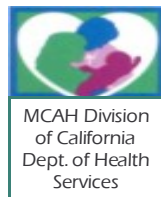




San Joaquin County
Childhood Unintentional Injury
Fatal and Nonfatal Hospitalized
1999-2003
2006 Report

SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES
MATERNAL, CHILD AND ADOLESCENT HEALTH



**Epidemiological Profile and Prevention Strategies
for Unintentional Injury in San Joaquin County Children,
Ages 0 through 14 years,
1999-2003**

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Public Health's guiding principle regarding injury is that injuries are preventable. This report was made possible by many dedicated people who are committed to promoting education, awareness, prevention and community action. The objective of their work related to this document is to reduce the incidence of preventable injury, disability and death, and to promote the health and well being of our children.

A core group at San Joaquin County Public Health Services that collected data, provided data analyses, wrote sections, produced strategic graphics, and assisted in editing is responsible for developing this report and presenting it to the community. Special thanks and appreciation is extended to the following individuals for their hard work, collaboration and essential contributions in compiling this report (listed alphabetically):

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Moving beyond this report, a local coalition, San Joaquin Safe Kids Network, also deserves to be recognized and highly commended for its leadership, steadfast commitment, support and collaborative efforts directed toward ensuring the safety of children. This group works at the forefront of childhood injury prevention issues in this county. It is made up of a number of individuals from many different organizations and agencies, for which we extend our gratitude.

For additional information you may contact any of the individuals above at 1-800- 698-2304. Users are welcome to reproduce or quote from this document in whole or in part. Suggested citation: Maternal, Child and Adolescent Health Childhood Unintentional Injury Report, 1999 - 2003, San Joaquin County Public Health Services, Stockton, California; June 2006.

PUBLIC HEALTH SERVICES

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June 30, 2006

Dear Community Leaders and Child Safety Advocates,

Unintentional injuries are not “accidents”—that is, they are not random, unpredictable, or unavoidable occurrences. Injuries are, in fact, highly preventable.

Injury continues to be a leading public health problem in the United States. It is a problem that is particularly dramatic when it comes to children, for whom injury is today the leading cause of death. Injury prevention is thus an important part of public health practice. The public health approach to the problem consists of asking four questions:

- 1) What’s the problem? (Surveillance)
- 2) What’s the cause? (Risk Factor Identification)
- 3) What works? (Intervention Evaluation)
- 4) How do you do it? (Implementation)

“The San Joaquin County Childhood Unintentional Injury 2006 Report,” seeks to answer the first question, “What’s the problem?” Our public health epidemiologists have collaborated with Maternal, Child and Adolescent Health program staff to compile extensive information on unintentional injuries in San Joaquin County from 1999-2003. The report is organized by leading causes in 0 through 4 and 5 through 14 year old age groupings. The data is further categorized into fatal and nonfatal hospitalized injuries. The source of the data is the California Department of Health Service’s EPIC (Epidemiology and Prevention for Injury Control) website. Preventive strategies are included as well.

There have been significant accomplishments in injury prevention and control during the past two decades. During that time the death toll from unintentional injury has declined. Many proven strategies for prevention have been developed. Automobile child restraints, bicycle helmets, seat belts, and smoke detectors have come to be seen as customary practices for keeping children and adults safe.

San Joaquin County Public Health Services is pleased to present this assessment of the specific childhood injury problems in our county. We are proud to make available this information to those health care leaders and child safety advocates in our community who can use it to help answer questions about cause, create programs that work, and implement those programs. It is estimated that as many as 90 percent of unintentional injuries can be prevented. We *can* and *must* work together towards achieving that goal!

Sincerely,

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List of Prevention Strategies

At the end of each injury section is a list of Prevention Strategies with graphics to reinforce the tips related to that specific injury category. These tips are included to help one recognize risk factors and reduce preventable injuries, disabilities and death. With the understanding that “Kids’ Safety Matters,” and that “Kids’ Safety is in Y(O)ur Hands,” we encourage you to duplicate the lists, display them, and pass the information on. Tragically, we hear too often after the fact, “If I had only known...” You can be the one to make a difference!

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Background

C. Everett Koop, M.D., former U.S. Surgeon General and Chairman, National SAFE KIDS Campaign, put into perspective the scope of Childhood Unintentional Injury as a public health problem when he stated, *“If a disease were killing our children in the proportion that accidents are, people would be outraged and demand this killer be stopped.”*

Unintentional injuries¹ are a major public health problem and a costly and debilitating national crisis. For example, in 2002, unintentional injuries were the leading cause of death for individuals between the ages of one and forty-four, and the fifth leading cause of death overall in the United States.¹ Each year millions more suffer a nonfatal injury serious enough to require a trip to the emergency department.¹ The purpose of this report is to analyze the leading causes of unintentional injury fatalities and nonfatal hospitalized injuries in San Joaquin County (SJC) for the years 1999-2003 among children ages zero to fourteen years.

All of the injury related data in this report is from the California Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) website.² Unless otherwise noted, all data presented are specific to San Joaquin County. The data are presented by the leading causes of unintentional injury fatalities and nonfatal hospitalized injuries by age category and for the specific types of injury by gender, race/ethnicity, and cause of injury.

Cause of injury data in this report are presented by standardized codes called the International Classification of Diseases (ICD). Two separate ICD codes are used throughout this report. Causes of nonfatal hospitalized injuries are categorized using the Ninth Revision of the International Classification of Diseases External Causes of Injury (ICD-9-E Codes). Causes of fatal injuries use the Tenth Revision of the International Classification of Diseases (ICD-10 VWXY Codes).

It should be noted that race/ethnicity data are only provided for unintentional nonfatal hospitalized injuries, as this information was not available for fatal injuries. Race/ethnicity data are included for all nonfatal hospitalized injuries however, when there are 20 or more hospitalizations for a specific injury, the racial/ethnic distributions of these injuries are compared to the San Joaquin County population distribution. Drawing conclusions from less than 20 injuries is difficult. In addition, recommended prevention strategies for each type of injury are provided at the end of each section.

¹Unintentional injury is an injury that occurs in the absence of an attempt to cause harm. In the field of injury prevention the term “unintentional injury” is preferred to the term “accident” because unintentional injuries are considered preventable. However, the term “accident” is used in the Ninth Revision of the International Classification of Diseases (ICD-9) External Causes of Injury, and thus “accident” is used in this report when referring to specific ICD-9-E Code terminology.

**SECTION I:
LEADING CAUSES OF UNINTENTIONAL INJURIES BY RANK, 1999 - 2003**

In the 5-year time period from 1999 through 2003, a total of 1,217 California children under age 5 died from unintentional injuries and 38,728 were hospitalized. During the same time period, 1,272 California children ages 5 through 14 died from unintentional injuries and 59,345 were hospitalized.²

Below are the leading causes of unintentional injuries in San Joaquin County (SJC) during 1999 through 2003. The data are divided into unintentional fatal and unintentional nonfatal hospitalized injuries for children less than five years of age as well as for children five through fourteen.

Unintentional Fatal Injuries

According to Safe Kids Worldwide, airway obstruction injury which includes choking, suffocation and strangulation is the leading cause of unintentional injury-related death among children under age one.³ During 1999 through 2003, suffocation was the leading cause of unintentional fatal injury among SJC children less than one year of age (Table I.1). This was followed by drowning/submersion and motor vehicle traffic, respectively.

Table I.1: Leading Causes of Unintentional Fatal Injuries Among Children Less Than One Year of Age, 1999-2003

Rank	Cause of Injury	Number of Injuries
1	Suffocation	6
2	Drowning / Submersion	2
3	MVT, Pedestrian	1
3	MVT, Unspecified	1

The three leading causes of unintentional injury death for children ages 1 through 4 were drowning, burns caused by a fire or flame, and motor vehicle traffic, respectively (Table I.2). While drowning was also the leading cause of unintentional injury death for California children of the same age, there were some differences in the other leading causes of unintentional injury-related death between SJC and California. For example, while no SJC children died from suffocation, this was the fifth leading cause of death among California children ages 1 through 4 during 1999 through 2003. Furthermore, motor vehicle traffic was the second leading cause of death among California children followed by pedestrian deaths.

Table I.2: Leading Causes of Unintentional Fatal Injuries Among Children Ages 1 through 4, 1999-2003

Rank	Cause of Injury	Number of Injuries
1	Drowning / Submersion	5
2	Burn, Fire/Flame	4
3	MVT, Pedestrian	3
3	Other	3
4	Pedestrian, Other	2
5	MVT, Occupant	1
5	Fall	1
5	Poisoning	1
5	Natural/Environmental	1

Table I.3 shows the leading causes of unintentional fatal injuries among children ages 5 through 14. It is evident that injuries among this age group are different than those for children less than five years of age. In SJC children ages 5 through 14, motor vehicle traffic accounts for the most unintentional injury related deaths. Motor vehicle traffic was the leading cause of unintentional injury death for children ages 5 through 14 in California as a whole as well.

Table I.3: Leading Causes of Unintentional Fatal Injuries Among Children Ages 5 through 14, 1999-2003

Rank	Cause of Injury	Number of Injuries
1	MVT, Occupant	10
2	MVT, Unspecified	5
3	Burn, Fire/Flame	4
4	MVT, Pedestrian	3
4	Transport, Other	3
5	Pedestrian, Other	2

Unintentional Nonfatal Hospitalized Injuries

Table I.4 shows the five leading causes of nonfatal hospitalized injuries among children less than one year of age during 1999 through 2003. This table also lists the rate of injuries in SJC children, as well as corresponding data for California children of the same age. As can be seen, the leading cause of nonfatal hospitalized injuries was falls. In fact, 95.5 per 100,000 children in SJC were hospitalized from falls during 1999 through 2003. This is very similar to the rate for California children less than one year of age (97.9 per 100,000). For poisonings, however, SJC children had higher rates of hospitalizations compared to California children as a whole. San Joaquin County also had slightly higher rates for suffocation than California overall. The rates of injuries for the other causes of injury were similar to that found for all of California.

Table I.4: Leading Causes of Nonfatal Hospitalized Injuries Among Children Less Than One Year of Age, 1999-2003

Rank	Cause of Injury	Number of Injuries, SJC	SJC Rate* [^]	Number of Injuries, CA	CA Rate*
1	Falls	45	95.5	2,498	97.9
2	Other	23	48.8	1,334	52.3
3	Poisoning	18	38.2 [^]	497	19.5
4	Suffocation	15	31.8 [^]	631	24.7
5	Burn, Hot Object/Substance	13	27.6 [^]	697	27.3

*Rates are per 100,000 population.

[^] Rates may be unstable as there are fewer than 20 events in these categories.

Falls were also the leading cause of unintentional injury hospitalizations in children 1 through 4 (Table I.5). There were 86.2 hospitalizations per 100,000 children during this time period in SJC. It should be noted, however, that the rate of hospitalizations in SJC due to falls was smaller than that for California children as a whole. Similar to the data in children less than one year of age, children 1 through 4 in SJC had higher rates of hospitalizations due to poisoning than California children as a whole in the same age group. SJC children aged 1 through 4 also had slightly higher rates for Natural/Environmental and MVT, Occupant causes of injury compared to California overall.

Table I.5: Leading Causes of Nonfatal Hospitalized Injuries Among Children 1 through 4 Years of Age, 1999-2003

Rank	Cause of Injury	Number of Injuries, SJC	SJC Rate*	Number of Injuries, CA	CA Rate*
1	Falls	160	86.2	11,481	115.0
2	Poisoning	108	58.2	3,873	38.8
3	Other	59	31.8	3,218	32.2
4	Burn, Hot Object / Substance	51	27.5	2,537	25.4
5	Natural/Environmental	43	23.2	1,716	17.2
6	MVT, Occupant	40	21.5	1,568	15.7
7	MVT, Pedestrian	34	18.3	1,612	16.1
8	Struck by Object	27	14.5	1,385	13.9
9	Suffocation	22	11.8	922	9.2
10	Drowning/Submersion	21	11.3	1,149	11.5

*Rates are per 100,000 population.

Table I.6 shows the ten leading causes of nonfatal hospitalizations due to injuries among children 5 through 14 years of age. Similar to the 0-1 and 1 through 4 age groups, falls were by far the leading cause of hospitalizations during 1999 through 2003 in this age group. What is interesting in this age group compared to the younger children is that poisoning injuries drop to number 10 and injuries caused by motor vehicles jump to the second and third leading causes of hospitalizations.

Table I.6: Leading Causes of Nonfatal Hospitalized Injuries Among Children 5 through 14 Years of Age, 1999-2003

Rank	Cause of Injury	Number of Injuries, SJC	SJC Rate*	Number of Injuries, CA	CA Rate*
1	Falls	338	66.7	23,798	88.9
2	MVT, Occupant	112	22.1	4,824	18.0
3	MVT, Pedestrian	79	15.6	4,002	15.0
4	Struck By Object	70	13.8	4,634	17.3
5	Other	69	13.6	3,504	13.1
6	Bicyclist, Other	62	12.2	4,231	15.8
7	Transport, Other	47	9.3	2,539	9.5
8	Natural/Environmental	43	8.5	2,410	9.0
9	Cut/Pierce	33	6.5	1,676	6.3
10	Poisoning	30	5.9	1,419	5.3

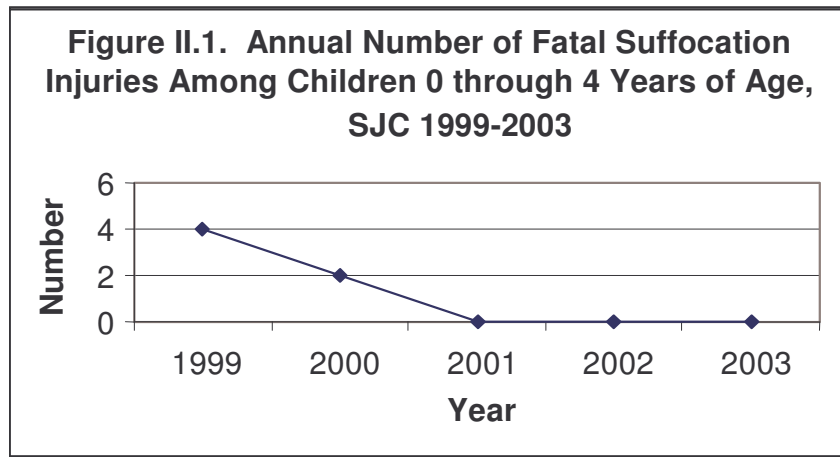
*Rates are per 100,000 population.

SECTION II: SUFFOCATION

Suffocation injuries (choking and strangulation) are the fourth leading cause of home injury death in the United States for all age groups according to the Home Safety Council's (HSC) 2004 State of Home Safety report.⁴ Those at greatest risk, however, are children under five due to their small airway, inexperience with chewing, and tendency to put objects in their mouth.⁴ In SJC, suffocation injuries were the leading cause of death in children less than one year of age from 1999 through 2003.

Fatal Suffocation Injuries, Children 0 through 4

There were six fatal suffocation injuries among children less than five years of age between the years 1999 through 2003. All six of these fatalities occurred among children less than one, and were due to "accidental suffocation and strangulation in bed" (ICD-10 code W75). There were no fatalities due to suffocation after year 2000 (Figure II.1).



Nonfatal Hospitalized Suffocation Injuries, Children 0 through 4

Suffocations were the fourth leading cause of nonfatal hospitalized injury in children less than one year of age, and the ninth leading cause in children ages 1 through 4 from 1999 through 2003. The total number of unintentional suffocation injuries during this time period was 37 (Figure II.2).

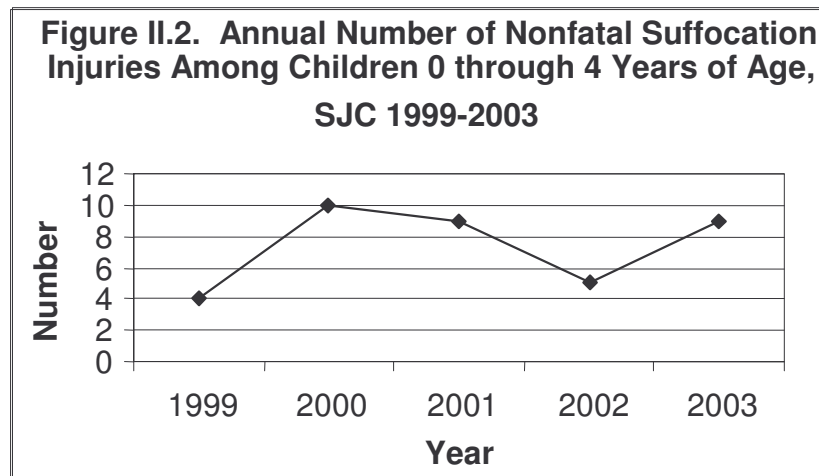


Figure II.3 shows that the highest percentage (40.5%) of nonfatal suffocations occurred among children less than one year of age, and more specifically, among boys less than one year of age. In fact, boys under the age of one suffered twice as many suffocation injuries as girls of the same age.

