Mississippi's Children. . .

Our Most Precious Resource

Mississippi Child Death Review Panel

Mississippi State Department of Health, Health Services

2009 Annual Report

LETTER FROM THE CO-CHAIRS

Infant and child deaths are unique in the profound effects that they have upon individuals and communities. The deaths are all tragic, but those that could have been prevented are particularly so. Over the years, our state has made efforts to prevent and reduce infant and child mortality and morbidity; however, there have always been instances that remained largely unexplained. Preventing child fatalities requires further understanding of the causes and circumstances surrounding these deaths. It is to this task that the Mississippi Child Death Review Panel (CDRP) is dedicated.

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

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

Regarding preventability, the most glaring numbers are seen this year in the following Cause of Death categories: *Vehicular, Suffocation/Strangulation, and Firearm*. In the Vehicular category, the number of deaths caused by ATVs was extremely alarming. Mississippi is one of only 6 states with no ATV safety laws; therefore, we strongly recommend the passage of ATV safety legislation during the 2010 session. We are extremely grateful for the passage of SB 2280 (Graduated Licensure) and SB 2770 (Teen Suicide Prevention education for teachers), but more vigilance is needed. As for Suffocation/Strangulation deaths, we again ***strongly support*** the implementation of a statewide, state funded "Cribs for Kids" program. Above all, please note the recommendations on the corresponding pages as vital areas of opportunity to decrease the number of children's lives lost.

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

Sincerely,

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

Jamie Adams Seale
Appointee, Lt. Governor

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STATE TEAM MEMBERS

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Tami H. Brooks, MD	Appointee – Speaker of the House
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Hazel Gaines, MS, RN	Child Death Review Panel Coordinator, MS State Department of Health
Carolyn Gillentine	State Coroner's Association
Sam Howell	Mississippi State Medical Examiner's Office
Patti Marshall	Attorney General's Office
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Judy Moulder	Mississippi State Department of Health – Office of Vital Statistics
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PREFACE

There were 709 children under the age of 18 who died in Mississippi from January to December 2008. While each one of these deaths leaves a terrible void, each one also provides a powerful opportunity to serve as a warning to other children at risk. To better understand how and why these children died, the CDRP maintains statistical data on child mortality. Ultimately, it is our goal to identify deaths that may be preventable in Mississippi in years to come.

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

After July 1, 2008, the CDRP moved to the Mississippi State Department of Health. As a result of this move, we gained vital funding for a part-time Coordinator housed in the MSDH. In 2009, several bills passed that we believe will, over time, decrease the number of child deaths in our state. SB 2280 (Graduated Licenses for teens), SB 2249 (Self-extinguishing cigarette), HB 722 (Hospital notification of Fire Marshall on burn deaths), SB 2770 (Teen Suicide prevention education for teachers), and the joint resolution on ATV safety are all excellent steps toward healthier, safer children. We are extremely pleased with the increase in funding to the State Medical Examiner's office, *as it is and has been* our belief that with proper direction and management at that level, we will receive much more viable data to review and learn from. As Richard Burleson, Director of the Alabama Child Death Review, stated, ***"You cannot change what you cannot measure."***

The 2009 CDRP Annual Report presents key findings from the review team and from Mississippi's child mortality data. It also makes recommendations that can help prevent unexpected/unexplained child deaths. Thus, this report honors the memory of ***all*** children who have died in Mississippi. We hope that it leads to a better understanding of how we can all work together to make our state a safer and healthier place for children.

DEFINITIONS

Cases that meet the criteria for review: These are cases involving the deaths of Mississippi resident infants and children from birth to less than 18 years of age whose deaths are considered unexpected or unexplained.

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

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

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

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

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

CMEI: County Medical Examiner Investigator

OVERVIEW

- There were 709 infant and child deaths (under the age of 18) in 2008, a **decrease** of 56 children (7%) compared to 2007 data.
- 369 cases met the criteria for review, with 111 of those found to be medical/natural causes.
- 74% (192 children) of all non-medical child deaths were in the following Cause / Circumstance categories: Vehicular, SIDS, Suffocation/Strangulation, or Firearm.
- **43% of all non-medical child deaths (111 cases) were infants under the age of 1.**
- 62% of the non-medical deaths reviewed (159 children) were male.
- No significant racial or ethnic disparities were noted: 47% of deaths reviewed were African Americans, 50% were White, and 3% were of other races.
- Significant increases in Cause /Circumstance of death occurred only in the Other category, which increased from 10 deaths to 20, and the Unknown category which increased from 9 deaths to 14.
- **Significant decreases occurred in the following categories**: Lack of Adequate Care (33% less), Fire (63% less), Poisoning (80% less), SIDS (27% less), and Vehicular (14%).

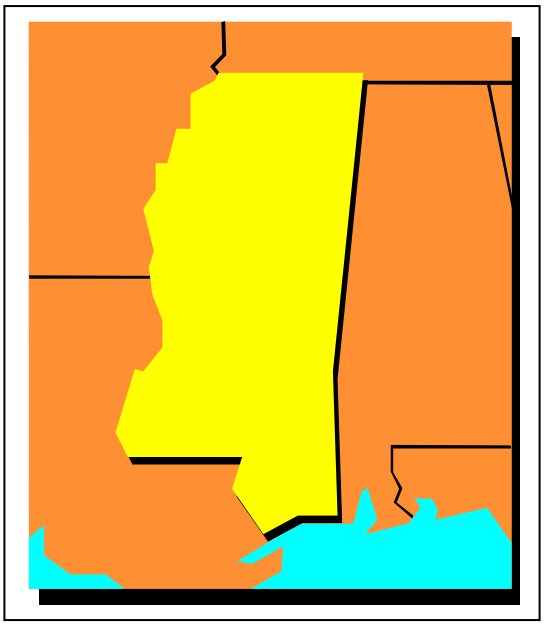
Top Counties of Residence for Child Deaths Reviewed

