



**Symposium on Swimming Pool/Spa
Safety: Reducing Deaths and
Injuries Due to Drownings or
Entrapment**

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Education/ Communication/ Adult Supervision

1. The Problem: What the data tells us.
2. A multi-layered approach is needed to best reduce injuries.
3. What do adult supervision, education, and communication mean?
4. Conclusion: What do we do from here?

The Problem

What the Data
Tells Us

According to the most recent
CPSC Data:

Pools:



Pools- CPSC Data

1. An average of about 250 children under 5 years old drown in pools nationwide annually.
2. More than half of these deaths occur in the summer.
3. Among unintentional injuries, drowning is the second leading cause of death to children under 5 years old.
4. 2,700 children are injured seriously enough to require emergency room treatment each year from near- drowning incidents.

Bathtubs



Children drowning in bathtubs accounts for about two-thirds (292) of the 459 reported drowning deaths in the home. In 29 of the incidents at least 29 deaths involved the use of baby bath seats.

Buckets: 58 children drowned in 5-gallon buckets in this time period.



Toilets: 16 children under age 5 drowned in toilets during this time period.



Spas and Hot Tubs: 55 children under age 5 drowned in spas and hot tubs between 1996 and 1999.



Other products containing water, including landscape ponds, sinks and fish tanks, have been involved in 38 drowning deaths.



Other Data Sources:

Other Data sources, such as CDC, show that unintentional injuries rank as the leading cause of death for 5 out of 10 age groups:

1-4, 5-9, 10-14, 15-24, 25-34.

Of the unintentional injuries, drowning ranks 2nd for ages 1-4, 5-9, and 10-14 and 3rd for ages 15-24 and 25-34.

Multi-Layered Approach is Necessary

“Experts recommend layers of protection because no single strategy is likely to prevent all submersion deaths and injuries.”

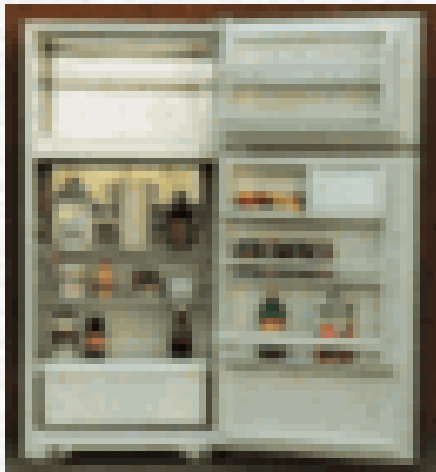
(Brenner, R .A., Technical Report: Prevention of Drowning in Infants, Children and

Adolescents, American Academy of Pediatrics, Vol. 112, No. 2, p. 442, August 2003)

This means that a system of both passive and active measures is necessary to best prevent drowning deaths and near-drowning injuries.

Passive Measures:

Measures taken by the manufacturer of products to make their products as “child safe” or “child resistant” as possible.



Passive Measures:

Congress and CPSC have recognized that many products- even those products made for adults- should have some form of child resistance- such as refrigerators, over-the counter medicine, and household cleaners.

(Carol Pollack-Nelson and Dorothy Drago, *Supervision of children aged two through six years*, Injury Control and Safety Promotion, Vol. 9, no. 2, pp. 121-126, 2002.)


“As injury data demonstrate, manufacturers cannot assume that, in response to instructions to supervise or keep away from children, parental vigilance will consistently reach a level sufficient to prevent injuries.”

(Carol Pollack-Nelson and Dorothy Drago, *Supervision of children aged two through six years*, Injury Control and Safety Promotion, Vol. 9, no. 2, pp. 121-126, 2002.)

Examples of Passive Measures:


- Four-Sided Fencing
- Pool Alarms and Pool Covers

Do not require individual actions



Passive measures are critical as the first line of defense and are often perceived to be the most effective injury prevention strategy.

However, passive measures are limited: they can't solve the problem alone and are not the sole answer to the prevention of drowning incidents.



Active Measures:

Require action on the part of the individual or consumer.

Supervision is an example.

Supervision by a parent, caregiver, or other sibling varies, however, based upon a number of factors such as: the age of the child, the degree of perceived risk, the perception of passive measures in place, and the time of day.



**What do adult supervision, education,
and communication mean?**

They are all connected.