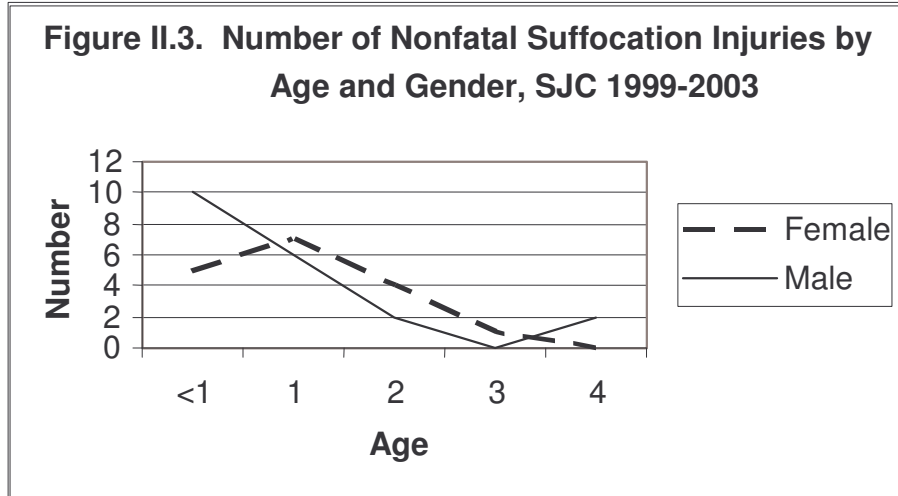
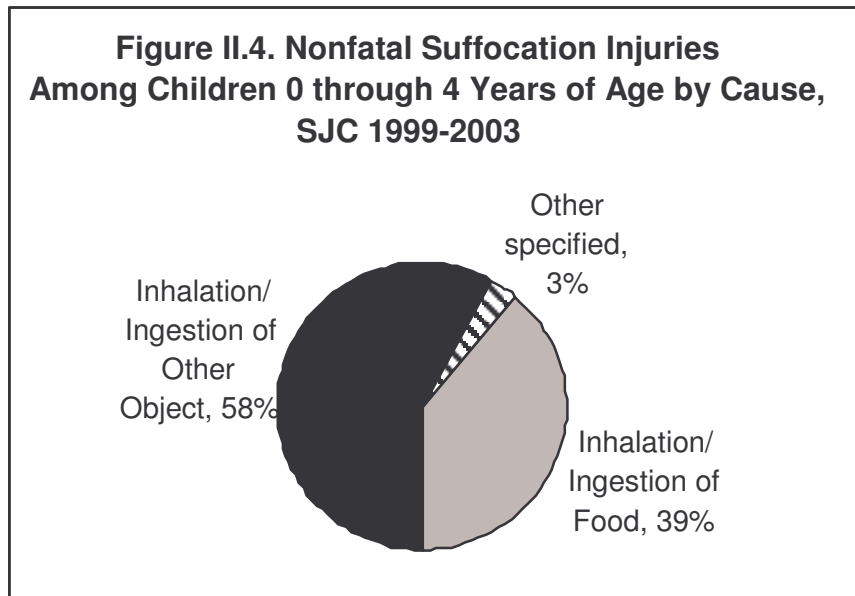
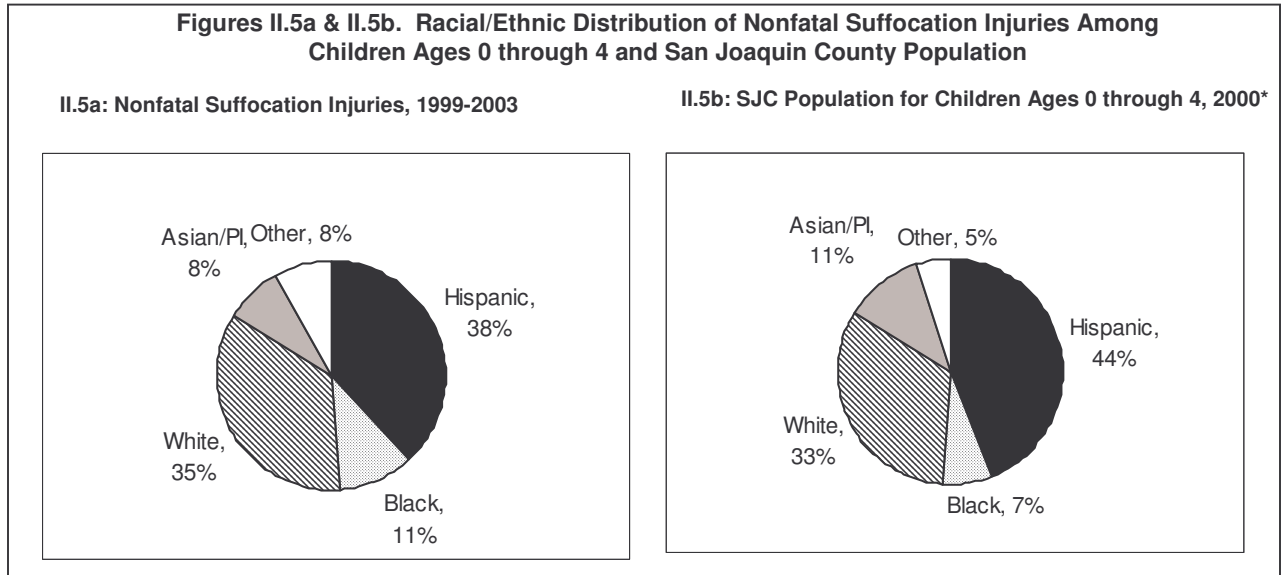


Figure II.4 shows that the majority of suffocations in 0 through 4 year olds were caused by “inhalation and ingestion of other object causing obstruction of respiratory tract or suffocation” (58%) (ICD-9-E Code E912), followed by “inhalation and ingestion of food causing obstruction of respiratory tract or suffocation” (39%) (ICD-9-E-Code E911).



Figures II.5a and II.5b show that the racial/ethnic distribution of suffocation injuries in 0 through 4 year olds is fairly similar to the population distribution of 0 through 4 year olds in San Joaquin County. However, Hispanics may be slightly underrepresented among victims of suffocation injuries. For example, Hispanics made up only 38% of the injuries yet they account for 44% of the county's population.



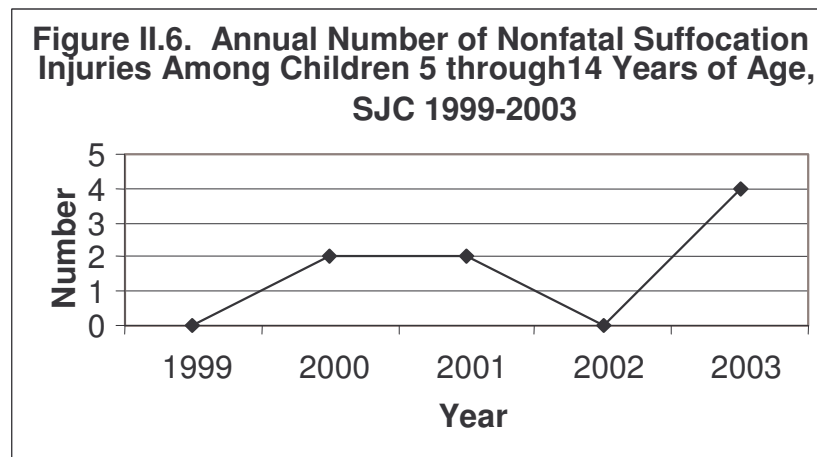
*Data from the State of California, Department of Finance⁵

Fatal Suffocation Injuries, Children 5 through 14

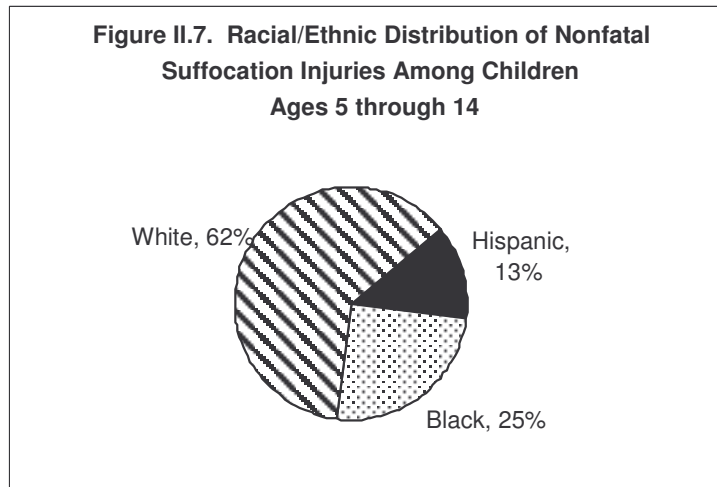
There were no fatalities due to suffocation in children aged five through fourteen in the five-year period of this report.

Nonfatal Hospitalized Suffocation Injuries, Children 5 through 14

There were eight nonfatal hospitalized suffocation injuries among children 5 through 14 years of age. Half of these injuries occurred in 2003 (Figure II.6). All but one of these injuries was caused by the “inhalation and ingestion of other object causing obstruction of respiratory tract or suffocation” (ICD-9-E-Code E912). The other remaining injury was caused by the “inhalation and ingestion of food causing obstruction of respiratory tract or suffocation” (ICD-9-E-Code E911) (data not shown). Four of these injuries occurred in males and 4 in females.



The majority of nonfatal suffocation injuries among children 5 through 14 years of age were White (62%), followed by Black (25%), and Hispanic (13%) (Figure II.7).



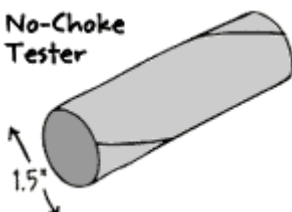
Prevention Strategies for Suffocation (choking and strangulation) Injuries

- Check all toys for potential choking hazards such as loose parts or pieces that can be easily removed. Keep small balls, jacks, buttons, and other small objects away from younger children who may have a tendency to put them in their mouths. Use a toilet paper roll as a guide (1.5")
- Encourage children not to chew on objects such as pen caps and other non-edible products.
- Make sure that toys are age appropriate for the child. Check for recommendations on the box.
- When children of different ages are in the same area, monitor the items in the reach of small children. Objects appropriate for an 11 year old are usually not safe for a 2 year old.
- Keep plastic bags and balloons away from young children. Both can become lodged in the airway and cause suffocation.
- Never tie pacifiers, necklaces, toys, or other items around a child's neck. Change all blind cords so they no longer form a continuous loop or pose a strangulation hazard.
- Remove or cut drawstrings from all clothing articles children wear.
- Be sure food is appropriate for the child's age and development. Check with your pediatrician for recommendations on when to introduce specific foods to your child.
- Avoid letting young children eat popcorn, carrots, nuts, celery, hard candy, apple chunks and hot dogs, which are difficult for them to chew and may get stuck and block their airway.
- Put babies to sleep on their back, NOT on their stomachs. Always think, "Back to Sleep".
- Your baby should not share a bed with siblings or adults other than the baby's mother and then only if the mother is not extremely tired, not taking medications that make her drowsy or sleep hard, and not using alcohol or drugs. The Consumer Product Safety Commission issued an alert with this advisement due to the increasing number of young children suffocating in adult beds as the result of being crushed by another individual, becoming entangled in the bedding or being wedged between the bed and the wall. Children who are suffocating may not be able to make audible sounds of distress.
- Put nothing in the sleep area. Do not put pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products in the crib. Use only a firm mattress with tightly fitting crib sheets.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, or other coverings. Do not use heavy blankets or comforters. Make sure baby's head and face remains uncovered during sleep.
- If using a blanket, put the baby with its feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- Learn the Heimlich Maneuver and CPR. Call your local American Red Cross Chapter.

Learn the
Heimlich
Maneuver
and CPR



No-Choke
Tester

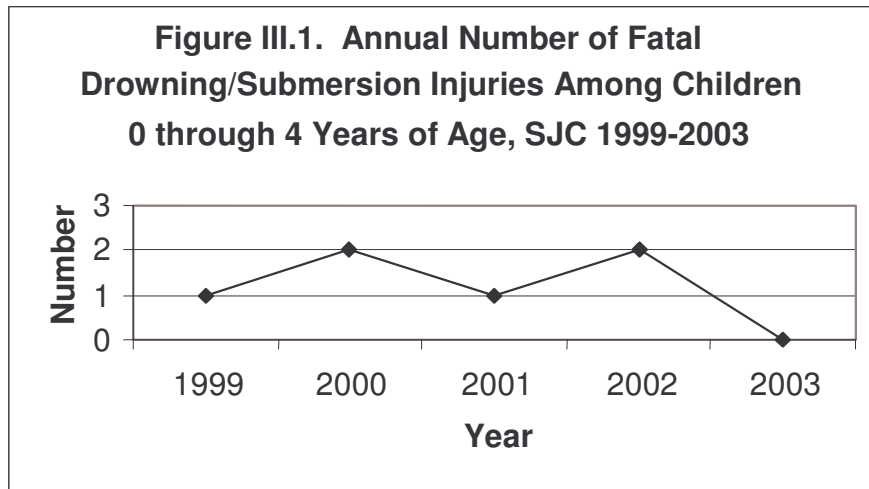


SECTION III: DROWNING

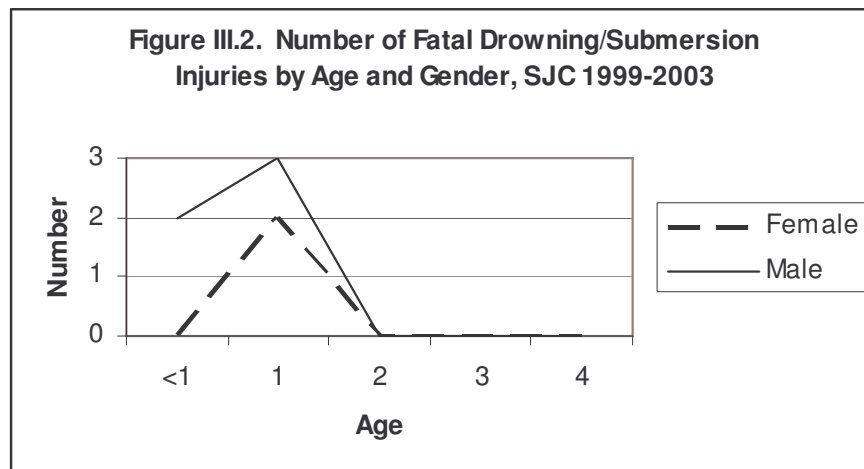
Nationally, drowning is the fifth leading cause of home injury death, and there are approximately 10,000 near drowning events in the home each year. Children under five years of age experience the highest rates of drowning and near drowning in the home, according to the Home Safety Council's (HSC) 2004 State of Home Safety report.⁴ In California, drowning is a leading cause of death in children under the age of five.⁶ A major contributing factor to drowning and near-drowning events is a lapse in adult supervision, especially in combination with a child's access to water and the inability to swim.⁴

Fatal Drowning/Submersion, Children 0 through 4

During 1999 through 2003 drowning/submersion was the leading cause of unintentional injury death in children one through four years of age in SJC, and the second leading cause in children less than one. During this time period there were 7 deaths attributable to drowning/submersion in SJC children 0 through 4 years old (Figure III.1).



These deaths all occurred in children under 2 years of age with over half (71%) being male (Figure III.2). The greatest number (3/7) were due to drowning while in a bathtub (ICD-10-Code W65) (data not shown).



Nonfatal Hospitalized Drowning/Submersion, Children 0 through 4

In SJC during 1999 through 2003, nonfatal hospitalized drowning/submersion injuries were the tenth leading cause of nonfatal hospitalizations in children one through four years of age and the eighth leading cause in children less than one. During this time period there were twenty-five nonfatal hospitalized drowning/submersion injuries among resident children 0 through 4 years of age (Figure III.3).