Harrison County – 17 Deaths

Rankin County – 13 Deaths

Hinds County – 11 Deaths

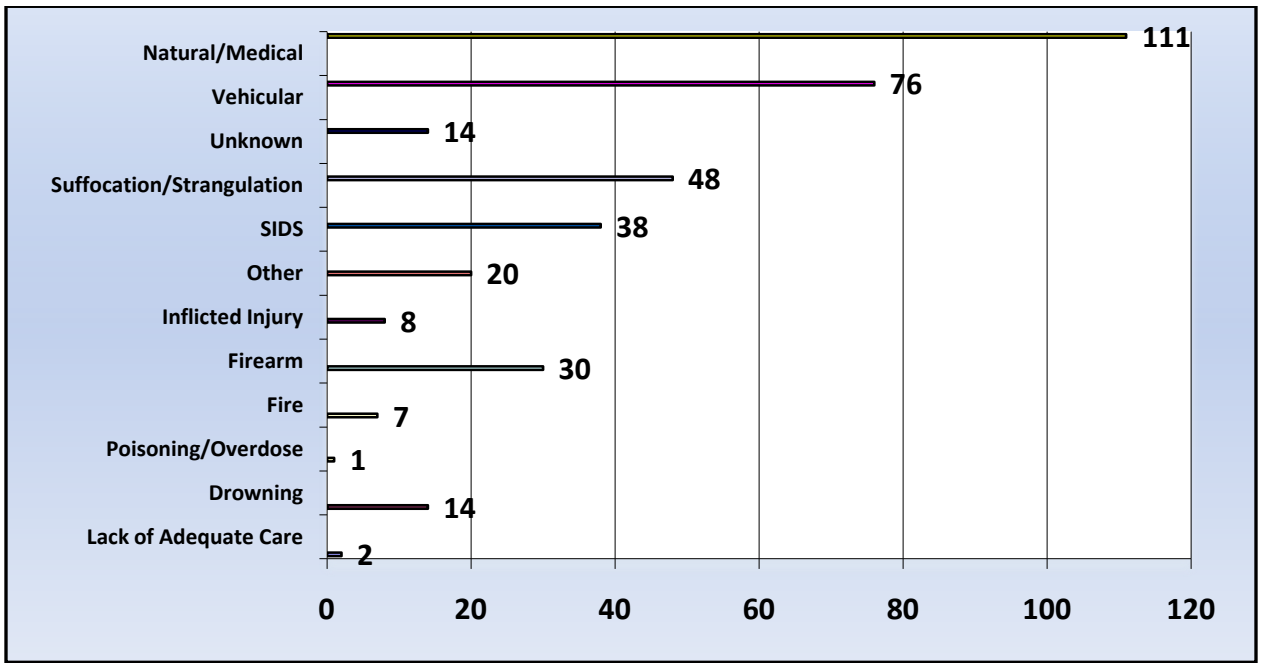
Lincoln County – 8 Deaths
Pearl River County – 8 Deaths
Scott County – 8 Deaths
Warren County – 8 Deaths
Washington County – 8 Deaths



CAUSE vs. MANNER OF DEATH

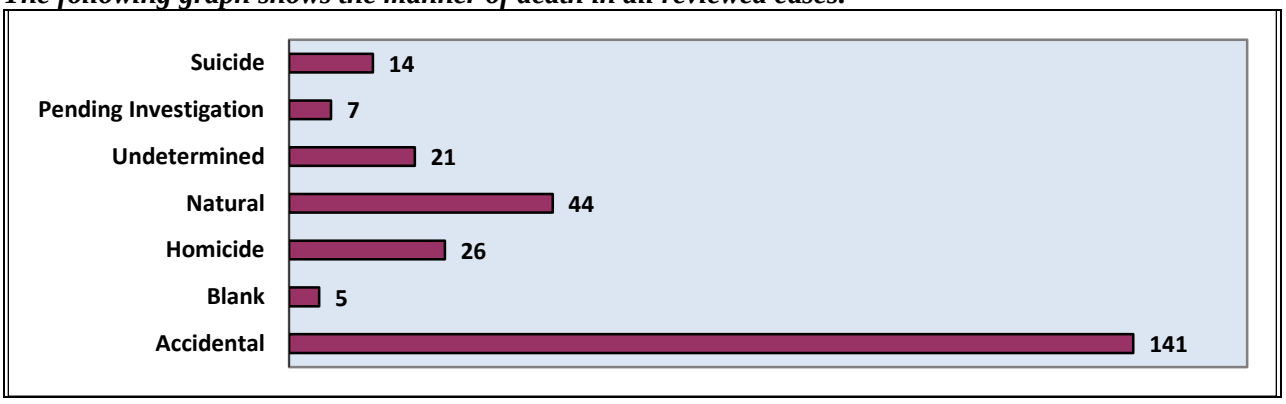
Cause of Death is the reason the child died. This is the disease or injury/action initiating the sequence of events that leads directly to death, or the circumstances of the accident or violence that produced the fatal injury. Information related to Cause of Death is reviewed from multiple sources including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

