and January 2015 to conduct case reviews. Risk factors, systems issues, and recommended actions were identified for each case and were summarized by cause of death. If the team determined that additional records were needed to

complete a thorough review for a specific case, that review was revisited at the next meeting using newly obtained information.

Information gathered from various sources and team conclusions were entered into the National Child Death Review Case Reporting System by the CFR analyst. A data use agreement between the Michigan Public Health Institute and the Idaho Department of Health and Welfare establishes the terms and conditions for the collection, storage and use of data entered into the case reporting system. Summary statistics from the case reporting system are used throughout this report.

### **LIMITATIONS**

Records relevant to the circumstances leading to deaths are retained by multiple agencies and are often carefully guarded as sensitive and confidential information. Idaho's CFR Team does not have subpoena power and consequently, some information required for a thorough review was not released.

The CFR team is aware that for the purposes of seeking medical treatment, some deaths to Idaho residents occur out-of-state following an illness or injury that initiated within the state of Idaho. While the team makes every effort to consult with CFR coordinators and agencies in neighboring states to obtain complete information, it acknowledges the limitation of that approach in identifying all relevant cases and supporting information.

Calculation of rates is not appropriate with Idaho's CFR data because not all child deaths are reviewed. Instead of rates, CFR statistics have been reported as a proportion of the total reviews. Sample sizes are often small which result in unstable results. Please use caution in interpreting changes over time or comparing demographic subgroups.

### **DATA NOTES**

In addition to CFR data based to the cases reviewed by the CFR team, this report includes Idaho and U.S. mortality data from the Vital Statistics System. Mortality data is presented as a way of understanding all child deaths to Idaho residents and their relation to the subset of deaths that were selected for CFR team review. Mortality data is based to all Idaho residents (regardless of where the incident occurred or where the child actually died) and CFR data is based to deaths occurring in Idaho. Mortality data may be based on aggregated years to

provide larger population sizes, allowing for more stable analysis. Therefore, these data sources are not comparable.

Idaho Vital Statistics mortality trend data are from the Idaho death certificates and out-of-state death records for Idaho residents. Numbers of deaths by cause and rates are from the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare. National rates are from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

## POPULATION

The total population of Idaho in 2012 was estimated at 1,595,728. Of that number, 426,653 were children under the age of 18 (26.7% of total). Idaho's child population (under age 18) has increased more than 15 percent since 2001, up from 370,645.

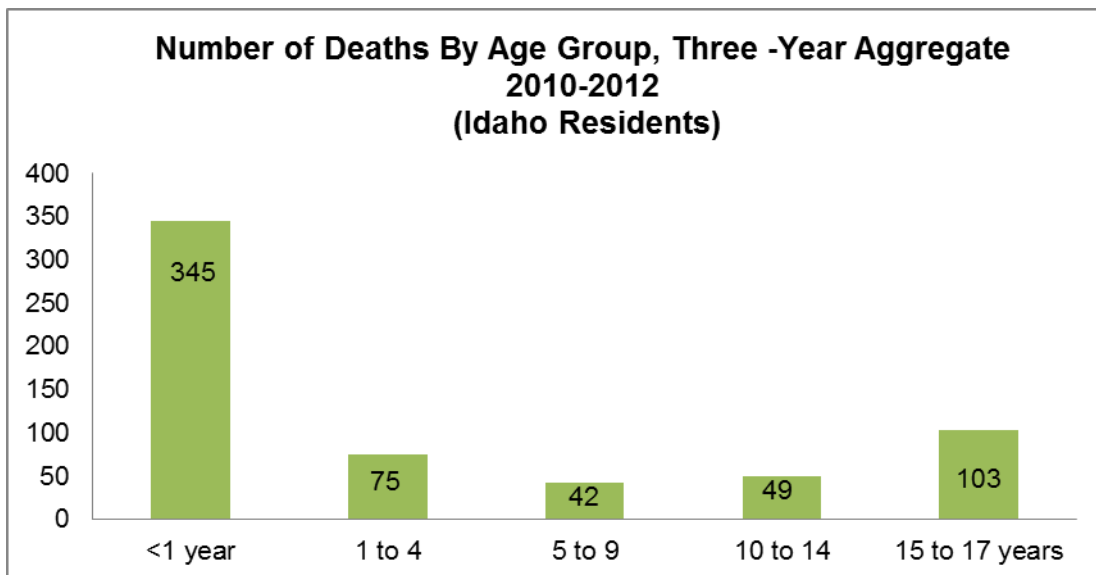
Population	Number	Percent
Idaho total	1,595,728	100%
<b>Age 0-17</b>	<b>426,653</b>	<b>26.7%</b>
<i>Residents, age 0-17 by sex</i>		
Males	218,680	51.2%
Females	207,973	48.7%
<i>Residents age 0-17 by race</i>		
White	401,225	94.0%
Black	7,470	1.8%
American Indian or Alaska Native	10,201	2.4%
Asian/Hawaiian/Pacific Islander	7,727	1.8%
<i>Residents age 0-17 by ethnicity</i>		
Hispanic	74,546	17.5%
Non-Hispanic	352,101	82.5%

Source: Census Bureau in collaboration with the National Center for Health Statistics. Includes bridged-race estimates. Internet release date July 13, 2013

## OVERVIEW

As a framework for single year death reviews, Idaho mortality data analyzed over longer periods provide insight to the major causes of child death and highlights any vulnerable demographic groups.

The number and cause of death to Idahoans under age 18 varied dramatically by age group. Among Idaho residents, there were 614 deaths to infants and children from 2010 through 2012. More than one-half (345) of those deaths were to infants (under 1 year of age). The majority of infant deaths were due to birth defects and conditions originating in the perinatal period such as birth trauma, short gestation/low birth weight, maternal conditions, and complications during birth.



The race and ethnicity of children who died reflect the composition of the child population in Idaho:

<b>Number of Deaths by Race and Ethnicity, Three-Year Aggregate 2010-2012 (Idaho Residents)</b>	
<i>Non-Hispanic</i>	
White	466
Black	6
American Indian	13
Asian/Pacific Islander	7
Other race	2
<i>Hispanic (all races)</i>	110
<i>Ethnicity not stated</i>	10

For the 10-year period of 2003 through 2012, the most common cause of death for infants was congenital malformations. Among children over 1 year of age, the leading cause of death was accidents, with suicide a distant second. While most accident fatalities were related to motor vehicle crashes, other accident types included strangulation, drowning, suffocation, and firearms.

**Ten Leading Causes of Death to Idaho Child Residents, Ten-year aggregate, 2003-2012**

<b>Rank</b>	<b>Infants (&lt;1 year-old)</b>	<b>Age 1-17</b>
1	Congenital Malformations (341)	Accidents (458)
2	Sudden/Unexplained Infant Death (181)	Intentional Self-Harm (Suicide) (111)
3	Short Gestation/Low Birth Weight (180)	Malignant Neoplasms (89)
4	Maternal Complications of Pregnancy (84)	Congenital Malformations (57)
5	Complications of Placenta, Cord and Membranes (65)	Assault (Homicide) (39)
6	Accidents (55)	Diseases of Heart (27)
7	Neonatal Hemorrhage (39)	Influenza and Pneumonia (18)
8	Diseases of Circulatory System (31)	<b>Tie:</b> Chronic Respiratory Diseases (10) <i>and</i>
9	Intrauterine hypoxia and birth asphyxia (25)	Cerebrovascular diseases (10)
10	Respiratory Distress of Newborn (24)	Septicemia (9)





## SUDDEN UNEXPLAINED INFANT DEATH

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. Though the exact cause is not known, most of these deaths occur while the infant is sleeping in an unsafe sleeping environment ([www.cdc.gov/sids/about\\_suidandsids.htm](http://www.cdc.gov/sids/about_suidandsids.htm))

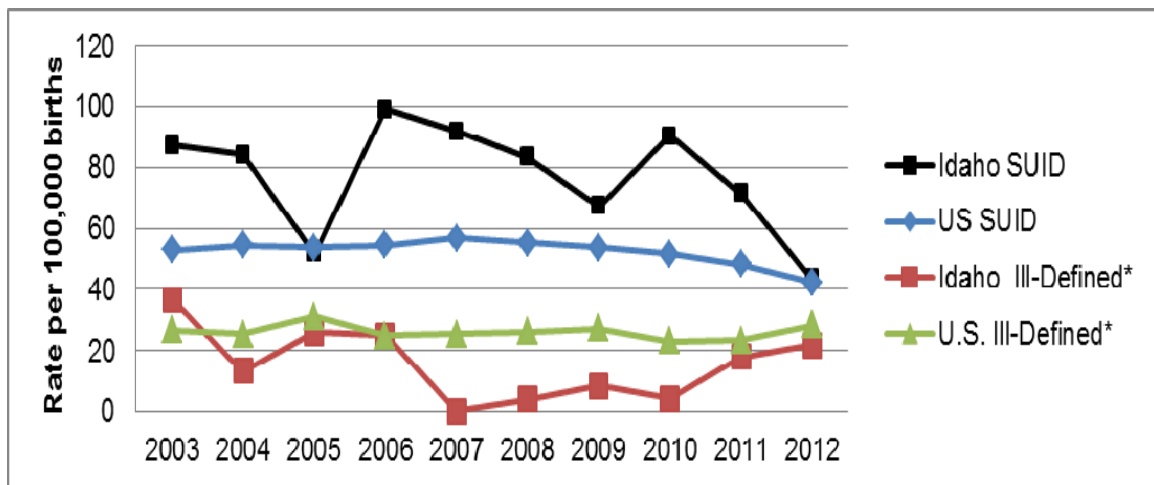
Historically, the SUID death rate in Idaho has been higher for Idaho than for the U.S. overall. Conversely, Idaho typically has had fewer ill-defined or undetermined infant deaths than the U.S. overall. However, in 2012 the Idaho rate of SUID and ill-defined infant deaths was similar to that of the U.S. This suggests that Idaho coroners may increasingly be adhering to national guidelines when documenting cause of death in infant deaths.