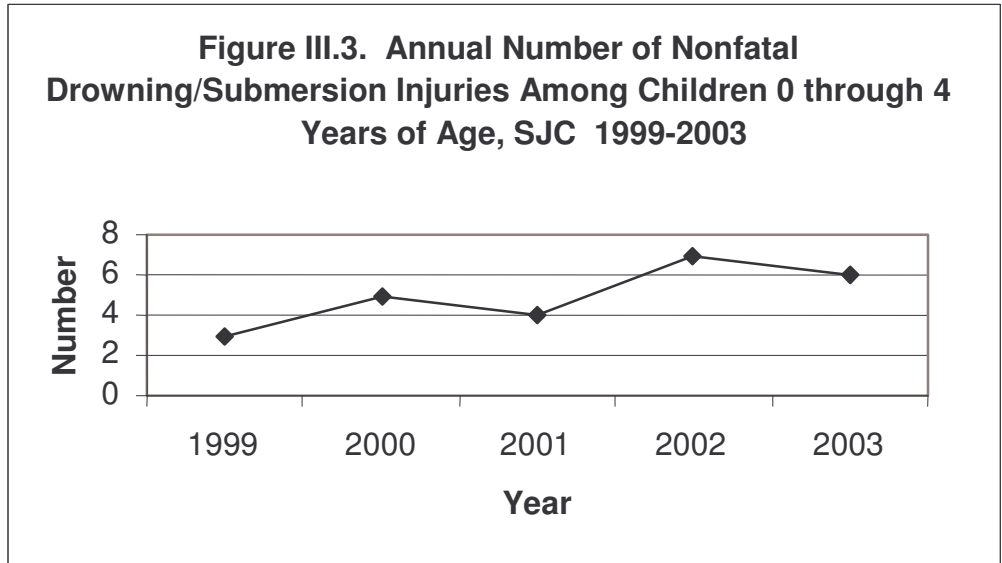
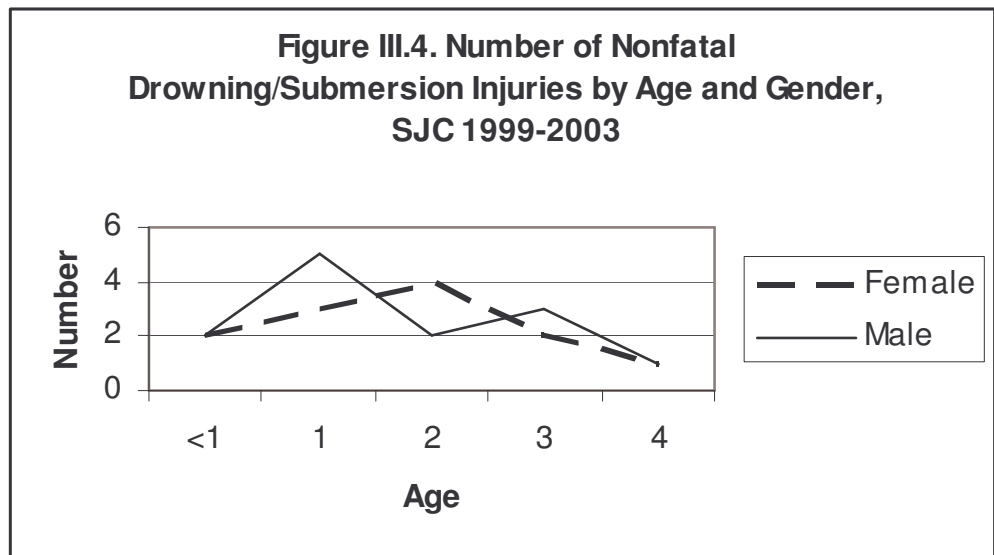
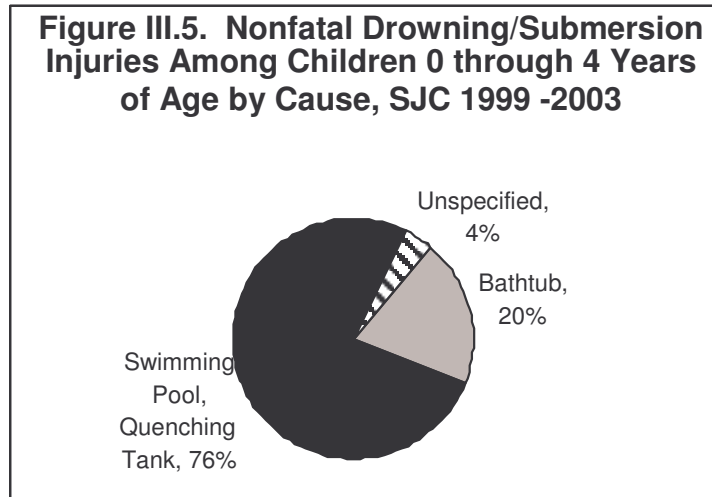


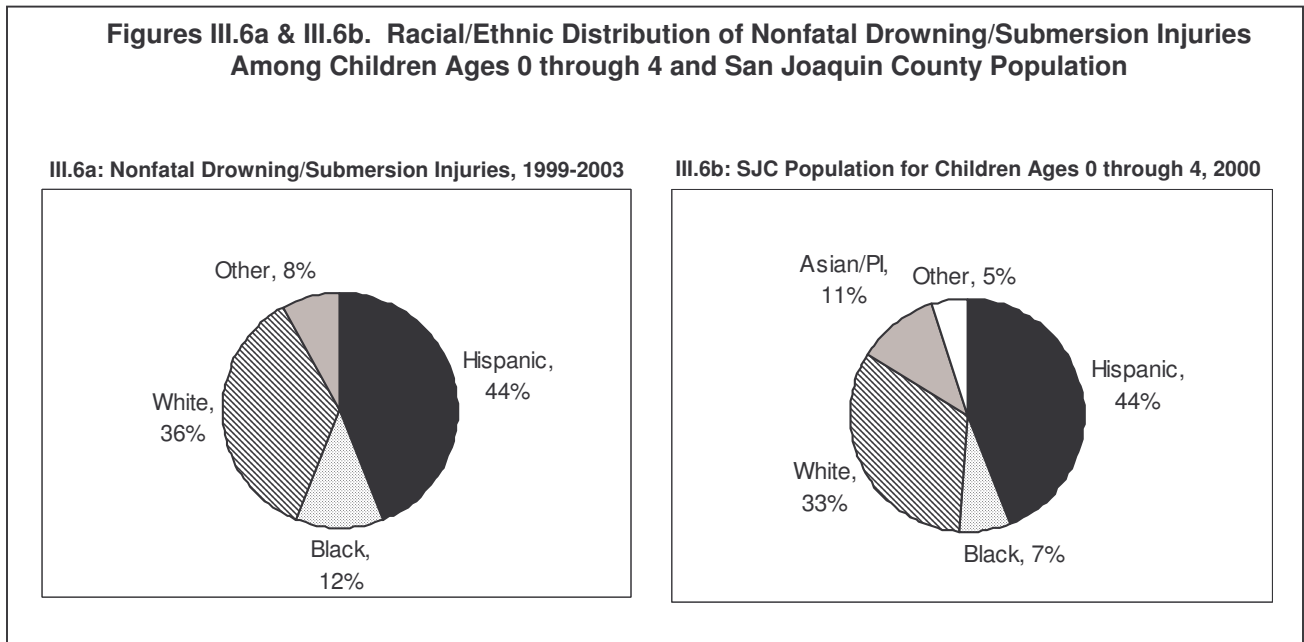
Figure III.4 shows that children who were one year of age accounted for the largest number of hospital admissions in this age group. There does not appear to be any major differences in the proportion of deaths due to drowning/submersions by gender.



Most drowning/submersion injuries in this age group were caused by “accidental drowning and submersion in a quenching tank or swimming pool” (76%) (ICD-9-Code E910.8) (Figure III.5).



The racial/ethnic distribution of nonfatal drowning/submersions is fairly similar to that of the county’s population, however, there were no drowning/submersion injuries among Asians even though they comprise 11% of the county’s population (Figure III.6a & Figure III.6b).



Fatal Drowning/Submersion (Children 5 through 14 years of age)

There were no fatal injuries due to drowning/submersion during 1999 through 2003 in this age group.

Nonfatal Hospitalized Drowning/Submersion (Children 5 through 14 years of age)

There were a total of six nonfatal hospitalized drowning/submersion injuries among children five through fourteen years of age from 1999 through 2003. There were no hospitalizations in 2003 (Figure III.7).

The majority of these injuries (67%) were classified as an “accidental drowning and submersion in a quenching tank or swimming pool” (ICD-9-Code E910.8). The remaining two were classified as an “unspecified accidental drowning or submersion” (ICD-9-Code E910.9) and an “other accidental submersion or drowning in a water transport accident, such as from gangplank, ship, overboard” (ICD-9-Code E832.1) (data not shown).

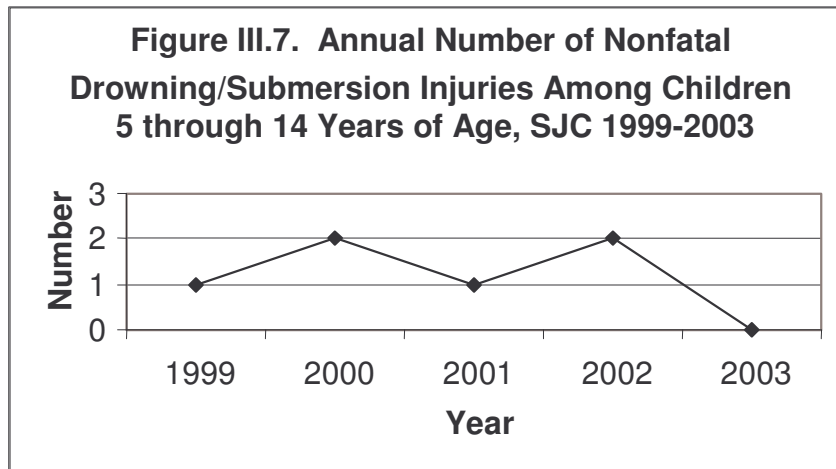
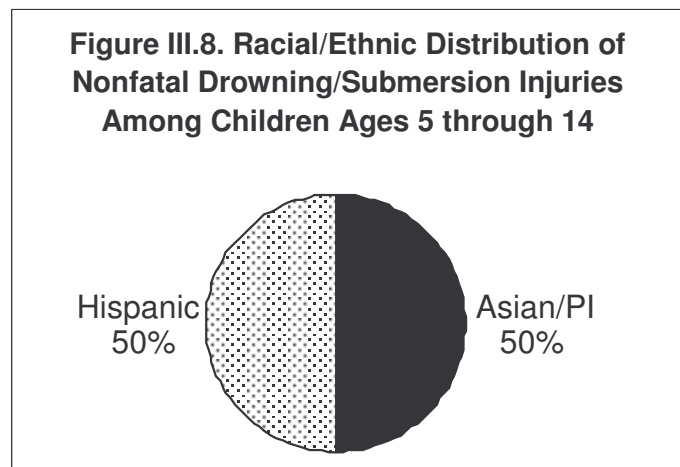


Figure III.8 shows the racial/ethnic distribution of the nonfatal drowning/submersion injuries among children 5 through 14 years of age. Half were Hispanic and the other half were Asian. All but one of the injuries occurred among males (data not shown). Drawing conclusions is difficult due to the small numbers.



Prevention Strategies for Drowning Injuries

- Never leave a child unsupervised by an adult, even for a minute, around water – including spas, bathtubs, swimming pools or playing around any body of water, not even to answer the phone, doorbell or to get a towel.
- Keep young children out of the bathroom and away from buckets, diaper pails, toilets, and other containers of water unless you are watching them closely.
- Be sure all containers that may contain liquid are emptied immediately after use and tipped upside down. Do not leave empty containers in yards or around the house.
- Install a minimum 5-foot, non-climbable fence to prevent children from wandering into your pool area. The barrier fence should be four- sided, between your house and the pool to protect your children and other child visitors.
- Make sure pool gates are self-locking and self-latching. Gates should be installed so that they must be pulled to open rather than pushed since toddlers instinctively push on objects to gain access.
- Never leave toys in the pool that might draw young children to them.
- Keep outdoor furniture away from the fence so that it cannot be used to climb on to gain access to the pool.
- Check the neighborhood to determine if any pools and spas are unfenced. Children often drown in other people’s pools and spas.
- If your child is missing, be sure to check the pool area first and go to the edge and look down.
- Keep a phone by the pool and within quick reach `at all times.
- Follow American Academy of Pediatrics (AAP) guidelines that children under 5 are too young to be considered “water safe” merely because they have attended “swimming lessons”.
- Have all children wear U.S. Coast Guard approved personal flotation devices (life preservers) when in and around boats, docks or other open bodies of water.

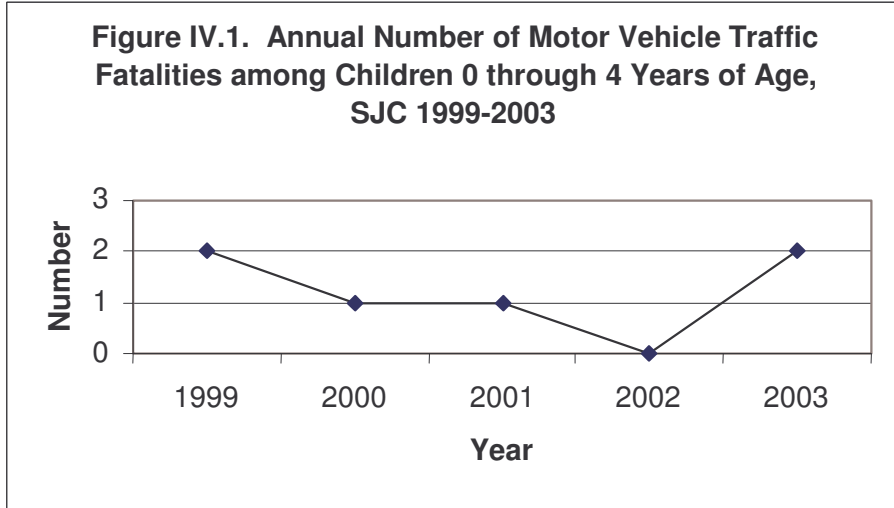


SECTION IV: MOTOR VEHICLE TRANSPORTATION (MVT)

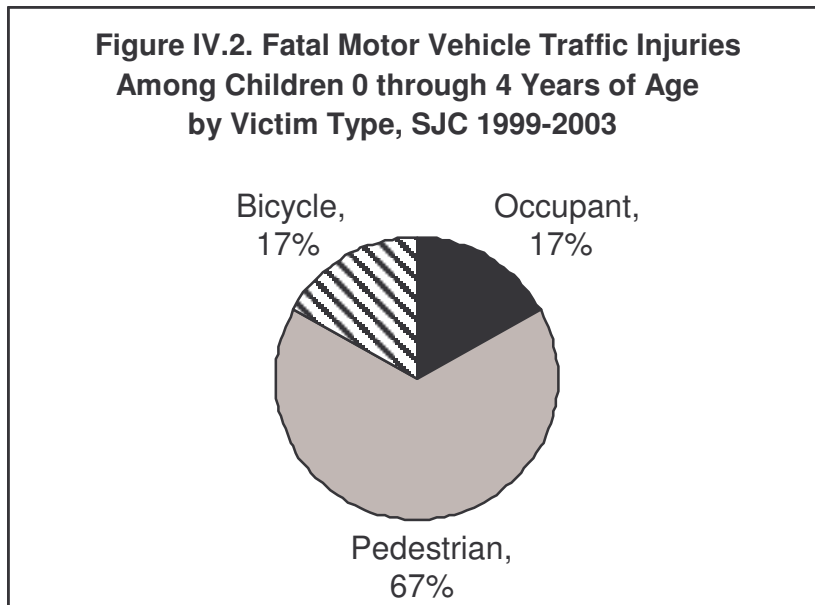
Motor vehicle crashes are the leading cause of unintentional injury-related death among children 14 years of age or younger in the United States.³

Fatal MVT Injuries, Children 0 through 4

There were a total of 6 MVT fatalities among children ages 0 through 4 during 1999 through 2003. While it appears that there is a jump in the number of deaths from 2002 through 2003, this increase represents only 2 deaths (Figure IV.1). Of the six fatalities, 83% of them occurred in boys (data not shown).

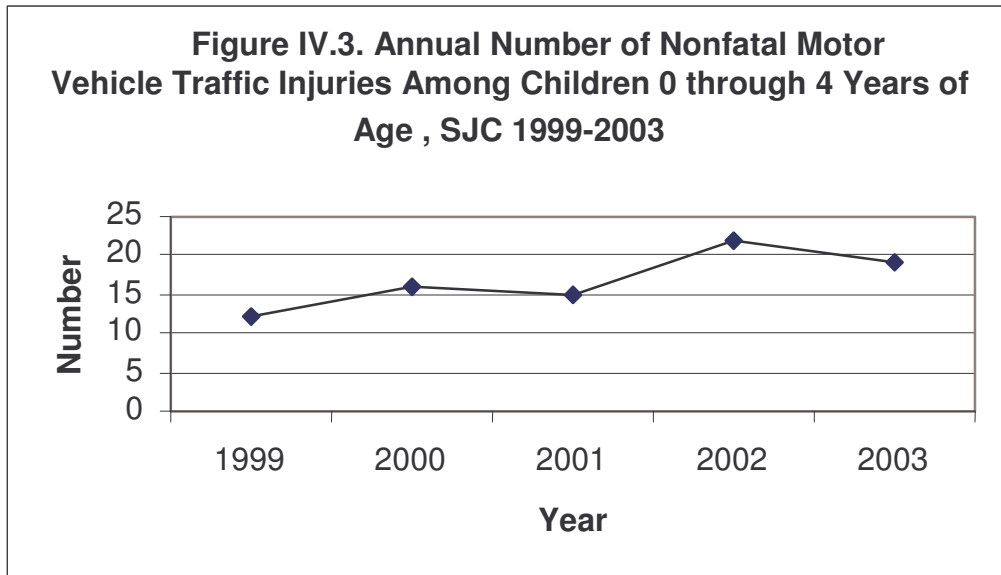


Motor vehicle traffic injuries can be subdivided by the type of victim involved. For example, Figure IV.2 shows that the majority of fatal MVT fatalities among children ages 0 through 4 were pedestrians (67%), and an equal percentage were bicyclists or vehicle occupants (17% each).