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



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

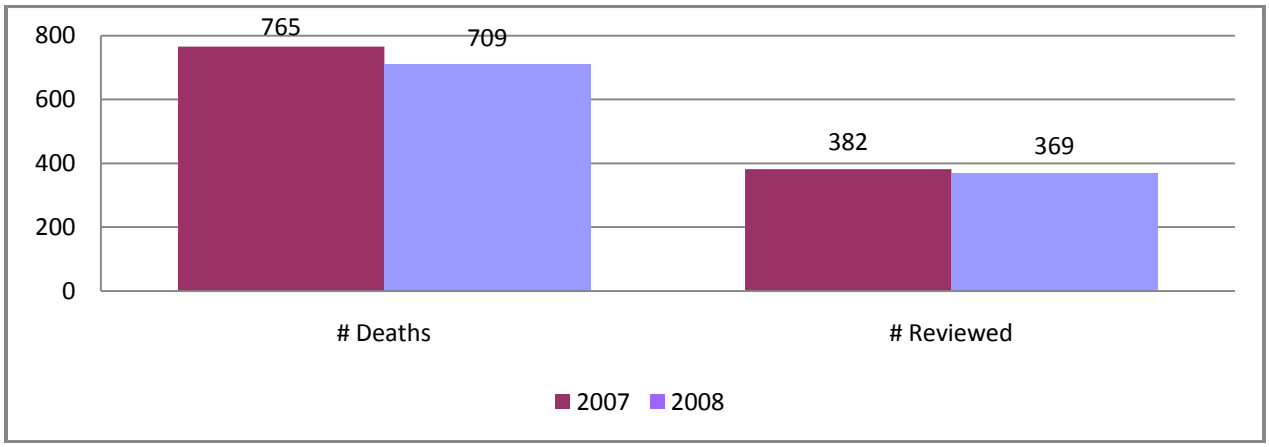
The following graph shows the manner of death in all reviewed cases:



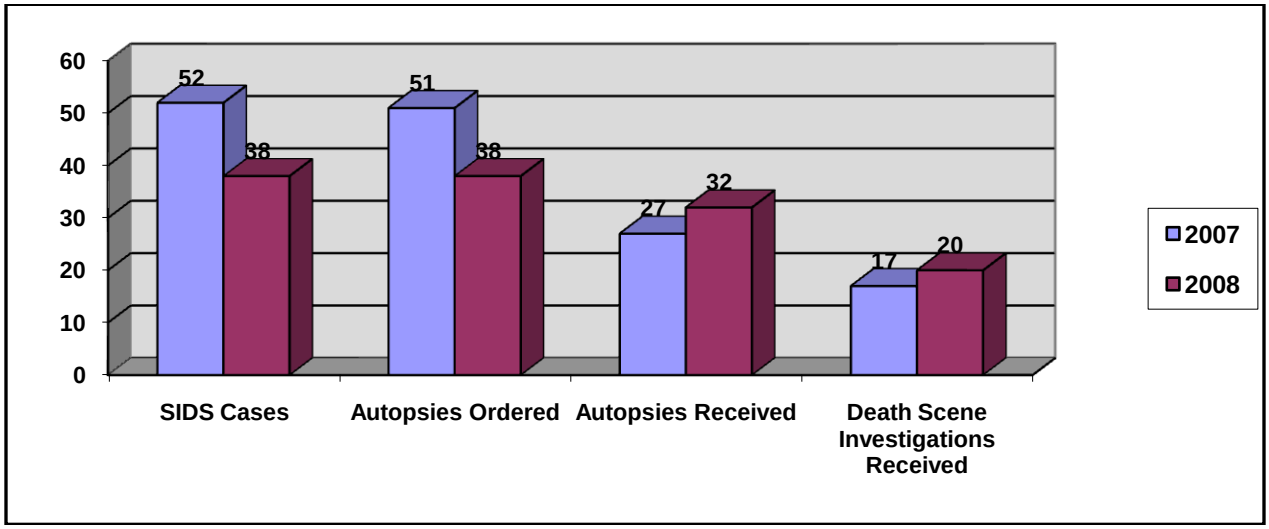
THE REVIEW PROCESS

Since inception, the Child Death Review Panel has been party to a very large learning curve. As our first Chairperson, Dr. Elizabeth Christ wrote protocols and procedures, giving our group direction based on national guidelines of the Child Death Review process. We had a decrease of 56 child deaths from 2007 to 2008. It is our goal to review as many deaths as possible - as thoroughly as possible – focusing especially on those deaths that are preventable.

The following chart shows the number of deaths in 2008 and 2007 vs. the number reviewed:



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



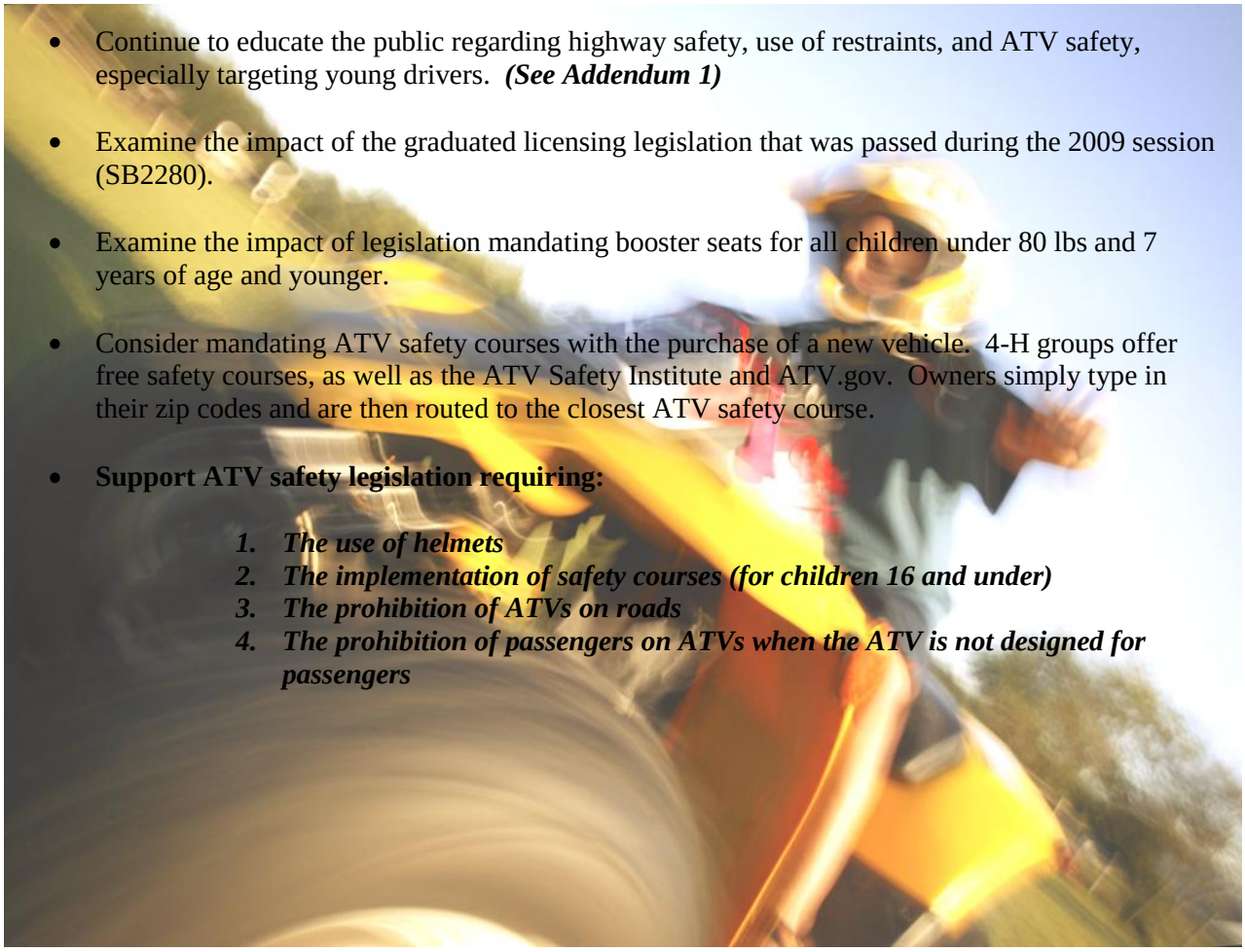
MOTOR VEHICLE ACCIDENTS

76 deaths
73 preventable

Key Findings:

- Over 40% of MVA victims were unrestrained
- 58% of all vehicular deaths were male children and 64% were white
- Restraint usage was undetermined in 16% of the cases due to lack of documented information
- **40 of the 76 deaths were teens age 15 through 17 years (53%)**
- 28 deaths were drivers, 42 were passengers, 5 pedestrians, and 1 unknown
- 42 children were traveling in a car prior to death, 10 in a truck or RV, and ***10 cases were ATV related***
- 96% of all MVAs were accidental
- Drivers were impaired in at least 1 case, another violation was made by the vehicle operator in 18 cases, and speed or recklessness was cited in 23 cases
- Only 1 of the 13 ATV and motorcycle victims was known to be wearing a helmet

Recommendations:



- Continue to educate the public regarding highway safety, use of restraints, and ATV safety, especially targeting young drivers. ***(See Addendum 1)***

- Examine the impact of the graduated licensing legislation that was passed during the 2009 session (SB2280).

- Examine the impact of legislation mandating booster seats for all children under 80 lbs and 7 years of age and younger.

- Consider mandating ATV safety courses with the purchase of a new vehicle. 4-H groups offer free safety courses, as well as the ATV Safety Institute and ATV.gov. Owners simply type in their zip codes and are then routed to the closest ATV safety course.

- **Support ATV safety legislation requiring:**

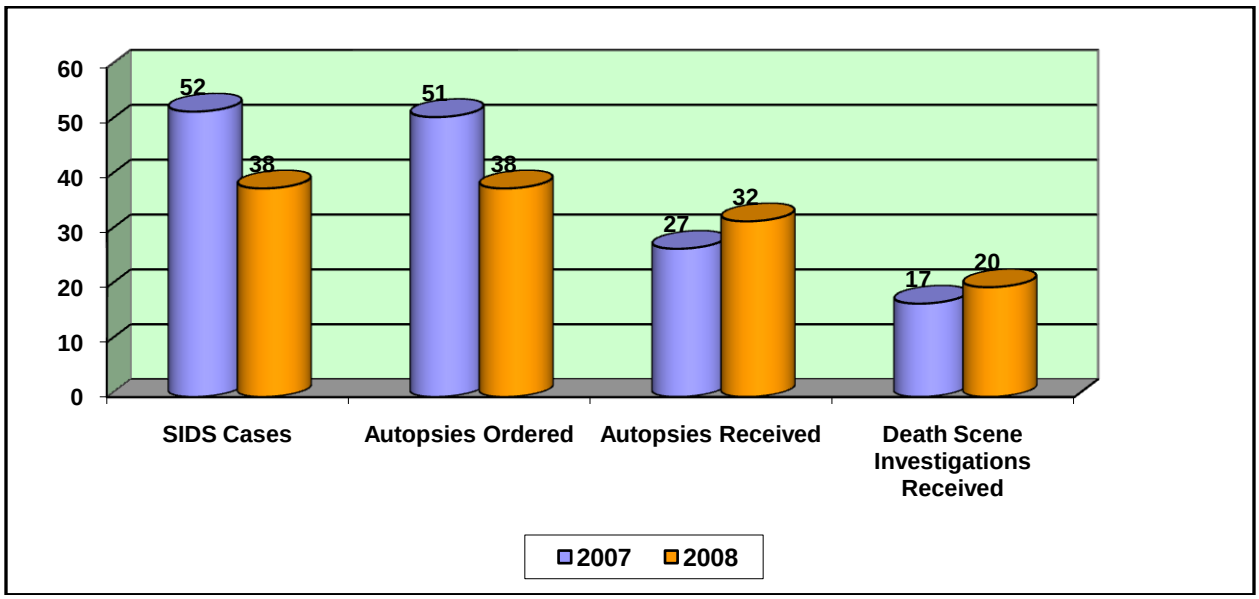
    1. ***The use of helmets***
    2. ***The implementation of safety courses (for children 16 and under)***
    3. ***The prohibition of ATVs on roads***
    4. ***The prohibition of passengers on ATVs when the ATV is not designed for passengers***