### Idaho and U.S. SUID Resident Deaths (< age 1 year) and Rates per 100,000 Births, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total Number Idaho Resident SUID deaths</b>	<b>19</b>	<b>19</b>	<b>12</b>	<b>24</b>	<b>23</b>	<b>21</b>	<b>16</b>	<b>21</b>	<b>16</b>	<b>10</b>
Idaho Resident SUID death rate	87.2	84.3	52.0	99.2	91.9	83.5	67.4	90.5	71.7	43.6
U.S. Resident SUID death rate	52.9	54.6	53.9	54.5	56.8	55.4	53.9	51.6	48.3	42.5

**Idaho and U.S. Ill-Defined Infant Resident Deaths (< age 1 year)  
and Rates per 100,000 Births, 2003-2012**

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total Number Idaho Resident Ill-defined infant deaths</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>--</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>5</b>
Idaho Resident Ill-defined death rate	36.7	13.3	26.0	24.8	--	4.0	8.4	4.3	17.9	21.8
U.S. Resident Ill-defined* death rate	26.7	25.4	31.2	24.9	25.3	26.3	27.2	23.0	23.3	28.2



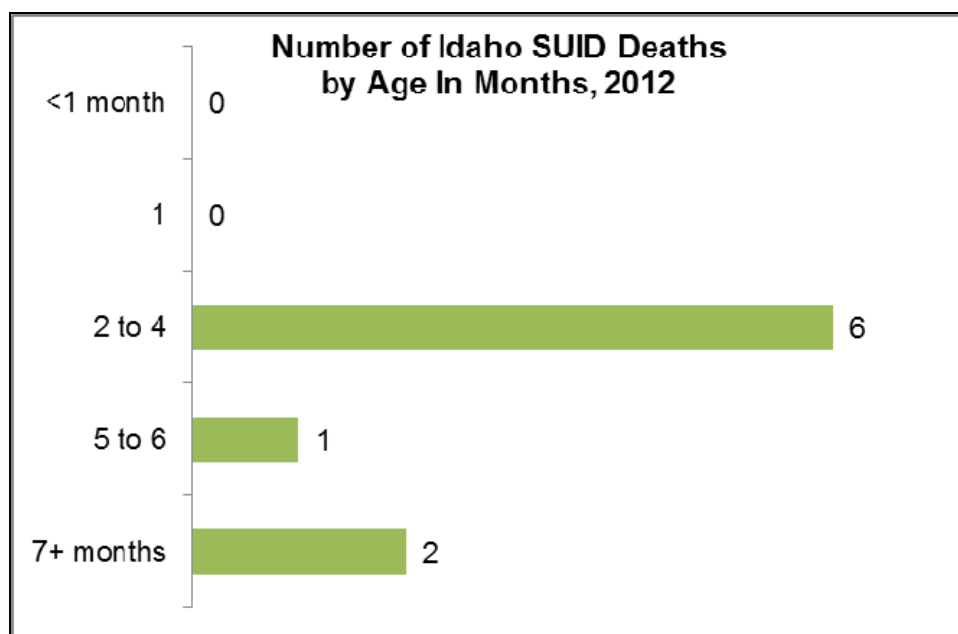
\*All other ill-defined and unknown causes of mortality: ICD-10 codes: R96-R99.  
SUID deaths are shown mutually exclusive in the tables and graph: ICD-10 code R95.

**Source:** Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare  
Rates based on 20 or fewer deaths may be unstable. Use with caution.

### **Idaho CFR Team Findings: Unexplained Infant Death**

In 2012, there were 10 Idaho resident deaths listing an immediate cause of “Sudden Unexplained Infant Death,” “Sudden Unexplained Death in Infancy,” or “Sudden Infant Death Syndrome (SIDS).” Deaths listed with any of these immediate causes are collectively referred to throughout this report as “SUID” deaths. Of those 10 deaths, 9 occurred in Idaho and were reviewed by the CFR team. Because of their commonalities, the CFR reviewed the SUID cases along with 3 infant deaths of “undetermined” cause *and* manner, plus another 4 suffocation deaths (age range: 3 months to 13 months) in the sleeping environment with a manner listed as “accident”.

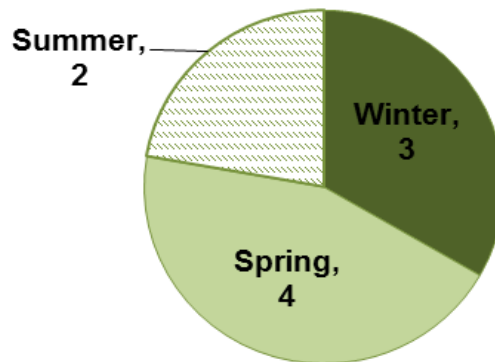
According to the American Academy of Pediatrics (AAP), most SUID deaths in the U.S. occur when a baby is between two and four months old, and during the winter months. Of the 9 SUID deaths in Idaho in 2012, the majority (6) occurred between two and four months of age.



*[Based on 9 SUID deaths]*

Most of the 2012 Idaho SUID deaths occurred in the spring and about one-third occurred in the winter. Only two of these SUID deaths were recorded during the summer months and none were in the fall.

**Number Idaho SUID Deaths by Season, 2012**



*[Based on 9 SUID deaths]*

National studies have found that SUID rates are two to three times higher among African Americans and American Indians than among whites (National Center for Child Death Review). While the small number of observations makes it difficult to draw state level conclusions, disparities by race and ethnicity were considered by the team. The following figures are shown for comparison and future study.

**Number of Idaho SIDS/SUIDS Deaths by Race and Ethnicity, 2012**

Caucasian/White	7
African American/Black	0
American Indian	2
Hispanic (any race)	1
Non-Hispanic (any race)	8

*[Based on 9 SUID deaths]*

## **Systems Issues**

As SUID is a diagnosis of exclusion to be made only if there is no other possible cause of death, a comprehensive investigation is essential. This includes an autopsy, scene investigation and health history. As in the 2011 reviews, the CFR team again found inconsistencies between agencies and counties in applying national guidelines in both investigations and coding of unexplained infant deaths.

### Autopsies

Autopsies were performed on 8 of the 9 SUID cases in 2012. The CFR team determined that 2 of the autopsies completed were problematic or incomplete. In 1 case, the body had been embalmed prior to the autopsy. In another, the autopsy findings did not appear to be consistent with the cause of death noted on the death certificate.

### Scene Investigation

The Centers Disease Control and Prevention (CDC) designed the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) as a tool for investigative agencies to better understand the circumstances and factors contributing to unexplained infant deaths. The team was able to confirm that the SUIDIRF form (or equivalent) was used by law enforcement or coroner investigations for only 3 of the 17 reviewed SUID cases.

### Death Certificate Coding

Idaho Department of Health and Welfare's Bureau of Vital Records and Health Statistics provides guidelines for completing and certifying death certificates. Both *cause* and *manner* of death are documented on the death certificate by a coroner or physician following these established guidelines. According to the Idaho guidelines, cause of death is "a simple description of the sequence or process leading to death." Manner of death provides a broader classification for each death and should agree with the cause noted on the death certificate.

According to Vital Records guidelines, manner of death is important for:

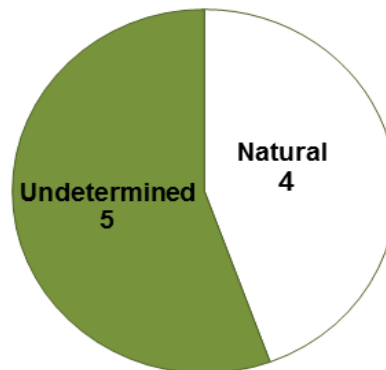
1. determining accurate causes of death
2. processing insurance claims
3. statistical studies of injuries and deaths

On the Idaho death certificate, there are six options for coding manner of death:

- Natural
- Accident
- Suicide
- Homicide
- Pending investigation (to be used while the death is under investigation)
- Could not be determined

Idaho guidelines state that, “Deaths known to be not due to external causes should be checked as “Natural”. The CFR team again found that the manner coded on 2012 death certificates was inconsistent with the cause in nearly half of the SUID cases.

**Number of Idaho SUID  
by Certified Manner of Death, 2012**



*[Based on 9 SUID deaths]*

Other systems issues were related to the absence of (or lack of adherence to) policies in child care facilities or the infant supervisor’s failure to respond quickly.

#### Child Care Facility Policies

Two of the 2012 SUID cases occurred in a licensed child care facility. Unsafe sleeping position was found to be a risk factor in both of these cases. It was unclear whether or not these facilities had policies in place for proper sleep position of infants or if the child care workers

were out of compliance with those policies. Regardless, the team found shortfalls in training child care workers on the importance of proper sleep position.

### Delays in Emergency Response

The CFR team found that in at least 2 of the 2012 SUID deaths, the caretaker first called a trusted relative or friend after finding the infant unresponsive, rather than calling 911 or other local emergency line immediately. Dispatchers are trained to coach callers to administer CPR until trained medical professionals arrive. Swift medical attention can prevent permanent brain damage or death which can occur within minutes after blood flow stops. The National Institutes of Health recommends that all parents and others who take care of children should learn infant and child CPR.

### **Common Factors and Associations**

In 2011, the AAP expanded its recommendations for reducing the risk of sudden unexplained infant death: [pediatrics.aappublications.org/content/128/5/e1341.abstract?sid=134f702e-31b1-44d7-8e58-df800582ede2](http://pediatrics.aappublications.org/content/128/5/e1341.abstract?sid=134f702e-31b1-44d7-8e58-df800582ede2).

The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, room-sharing *without* bed-sharing/co-sleeping, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

The CFR team observed the following factors among 2012 Idaho SUID infant deaths (ranked by frequency with number of instances in parenthesis):

1. Unsafe sleeping environment (4)
2. Improper sleeping position (3)
3. Co-sleeping (2)
4. Smoking in home/second hand smoke exposure (2)
5. Drug or alcohol impairment of parent/supervisor (2)
6. Smoking in pregnancy (1)

*[Based on 9 SUID deaths]*

### *Ill-Defined, Infant Deaths in the Sleeping Environment*

In addition to these 9 SUID deaths, the CFR team reviewed three infant or toddler deaths with a manner of “undetermined” and another four with a manner of “accident.” All of these occurred in

the sleeping environment. Similar factors were repeatedly observed in these cases--most notably unsafe sleeping environment, co-sleeping, and substance impaired caretakers.

### **Recommended Actions for Understanding and Preventing SUID Deaths**

The CFR team again discovered multiple systems issues that hindered investigation and categorization of unexplained infant deaths. Better understanding of the circumstances contributing to these infant deaths will lead to improved preventive efforts. In addition, the team identified a need for additional education for parents and caretakers, some of which may be delivered by medical professionals and public health agencies.

#### For Coroners

The CFR team recommends that coroners seek training related to defining and coding cause and manner of death on death certificates. Inconsistent investigation and documentation of these cases makes it difficult to identify commonalities and risk factors which may lead to the prevention of similar deaths in the future. Coroners should certify the cause of death as SUID only when all external causes have been ruled out. Therefore, *all* unexplained infant deaths should be coded with a manner of “Could not be determined.” Improved coordination between Vital Statistics and county coroners’ offices can provide checks and balances to ensure that death certificate coding is applied properly and consistently.