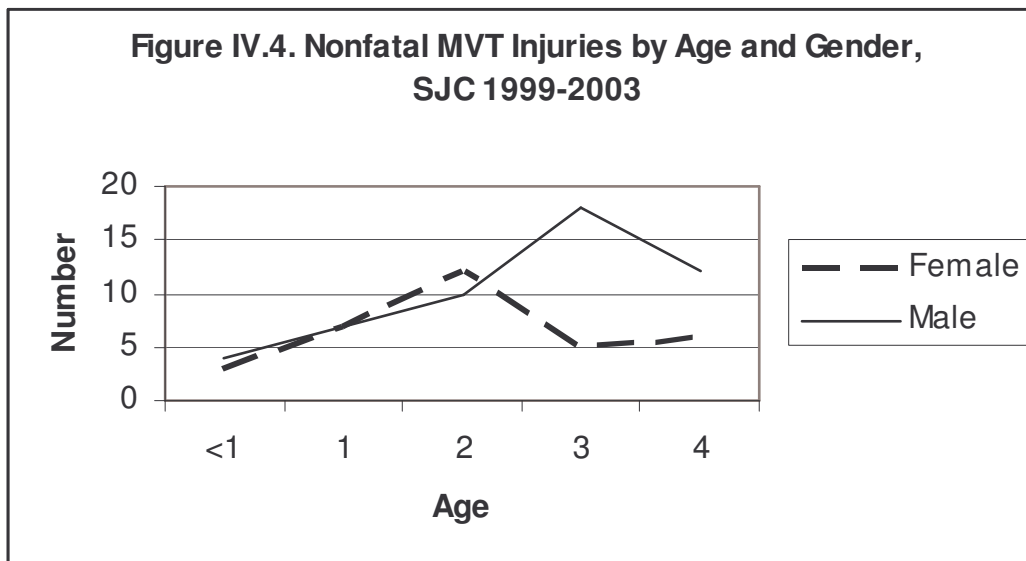


Nonfatal Hospitalized MVT Injuries, Children 0 through 4

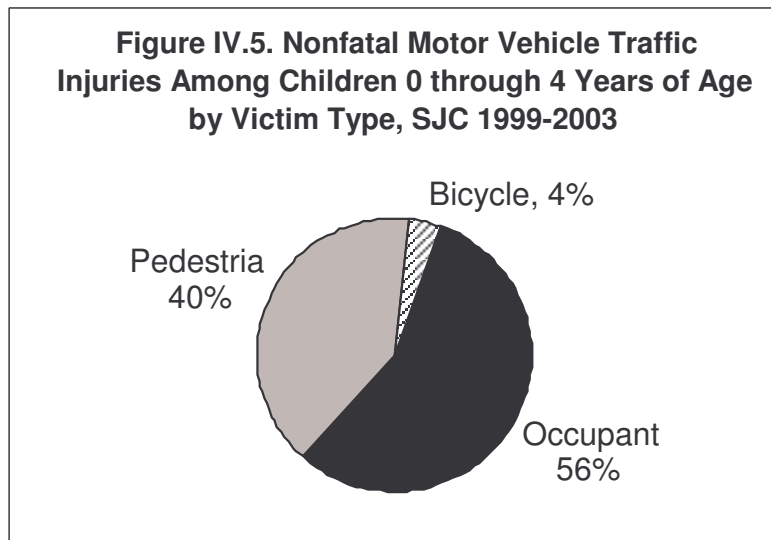
From 1999 through 2003, there were 84 nonfatal hospitalized MVT injuries among 0 through 4 year olds in SJC. Overall, nonfatal MVT injuries increased from 1999 through 2003 among children ages 0 through 4 (Figure IV.3). In 2002 there were 22 nonfatal hospitalized MVT injuries, which is 29% higher than the 12 injuries that occurred in 1999. While the number of injuries decreased slightly in 2003, it still represents a 23% increase from 1999.



It is evident in Figure IV.4 that nonfatal MVT injuries are much higher in boys compared to girls after the age of 2. In fact, in children 3 years of age, 78% of the nonfatal MVT injuries were among boys. While the difference is less drastic in children aged 4, boys still represented 67% of the nonfatal MVT injuries for this age.



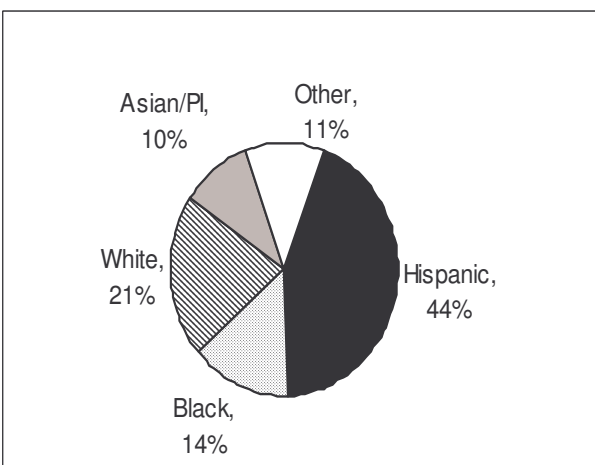
More than half of the nonfatal MVT injuries in children 0 through 4 years of age involved vehicle occupants (56%). The remaining injuries were to pedestrians (40%), followed by a small percentage of bicyclists (4%) (Figure IV.5).



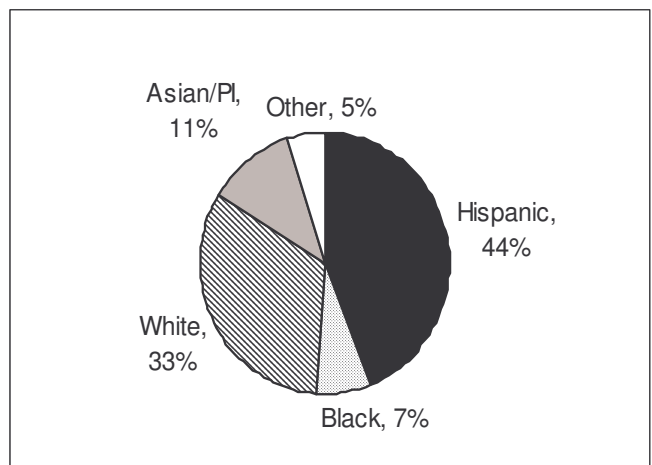
Figures IV.6a and IV.6b show that the racial/ethnic distribution of MVT injuries in children ages 0 through 4 is somewhat different than the overall SJC population. For example, while Blacks represent only 7% of the county's population in this age group, they accounted for 14% of the injuries. Furthermore, Whites represent 34% of the county population in this age group, yet they only accounted for 21% of the injuries.

Figures IV.6a & IV.6b. Racial/Ethnic Distribution of Nonfatal MVT Injuries Among Children Ages 0 through 4 and San Joaquin County Population

IV.6a: MVT Nonfatal Injuries, 1999-2003

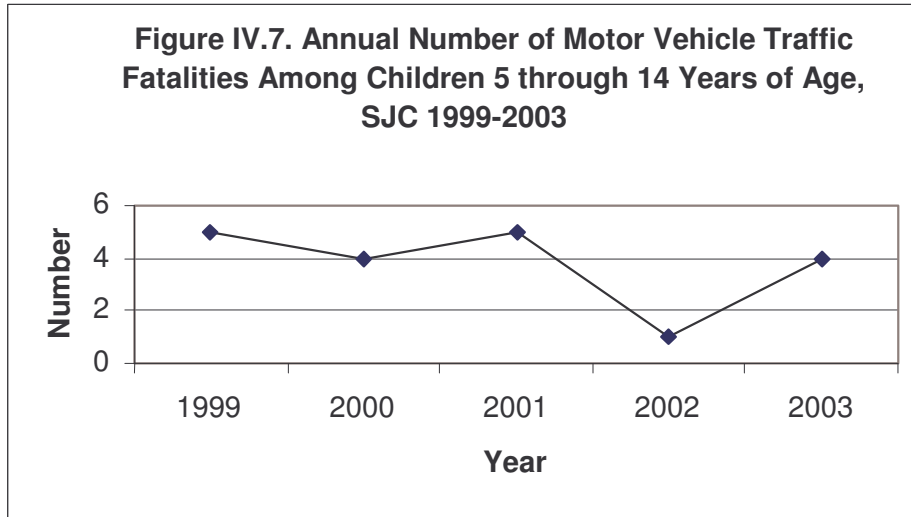


IV.6b: SJC Population for Children Ages 0 through 4, 2000

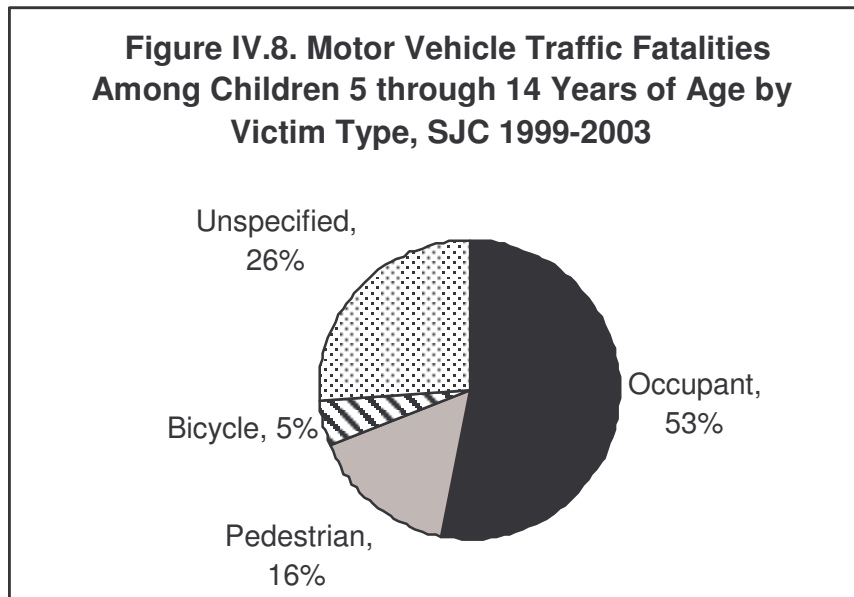


Fatal MVT Injuries, Children 5 through 14

Figure IV.7 shows the annual number of MVT fatalities among children 5 through 14 years of age. As the graph shows, there were 19 MVT fatalities from 1999 through 2003. The majority of fatalities in this age group were among boys compared to girls (74% vs. 26%, respectively).



Over half of MVT fatalities in children 5 through 14 years of age were to vehicle occupants (53%), and another quarter (26%) were unspecified. The remaining deaths were to pedestrians (16%) and bicyclists (5%) (Figure IV.8).



Nonfatal Hospitalized MVT Injuries, Children 5 through 14

From 1999 through 2003, there were 231 nonfatal hospitalized MVT injuries among children 5 through 14 in SJC. Overall, nonfatal MVT injuries among children 5 through 14 years of age increased 16% from 1999 through 2003 (Figure IV.9). The majority of these injuries occurred among boys (64%).

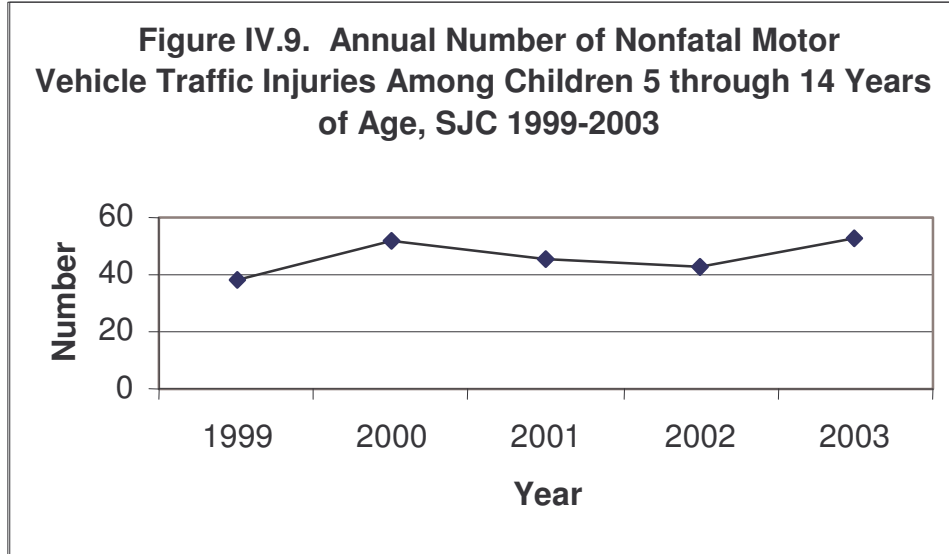
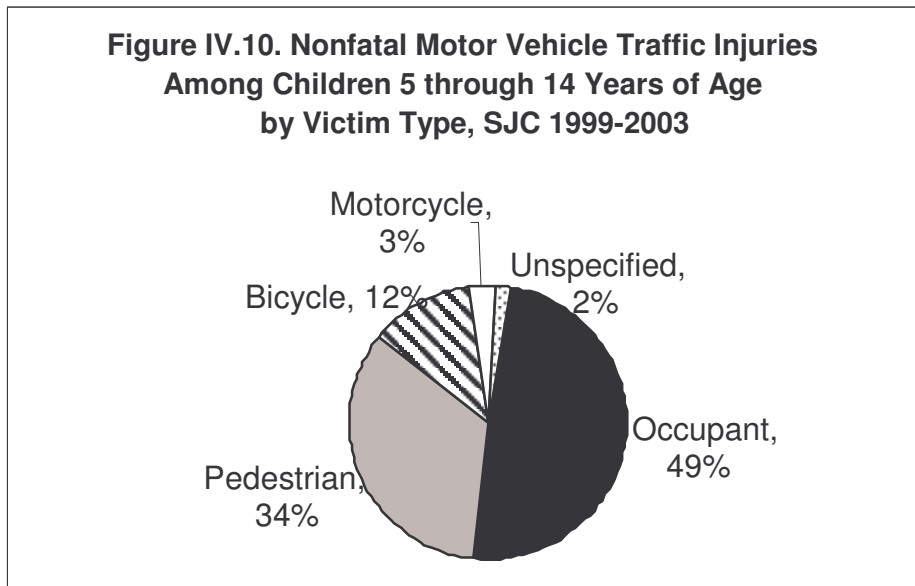


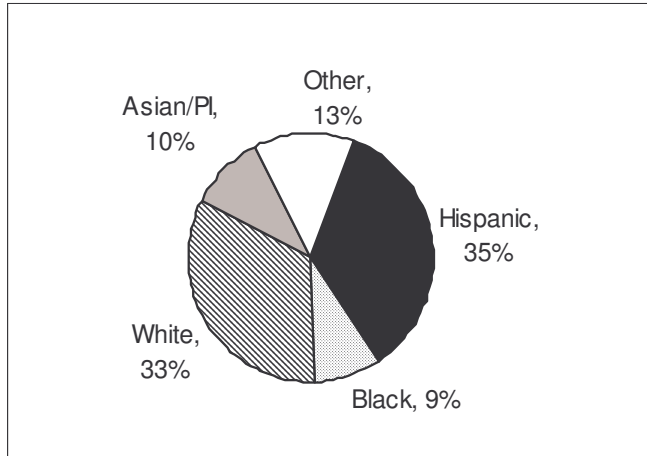
Figure IV.10 shows the proportion of MVT injuries among children ages 5 through 14 by the type of victim involved. Nearly half of MVT injuries were to vehicle occupants (49%), and approximately one-third were to pedestrians (34%). The remainder of the injuries were to bicyclists (12%) followed by a small percentage of injuries to motorcyclists (3%) and unspecified persons (2%).



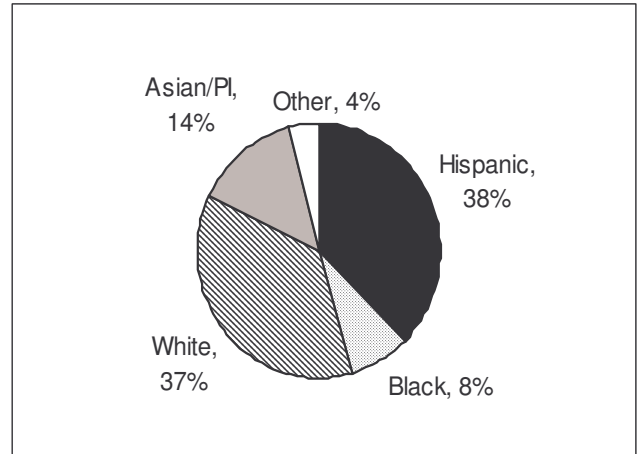
The racial/ethnic distribution of nonfatal MVT injuries among children 5 through 14 is very similar to the SJC population for this age group. The only notable difference is among people of an Other/Unknown race, in which they represented 13% of the injuries during 1999-2003, yet they only account for 4% of the county's population.

Figures IV.11a & IV.11b. Racial/Ethnic Distribution of Nonfatal MVT Injuries Among Children Ages 5 through 14 and San Joaquin County Population

IV.11a: MVT Nonfatal Injuries, 1999-2003



IV.11b: SJC Population for Children Ages 5 through 14, 2000



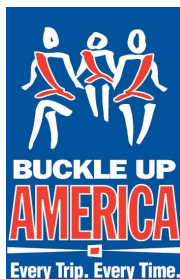
*Data from the State of California, Department of Finance⁵

Prevention Strategies for Motor Vehicle Transportation Injuries

- Be a role model by making sure you wear your lap/shoulder belt each and every time you ride in a motor vehicle. Children look to adults to set the example.
- All front seat occupants should sit as far back from the air bag as possible: for drivers a minimum of 12 inches, for passengers a minimum of 24 inches, as recommended by the National Highway Traffic Safety Administration (NHTSA).
- Know and follow the local and state motor vehicle occupant protection laws, as well as, wherever you travel.
- Make sure that all children riding in your vehicle are properly restrained for their age and weight. Make sure this is the case when they ride with others, too.

