

# Child Drownings

West Virginia Child Fatality Review Team<sup>1</sup>

## CFRT Brief #2

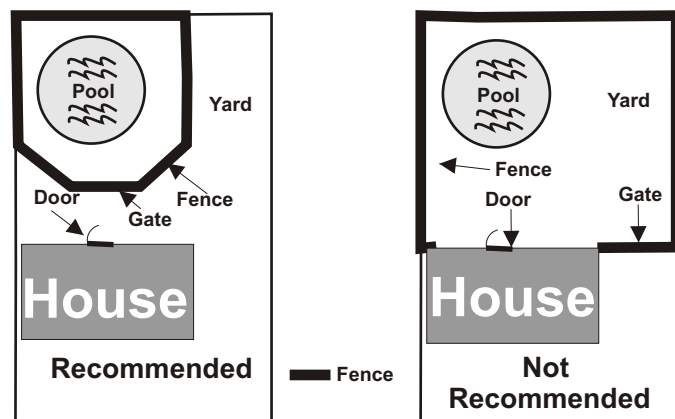
Humans have a fascination with water that begins early in life and often continues throughout their lives. Unfortunately, this fascination also results in too many child deaths.

A review of death certificates from June 1998 through May 2003, a five-year period, found 23 accidental drowning deaths among individuals under the age of 18. The ages ranged from 1 year to 17 years. Nineteen (19) of the victims were male and four (4) were female.

The Child Fatality Review Team<sup>1</sup> has analyzed the circumstances surrounding deaths due to drowning and has come up with the following recommendations to reduce the drowning deaths of our children.

1. Increased supervision of children is required during any period of high water when they have access to a stream or river. Even small streams that may only have intermittent water in them can pose a serious hazard to a small child during and after periods of heavy rain. Children should never be left unattended when they can access rushing water.

2. All pools should have a fence or barrier completely around the pool. **The fence or barrier should completely separate the pool from the house.** Some of the deaths occurred when toddlers gained access to pools from the house. The pools were fenced, but the fence connected to the house and used the house as part of the enclosure.



3. The fence or other barrier should be at least four (4) feet high. It should have no foot or handholds

that could help a young child climb it.

4. Swimming pool fences should be equipped with a gate that restricts access to the pool. A locking device should be included in the gate design. Gates should open from the pool and should be self-closing and self-latching.

5. In instances where homes do have doors that open directly onto the pool area or onto a patio leading to the pool, all doors that give access to a swimming pool should be equipped with an audible alarm that sounds for at least 30 seconds when the door and/or screen are opened. The alarm should be able to be temporarily turned off by an adult for a single opening of the door by using a key pad or switch that is out of a child's reach.

6. For above-ground pools, steps and ladders leading from the ground to the pool should be secured and locked or removed when the pool is not supervised by an adult.

7. Pools should have wave motion detectors that issue a warning when an object falls into the pool. These devices can sound a warning to a remote location such as inside the home.

8. Gates should have sensors attached that give a warning of unauthorized entry similar to the wave motion detectors.

9. All members of the household with a pool should be trained in CPR. Should submersion occur, the sooner breathing is restored the less potential for lasting injury.

10. Flotation devices and the ability to swim are not a substitute for direct adult supervision of small children.

The Centers for Disease Control and Prevention says that for every child who drowns, six receive emergency department care for near-drowning or non-fatal submersion injuries. Nonfatal incidents can result in serious injuries including brain damage.

A summary of the West Virginia data follows:

**Place of Occurrence:**

Of the 23 deaths, 11 occurred in rivers or streams, 10 in swimming pools, one in a storm drain, and one within the home. Three of the 10 deaths in swimming pools occurred in commercial pools. The other seven were in private pools.

**Month of Occurrence:**

As might be expected, eleven (11) of the drownings occurred during the summer months of June, July, and August, but these represented only 47.8 percent of the total. Ten deaths (43.5%) occurred during the months of March, April, and May, and two occurred in September.

**Age:**

Ten of the victims were ages 1 to 3. Five were ages 5 to 7. One was age 12. Seven were age 15 to 17.

**Gender:**

Of the 23 victims, only four were female, female victims were six years or less in age. Two of the four deaths of one year olds were female.

**Activity:**

Eight deaths (43.8%) occurred while involved in recreational<sup>2</sup> swimming activities. All recreational deaths involved children 5 years of age or older. Five of the recreational deaths occurred in rivers and streams; three occurred in commercial swimming pools. No recreational drowning deaths occurred in private pools. The three deaths in commercial pools occurred to children age 12 or less. The five that occurred in rivers and streams involved males, aged 15 or older.

**Supervision:**<sup>3</sup>

Fifteen of the 23 deaths occurred while the children were being supervised by an adult or lifeguard. Seven of the 15 were being supervised by one or more parents. Four of the 15 were being supervised by grandparents or great-grandparents.

Six drownings occurred while the children were unsupervised. All unsupervised drownings were

age 15 or above.

Supervision could not be determined for two of the drownings, one of which occurred in a rented commercial pool.

<sup>1</sup> The **Child Fatality Review Team** was established by the State Legislature to review potentially preventable child deaths. The team is a multi-disciplinary group of professionals whose purpose is to make recommendations on policies and procedures that may reduce the number of child deaths in West Virginia. The Team is coordinated by the Office of Chief Medical Examiner, Bureau for Public Health, Department of Health and Human Resources.

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<sup>2</sup>Recreational - for the purpose of this brief, children under the age of six were not considered to be engaged in recreational swimming unless the supervising adult was aware of the activity.

<sup>3</sup>Supervision - for the purpose of this brief, a child was determined to be supervised if there was a parent, guardian, or other individual with the presumed responsibility for the safety and care of the child at the time of the accident.

**References:** Many of the recommendations were obtained from the US Consumer Product Safety Commission. For more information please call their too-free hotline at 1-800-638-2772 or visit their website at <http://www.cpsc.gov>

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