It is the position of the Idaho CFR team that the historic use of “Sudden Infant Death Syndrome” or “SIDS” as cause of death has contributed to the confusion in categorizing unexplained infant deaths. According to the CJ Foundation for SIDS (<http://www.cjsids.org/grief-and-bereavement/unexplained-infant-deaths.html>) and other pediatric experts, the use of “SIDS” was intended to be a diagnosis of exclusion to identify infant deaths with similar circumstances for further study. However, the term “syndrome” may erroneously connote that these deaths are due to a diagnosed illness or condition.

Because there are no clinically significant findings that conclusively indicate cause of death in SIDS cases, the Idaho CFR team recommends that coroners and Vital Statistics eliminate the use of “Sudden Infant Death Syndrome (SIDS)” as a cause of death and instead use the broader terminology of “Sudden Unexplained Infant Death (SUID)” when the immediate cause of death cannot be conclusively determined.



Coroners should work with law enforcement agencies to complete a thorough investigation in these types of infant deaths. Consistent usage of the CDC's SUIDI reporting form ([www.cdc.gov/sids/SUIDRF.htm](http://www.cdc.gov/sids/SUIDRF.htm)), or local equivalent, is recommended to guide these investigations.

#### For Public Health Agencies

Idaho Department of Health and Welfare (IDHW) can support the CFR recommendations through improved coordination with outside agencies and by promoting safe sleep practices to parents and medical professionals.

IDHW's Bureau of Vital Records and Health Statistics is responsible for finalizing death certificate filings and verifying information submitted by coroners or the attending physician. Personnel should carefully review the previous recommendations to coroners and work with them to correct designations of "cause" and "manner" that seem to be out of compliance or inconsistent. Specifically, all deaths with a listed cause of "Sudden unexplained infant death/SUID" should have a corresponding manner of "Could not be determined." Vital Records personnel should continue to offer coroner trainings so that a consistent approach is determined and applied in certifying deaths.

IDHW health promotion programs should incorporate public education campaigns encouraging AAP safe sleep practices, CPR certification for parents and child supervisors, and the risks to infants of smoking (both prenatal and second-hand smoke). Additionally, the team identified the need to remind the public of the importance of calling an emergency line like 911 immediately when a child is found unresponsive or in distress.

#### For Law Enforcement

Law enforcement agencies should work with coroners trained in infant death investigation. Like coroners, officers should complete the CDC's SUIDI reporting form ([www.cdc.gov/sids/SUIDRF.htm](http://www.cdc.gov/sids/SUIDRF.htm)), or local equivalent, as part of their incident investigations. Consistent use of the SUIDI reporting form encourages complete investigations and helps to rule out all other possible causes of death.

### For Health Care Providers

In accordance with AAP safe sleep recommendations, the CFR team urges health care professionals to educate patients on known risk factors in the sleeping environment including those repeatedly observed in Idaho SUID reviews:

- Infant stomach sleeping
- Soft infant sleep surfaces and loose bedding
- Bed-sharing and co-sleeping
- Tobacco smoke exposure
- Prenatal smoking
- Alcohol and illicit drug impairment

Because of emerging AAP research indicating certain protective factors, medical professionals should advise parents of proper swaddling techniques for newborns (supine position, use of thin blankets or specially designed sleep sacks), to consider pacifier use, and to stay current on immunizations. Parents should also be offered or directed to CPR certification courses.

### For Parents

The CFR team encourages parents to familiarize themselves and comply with safe sleep recommendations (see previous section for medical professionals). Parents must make sure that child care providers are also following these practices. The stomach (prone) position should never be used to calm an upset baby.

Because of the known risk of infant death from tobacco smoke exposure, it must be stressed that there is no safe level of smoking during pregnancy. Further, infants should not be exposed to second hand smoke. Idaho's Project Filter offers the "Quit Now" program to support individual's smoking cessation efforts: [www.quitnow.net/idaho/About/Overview](http://www.quitnow.net/idaho/About/Overview)

The newest CPR techniques emphasize compression over rescue breathing. The CFR urges all parents and those who take care of children to learn and stay current on training in infant and child CPR. Local training courses aimed at parents can be found at: [www.redcross.org/take-a-class](http://www.redcross.org/take-a-class)

Promptly alerting emergency responders when an infant or child is in respiratory distress can save a life. The CFR team was concerned by the number of parents/caretakers who delayed alerting emergency services in a high pressure situation and instead first called a friend or relative for help. Parents should remember to call 911 (or local equivalent) first and to remind their babysitters to do the same.

#### For Child Care Providers

Child care facilities should have policies in place for safe sleeping position and environment. Supervisors should take steps to make sure all employees are properly trained in those procedures. Parents' preferences should never take the place of established safe sleeping practices in child care centers.

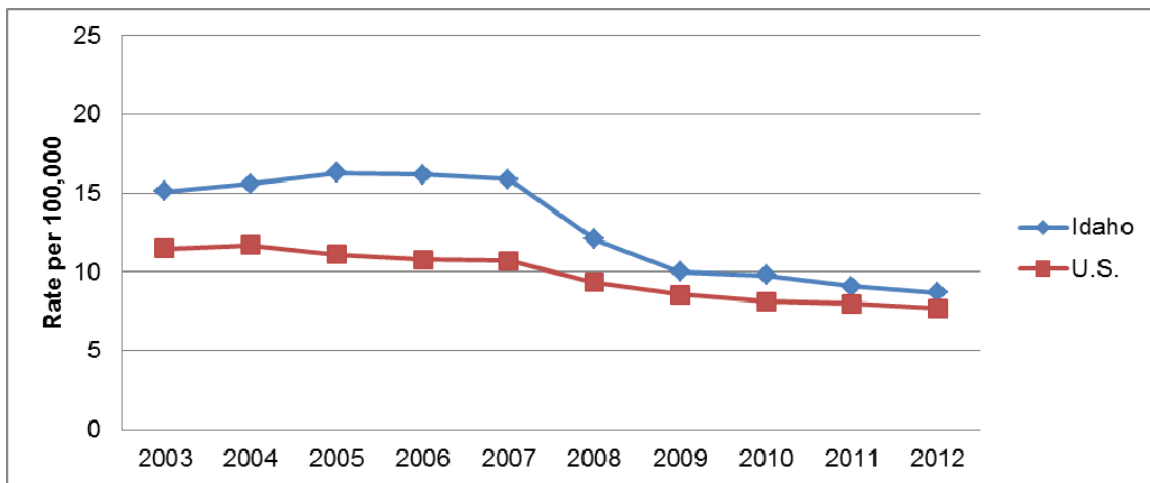


## UNINTENTIONAL INJURIES

Unintentional injuries (accidents) are those that were not planned or inflicted by another person. Nationally, the leading causes of fatal accidents are motor vehicle collisions, fires, drowning, falls, and poisoning.

### Idaho and U.S. Accident Deaths (Age <18) and Rates Per 100,000, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total number</b>										
<b>Idaho Resident</b>										
<b>accident deaths</b>	56	58	61	64	65	50	42	42	39	37
Idaho Resident										
accident death rate	15.1	15.6	16.3	16.2	15.9	12.1	10.0	9.8	9.1	8.7
U.S. Resident										
accident death rate	11.5	11.7	11.1	10.8	10.7	9.4	8.6	8.1	8.0	7.7

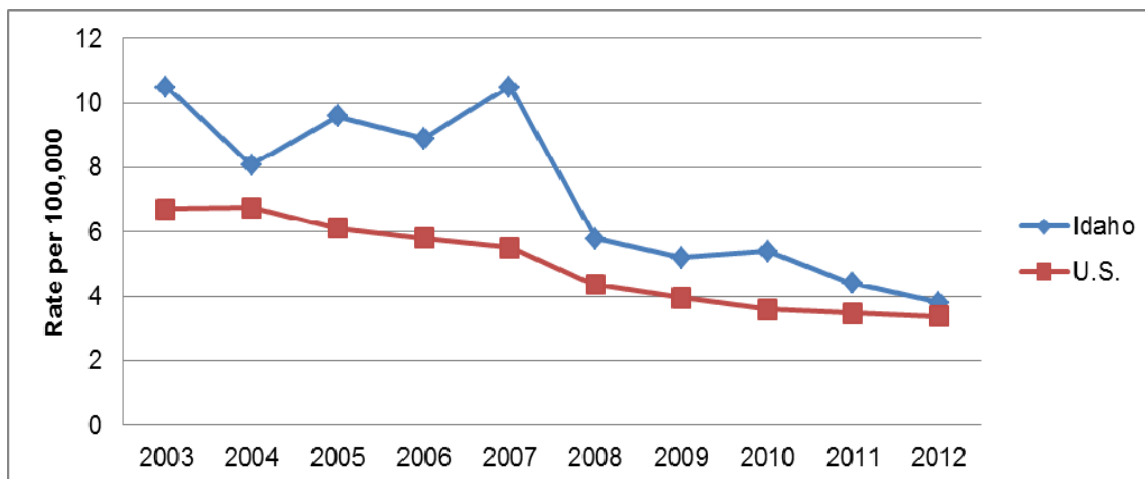


**Source:** Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

The number of child motor vehicle fatalities declined sharply in 2008 in Idaho and the U.S. and has continued to steadily decrease. The Idaho Department of Transportation cites the economic recession, higher gas prices (both resulting in fewer cars on roads) as well as funding for safe driving programs as reasons contributing to this decline. In recent years, the motor vehicle death rate in Idaho was not significantly different than for the U.S., overall.