Follow the **4 Steps for Kids** from NHTSA below:

1. Infant-Only Safety Seat – Fits a baby up to about 22 pounds. Baby must face backwards in the back seat until at least one year of age and 20 pounds.
 2. Convertible Safety Seat - Can be used rear-facing up to about 30 pounds, then the seat can be turned to face forward up to 40 pounds with a harness.
 3. Combination Booster Safety Seat - Use from 22 to 40 pounds with harness. Use without harness up to 80 pounds. Use with a lap & shoulder belt for children who have outgrown a safety seat with a harness
 4. Seat Belt – Unless required differently by the law, NHTSA recommends that the child is ready for a safety belt if the answer to every question below is “yes”:
 - 1) Does the child sit all the way back against the auto seat?
 - 2) Do the child's knees bend comfortably at the edge of the auto seat?
 - 3) Does the belt cross the shoulder between the neck and arm?
 - 4) Is the lap belt as low as possible, touching the thighs?
 - 5) Can the child stay seated like this for the whole trip?
- Make sure that child safety seats are properly installed. If in doubt, have your seats checked at the San Joaquin County PHS Child Passenger Safety Fitting Station (1-800-698-2304).
 - Have all children under the age of 12 ride in the back seat of the vehicle whenever possible. Crash data show that the front passenger seat is the most dangerous seating position and the back is the safest.
 - Never leave young children unattended in and around vehicles.
 - Pregnant women should be correctly restrained with a lap/shoulder belt throughout their pregnancy. Information on correct positioning of lap/shoulder belts during pregnancy can be obtained from the Child Passenger Safety Program (1-800-698-2304).



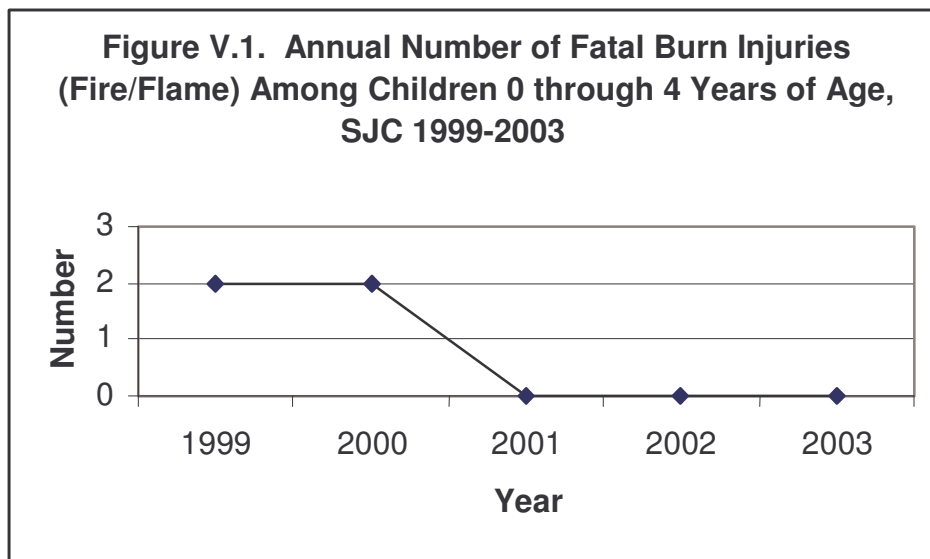
SECTION V: BURN, FIRE/FLAME

Fire and burns account for 10% of the unintentional injury-related deaths for children 14 and under.³ Children under five years of age are at greatest risk for death or severe injury due in part to mobility or not knowing how to respond to a home fire (e.g. hiding in a closet or under a bed rather than exiting the building).⁴ In addition, their skin is thinner than older children and adults resulting in burns at lower temperatures and deeper burns. They may also not be able to tolerate the physical stress of a burn injury.³

In SJC, the numbers of fatal and non-fatal hospitalized injuries are not large, although burn injuries caused by a fire or flame are frequently severe. The cause of all fatal burns due to a fire or flame among children 0 through 14 years of age during this time period was exposure to an uncontrolled fire in a building or structure (ICD-10-Code X00).

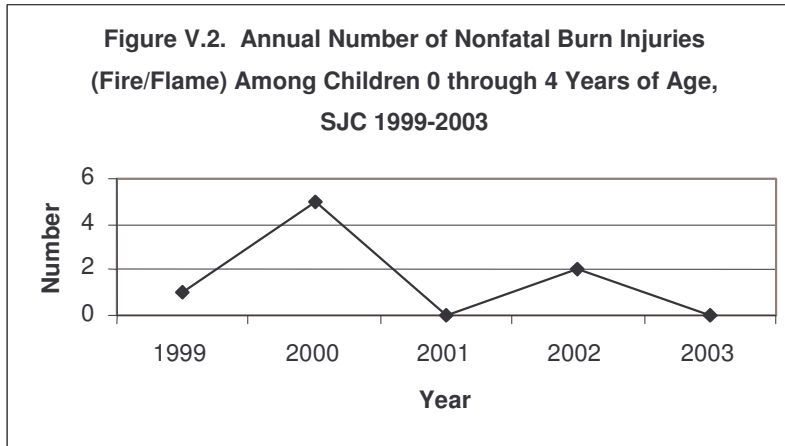
Fatal Burn, Fire/Flame Injuries, Children 0 through 4

Fatal burns caused by a fire or flame were the third leading cause of death in children zero through four years of age from 1999 through 2003 in SJC. During this time period there were a total of 4 fatalities due to unintentional burns caused by a fire or flame among 0 through 4 year olds. Two occurred in 1999 and two occurred in 2000 (Figure V.1). In each year there was one male and one female.

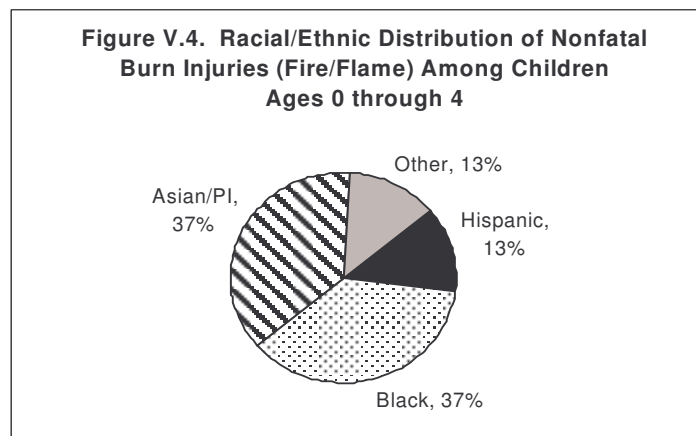
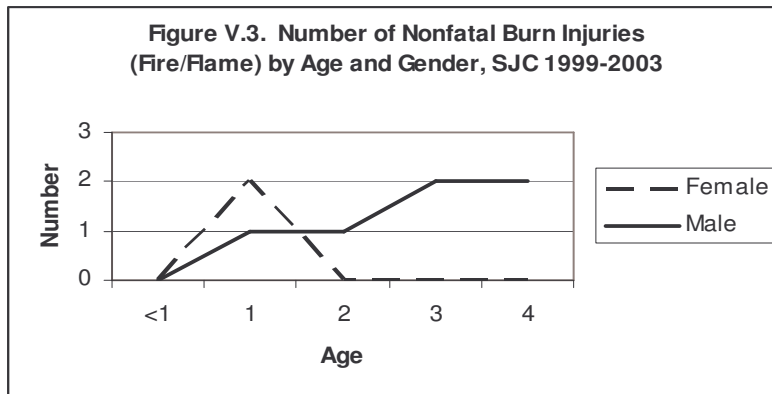


Nonfatal Hospitalized Burn, Fire/Flame, Children 0 through 4

Nonfatal hospitalized burn injuries, caused by a fire or flame, were not one of the leading causes of unintentional injury hospitalizations for this age group from 1999 through 2003. However, there were a total of 8 nonfatal hospitalized burns caused by a fire or flame (Figure V.2).



While the numbers are not large enough to draw any conclusions, it is interesting to note that 6/8 (75%) of these injuries occurred in boys (Figure V.3). There were a total of 3 injuries to Asians, 3 to Blacks, and 1 each for Hispanics and Other/Unknown race (Figure V.4).



Fatal Burn, Fire/Flame, Children 5 through 14

There were four fatal injuries in this age group. All were caused by exposure to an uncontrolled fire in a building or structure (ICD-10-Code X00). Three of these fatalities occurred in 2003 and one in 2001. Two were males and two were females.

Nonfatal Hospitalized Burn, Fire/Flame, Children 5 through 14

Nonfatal hospitalized burn injuries that were caused by a fire or flame did not rank among the leading causes of injury in this age range. There were a total of 11 non-fatal hospitalized injuries. None of them occurred in the year 2000 (Figure V.5).

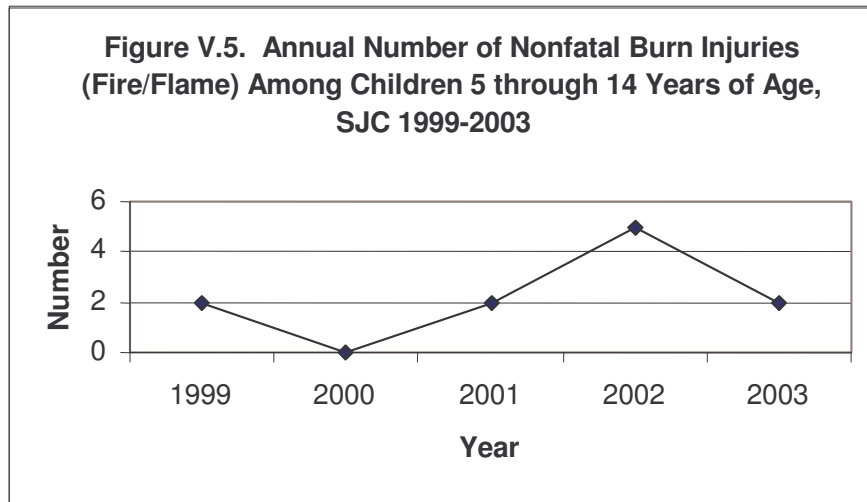
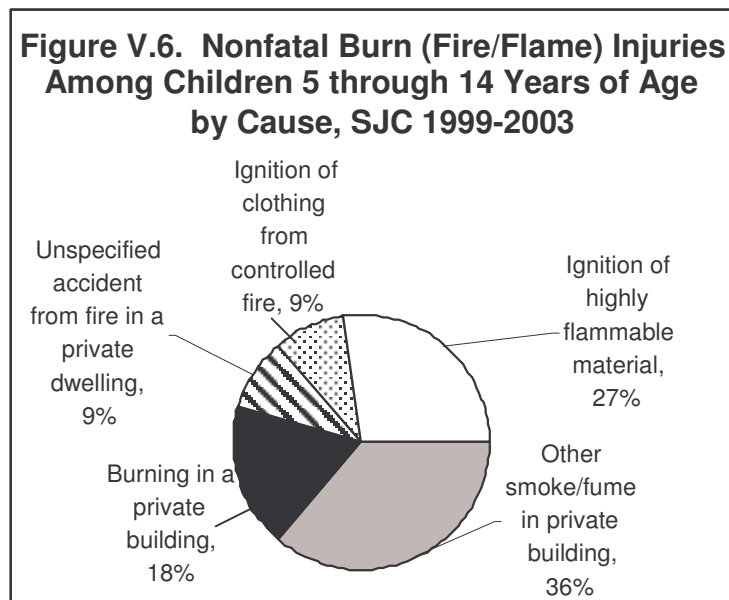
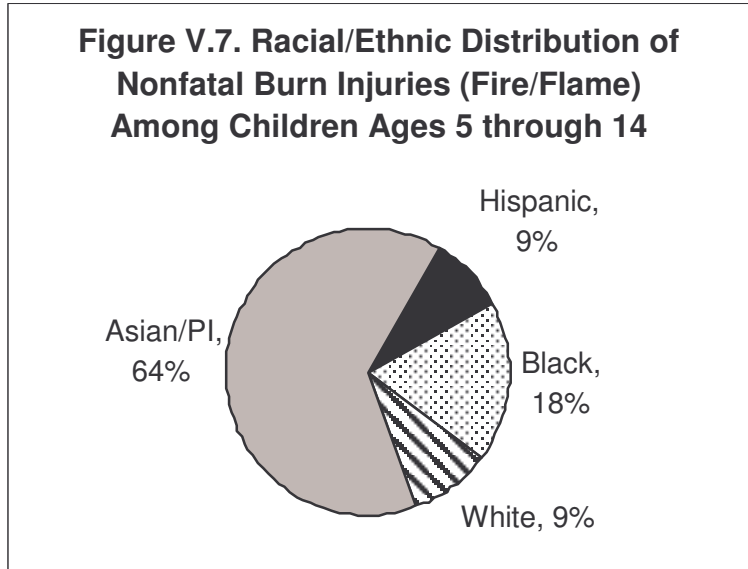


Figure V.6 shows the specific causes of the nonfatal burn injuries due to a fire/flame among 5 through 14 year olds. As can be seen, the highest percentages of these injuries (36%) were due to “other smoke and fumes (carbon monoxide, fumes, smoke) from conflagration in a private building (ICD-9-Code E890.2),” and the “ignition of a highly flammable material with benzene, gasoline, fat, kerosene, paraffin, petrol (27%) (ICD-9-Code E894).



There was no difference by gender, as 6 injuries occurred among females and 5 among males (data not shown). Figure V.7 shows the racial/ethnic distribution of nonfatal hospitalized burn injuries. The majority of these injuries were in Asians (64%), followed by Blacks (18%), and Whites and Hispanics (9% each).



Prevention Strategies for Burn Fire/Flame

- Install a smoke detector on each level of your home, especially outside bedrooms.
- Test your smoke detector each month. Replace the batteries in the smoke detector twice a year unless using a long life battery. Waiting until you hear the warning is not the best prevention strategy (it could sound while you are away). A good time to replace the battery is when you change your clocks in the Spring and Fall of the year.
- Keep a current fire extinguisher in your kitchen, garage and any other area where a fire hazard may exist.
- Keep all lighters and matches up and out of the reach of children, in a locked cabinet. Teach children from the start that matches and lighters are tools for adults, not toys for kids. This includes utility lighters that are commonly used to light barbecues and fireplaces.
- Candles should be put in a proper holder that is heat resistant and won't fall over. Never leave a candle burning unattended.
- Keep portable and space heaters at least 3 feet from anything that can burn – cloths, furniture, drapes and newspapers. Never leave heaters on when you leave home or go to bed and keep children and pets away from them at all times.
- Check all electrical leads and plugs for deterioration, burning or fraying, including electric blankets. Make sure there are no overloaded sockets. Unplug appliances when not in use.
- Plan a few fire escape routes with your family in case of a fire. If you only plan on one escape route, there is a chance that way may be blocked in the fire, so having 2 or more plans may be better. Select a safe location outside your home where everyone would meet after escaping. Never go back into a burning building.
- Everyone should know this rule: If your clothes catch fire, don't run. STOP where you are, DROP to the ground, COVER your face with your hands to protect your face and lungs, and ROLL over and over to smother the flames.
- Teach your children how and when to call 9-1-1 in an emergency.