Adult Supervision:

Means many different things to many different people and varies by the environment, by the time of day, by the individual's perception of childhood development, and by the perceived risk of the situation.

People may think that they are adequately supervising when they are not.

Supervision is an important part of any drowning injury prevention strategy but the fact that it is ambiguous decreases the effectiveness of messages about supervision.

Supervision:

What we need to do:

- Clarify what adequate supervision is, and come up with established guidelines defining adequate supervision.
- No one can assume that there is a universal definition that all parents/caregivers will apply.

Supervision: Critical elements*

- Attention:
 - Engagement interaction with child;
 - Visual
 - Auditory
- Proximity:
 - Touching
 - Within reach
 - Beyond reach- how far
- Continuity:
 - Continuous
 - Intermittent
 - Absent



*See Gitanjali Saluja, Ph.D., Ruth Brenner, M.D., Barbara A. Morrongiello, Ph.D., Denise Haynie, Ph.D., Michelle Rivera, B.S. & Tina L. Cheng, *The Role of Supervision in Child Injury Risk: Definition, Conceptual and Measurement Issues*, Injury Control and Safety Promotion.

Supervision:

- This article also points out that while a lack of supervision is often pointed to as a main “contributing factor” of childhood injuries, “the extent to which supervision functions as a risk or protective factor for injury is not known.”
- It is critical to remember that injuries and deaths occur in the presence of adequate supervision and that no injuries and deaths have occurred with the complete absence of supervision.

Supervision:

More research is needed in the following areas:

- the connection between parental and other supervision and injury prevention
- need for measures of “adequate supervision” in the context of injury prevention



Education:

Who needs to be educated:

- Parents
- Caregivers
- Doctors, nurses
- Lifeguards
- Consumer Organizations
- Industry
- Others



Education:

What do these groups need to be educated about?

- Passive measures- what to look for when purchasing, using products that could lead to drowning incidents.
- Examples, as suggested by CPSC, articles, consumer groups:
 - Four Sided Fencing
 - Pool Alarms and Pool Covers
 - Approved Personal Flotation Devices

(This particular list is from Brenner, R .A., Technical Report: Prevention of Drowning in Infants, Children and Adolescents, American Academy of Pediatrics, Vol. 112, No. 2, p. 442, August 2003.)

Education:

- Active measures- in particular the elements of adequate supervision.
- As well as the presence of lifeguards in public swim areas, swimming instructions, knowledge of resuscitation. (This particular list is from Brenner, R .A., Technical Report: Prevention of Drowning in Infants, Children and Adolescents, American Academy of Pediatrics, Vol. 112, No. 2, p. 442, August 2003.)
- The risks of drowning, as made clear by the data.

Education:

What education is currently going on or is planned?

- CPSC is planning activities-
 - an information and education campaign, press releases, video news release, other activities.
- Consumer Groups have fact sheets and web sites prioritizing drowning prevention.
 - For example: www.safechild.net

Education:

What more can/should be done?

- More accessible educational material- brochures, fact sheets, etc.
- Better streams of distribution
- New partnerships

Communication:

Who Should do the Communicating?

Trusted entities such as the U.S. Consumer Product Safety Commission, CDC, doctors, health care providers, consumer groups, others.



Communication:

Where should this information be communicated?



- Broadly in the media as well as in targeted publications at key seasonal times.
- Places where consumers are thinking about drowning prevention, such as at the point of purchase- pool dealers, etc; doctor's offices; emergency rooms; community pools; etc.

Communication:

The Key Messages: (an overview)

- The Problem- the risks of drowning for children. The data needs to be presented in a relevant and understandable way that communicates the serious and real risks, especially the risks to children.
- The Solutions- focusing on the products, pools, fences, covers, elements to look for to buy the safest products as well as the necessary elements of adequate supervision.

Conclusion:

What we do from here?

The stated goal of the symposium is the significant reduction in deaths and injuries due to drownings/ entrapment. “We” have to work collectively and individually to improve the safety of the relevant products and the substance and the manner in which we communicate and educate consumers about drowning prevention and, in particular, adult supervision.

Necessary new partnerships, messages and methods of communication.

We have to think outside of the box to work together, to refine our messages, and to improve our methods of communication.

Your ideas

Continue this dialogue