**Idaho and U.S. Motor Vehicle Accident Deaths (Age <18)  
and Rates per 100,000, 2003-2012**

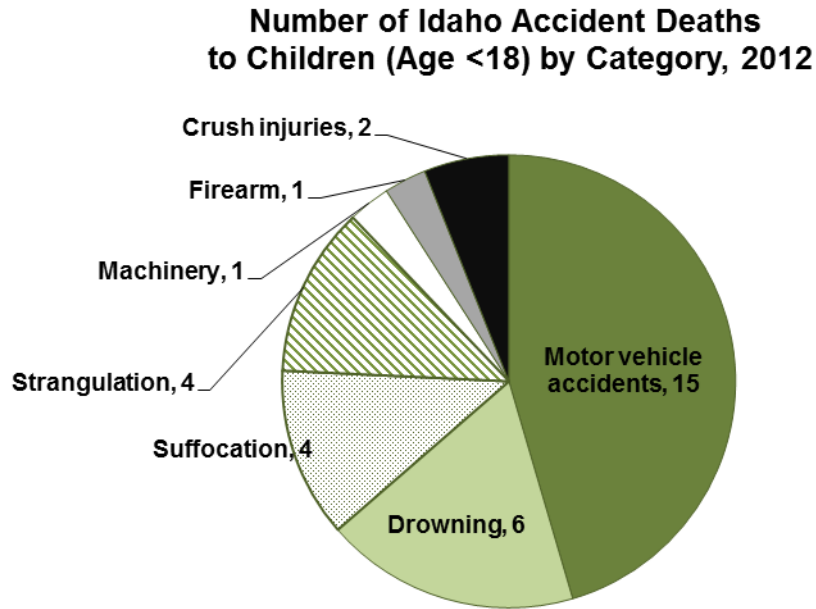
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total number</b>										
<b>Idaho Resident</b>										
<b>accident deaths</b>	39	30	36	35	43	24	22	23	19	16
Idaho Resident										
accident death rate	10.5	8.1	9.6	8.9	10.5	5.8	5.2	5.4	4.4	3.8
U.S. Resident										
accident death rate	6.7	6.8	6.1	5.8	5.5	4.4	4.0	3.6	3.5	3.4



**Source:** Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare  
Rates based on 20 or fewer deaths may be unstable. Use with caution.

**Idaho CFR Team Findings: Accidents**

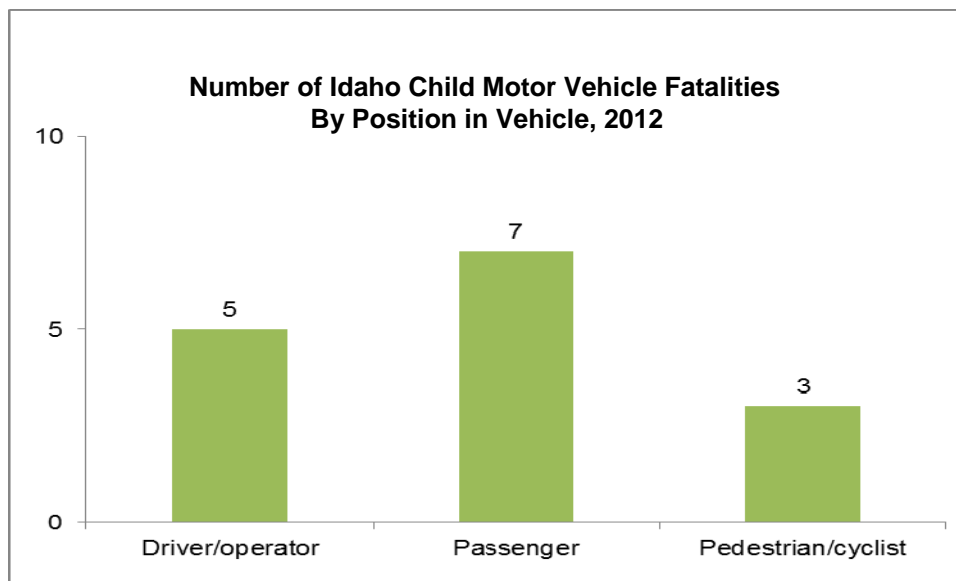
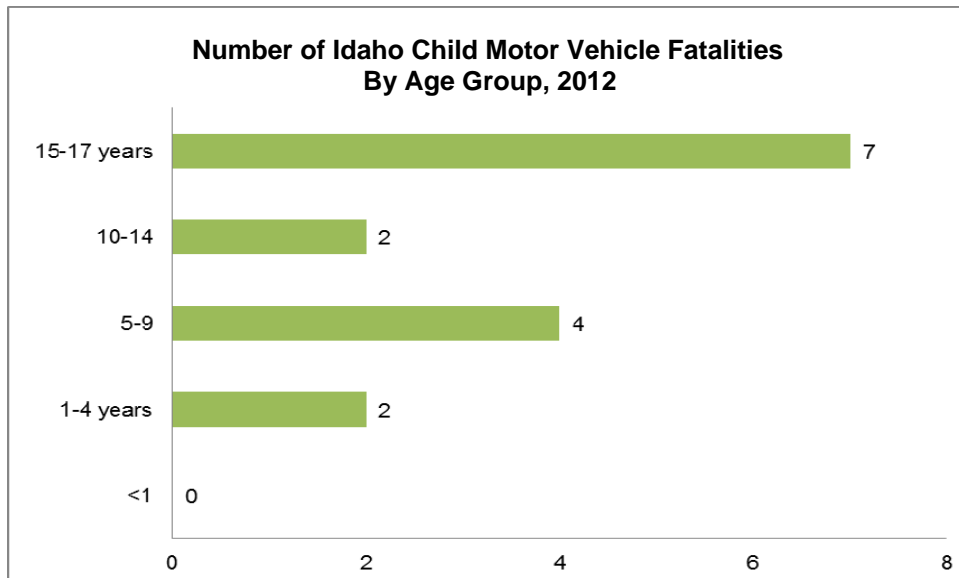
There were 33 accident deaths to children occurring in Idaho in 2012. Nearly one-half of those deaths resulted from motor vehicle accidents. Drowning deaths accounted for another 6 of these cases. Four of these accident deaths were caused by strangulation (hangings). Further, there were 4 accidental suffocation deaths to infants or toddlers which are discussed in this report's section on SUID.



*[Based on 33 accident deaths]*

## MOTOR VEHICLE ACCIDENTS

The CFR team reviewed the 15 motor vehicle deaths that occurred in Idaho in 2012. About one-half of these victims were teens between the ages of 15 to 17. There was no significant difference by gender (7 females, 8 males). One-third (5) of the victims were drivers in these accidents while 7 were passengers and 3 were pedestrians or cyclists.



*[Based on 15 motor vehicle fatalities]*



Because 2 of these accidents resulted in multiple fatalities, there were actually 13 separate motor vehicle accidents accounting for the 2012 child deaths. Further, 2 accidents involved off road All-Terrain-Vehicles (ATVs) and thus, were not traffic accidents. The following findings are based on the number of separate accidents rather than the number of fatalities.

### *Vehicle Type and Teenaged Drivers*

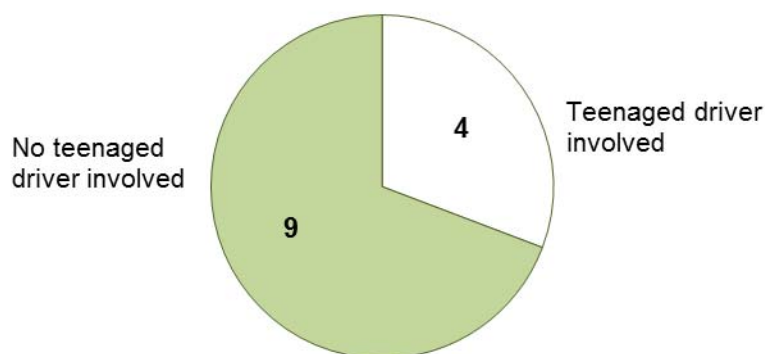
The team found that cars were the most common vehicle type involved in these accidents, followed closely by sport utility vehicles (SUVs) or vans. Three of the 2012 accidents involved a pedestrian or bicyclist.

Only a minority (4 out of 13) of the 2012 accidents involved a teenaged driver. This is a departure from the 2011 CFR findings in which the great majority of MVA child fatalities involved a teenaged driver. Still, it is noteworthy that these 4 accidents resulted in a total of 6 deaths and 2 incapacitating injuries, all to teenagers. The CFR team found driver error and/or law violations as contributing factors in each of the accidents involving a teen driver.

### **Vehicle type of 2012 Idaho Accidents (child as occupant)**

Car	Pick-up	SUV or Van	Pedestrian or cyclist	ATV (off-road)
4	1	3	3	2

**Number of Idaho Fatal Motor Vehicle Accidents by Teenaged Driver Involvement, 2012**



*[Based on 13 motor vehicle accidents]*

*Seat Belt and Safety Restraint Usage*

Idaho Statute 49-673 mandates that seat belts are worn by all occupants whenever a vehicle is in motion, except under certain specific conditions. When used properly, National Highway Traffic Safety Administration (NHTSA) estimates that seat belts (lap/shoulder belts) reduce the risk of fatal injury to front seat passenger car occupants by 45 percent. Further, NHTSA estimates that the combination of an airbag plus a lap/shoulder belt reduces the risk of serious head injury among drivers by 85 percent.

As of 2005, Idaho’s Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. An appropriate child restraint is a child safety seat for children up to 40 pounds and a belt-positioning booster seat for children six years or younger. While Idaho law does not explicitly dictate children’s position in a vehicle, the NHTSA clearly states that the rear seat is the safest place for children of any age to ride. Most newer vehicles are equipped with front seat air bags which could seriously injure or kill a child who is sitting too close. Idaho Transportation Department (ITD) recommends that children ride in the back seat until the age of 13 ([www.itd.idaho.gov/ohs/ChildSafety/index.html](http://www.itd.idaho.gov/ohs/ChildSafety/index.html)).

Of the 2012 motor vehicle deaths reviewed, 1 of the young victims was not wearing a seat belt and 2 children under five years of age were completely unrestrained (no safety seat or seat belt used). In 1 of these cases, airbags were either not installed or did not deploy in the accident. In addition, 1 accident involved a child under the age of ten in the front seat.