Always Dial
9-1-1
For Emergencies



Section VI: Burn, Hot Object/Substance

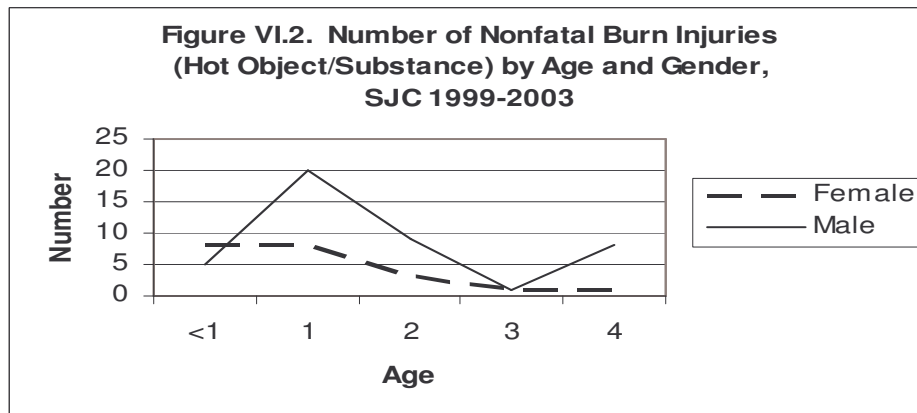
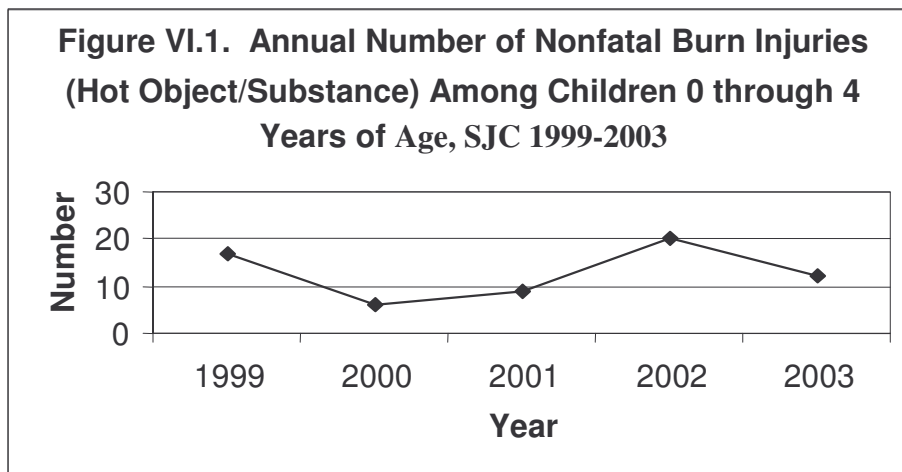
This is a subset of the Burn Fire/Flame injury category in the ICD Codes. This category includes deaths and injuries caused by hot liquids and steam, caustics, and corrosives. These injuries are rarely fatal, but they do account for a large number of emergency room visits and hospitalizations nationally.⁷ The most common type of burn injury among young children is a scald burn injury caused by hot liquids or steam. It is estimated that 65 percent of children four and under treated for burn related injuries are treated for scald burns.³

Fatal Burn, Hot object/substance (Children 0 through 4 years of age)

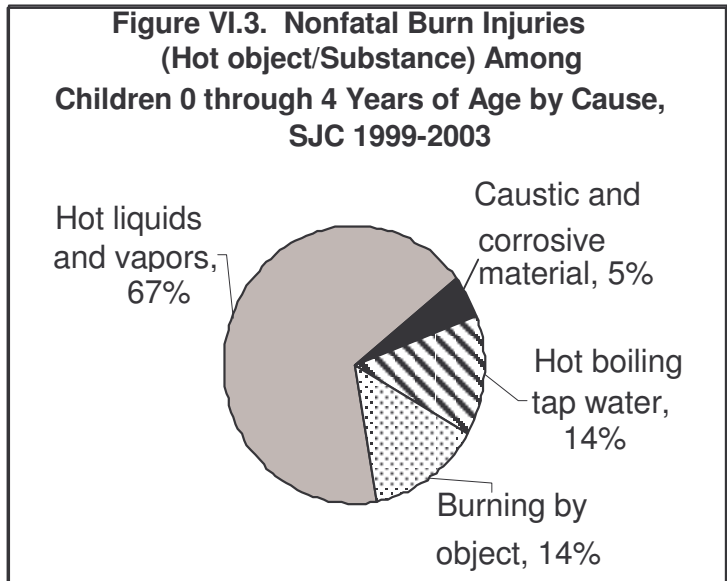
There were no cases of fatal burns due to Hot Objects/Substances during this time period among 0 through 4 year olds in SJC.

Nonfatal Hospitalized Burn, Hot Object/Substance (Children 0 through 4 years of age)

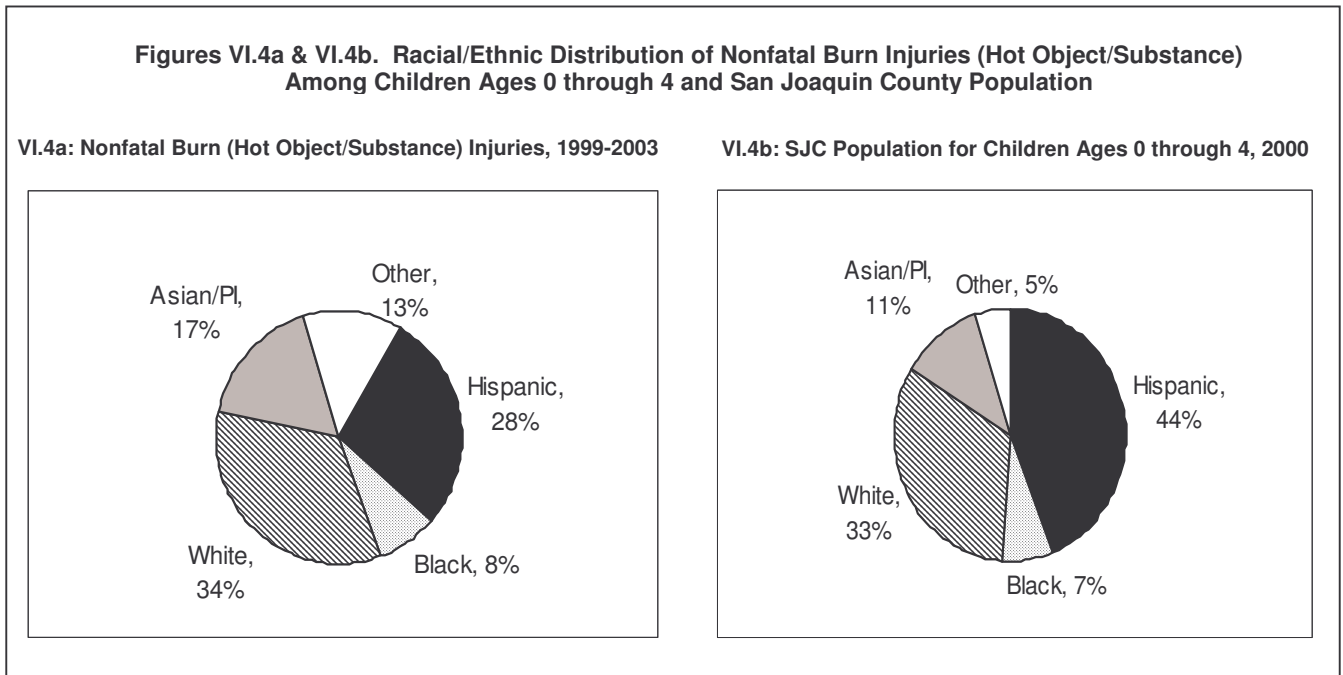
During this time period there were a total of 64 nonfatal hospitalized burns caused by a hot object/substance (Figure VI.1). The greatest number of cases (28/64) occurred in children 1 year of age and most of these injuries were in males (67%) (Figure VI.2).



The majority of the injuries were due to an “accident caused by hot substance or object, caustic or corrosive material, and steam” (67%) (Figure VI.3) (ICD-9-Code E924.0).



The racial/ethnic distribution of nonfatal burns due to hot objects/substances in 0 through 4 year olds is slightly different than the overall 0 through 4 year old population in SJC. Asians are overrepresented, while Hispanics are underrepresented in this injury category (Figures VI.4a & VI.4b).

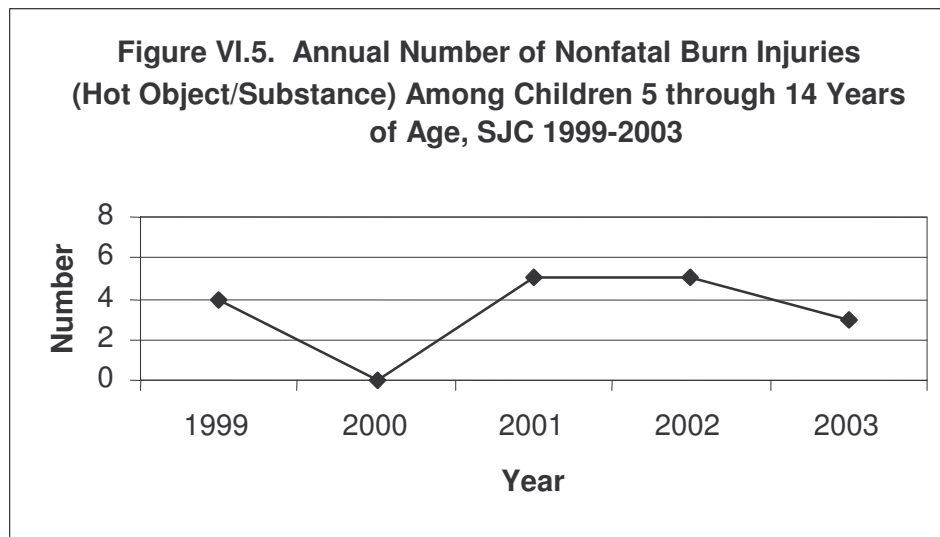


Fatal Burn, Hot object/substance (Children 5 through 14 years of age)

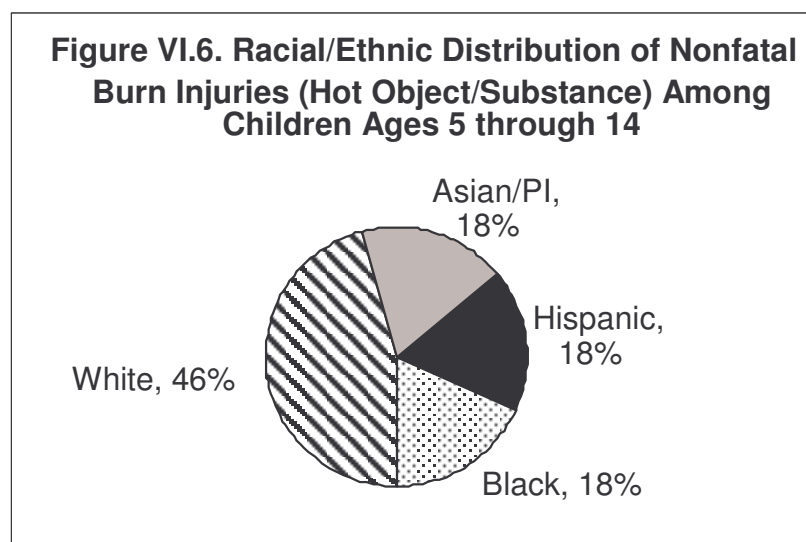
There was one fatality during this time period, which occurred in 2002. It was in a male, and the cause was listed as ICD-10-Code X11, contact with hot tap water.

Nonfatal Hospitalized Burn, Hot Object/Substance (Children 5 through 14 years of age)

There were a total of 17 nonfatal hospitalized burns in this age group (Figure VI.5). Five year olds suffered the most injuries with 29.4%. Of these injuries, 10 were caused by hot liquids and vapors, including steam (ICD-9 E-Code 924.0), two were caused by hot, boiling tap water (ICD-9 E-Code 924.2), and five were caused by burning by an object (ICD-9 E-Code 924.8). Females accounted for 70.6% of the injuries.



Whites accounted for 46% of injuries, followed by an equal proportion of Hispanics, Asians/PI, and Blacks (18%) (Figure VI.6).



Prevention Strategies for Burn, Hot Object/Substance Injuries

- Reduce the temperature on your hot water heater to 120 degrees Fahrenheit.
- Teach children to always turn the cold water on first and be sure to model that behavior.
- Never leave a child unattended in the bathtub or sink, not even to get the doorbell or phone.
- Test all heated liquids before giving it to a child, putting it within reach, or placing them in it to bathe.
- Remove tablecloths when toddlers are present in the home. They can easily tug and pull hot liquids down on them.
- Refrain from holding an infant or young child while cooking food, preparing bottles or drinking and eating something hot. An unexpected wiggle, twist, turn or bump could cause a tragedy.
- Keep pot handles turned toward the back of the stove and cook on rear burners where little hands cannot reach them.
- Establish and enforce a three-foot (3') NO zone or SAFETY zone around the stove. Don't let children play near the stove or barbecue. This protects children from hot cooking liquids, grease and the hot metal.
- Find a safe place for hot grease to cool.
- Always turn off an iron when it's unattended.
- Keep the cords to any household appliances out of the reach of children.



SECTION VII: POISONING

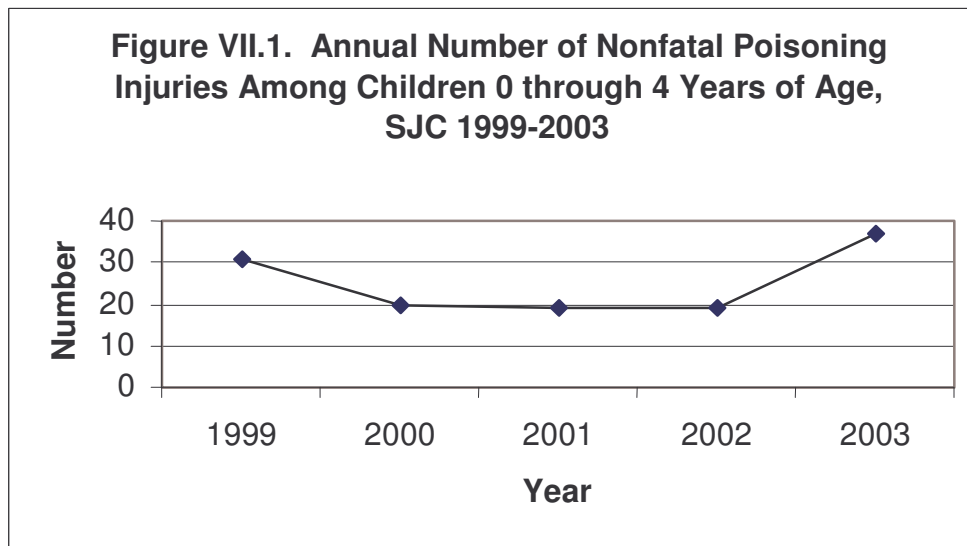
Research shows that children are at a greater risk compared to adults for unintentional poisoning. The reasons for this are that children are smaller, have faster metabolic rates, and are less able to physically handle toxic chemicals.³ Poisoning risk is also increased among children because of their natural curiosity and desire to put things in their mouths.³

Fatal Poisonings, Children 0 through 4

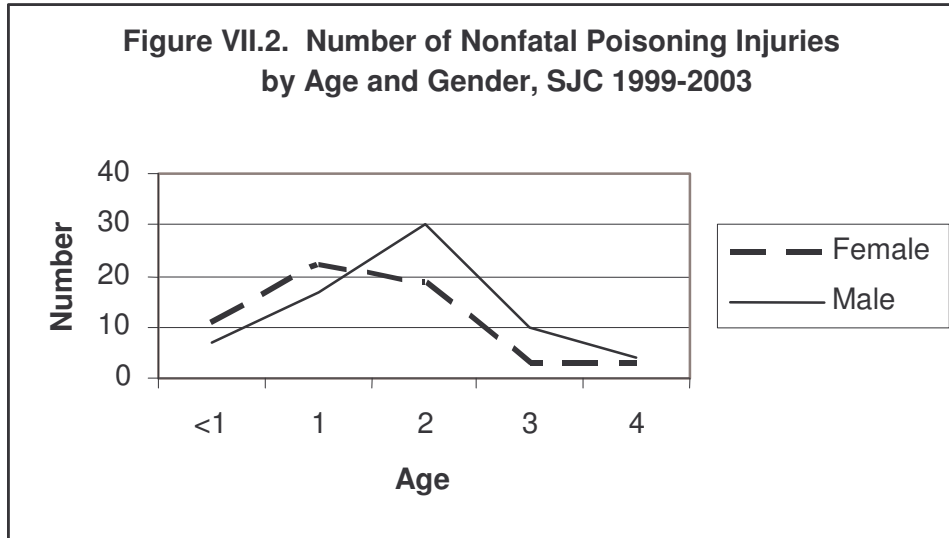
During 1999 through 2003, 24 children less than four years of age died in California as a result of unintentional poisoning. There was one death in San Joaquin County from unintentional poisoning among children less than four years of age during this time period. This death occurred in a two year old in 2000 and was caused by “accidental poisoning by and exposure to other unspecified drugs, medicaments, and biological substances” (ICD-10 Code X44).

Nonfatal Hospitalized Poisonings, Children 0 through 4

From 1999 through 2003, 126 nonfatal hospitalized poisonings occurred among children 0 through 4 years of age in SJC. Figure VII.1 shows that the annual number of nonfatal poisoning injuries among children 0 through 4 years of age declined from 31 in 1999 to 19 in 2001 and 2002, but rose significantly in 2003. In fact, the number of poisonings increased 32% from 2002 through 2003.



When looking at the number of nonfatal poisoning injuries by age, the data shows that 70% of the injuries occurred among children ages 1 through 2 (Figure VII.2). The data also shows that girls age one and under had more poisoning injuries compared to boys, however, this trend reversed after the age of one with more boys than girls aged 2-4 experiencing poisoning injuries.



Unintentional poisoning injuries can be broken down by the type of substance involved. Figure VII.3 shows that the majority of nonfatal poisoning injuries among children 0 through 4 years of age were caused by drugs, medicinal substances, or biologicals (70%).