SUDDEN INFANT DEATH SYNDROME 38 deaths

Key Findings:

- **38 infants deaths were classified as SIDS compared to 52 in 2007, *a decrease of 27%***
- 18 were African American and 20 were White
- 21 infants were male, 17 female
- DHS was involved in 4 of these cases
- 76% of the infants were less than 4 months old
- Upon discovery, 11 babies were on their backs (as recommended by the American Academy of Pediatrics), 14 were on their stomachs, 1 on its side and **12 were unknown** regarding position
- 29% of infants had a smoker in the household, 21% did not, and 50% were unknown
- 11 infants were premature, 15 were not premature, and 12 were unknown
- Though MS law **mandates** that infant death scene investigations be performed on ***all*** suspected SIDS cases and reported to the State Medical Examiner's office, there still remains a significant lack of information available for CDRP review.

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



SUFFOCATION / STRANGULATION

48 deaths
41 preventable

Key Findings:

- **83% of the deaths reviewed in this category were babies under 12 months of age**
- At least 34 of the 48 deaths **(71%) were the result of co-sleeping** (rollovers) or were sleeping in an unsafe sleep environment
- 41 of the suffocation/strangulation cases (85%) were reported as accidental, 1 was undetermined, and 6 were suicide
- 3 children died as a result of "other" unsafe sleep environments, ex. infant's head was wedged between the bed and wall, soft sleeping surface, blankets and stuffed animals in bed, etc.

Recommendations (SIDS and Suffocation/Strangulation):

- Begin an unprecedented public education campaign regarding strategies proven to reduce the risk of SIDS and support existing programs aimed at SIDS awareness and reduction.
- Greatly increase public awareness about the dangers associated with infants sleeping in adult beds and other unsafe sleep environments. ***(See Addendum 2)***
- Financially support the "Cribs for Kids" program which has been shown to decrease rollover occurrences by 50%. ***(See Addendum 3)***
- Continue to educate the CMEI on completing death scene investigations as required by law.
- Require that autopsies of suspected SIDS cases be performed by or in consultation with a pediatric pathologist with expertise in SIDS.
- Continue to provide funding for advanced training in child death scene investigations for CMEIs.

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

DROWNING

14 deaths
12 preventable

Key Findings:

- 9 of the 14 drownings occurred in children age 5 and under
- 9 children were African American, 1 Asian, 4 White
- 8 children drowned in a creek, river, pond or lake, 5 in a swimming pool, and 1 in a bucket
- Flotation devices were not worn in 12 of the 14 cases (86%)

Recommendations:

- Support public education and awareness campaigns about water safety, placing special emphasis on the need for constant adult supervision.
- Encourage the use of floatation devices when in and around open bodies of water – especially those that may be unstable or unknown in nature, i.e., creeks, rivers, lakes and ponds.
- Persuade communities to seek ways to make swimming lessons and water safety classes more readily available to children and parents – especially when children are under age 5.
- Utilize the "Risk Watch" or "Watch Out" programs provided by Mississippi's Emergency Medical Services for Children (EMSC) regarding water safety. ***(See Addendums 4, 9 and 10)***

FIREARM / WEAPON RELATED

30 deaths
15 preventable

Key Findings:

- 23 of the 30 child deaths due to firearms (77%) were teenagers, 15 to 17 years old
- 25 deaths (83%) were male, and 5 deaths (17%) were female
- 18 cases were African American (60%), 11 were White (37%), and 1 was American Indian
- 14 cases were ruled as Homicide (47%), 8 were Suicide (27%), 7 were Accidental (23%), and 1 could not be determined with data provided the CDRP
- 50% of the deaths occurred with the decedent as the gun handler
- **In at least 40% of the deaths, the decedent's home was the source of the firearm**
- Handguns were used in 17 cases (57%), a Rifle or Shotgun was used in 8 cases (27%), a BB Gun in 1 case, and 4 cases could not be determined with data provided the CDRP

Recommendations:

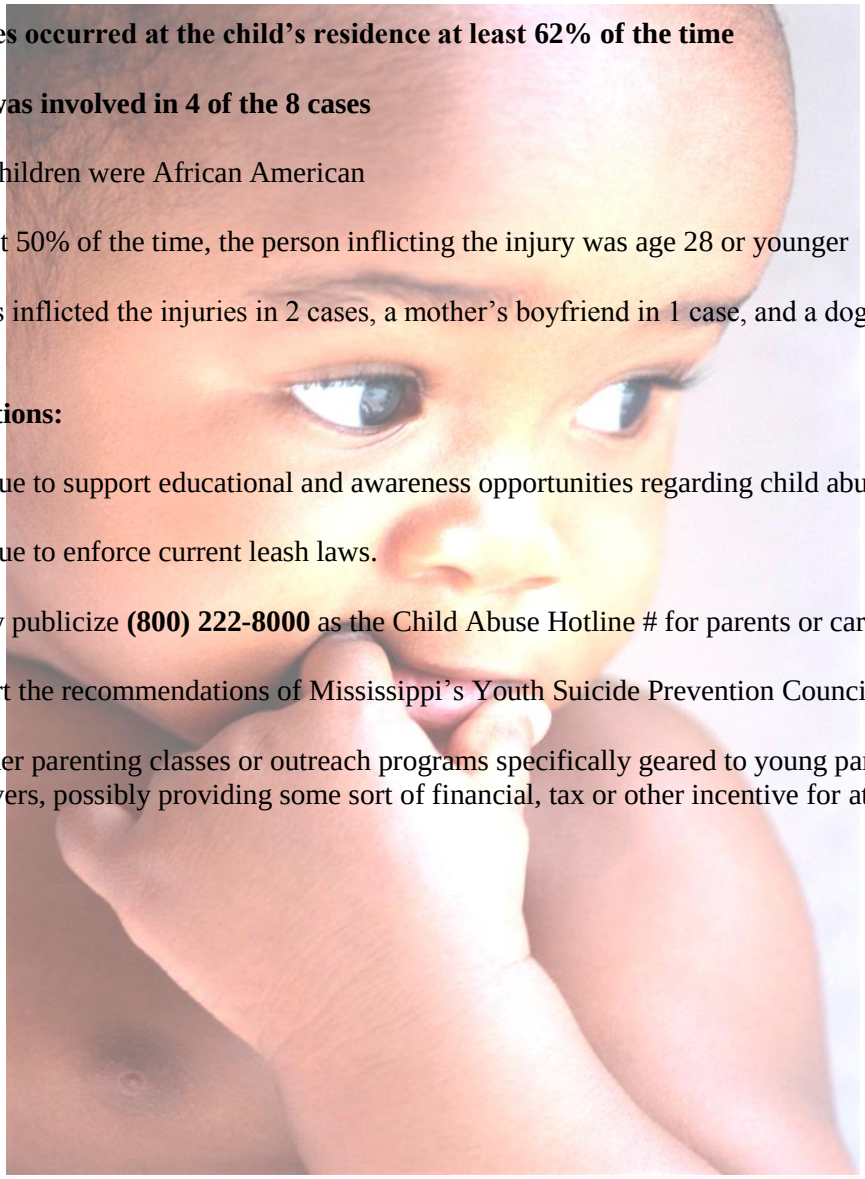
- Encourage gun safety education for youth and parents. ***(See Addendum 5)***
- Encourage community based violence prevention programs, focusing especially on teens showing signs of anger management or conflict resolution issues.
- Work with Alternative Schools in all districts to assess, treat and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

INFLICTED INJURY

8 deaths
1 preventable

Key Findings:

- 6 of the deaths (75%) were children aged 3 or under, 2 deaths (25%) were teenagers 15 to 17 years old
- 6 cases were ruled Homicide, 1 was Accidental, and 1 could not be determined with the data given the CDRP
- **Injuries occurred at the child's residence at least 62% of the time**
- **DHS was involved in 4 of the 8 cases**
- All 8 children were African American
- At least 50% of the time, the person inflicting the injury was age 28 or younger
- Parents inflicted the injuries in 2 cases, a mother's boyfriend in 1 case, and a dog in 1 case



Recommendations:

- Continue to support educational and awareness opportunities regarding child abuse prevention.
- Continue to enforce current leash laws.
- Widely publicize **(800) 222-8000** as the Child Abuse Hotline # for parents or caregivers in crisis.
- Support the recommendations of Mississippi's Youth Suicide Prevention Council.
- Consider parenting classes or outreach programs specifically geared to young parents or caregivers, possibly providing some sort of financial, tax or other incentive for attendance.

FIRE / BURN

7 deaths
4 preventable

Key Findings:

- **71% of all deaths in this category were children under 3 years of age**
- **DHS was involved in 1 of the 7 cases**
- 2 children died while in a trailer, 2 in a wood frame house, and the type of structure burned in the other 3 were unknown
- A stove was the source of 1 death, but the other 6 cases lacked sufficient information for the CDRP to make a finding
- Smoke alarms were present in at least 2 cases, but it is unknown whether they sounded
- It is unknown whether the children were unsupervised at the time the fires occurred

Recommendations:

- Encourage the use of the MS State Department of Health's Mobile Fire Safety House in all Elementary school settings. The MS Emergency Medical Services for Children has developed a Fire Safety Program. The Fire Safety Program includes using a two-story mobile unit that simulates a house, equipped with heated doors, smoke alarms, and a fire escape ladder. Children are taught drills, smoke alarm use and maintenance, and the proper way to exit a burning house. ***(See Addendum 7)***
- Encourage enforcement of laws governing smoke detector installation, testing, and inspection in all homes, including new and used manufactured homes, focusing also on non-owner occupied and rental dwellings.
- Offer incentives to local fire departments for developing, expanding, and/or implementing fire education activities, particularly for elementary schools and other child care facilities.
- Encourage community education efforts about the need for installation and periodic testing of smoke detectors in homes, businesses, and places of worship.
- Support and explore the effects of fire safety grants such as the almost $500,000 federal grant awarded to the MS State Fire Marshal's Office. This grant provided free smoke alarms to approximately 10,000 households at or below the poverty level. With timely and appropriate use of these dollars, we hope to see another decrease in the number of child deaths associated with fires in our state. We also recommend obtaining similar grants to promote fire safety and fire prevention strategies. ***(See Addendum 8)***

OTHER CAUSES NOT LISTED

20 deaths
3 preventable

Key Findings:

- 3 cases were accidental deaths, 5 natural, 5 were left blank and 7 could not be determined with the information received by the CDRP
- DHS was involved in 2 of these cases
- **16 of the 20 cases were children age 1 or under**
- **Deaths Scene reports were only received in 5 of the 20 children's deaths**, and Infant Death reports were received in only 4 of the 16 infant cases
- Autopsy reports were received in 16 of the 20 children's deaths
- 13 of the 20 deaths were categorized as SUIDS (65%), while other cases ranged from Sudden Cardiac Death to Cerebral Cranial Trauma resulting from a falling tree limb

Recommendations:

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

LACK OF ADEQUATE CARE

2 deaths
2 preventable

Key Findings:

- The children in this category were 4 and 2 years old
- Both deaths were ruled Homicide – the children were malnourished and/or dehydrated
- In 1 case, there was an "apparent" lack of supervision and an "apparent" lack of medical care
- **DHS was involved in 1 case**

Recommendations:

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

LEGISLATIVE RECOMMENDATIONS

As members of the Child Death Review Panel, and with the best interest in the health and welfare of our state's children, we support the following upcoming legislation for the 2010 session:

1. Financially support the Child Death Review Panel through the Mississippi State Department of Health to allow greater strides in the reduction of child deaths in our state.