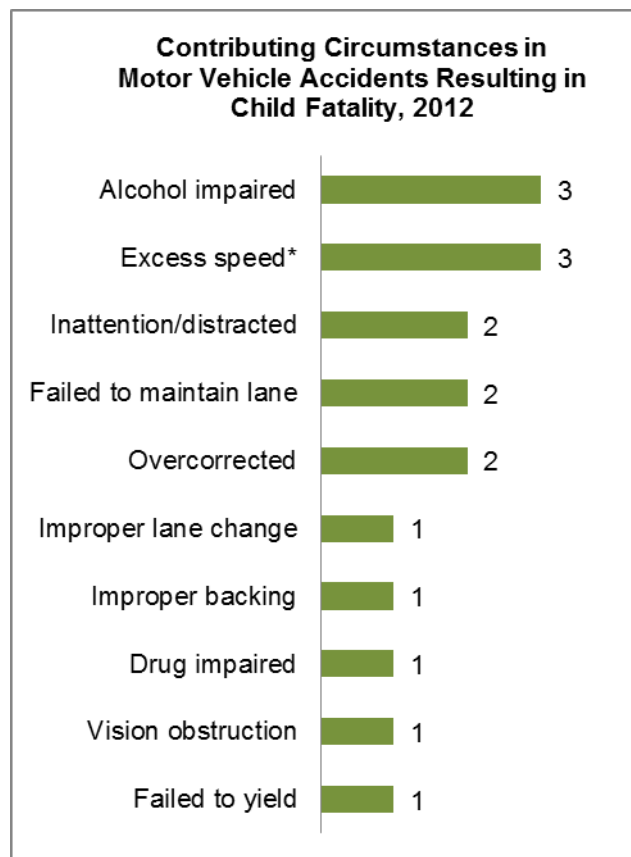
**Safety Restraint Not Properly Used**

Seat belts not used	Air bags (not present or deployed)	Child safety seats/booster seats not properly used
1	1	2

*[Based on 10 motor vehicle traffic fatalities]*

### *Contributing circumstances*

For each vehicle involved in a traffic collision, the investigating officer may indicate up to three circumstances that resulted in the accident. These are summarized in Idaho Transportation Department (ITD) crash reports. The most commonly cited circumstances in the 2012 motor vehicle traffic accidents were alcohol impairment and excess speed. Inattention, distraction, and driver error (failing to maintain lane, overcorrecting) were also repeatedly noted as contributing circumstances.



*\*Excess speed includes "too fast for conditions" and "exceeded posted speed"*

*[Based on 11 motor vehicle traffic accidents]*

### Cycling and Pedestrian Fatalities

The team did not find many commonalities in circumstances of the accidents involving a pedestrian or a bicyclist. All of these deaths involved a child under the age of ten within direct sight of a parent just prior to the collision. The team did find that 1 bicyclist was not wearing a helmet while riding in street traffic and that a helmet may have lessened the severity of injury.

### All-Terrain-Vehicle (ATV) Fatalities

There were 2 separate ATV accidents resulting in child fatalities in 2012. Each accident involved a child (age 13 or younger) who was operating the vehicle. In each case, the ATV overturned as a result of operator error and the child was thrown from the vehicle. Both of these accidents occurred off-road on private land.

### **Systems Issues**

The Idaho Transportation Department (ITD) crash reports are a useful tool in analyzing causes of accidents and enacting measures to prevent similar accidents in the future. However, the CFR team found that certain key details were missing from the form. Specifically, the current form does not include a field for the officer to enter the actual speed of the vehicle. While there are two options for contributing circumstances related to speed (“speed too fast for conditions” and “exceeded posted speed”) and there is a section on the form for a narrative description, the completed forms did not consistently provide all of the relevant details and left the team with unanswered questions about the cause of the accident.

In addition, the CFR team is concerned about national reports of widespread usage of electronic devices while driving, particularly among teen drivers. The ITD form includes fields related to distracted and inattentive driving but nothing that describes the specific distraction (e.g. smart phone, radio, passengers, etc.). The team felt that more specific information would be helpful in better understanding the cause of accidents which may lead to specific actions preventing similar accidents in the future.

### **Common Factors and Associations**

Along with the contributing circumstances obtained from IDT crash reports, Idaho’s CFR team separately captured common factors which may have played a role in these accidents or their severity. This additional step provides information which may be used to increase the safety of children as opposed to strictly identifying causes of accidents. Some of the factors identified by the team (such as teen passengers or not using seat belts) may not directly *cause* accidents but may increase the likelihood or severity of an accident.

The Idaho CFR team found the following top common factors in the 2012 motor vehicle accidents (ranked by frequency with number of instances in parenthesis):

1. Impaired driving (evidence of recent alcohol and/or illicit/prescription drug use) (6)
2. Driver error (5)
3. Young or inexperienced driver/operator (4)
4. Law violation (e.g. driving without privileges, graduated license restrictions) (4)
5. Late night driving-midnight to 5 a.m. (3)
6. Safety restraints not used or used improperly (3)
7. Teenaged passengers (2)

*[Based on 11 **motor vehicle traffic** accidents]*

The team again considered whether or not accidents were more likely to occur during certain times of year. As in the prior year, these accidents frequently occurred in the summer months (6 of the 13 accidents) with 3 occurring in the spring. While there were 2 accidents occurring in the winter months, road and weather conditions were not noted as a contributing cause to either. As the small number of observations makes it difficult to draw conclusions from a single year, the team will continue to monitor this issue in the future.

### **Recommended Actions for Preventing Motor Vehicle Accident Deaths**

Many of the recommendations for preventing motor vehicle accident deaths are related to public education and are best targeted to parents of young children and teen drivers. Since the responsibility areas often fall under multiple agencies, coordination between Idaho Health & Welfare (IDHW), Idaho Transportation Department (ITD) and the State Department of Education (SDE) will permit optimal resource utilization and ensure consistent messaging.

#### For Parents and Teen Drivers

##### *Bicycle and pedestrian safety*

The National Safety Council (NSC) reports that in addition to 1,000 deaths in the U.S. due to collisions between bikes and motor vehicles in 2014, more than 100,000 people sustained nonfatal injuries in such collisions. Children should be well versed on basic traffic and safety rules before riding bikes near motor vehicles. The Idaho Transportation Department ([http://itd.idaho.gov/bike\\_ped/](http://itd.idaho.gov/bike_ped/)) and National Safety Council ([www.nsc.org/learn/safety-knowledge/Pages/news-and-resources-safe-bicycling.aspx](http://www.nsc.org/learn/safety-knowledge/Pages/news-and-resources-safe-bicycling.aspx)) both provide extensive tips and resources promoting bicycling safety.

Bicyclists should wear a properly designed helmet with a stiff outer shell, energy-absorbing liner, and a fastening chin strap. Helmets should be lightweight and fit comfortably. Users should follow manufacturers' recommendations on the useful life expectancy of helmets and replace them when damaged or when signs of deterioration are seen.

It is essential that young children be closely supervised when walking or biking near road traffic. Children are the least predictable pedestrians and cyclists and, because of their size, may be difficult to see. Drivers must take extra care to watch for children on roadways and parking lots—especially those near schools and playgrounds.

### *All-Terrain-Vehicle (ATV) safety*

ATV riding is a popular activity on many private farms, ranches and recreational areas. Even with precautions and protective laws in place it is an inherently risky activity. By making sure that young riders follow safety precautions and know how to use ATVs safely, parents can help protect them from being injured.

Parents should be aware of ATV manufacturers' age recommendations (most are designed strictly for older teens and adults). Because of difficulty of handling their large size and due to the skills and quick decision making involved in operating ATVs, the American Academy of Pediatrics (AAP) does not recommend ATV use for anyone younger than 16.

Idaho's laws for ATV use on public lands and roadways require that ATV rides on public lands be supervised and that riders complete a safety certification course.

Even when not mandated by law, ATV riders are urged to use caution and follow safety recommendations. Kids Health ([http://kidshealth.org/parent/firstaid\\_safe/travel/atv-safety.html#](http://kidshealth.org/parent/firstaid_safe/travel/atv-safety.html#)) suggests the following guidelines for ATV riding:

- Take a safety certification program to learn how to operate an ATV safely.
- Ride an ATV that's right for your size and age (following manufacturer recommendations)
- Wear an approved helmet and eye protection. In many states, helmets and eye protection are required by law, particularly for kids.
- Wear long pants, long sleeves, gloves, and over-the-ankle boots to help prevent scrapes and cuts.
- Only ride during daylight hours.

- Ride at a safe speed on a designated ATV trail.
- Know basic first aid to treat minor injuries, and be able to get help in an emergency.
- While riding an ATV:
  - ✓ Do **not** ride on a three-wheel ATV.
  - ✓ Do **not** ride while drinking alcohol or using drugs.
  - ✓ Do **not** ride on paved surfaces or public roads (except to cross them).
  - ✓ Do **not** exceed the limit of passengers allowed by the manufacturer.
  - ✓ Do **not** allow kids and teens to drive another passenger.

### *Safety restraints and safe riding position*

Because Idaho state laws for child safety restraints are more permissive than national recommendations, parents should be aware of the latest findings and guidelines for increasing passenger safety.

Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. However, the National Transportation Safety Board recommendations go further and base recommendations on height and weight as well as age (booster seats until 4 feet 9 inches *OR* eight years old).

Idaho statute requires all passengers (regardless of age) to use safety restraints (seat belt or car seat). The Idaho Transportation Department (ITD) recommends the following four "child safety steps":

1. Restrain children on every trip, every time.
2. Keep children in the back seat until age 13.
3. Use the correct safety seat for child's size.
4. Use child safety seats and seat belts correctly.

To ensure that the correct safety seat is used and installed correctly, ITD recommends routine inspection by a trained professional (often via community hospitals or local fire and police stations). Safety seat check sites can be located throughout Idaho by consulting the following website: [www.safercar.gov/cpsApp/cps/index.htm](http://www.safercar.gov/cpsApp/cps/index.htm)

It is also a good idea to register child car seats so that the manufacturer has the ability to contact parents about recalls and safety notices. More information about how to register your car seat or booster seat can be found at: [www.safercar.gov/parents/Car-Seat-Recalls-Registration.htm](http://www.safercar.gov/parents/Car-Seat-Recalls-Registration.htm)

### *Teen Driving*

According to the National Safety Council (NSC), one-half of all teens will be involved in a car accident before finishing high school. Studies have found that lack of driving experience is the main reason that teen drivers are more likely to be involved in a crash.

Certain behaviors (impaired driving, riding with passengers, night time driving, electronic device use) have been linked to teen driving accidents. Parents can make a huge impact in promoting safe behaviors in their teen drivers. The NSC has publically available educational materials aimed at reducing teen driving accidents: [www.nsc.org/learn/NSC-Initiatives/Pages/teen-driving.aspx](http://www.nsc.org/learn/NSC-Initiatives/Pages/teen-driving.aspx). The site includes a sample “contract” between teens and their parents where household driving rules are laid out and agreed upon. Other ideas for parents include engaging in periodic driving lessons with teens and reinforcing the importance of smart habits like consistent seat belt use and driving the right speed for conditions.

### For Public Health Agencies

The CFR team recommends that drivers' training programs in public high school routinely update the curriculum to incorporate the latest National Safety Council research and recommendations. <http://www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-motor-vehicle-crash.aspx> IDHW should work with SDE to advocate for continued and expanded drivers education aimed at teens in public schools.

The team recommends additional public education urging cyclists to follow traffic rules, dress for visibility, and wear a well-fitting, properly designed helmet. Further, motorists may benefit from ongoing reminders to carefully watch for cyclists and pedestrians on the road (see “Parents and Teen Drivers” section for more detail).