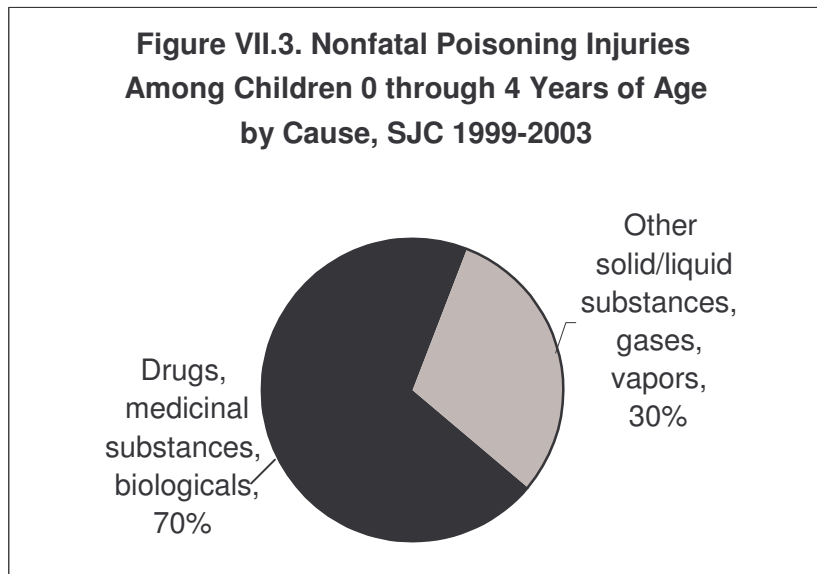
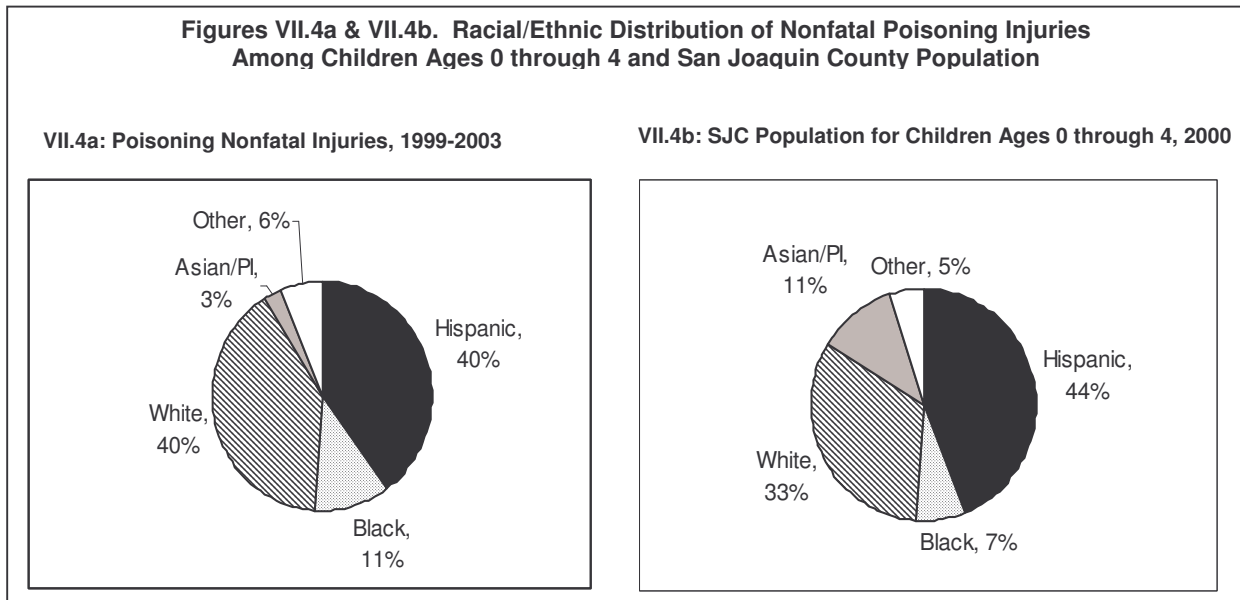


Figure VII.4a shows the racial/ethnic distribution of the poisoning injuries and Figure VII.4b shows the racial/ethnic distribution of San Joaquin County children ages 0 through 4. When comparing the two figures it is apparent that the racial/ethnic distribution of the poisoning cases is fairly similar to that of the SJC population. It should be noted, however, that while 11% of the county’s population under 4 years of age is Asian, only 3% of the poisoning injuries occurred among Asians.



Fatal Poisonings, Children 5 through 14

There was one fatal injury due to poisoning in a thirteen year old in 2000. This poisoning was categorized as “accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapors” (ICD-10 Code X46) (data not shown).

Nonfatal Hospitalized Poisonings, Children 5 through 14

There were a total of 30 nonfatal poisoning injuries during 1999 through 2003 among children ages 5 through 14 (Figure VII.5). The number of poisoning injuries decreased from 9 in 1999 to a low of 3 in 2001. Since 2001, the number of poisoning injuries has increased slightly each year. The majority of the poisoning injuries during this time period occurred among girls (60%).

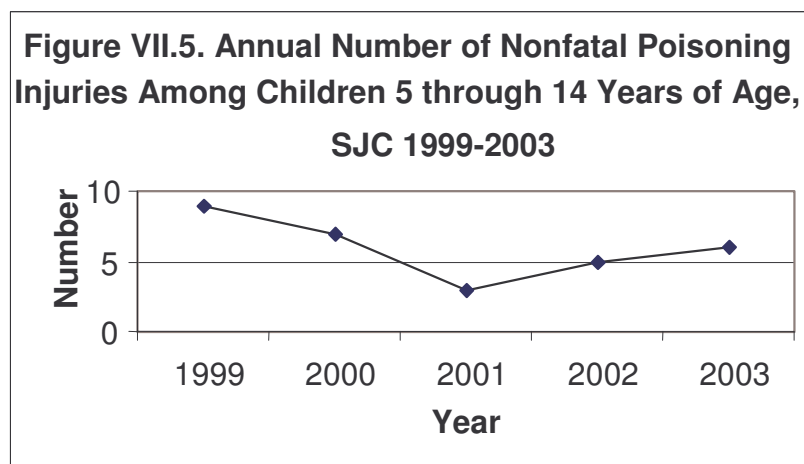
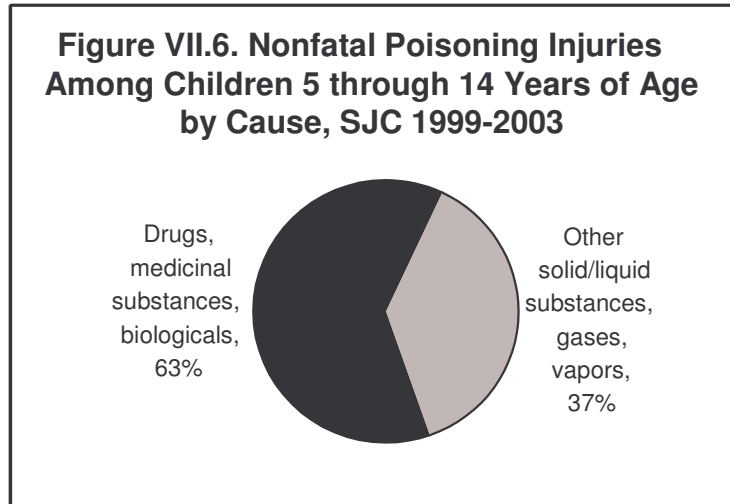
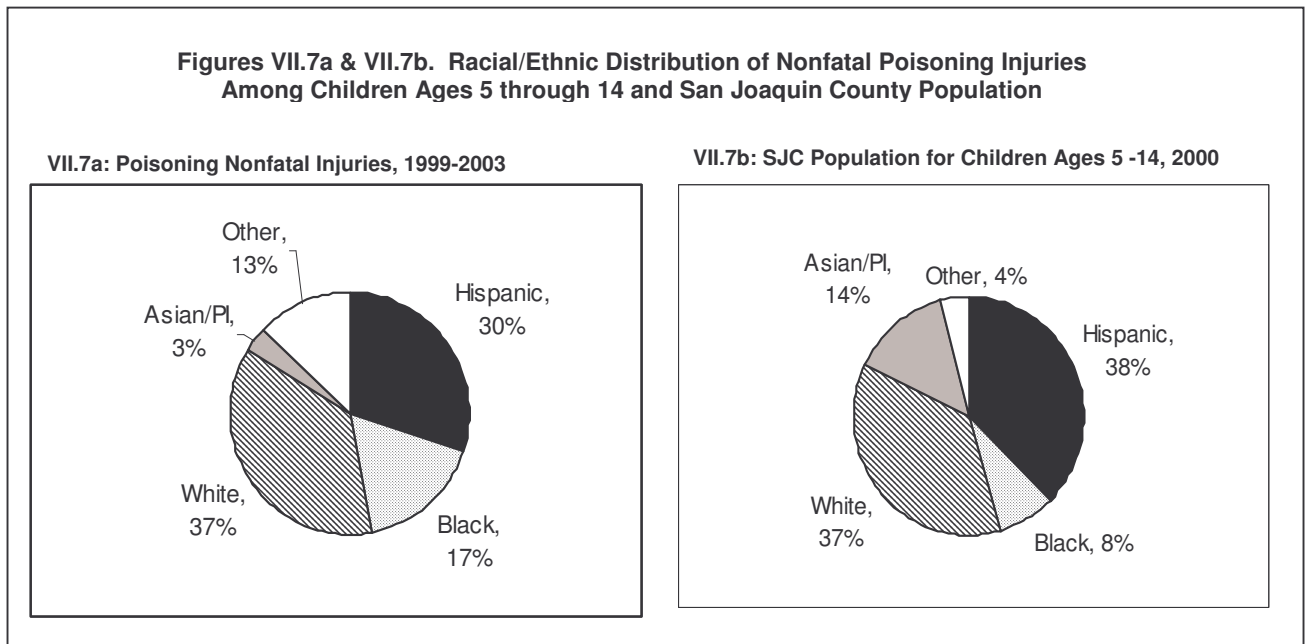


Figure VII.6 shows that the majority of poisoning injuries among children 5 through 14 years of age were caused by “accidental poisoning by drugs, medicinal substances and biologicals” (63%).



Figures VII.7a and VII.7b show that the racial/ethnic distribution of poisoning injuries among children ages 5 through 14 is somewhat different from that of the SJC population in this age group. For example, while 13% of the county’s population is Asian, only 3% of the injuries occurred among Asians. Furthermore, the proportion of injuries that occurred among Blacks was 17%, yet they only comprise 8% of the county’s population. Finally, 13% of injuries were among persons of an “Other or Unknown” race, however, only 4% of the county population falls into that category. This suggests that racial/ethnic disparities in poisoning injuries exist and need to be considered when planning interventions or making recommendations.



Prevention Strategies for Poisoning Injuries

- Keep the phone number for Poison Control next to your telephone (1-800-222-1222).
- Keep all household cleaners, automotive products, pool/spa chemicals, etc., locked up and out of the reach of children. Install cabinet locks.
- Do not keep poisons such as drain cleaner, oven cleaner, or plant food under your kitchen sink. Keep them out of the sight and reach of children. Dishwasher detergent is especially dangerous.
- Store products in their original containers to avoid tragic mistakes. In the wrong container, Pine Sol looks just like apple juice.
- Put all medicines and vitamins out of the sight and reach of children. Acetaminophen, such as Tylenol or Panadol, is a common source of childhood poisoning.
- Make sure all medications have childproof caps. Keep in mind that pills look like candy to children. Never call medicines or vitamins “candy”.
- Cosmetics may be toxic to children and should be treated with the same care as other household chemicals. Remember that hair permanents and relaxers are toxins as well.
- Plants can be toxic or lethal. Know what is in your house and garden as well as other areas where your child spends time. For information concerning a specific plant, contact your local garden center, Poison Control or Agricultural Extension Service.
- Place purses and suitcases of guests out of the reach of curious children. Senior citizens frequently travel with prescription medications that can be lethal to small children.
- Make sure that places your child frequents, such as Grandma’s house, practice safe storage techniques.
- Many poisoning incidents occur while the products are in use and a parent/caregiver steps away or is distracted for a moment. Children can get hold of a product and swallow it during the short time it takes to answer a phone call or doorbell.
- Never leave alcohol within sight or reach of a child. Avoid products such as cough syrup or mouthwash that contain alcohol—these are hazardous for young children. Look for alcohol-free alternatives.
- Read product labels for caution statements, how to use the product correctly, and first aid instructions.
- Act fast if a child swallows or handles a potentially dangerous product. Don’t guess; be sure! Take the child and product with you and immediately call the poison center hotline at 1-800-222-1222.



SECTION VIII: PEDESTRIAN, OTHER

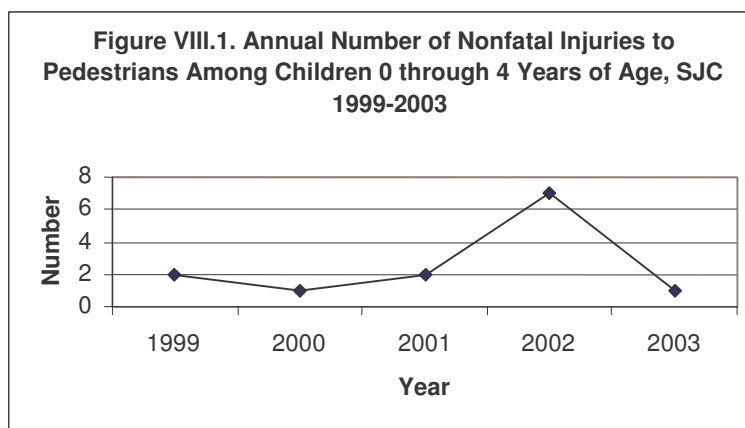
Nationally in 1999, nearly 5000 pedestrians died from traffic related injuries and 85,000 sustained non-fatal injuries.⁸ Pedestrian injuries account for 11% of the unintentional injury related deaths for children 14 and under according to Safe Kids Worldwide.³ They remain the second leading cause of unintentional injury-related death among 5 through 14 year olds. Children four and under have the highest risk; in 2002 children 4 and under accounted for more than 40 percent of pedestrian injury related deaths.⁴

Fatal Pedestrian/ Other Injuries (Children 0 through 4 years of age)

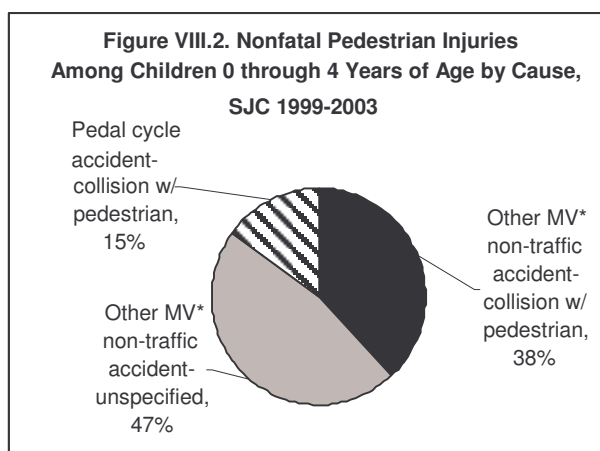
There were two fatal pedestrian, other injuries in the time period of this report. One occurred in 1999 and the other in 2002. They were both caused by a non-traffic accident (V03.0) and both were males.

Nonfatal Hospitalized Pedestrian/ Other Injuries (Children 0 through 4 years of age)

There were 13 nonfatal hospitalized injuries in the period of this report. The majority (53.8%) occurred in 2002 (Figure VIII.1). Eight were males and five were females.

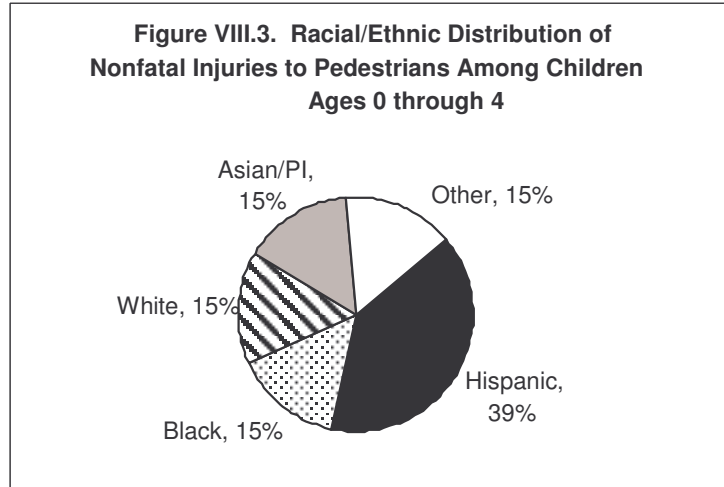


Forty-seven percent of these injuries were categorized as an “other motor vehicle non-traffic accident of an other unspecified nature,” followed by an “other motor vehicle non-traffic accident involving collision with a pedestrian (38%), and lastly a “pedal cycle accident involving collision with a pedestrian” (15%) (Figure VIII.2).



*MV=Motor vehicle

Of the 13 injuries, five were Hispanic and two each occurred in Blacks, Whites, Asians, and individuals of an Other/Unknown race (Figure VIII.3).



Fatal Pedestrian/ Other Injuries (Children 5 through 14 years of age)

There were two fatalities among SJC children ages 5 through 14 from 1999 through 2003. One occurred in 1999 and the other in 2003. The fatality in 1999 was a female that died due to a “pedestrian collision with a car, truck or van, non-traffic accident” (ICD-10-Code V03.0). The 2003 death was a male whose cause of death was “pedestrian injured in collision with other non-motor vehicle, non-traffic accident” (ICD-10-Code V060).