2. Support an aggressive public education campaign regarding co-sleeping and injury prevention strategies for Mississippi's children.

3. Financially support the "Cribs for Kids" program through the Mississippi SIDS Alliance as it has been shown to reduce rollover deaths due to co-sleeping by 50%. ***See Addendum 3***

4. Promote the utilization of programs targeting comprehensive injury prevention education which is currently available through Mississippi's Emergency Medical Services for Children (EMSC). ***See Addendums 4,7, 9 and 10***

5. Support legislation promoting ATV safety.

6. Support legislation banning all cell phone usage in teen drivers.

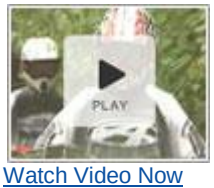
About ASI

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

Media Information

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

Watch: Ride Safe, Ride Smart and Other Videos



Watch Video Now

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

Watch Video Now

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

Addendum 1

Q. What can I do to lower my baby's risk of SIDS?

A. Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS.

Safe Sleep Top 10


Always place your baby on his or her *Back to Sleep*.

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.

2. **Place your baby on a firm sleep surface, such as on a safety-approved* crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.

4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.

5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.


If you use a blanket, place the baby with feet at the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to ensure safety.

6. **Think about using a clean, dry pacifier when placing the infant down to sleep,**
but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. **Avoid products that claim to reduce the risk of SIDS** because most have not been tested for effectiveness or safety.

9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.

10. **Reduce the chance that flat spots will develop on your baby's head:** provide "Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

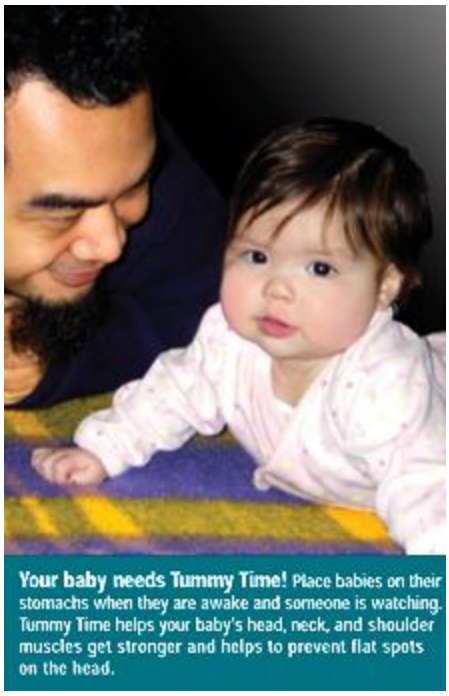
* For information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov

Addendum 2

Babies sleep safest on their backs.

One of the easiest ways to lower your baby's risk of SIDS is to put him or her on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

Q. But won't my baby choke if he or she sleeps on his or her back?
A. No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.



Enjoy your baby!

Spread the word!

Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers, and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS—so every sleep time counts!

For more information on sleep position for babies and reducing the risk of SIDS, contact the *Back to Sleep* campaign at:
Phone: 1-800-505-CRIB (2742)
Mail: 31 Center Drive, Room 2A32, Bethesda, MD 20892
Fax: (301) 496-7101
Web site: http://www.nichd.nih.gov/SIDS

Back to Sleep **campaign sponsors include:**
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Maternal and Child Health Bureau/HRSA
American Academy of Pediatrics • First Candle/SIDS Alliance
Association of SIDS and Infant Mortality Programs

October 2005
NIH Pub No. 05-7040

U.S. Department of Health and Human Services
Public Health Service
National Institutes of Health

Addendum 2 (cont.)

Cribs for Kids

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

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

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

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

- **Helpful information for Parents**
- **Frequently Asked Questions**
- **Brochure for Parents**

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

Addendum 3

Risk Watch

About Risk Watch

Risk Watch is an injury prevention program for children in preschool through eight grade. It is designed to help children and families create safer homes and communities by teaching them skills and knowledge they need to make positive choices about their personal safety and well-being.

Risk Watch is the first comprehensive injury prevention curriculum available for use in schools. It is developed by the National Fire Protection Association and Lowe's Home Safety Council.

The program provides students with an unprecedented opportunity to learn about injury prevention, to apply that knowledge in practice situation, and to develop and expand each students safety knowledge, risk awareness, independent thinking and social responsibility, prevention behaviors and motivation to protect oneself and others.

The Mississippi EMSC program is federally funded designed to provide programs to decrease childhood injuries and provide education to health professionals to ensure that critically injured children receive the best possible care available in Mississippi.

The Risk Watch curriculum and the teacher workshop are provide to each school at no cost. Each school wishing to participate in the Risk Watch Program must designate a person to be the Risk Watch Coordinator for the school.

Any school interested in obtaining information about the program may contact:

Alisa Williams, RN
Trauma System Manager
Mississippi State Department of Health, The Office of Emergency Planning and Response
P.O. Box 1700
Jackson, MS 39215
or call 601-576-7380.