Because Idaho’s laws related to All-Terrain-Vehicles (ATVs) are restricted to public lands and since these vehicles are not permitted on public roads, their use is not well regulated and the



dangers (particularly to children) may not be well understood by the general public. An opportunity exists for public education on safe ATV riding and the availability of safety certification for riders.

#### For Public Transportation Agencies

The CFR team recommends updates to the Idaho Transportation Department (ITD) crash report forms to ensure that they completely capture relevant information pertaining to the cause of the accident. Specifically, they request 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of specific phone/device usage fields (including whether the device was handheld or hands free/Bluetooth<sup>®</sup> enabled) as options for the “contributing circumstances” listed on the form.

ITD currently and historically sponsors public education campaigns related to seat belt/safety restraint usage, impaired driving, and texting while driving. The CFR supports continued efforts in these areas and recommends joining forces with other public health and education agencies to make the public aware of the latest recommendations for safe bicycling and driving practices.

The establishment of child safety seat check points at fire departments, police departments, community hospitals and health clinics is a valuable resource to drivers with young children. However, the National Highway Traffic Safety Administration (NHTSA) supported site, [www.safercar.gov](http://www.safercar.gov), indicates that locations are clustered primarily in Idaho’s largest cities and towns (e.g. Boise, Twin Falls, Idaho Falls, Pocatello and Coeur D’Alene). To make child safety seat check points accessible to all Idahoans, the CFR team recommends the expansion of these check points throughout the rural areas of the state. This may be best accomplished through partnerships with Public Health Districts and law enforcement agencies.

#### For Law Enforcement

Law enforcement agencies can continue to play a major role in supporting public education of safe driving and cycling practices (see previously discussed focus areas under “Parents and Teen Driver” section) through their own social marketing campaigns as well as through officer presentations at schools and community groups.

The team recommends strict enforcement of impaired driving laws and supports ongoing public education as a way of reminding drivers of the potential consequences. This should include building awareness of the risk of prescription drug impairment.

Current Idaho State Police policy dictates that drug testing is not conducted on drivers found to be alcohol impaired. To better understand the impact of individual substances (prescription drug, marijuana, stimulants, etc.), the CFR team calls for routine, complete toxicology testing for all drivers involved in motor vehicle accidents.

The team supports strict enforcement of graduated licensing requirements and supports added restrictions for teen drivers, especially those that include “zero tolerance” for alcohol/drug usage (while driving or otherwise), unrestrained vehicle occupants, and a well enforced curfew system to restrict night driving.

Although the estimated vehicle speed and source of distractions (e.g. cell phones, passengers) as a contributing cause of accidents are not currently required fields on the ITD crash report form, officers are encouraged to provide these details in the narrative section. These additions will make the information gleaned from the reports more actionable in preventing motor-vehicle accidents.

### **STRANGULATION**

There were 4 child deaths in 2012 caused by strangulation accidents. One of these was to a child with severe physical limitations and 1 was a tragic playground accident. The remaining 2 were determined to be the result of the “choking game”—described by the Centers for Disease Control and Prevention (CDC) as “a dangerous activity that older children and early adolescents sometimes play to get a brief high.” Children either choke each other or use a noose to choke themselves. Within seconds, children can pass out, which may lead to serious brain injury or death.

In 2008, the Centers for Disease Control identified 82 “probable choking game deaths” in the U.S. between 1995 and 2007 [www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a1.htm).

The analysis found that victims were predominantly male with a mean age of 13.3 years (age range 11 to 16 years). While it is not known whether or not the incidence of the activity has increased in recent years, the CDC and the Idaho CFR team urge parents, educators, and health-care providers to be aware of this public health threat and to know the warning signs.

Both of the 2012 “choking game” deaths in Idaho were to boys aged 10 to 13 and both deaths occurred while the victims were alone. Conclusions of the cause of death were partially based on witness accounts of past experimentation with and/or exposure (with friends and through web site demonstrations) to the activity. The possibility of suicide was ruled out in these investigations.

### **Recommended Actions for Preventing “Choking Game” Injuries and Deaths**

Parents, educators, and medical professionals should look for signs that a child may be participating in the activity. Parents should carefully monitor their children’s internet usage and other media access.

The CDC lists the following as warning signs that a child is engaging in the choking game:

- Discussion of the game
- Bloodshot eyes
- Marks on the neck
- Wearing high-necked shirts, even in warm weather
- Frequent, severe headaches
- Disorientation after spending time alone
- Increased and uncharacteristic irritability or hostility
- Ropes, scarves, and belts tied to bedroom furniture or doorknobs or found knotted on the floor
- The unexplained presence of dog leashes, choke collars, bungee cords, etc.
- Petechiae (pinpoint bleeding spots) under the skin of the face, especially the eyelids, or the conjunctiva (the lining of the eyelids and eyes)

More information including alternate names that adolescents may use for the choking game can be found at: [www.cdc.gov/homeandrecreationalafety/Choking/choking\\_game.html](http://www.cdc.gov/homeandrecreationalafety/Choking/choking_game.html)

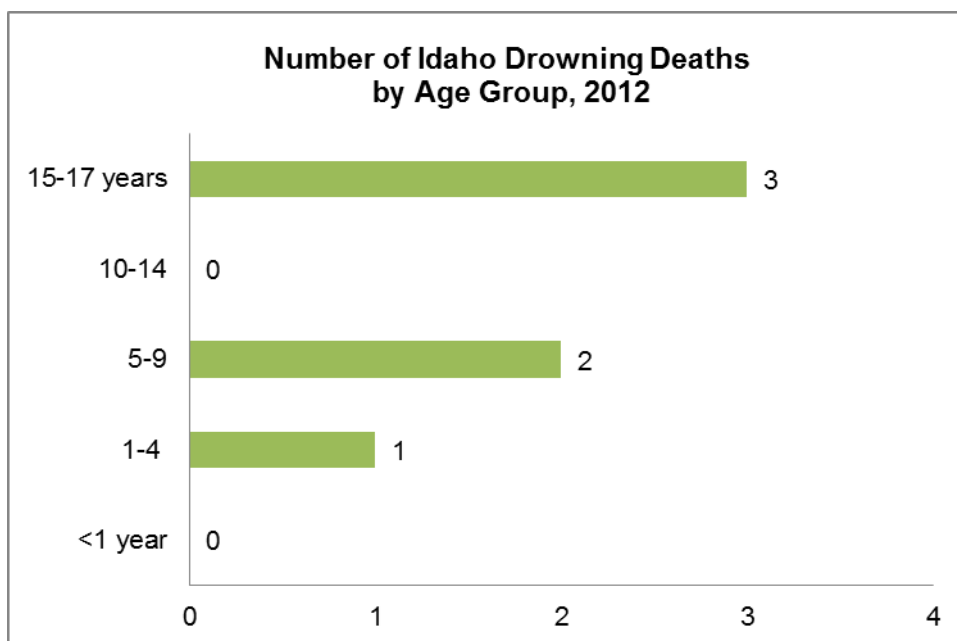
### **DROWNING**

The CDC reports that about one-in-five people who die from drowning are children under the age of 15. Nationally, three children die every day as a result of drowning accidents. For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries.

The team reviewed 6 drowning deaths that occurred in Idaho in 2012. Of those, 2 were to children aged five to nine years and 1 was to a preschool aged child. The other 3 drowning

deaths were to teens. Males had a higher incidence of drowning (4 of the 6 deaths were to males) which is consistent with national findings.

Nearly all of the drowning incidents occurred in open water. Three of the deaths occurred in a lake, reservoir or pond. Two of the children drowned in a river or creek. There was a single bathtub drowning which occurred following a seizure to a teen with a medical history of seizure disorder.



#### Number of drowning deaths by location

Body of water	#
River/creek	2
Lake/pond/reservoir	3
Bathtub*	1

\*Tub drowning was precipitated by a seizure

[Based on 6 drowning deaths]

#### Common Factors and Associations

One-half of the open water deaths occurred while the children were swimming. Both teens and younger children were victims of drowning while swimming in open water. Two of the deaths

occurred after playing near open water and accidentally falling into the water (1 to a teen and 1 to a school aged child).

The CFR team found that inadequate supervision was a commonality in 3 of the cases. They concluded that 2 of the deaths might have been prevented had a flotation device been properly used while swimming or playing near the water.

1. Inadequate supervision (3)
2. No flotation device (2)

*[Based on 6 drowning deaths]*

### **Recommended Actions for Preventing Drowning Deaths**

The National Center for Injury Prevention and Control reports that when adequate supervision is combined with approved personal flotation devices, drowning occurrences are rare.

More prevention tips can be found at the National Center for Injury Prevention and Control's website: <http://www.cdc.gov/injury>

According to the CDC ([www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html](http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html)), the main factors that affect drowning risk include lack of swimming ability, lack of barriers to prevent unsupervised water access, lack of close supervision while swimming, failure to wear life jackets and alcohol use.

#### For Public Health Agencies

Idaho's CFR team recommends that public education campaigns emphasize the importance of supervising young children while in or around the water. Water safety messaging should also stress the importance of wearing personal flotation devices.

#### For Parents

Parents must closely supervise young children while swimming or playing near open water and pools. Because drowning occurs quickly and quietly, adults should not be involved in any other distracting activity and should be within arm's reach while supervising children, even when lifeguards are present.

Nationally, most drowning accidents to teenagers occur in natural water settings. Even older children and teens with swimming skills should be warned about the unpredictable nature of open water—especially swift moving rivers and creeks. Parents should also warn teens of the high risk of alcohol consumption while engaging in water sports and swimming. The CDC estimates that alcohol is a factor in 70 percent of adult and adolescent deaths associated with water recreation. Alcohol influences balance, coordination, and judgment, and its effects are heightened by sun exposure and heat. ([www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html](http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html)).

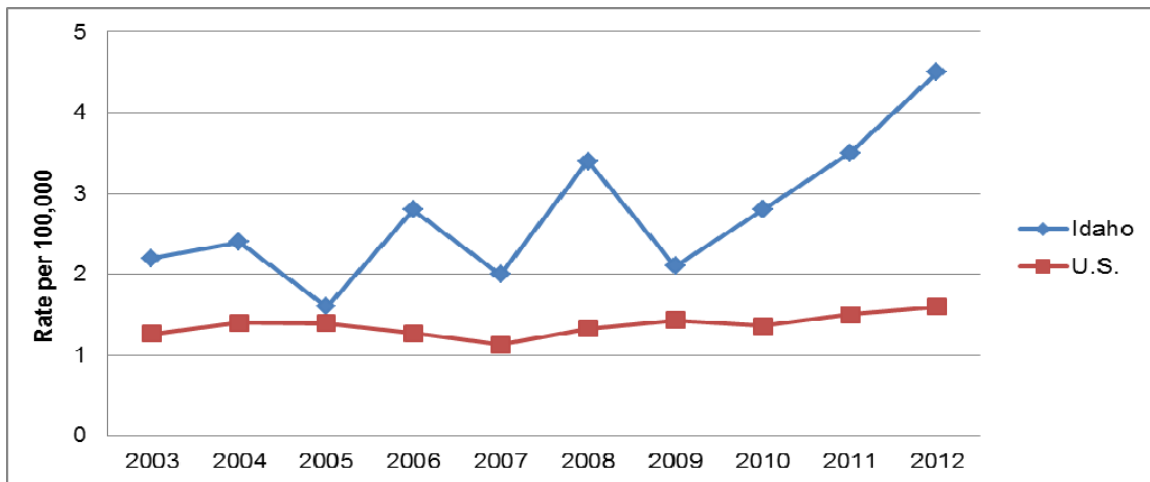
According to the CDC, drowning is the most common cause of unintentional injury death for people with seizure disorders, with the bathtub as the site of highest drowning risk. Regardless of age, children with a history of seizure disorder should have supervision while bathing.

## SUICIDES (Intentional Self Harm)

Suicide is the second highest cause of death to Idaho children over the age of 1 year. Teens between 15 and 17 have the highest incidence of suicide. Idaho's suicide rate increased significantly between 2003 and 2012 and is consistently higher than national rates.

**Idaho and U.S. Resident Suicide Deaths (Age <18)  
and Rates per 100,000, 2003-2012**

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Total Number Idaho Resident suicides</b>	8	9	6	11	8	14	9	12	15	19
Idaho Resident suicide death rate	2.2	2.4	1.6	2.8	2.0	3.4	2.1	2.8	3.5	4.5
U.S. Resident suicide death rate	1.3	1.4	1.4	1.3	1.1	1.3	1.4	1.4	1.5	1.6



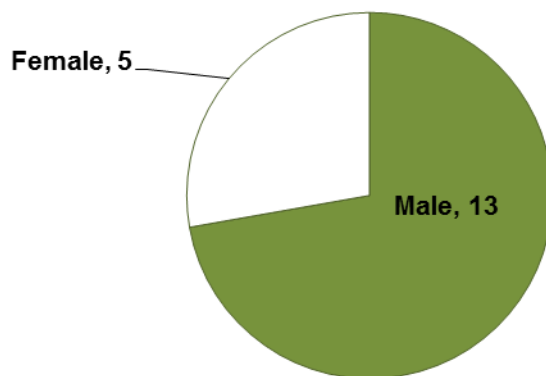
**Source:** Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare  
Rates based on 20 or fewer deaths may be unstable. Use with caution.

### *Idaho CFR Team Findings: Suicides*

The CDC reports that between 2011 and 2012, Idaho ranked third in the U.S. for per capita suicide deaths for youth up to age 24. The National Center for Child Death Review reports that U.S. adolescent males are four times more likely to complete suicides than females. They conclude that males complete suicide more often because they most often use firearms.

The CFR team reviewed 17 suicides occurring in Idaho in 2012. Four of the victims were 13 or 14 years of age. The remaining 13 suicide deaths were to older teens (15 to 17 years). More than three-quarters were male (13 of the 17 victims). Firearms were the most common mechanism used in completing the suicides. All except one of the firearm suicide victims were male.

**Number of Idaho Suicides to Children (< age 18) by Sex, 2012**



### **Number of Suicides in Idaho by Mechanism, 2012**

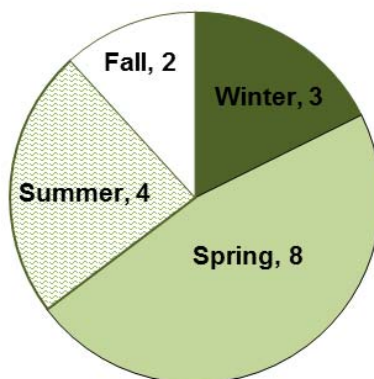
Injury Mechanism Used	#
Firearm	10
Hanging/strangulation	6
Drowning (after drug ingestion)	1

*[Based on 17 suicide deaths]*



In 2012, suicides occurred more often during the spring months than in other seasons of the year. About one-half (8) of the suicides were to teens residing in a rural location at the time of death.

**Number of Idaho Suicides to Children (< age 18) by Season of Occurrence, 2012**



*[Based on 17 suicide deaths]*

### **Systems Issues**

In 4 of the 17 suicide cases, toxicology testing was not conducted as part of the coroner's investigation or autopsy. The CFR team determined that toxicology results are necessary to understand the circumstances that may have led to the suicidal act.

### **Common Factors and Associations**

Among major risk factors for suicide, the CDC cites previous suicide attempts, depression or other mental illness, substance abuse and access to lethal methods.

[www.cdc.gov/violenceprevention/pub/youth\\_suicide.html](http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)

Idaho's CFR team found the following factors in reviewing the 17 suicide deaths (ranked by frequency with number of instances in parenthesis):

1. Direct access to firearm in the home (10)
2. Mental health concerns (*including diagnosed illness/disorder, previous attempt, or family history of suicide*) (8)
3. Recent drug or alcohol abuse (8)
4. School problems (*academic or behavioral*) (7)

5. High achievement (*academic, sports and/or extracurricular activities*) (4)
6. Recent disciplinary event involving parents (4)
7. Child Protective Services (CPS) history and/or alleged abuse in family (4)
8. Recent break-up of romantic relationship (4)
9. Subject to bullying (3)
10. Geographic isolation/rural location (3)

*[Based on 17 suicide deaths]*

As with other causes of death, an interaction of these factors was often present with suicides. For example, teens with a history of mental health concerns may be particularly vulnerable when facing a stressful event like disciplinary action or relationship turmoil.

Having access to lethal methods is a known risk factor for suicide. The team is concerned about the number of suicide victims who accessed an unsecured firearm in their own home in an impulsive act.

The Suicide Prevention Network of Idaho ([www.spanidaho.org](http://www.spanidaho.org)) and other mental health organizations have found an environmental risk factor related to the contagious influence of clusters of suicide within a specific school or geographic region. The CFR team will continue to look for evidence of clusters in reviewing Idaho deaths. They found nothing conclusive in the first two years of reviews (2011 and 2012).

### **Recommended Actions for Preventing Suicide Deaths**

The Suicide Prevention Network of Idaho (SPAN) [www.spanidaho.org/warningsigns.shtml](http://www.spanidaho.org/warningsigns.shtml) discusses several of the same factors found by Idaho's CFR team (e.g. easy access to lethal methods, mental disorders, substance abuse, history of trauma/abuse, relationship loss, social isolation). Further, SPAN lists the following warning signs and protective factors for suicide:

#### **Warning Signs of Suicide**

- Talking or writing about death or suicide
- Seeking methods to kill oneself
- Dramatic mood changes or agitation

- Changes in sleeping or eating patterns
- Giving away prized possessions, making final arrangements, putting affairs in order
- Withdrawing from friends, family, and favorite activities/hobbies
- Recent loss of a friend or family member (death, suicide, or divorce)
- Increased alcohol or drug use
- Sudden dramatic decline or improvement in work/school work
- Neglect of personal appearance
- Chronic headaches, stomach aches, fatigue

### **Protective Factors for Suicide**

- Cultural and religious beliefs that discourage suicide and support self-preservation
- Skill in solving problems, resolving conflict and handling disputes non-violently
- Strong connections to family and community
- Effective professional care for mental, physical and substance abuse disorders
- Easy access to a number of different types of professional help
- Mental and medical health care relationships that are ongoing
- No access to highly lethal means of suicide

Noting Idaho's high rates of teen suicide and the number of deaths in rural locations, the CFR Team continues to see a need for additional mental health services throughout the state. The team is encouraged by the recent expansion of Idaho's Suicide Prevention Hotline (1-800-273-TALK) which now accepts calls 24 hours a day, 7 days a week. The CFR Team recommends that training to counselors and hotline volunteers incorporate recent findings of common factors and behavioral associations for suicide so that high risk callers can be readily identified.

### For Educators and Health Care Providers

The CFR Team applauds the combined efforts by State Department of Education (SDE) and the Suicide Prevention Action Network of Idaho (SPAN Idaho) in forming the Idaho Lives Project: [www.idaholives.org](http://www.idaholives.org)

The Idaho Lives Project focuses on training school staff and community adults in effectively responding to at-risk youth, equipping students to reach out to trusted adults when peers exhibit suicidal tendencies, and fostering local resources to connect at-risk youth with mental health providers.

In addition to knowing the risk factors, warning signs and protective factors related to suicide (see previous section) school administrators, counselors, teachers, and medical professionals are encouraged to take advantage of resources offered by the Idaho Lives Project. The project currently operates on a three-year grant cycle and an estimated 42 applications from Idaho junior high, middle, and high schools will be selected for participation during that time frame. To expand their reach and ensure sustainability, Idaho Lives is also developing and supporting a statewide cadre of Idaho trainers to help implement in their model in non-participating schools. The project also makes information and tools available to the general public in an effort to prevent suicide attempts.

#### For Public Health Agencies

The high number of suicides to teens with a history of mental illness highlights the need for additional mental health services across the state. In particular, the CFR team advocates for improved access to mental health services in rural areas.

The team is concerned about the number of suicide victims who accessed an unsecured firearm in their own home in an impulsive act. Public education campaigns related to safe storage of guns, ammunition, and drugs (prescription and OTC) may prevent tragedies in volatile situations. Families with children who have a known risk for suicide should consider removing firearms and certain controlled medications from the home entirely.

#### For Parents

Parents should recognize the warning signs of suicides and be aware of protective factors (see previous section). They should promptly consult health care providers and/or educators for support when concerns arise.

Among better known risk factors like depression, drug use, and social isolation, the Idaho Lives Project warns parents to watch for signs that their children are feeling excessive academic or social pressures. They note that unrealistic expectations can create a strong sense of rejection and disappointment in vulnerable young people. In their case reviews, the Idaho CFR team discovered a number of high achieving students, athletes, and civic leaders among the recent suicide victims. Parents can find additional guidance from Idaho Lives at:

[www.idaholives.org/docs/Parents-Handout-11-13.pdf](http://www.idaholives.org/docs/Parents-Handout-11-13.pdf)

Teens with history of emotional distress or mental health issues require a higher level supervision than their age would typically suggest. Because of the impulsive nature of many suicidal acts, parents should take extra steps to make sure that firearms are not accessible to children and teens. Safekids Worldwide ([www.safekids.org/safetytips/field\\_risks/guns](http://www.safekids.org/safetytips/field_risks/guns)) recommends that guns and ammunition are stored separately, out of the reach of youth and in locked locations. Keys and combinations should be kept hidden. When guns are not stored, they should be within the parent's line of sight. Children and teens with a history of mental health issues or suicide threats/attempts should not have access to a firearm in the home.