Participating Schools

The following are schools in Mississippi that are participating in the Risk Watch Program:

- Tchula
- Bassville
- Bogue Chitto
- Brookhaven
- Covington County Schools
- Enterprise
- Lipsey
- Louisville
- Loyd Star
- Mendenhall
- Prentiss
- Gulf Coast Schools

Find this page at http://msdh.ms.gov/msdhsite/index.cfm/48,0,321,389,html

Addendum 4

What should you do when you see a gun?

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

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

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

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

Reprinted from www.fbi.gov/kids

Addendum 5

MISSISSIPPI
Suicide & Crisis Hotlines

USA National Suicide Hotlines

Toll-Free / 24 hours / 7 days a week

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

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

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

Mississippi

COLUMBUS Contact Helpline

- Helpline (662) 328-0200
- Teen Line (662) 328-4327(HEAR)

JACKSON Contact
The Crisis Line

- Helpline (601) 713-4357

Reprinted from www.suicidehotlines.com/mississippi.html

Addendum 6

Mobile Fire Safety House

About the Mobile Fire Safety House

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

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

Find this page at http://msdh.ms.gov/msdhsite/index.cfm/48,0,321,392,html

FOR IMMEDIATE RELEASE
Mike Chaney, Commissioner of Insurance/State Fire Marshal
Mississippi Insurance Department

Jackson, Mississippi
March 16, 2009

For additional information, please contact
Donna Cromeans, Public Relations Director 601-359-3569

Free Smoke Alarm Program Grows

Lives are saved with working smoke alarms

JACKSON –More Mississippi lives could be saved with the expected arrival of another 15,000 smoke alarms for the State Fire Marshal's Free Smoke Alarm Program. This group adds to the previous 15,000 alarms that were distributed in early March to some of the fifty-two counties in the state that are participating in the program designed to help prevent the increasing number of fire deaths in the state. To date the program has distributed a little over 16,000 smoke alarms to fire departments to install in households that are at or below the poverty level.

As of March 16, there have been 19 fire deaths investigated by the State Fire Marshal's Office, which is slightly ahead of totals at this time in 2008. This number includes the recent tragic deaths of infant twins in Greenville, where preliminary reports indicate the possibility that the smoke alarms in this home were not working.

"The value of a working smoke alarm in the home was never more evident than a fire reported this weekend in Rankin County. Fire officials there are quoted as stating that two lives were saved because there was a working smoke alarm in the home. Every home in this state should have a smoke alarm for the protection of the families who live there. Smoke alarms save lives," Commissioner of Insurance and State Fire Marshal Mike Chaney said.

The State Fire Marshal's Free Smoke Alarm program is funded by a nearly $500,000 grant awarded through the United States Department of Homeland Security's Assistance to Firefighters Grants (AFG) Fire Prevention and Safety (FP&S) Program. Installation and delivery of a special sealed smoke alarm with a 10-year battery will be coordinated through county fire coordinators. During the visit to install the alarms firefighters will provide fire prevention and home escape planning education and leave educational brochures for the residents to review after the firefighters have left.

According to statistics from the United States Fire Administration an estimated 890 lives could be saved each year if all homes had working smoke alarms.

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Addendum 8

Watch Out Program

About the Watch Out Program

The purpose of the Watch Program is to provide comprehensive safety education to children and youth throughout the state. It will target schools, children's clubs, fairs, conferences, communities, cities, towns and civic clubs.

The program has a safe house to aid in the demonstration and education of home safety programs. Areas within the unit will be utilized for video presentations and computer education program in which the participant can participate.

The program also has a smoke house trailer to aid in the demonstration and education of fire safety. This unit simulates smoke from a house fire and education is done to show how to escape from this fire safely. Stations are set up to demonstrate stop drop and roll if your clothes catch on fire along with other situations that participants can participate in.

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

Find this page at http://msdh.ms.gov/msdhsite/index.cfm/48,0,321,390,html

Mobile Pediatric Safety Unit

Purpose

The purpose of the EMS Mobile Pediatric Safety Education Unit is to provide comprehensive safety education to children and youth throughout the state. This Mobile Pediatric Safety Education Unit will provide the opportunity to conduct education seminars, presentations, and clinics in areas of the state where these activities are not available.

Opportunities

The EMS Mobile Pediatric Safety Education Unit will create the opportunity to provide pediatric safety education to communities, cities, towns, schools, civics clubs, and other venues that attract children, adolescents, and youth.

This Unit will be targeted toward schools, children's clubs, city flea markets, fairs, conferences, and other civic organizations. The Unit will be available to any and all venues that provide an opportunity for educating children, adolescents, and youth about safety.

What Will the EMS Mobile Pediatric Safety Unit Do?

The Mobile Unit will be design as a safe house to aid in the demonstration and education of home safety programs. Areas within the unit will be utilized for video presentations and computer education programs in which the participant can participate. These presentations may take place on the Mobile Unit or be conducted outside the Mobile Unit.

The Mobile Unit will travel to areas of the state with limited access to safety education programs and resources. The Mobile Unit will participate in community activities such as flea markets, fairs, and carnivals. Informational handouts, brochures, booklets, and material will be available at each function for distribution. Other education tools that will be utilized will include mascot costumes, a robotic ambulance to entertain and education children about EMS 911 and safety issues.

Programs

Examples of program that will be made available through the Mobile Pediatric Education Unit include, but is not limited to:

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

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

Find this page at http://msdh.ms.gov/msdhsite/index.cfm/48,0,321,391,html

Addendum 10

This Annual Report is dedicated to the memory

of all 709 children who lost their lives

in our state in 2008.

May we use the information contained herein

to prevent any future harm

to our most vulnerable citizens.