Safekids Worldwide reports that in 67 percent of emergency room visits for medicine poisoning (both accidental and intentional ingestion), the medicine was left within easy reach, such as in a purse, on a counter or on the ground. Prescription and OTC medications (even those seemingly harmless when taken at recommended dosages) should be stored out of reach and out of sight of children and at-risk teens. More information on medication safety can be found at: [www.safekids.org/medicinesafety#sthash.yDJoAOIT.dpuf](http://www.safekids.org/medicinesafety#sthash.yDJoAOIT.dpuf)

#### For Coroners

To better understand the precursors and contributing factors of suicide, the CFR team recommends that Idaho coroners include toxicology testing as a routine step of death investigations when suicide is a possible cause.



## CFR TEAM SCREENING: *Preventable Natural Deaths*

In addition to detailed reviews of deaths by external causes, a CFR subcommittee (made up of physicians and law enforcement representatives from the CFR Team) screened death records certified with a manner of “natural.” Causes of natural manner deaths include perinatal conditions/congenital malformations, malignancies, influenza and pneumonia, cerebrovascular, and other non-ranking causes. In an effort to review all preventable deaths, the subcommittee flagged cases for further review when questions were raised about the cause as coded on the death certificate and/or if a direct link to an existing medical condition was not apparent. The subcommittee selected 16 of the natural manner deaths for a more thorough review with complete death certificates, birth certificates, coroner/autopsy reports, law enforcement reports, and/or medical records. The natural manner cases selected for additional review fell into the following categories:

Perinatal Conditions/Congenital Malformations	4
Influenza/Pneumonia	1
Cerebrovascular/Heart Disease	1
Non-ranking/All Other Causes	10
<b><i>Total Reviews of Deaths of “Natural” Manner</i></b>	<b>16</b>

### **Findings and Recommendations:**

Overall, no system wide issues were identified in the review of additional information (medical records, coroner reports, etc.) in these natural manner deaths. However, the team did find issues of concern in particular circumstances.

#### *Refusal of medical care because of religious or personal beliefs*

For 2012, the team identified 2 deaths to children from families who did not seek medical intervention due to religious beliefs. One death was related to complications of Type 1 Diabetes and the other followed a prolonged gastrointestinal illness. The team determined that both of these deaths may have been prevented with proper and timely medical treatment. Idaho civil and criminal codes provide religious exemptions on child abuse and neglect which may prevent

authorities from investigating and monitoring neglect cases and discourage reporting of these incidents.

Panel members from the Idaho Child Fatality Review Team encourage re-evaluation of Idaho law. Because members are supportive of religious freedom, they recommend that the standard for state intervention (when contrary to parental religious beliefs) be limited in scope. It should include, and only include, pediatric cases in which the child's death or severe disability is imminent and would, within a reasonable degree of medical certainty, be prevented by the administration of appropriate medical care. The law would not be used to mandate routine medical care (i.e. well child visits, immunizations, etc.) or coerce parents to give consent for the same. Apart from strengthening laws to protect children from preventable deaths, current law is confusing for medical providers and, to a lesser extent, investigative agencies.



## REFERENCES

*Child Mortality Summary, Idaho: Idaho Resident Deaths 2002-2011*, Bureau of Vital Records and Health Statistics, Division of Health, Idaho Department of Health and Welfare, Sept. 2012

*Idaho Vital Statistics, 2011*, Bureau of Vital Records and Health Statistics, Division of Health, Idaho Department of Health and Welfare, Feb. 2013

*A Program Manual for Child Death Review*. Ed; Theresa Covington, Valodi Foster, Sara Rich. The National Center for Child Death Review, 2005.

*SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*, American Academy of Pediatrics, October 2011, [www.pediatrics.aappublications.org](http://www.pediatrics.aappublications.org) (Accessed February 2015)

*Unexplained Infant Deaths*, CJ Foundation for SIDS: [www.cjsids.org/grief-and-bereavement/unexplained-infant-deaths.html](http://www.cjsids.org/grief-and-bereavement/unexplained-infant-deaths.html) (Accessed February 2015)

*Idaho's Project Filter, Quit Now* [www.quitnow.net/idaho](http://www.quitnow.net/idaho) (Accessed January 2015)

Centers for Disease Control and Prevention (CDC), (Accessed February 2015):  
*Sudden Unexpected Infant Death*, ([www.cdc.gov/sids/about\\_suidandsids.htm](http://www.cdc.gov/sids/about_suidandsids.htm))

*Home and Recreational Safety: Choking game*,  
[www.cdc.gov/homeandrecreationalafety/Choking/choking\\_game.html](http://www.cdc.gov/homeandrecreationalafety/Choking/choking_game.html)

*Injury Prevention and Control: Motor Vehicle Safety*,  
[www.cdc.gov/MotorVehicleSafety/Impaired\\_Driving](http://www.cdc.gov/MotorVehicleSafety/Impaired_Driving)

*Injury Prevention and Control: Unintentional Drowning*,  
[www.cdc.gov/HomeandRecreationalSafety/Water-Safety](http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety)

*Injury Prevention and Control: Suicide Prevention*, Centers for Disease Control and Prevention (CDC), [www.cdc.gov/violenceprevention/pub/youth\\_suicide](http://www.cdc.gov/violenceprevention/pub/youth_suicide)

American Red Cross, *Training and Certification*, [www.redcross.org/take-a-class](http://www.redcross.org/take-a-class) (Accessed February 2015)

Idaho Transportation Department, *Child Safety, Bicycling Safety*, [www.itd.idaho.gov](http://www.itd.idaho.gov) (Accessed February 2015)

National Safety Council, *Safe Bicycling*, [www.nsc.org/learn/safety-knowledge/Pages/news-and-resources-safe-bicycling.aspx](http://www.nsc.org/learn/safety-knowledge/Pages/news-and-resources-safe-bicycling.aspx) (Accessed February 2015)

National Highway Traffic Safety Administration, [www.nhtsa.gov](http://www.nhtsa.gov) (Accessed February 2015)

Kids Health, *ATV Safety*, [kidshealth.org/parent/firstaid\\_safe/travel/atv-safety.html#](http://kidshealth.org/parent/firstaid_safe/travel/atv-safety.html#) (Accessed January 2015)

*From Car Seats to Car Keys: Keeping Kids Safe*, National Transportation Safety Association  
[www.safercar.gov/cpsApp/cps/index.htm](http://www.safercar.gov/cpsApp/cps/index.htm) (Accessed January 2015)

National Safety Council: *Teen Driving, Motor Vehicle Crashes*, [www.nsc.org](http://www.nsc.org) (Accessed March 2015)

Suicide Prevention Action Network of Idaho [www.spanidaho.org](http://www.spanidaho.org) (Accessed January and February 2015)

Idaho Lives [www.idaholives.org](http://www.idaholives.org) (Accessed January and February 2015)

Safekids Worldwide, [www.safekids.org/safetytips](http://www.safekids.org/safetytips) (Accessed March 2015)

## APPENDIX



Executive Department  
State of Idaho

C.L. "BUTCH" OTTER  
GOVERNOR

State Capitol  
Boise

EXECUTIVE DEPARTMENT  
STATE OF IDAHO  
BOISE

**EXECUTIVE ORDER NO. 2012-03**

**GOVERNOR'S TASK FORCE FOR CHILDREN AT RISK**

*WHEREAS, Idaho's children are her most valuable resource; and*

*WHEREAS, it is the responsibility of all Idahoans to provide a community system of support and protection for these children; and*

*WHEREAS, the protection of children from abuse and neglect is in the best interest of all Idahoans; and*

*NOW, THEREFORE, I, C.L. "Butch" Otter, Governor of the State of Idaho, by the authority vested in me by the Constitution and laws of the State of Idaho, do hereby order the continuance of the Governor's Task Force on Children at Risk (Task Force).*

*The Task Force is responsible for reviewing and developing programs, as well as facilitating local jurisdictions to operate programs designed to improve:*

- a. The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation;*
- b. The handling of cases of suspected child abuse or neglect related fatalities;*
- c. The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and*
- d. The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.*

*Further, the Task Force shall establish and support a statewide child fatality review team (CFRT) to allow comprehensive and multidisciplinary review of deaths of children younger than 18 years-old, in order to identify what information and education may improve the health and safety of Idaho's children. The statewide CFRT established and supported by the Task Force is separate and apart from child death reviews convened by the Department of Health and Welfare in circumstances where the death of a child is suspected or confirmed to have resulted from abuse or neglect.*

*The Task Force shall be composed of not more than 18 members appointed by the Governor. The membership shall include, but will not be limited to, the following with consideration of geographical representation:*

- Law Enforcement Community*
- Criminal Court Judge*
- Civil Court Judge*
- Prosecuting Attorney*
- Defense Attorney*
- Child Advocate Attorney for Children*
- Court Appointed Special Advocate Representative (where such programs operate)*
- Health Professional*
- Mental Health Professional*
- Child Protective Service Agency*
- Individual experience in working with children with disabilities*
- Parent Group Representative*
- Education Representative*
- Juvenile Justice Representative*
- Adult former victim of child abuse or neglect*
- Individual experienced in working with homeless children/youth*

*The members of the Task Force shall serve at the pleasure of the Governor for a four-year term.  
Members of the Task Force shall elect their chair from among their members.*

*The Task Force shall submit a written report by June 1 of each year to document its achievements.*

*The Department of Health and Welfare shall be the fiscal agent, providing support for the Task Force,  
and shall monitor contracts for staff to carry out the activities directed by the Task Force, as Children's  
Justice Act Grant funding is available.*



*IN WITNESS WHEREOF, I have hereunto set my hand and  
caused to be affixed the Great Seal of the State of Idaho at the  
Capitol in Boise on this 8<sup>th</sup> day of May in the year of our Lord  
two thousand and twelve and of the Independence of the  
United States of America the two hundred thirty-sixth and of  
the Statehood of Idaho the one hundred twenty-second.*

C.L. "BUTCH" OTTER  
GOVERNOR

BEN YURSA  
SECRETARY OF STATE