Nonfatal Hospitalized Pedestrian/ Other Injuries (Children 5 through 14 years of age)

There were 13 nonfatal hospitalized injuries in the period of this report (Figure VIII.4). Of these injuries, eleven were male and two were female. Figure VIII.5 categorizes these injuries by specific cause. These injuries were mostly caused by an “other” motor vehicle non-traffic accident of an unspecified nature (69%) (ICD-9-Code E825.7). A smaller percentage (15%) were categorized as an “other” road vehicle accident (ICD-9-Code E829.0), followed by an “other” motor vehicle non-traffic accident involving a collision with a pedestrian, and a pedal cycle accident involving collision with a pedestrian (8% each) (ICD-9-Codes E822.7 and E826.0, respectively).

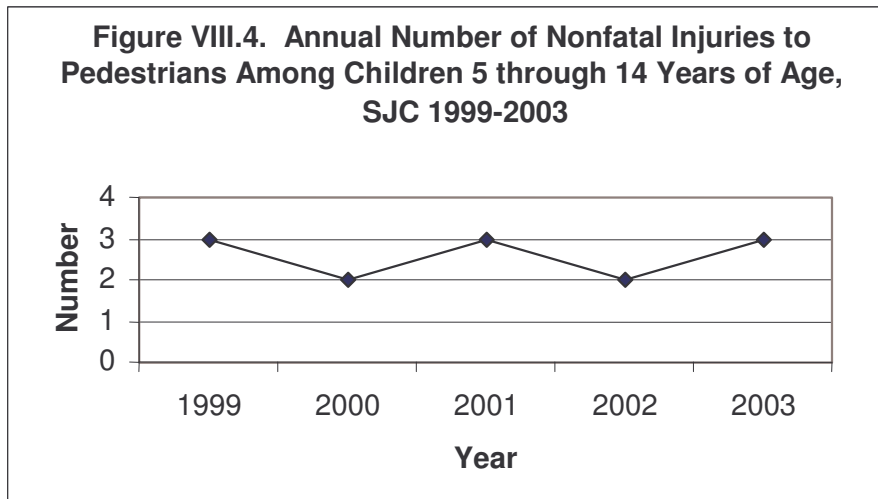
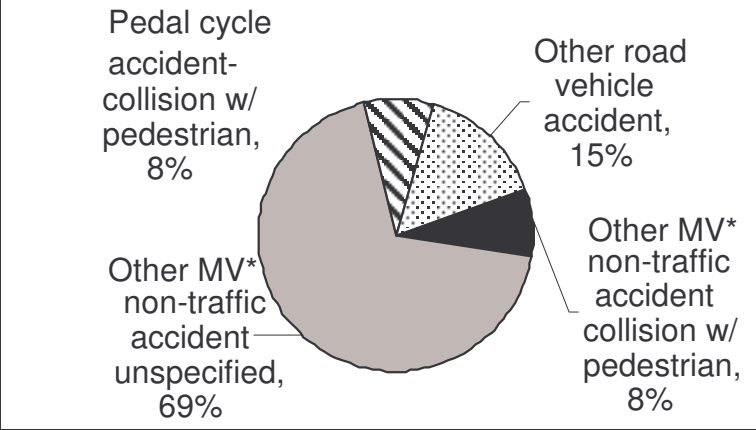


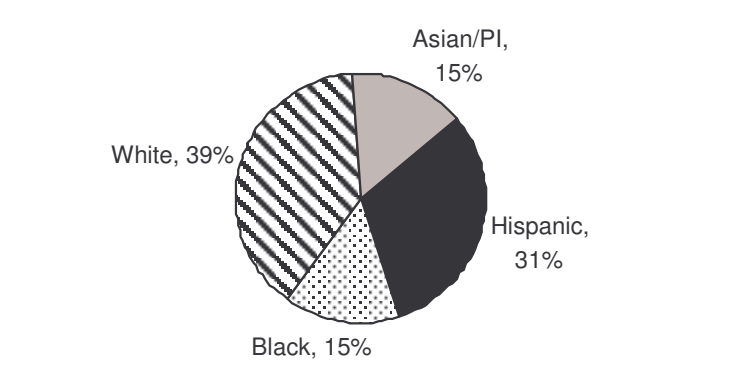
Figure VIII.5. Nonfatal Pedestrian Injuries Among Children 5 through 14 Years of Age by Cause, SJC 1999-2003



*MV=Motor vehicle

Of the 13 injuries, five were White, four were Hispanic, two were Black, and two were Asian (Figure VIII.6).

Figure VIII.6. Racial/Ethnic Distribution of Nonfatal Injuries to Pedestrians Among Children Ages 5 through 14



Prevention Strategies for Pedestrian Injuries

- Walk with your child under the age of ten. Young children lack the ability to adequately assess the dangers posed by motor vehicle traffic. Teaching your child to look both ways before they cross is not enough to keep them safe. Children need you to model safe pedestrian behavior and to determine if the route they are taking is a safe one.
- Teach your child to STOP, LOOK and LISTEN at all crossings and driveways.
- Make sure your child knows and follows the rules of the road. Research has shown that children are most likely injured “not crossing in the crosswalk”.
- Cross streets at corners using traffic signals and crosswalks when they are there. Do Not Jaywalk! Do Not enter the street from between parked cars!
- As a driver, always be aware of the potential danger of pedestrians and travel at safe speeds, allowing sufficient time to stop safely, if necessary.
- Anticipate children playing in residential areas and around schools.
- Teach your child to make eye contact with an oncoming driver before they enter the road even if they have the right of way. Don't rely on drivers seeing pedestrians.
- Watch for cars that are turning into or backing out of driveways.
- Teach children never to run into the street without stopping — even for a ball, other toy, pet or any other reason.
- If you know of an intersection or area in your community that is unsafe for pedestrians, advocate for environmental changes.



Section IX: Struck by Object

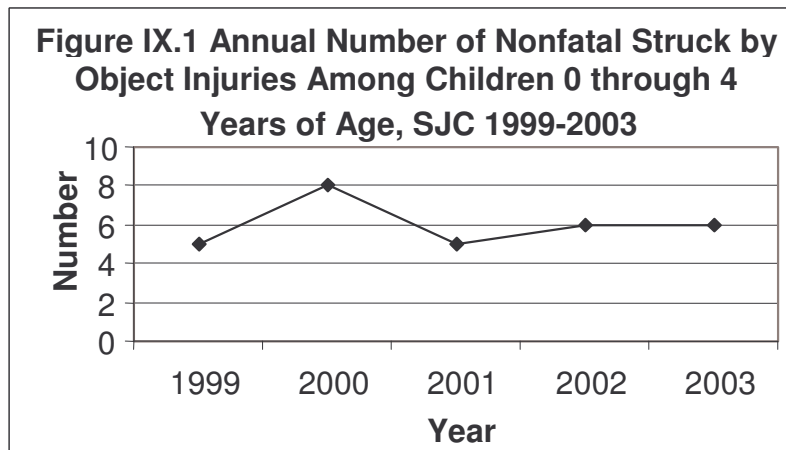
This category is defined as being struck by or crushed by an inanimate object or force other than a vehicle or machinery.⁸ Being struck by object is among the top ten causes of nonfatal hospitalized injuries among children 1 through 4 years of age in SJC. It also ranks among the top ten nonfatal injuries among children 5 through 14 years of age in SJC.

Fatal Struck by Object Injuries, Children 0 through 4

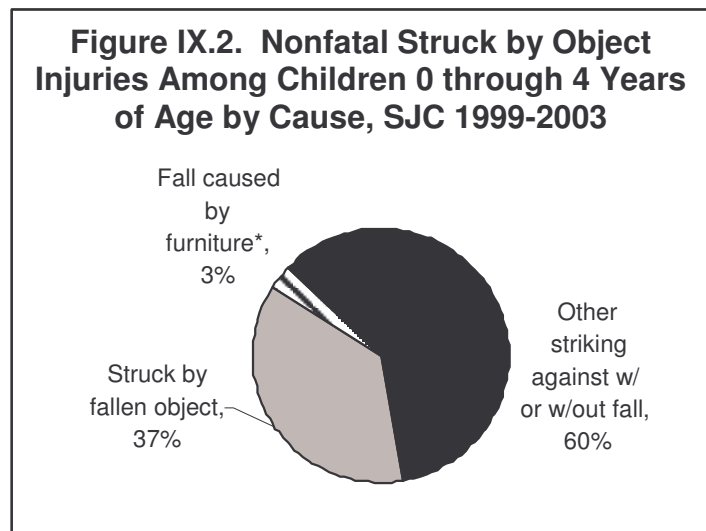
There were no fatalities among this age group during this time period.

Nonfatal Hospitalized Struck by Object Injuries, Children 0 through 4

There were a total of 30 injuries during this time period. The highest number occurred in 2000 with eight total cases (Figure IX.1). The gender distribution was approximately equal with fourteen females and sixteen males experiencing injuries.

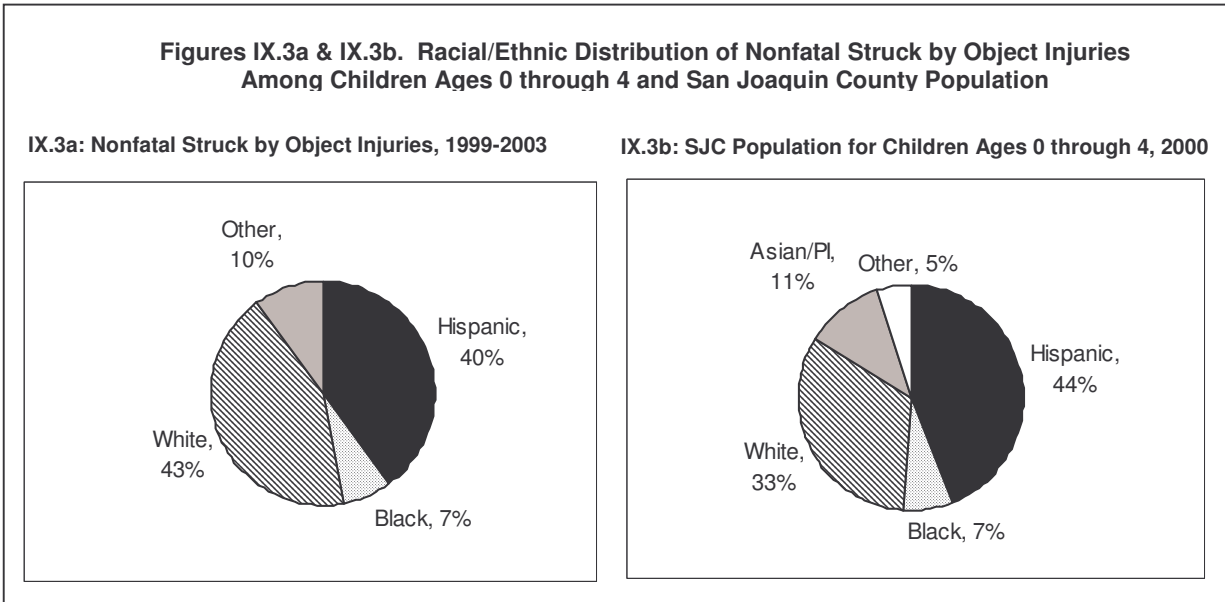


The majority of injuries (60%) were due to “other striking against, with or without subsequent fall” (E917.9) (Figure IX.2)



*Due to striking against, bumping into, colliding with, kicking against, stepping on or being struck by furniture

The majority of injuries occurred among White and Hispanic individuals (43% and 40%, respectively) (Figure IX.3). Whites were disproportionately affected as they only represent 34% of the 0 through 4-year-old SJC population. Asians were underrepresented for this injury category, as there were no injuries among Asians, yet they comprise 11% of the SJC population for 0 through 4 year olds.

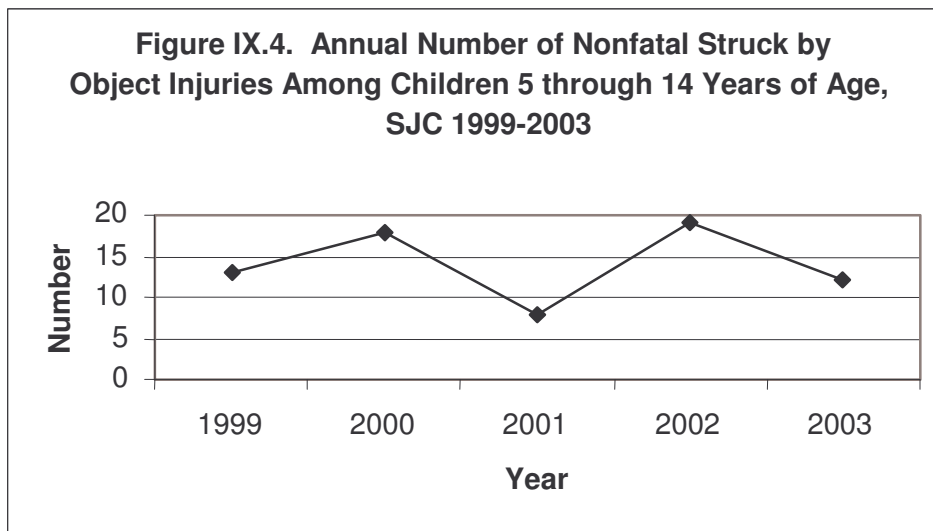


Fatal Struck by Object Injuries, Children 5 through 14

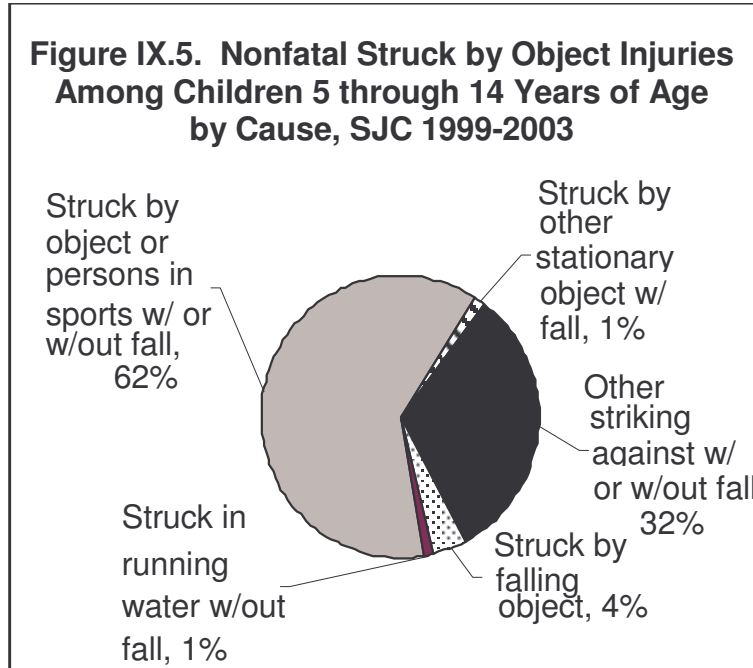
There was one fatality that occurred in 2002. It was in a male that died due to being struck by a thrown, projected, or falling object (ICD-10 Code W20).

Nonfatal Hospitalized Struck by Object Injuries, Children 5 through 14

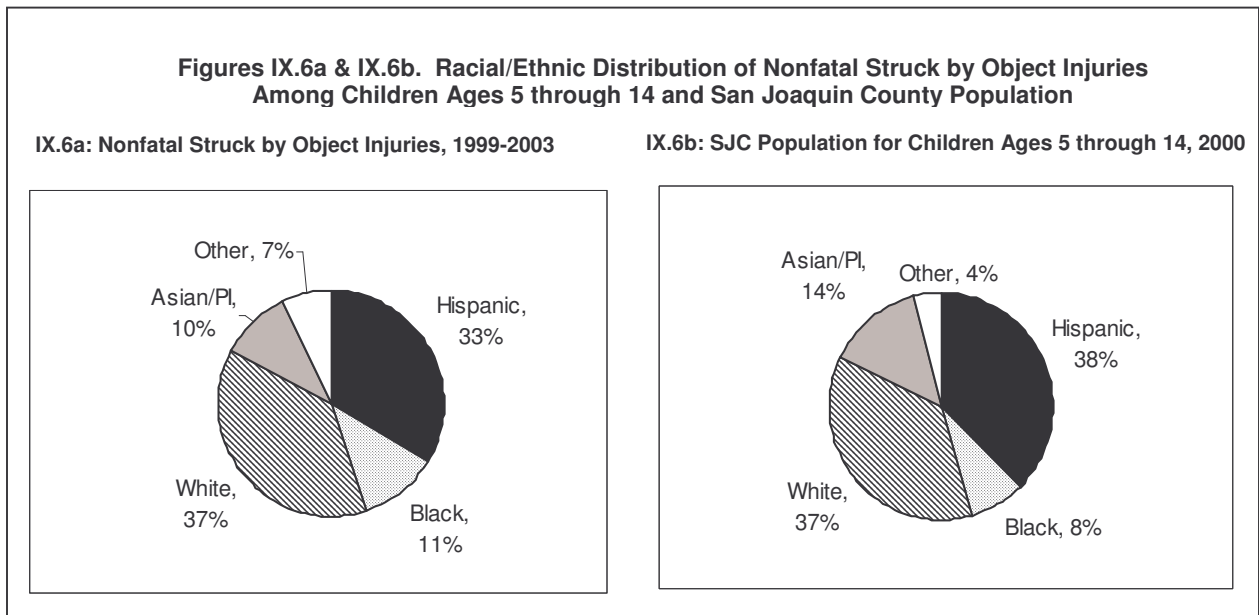
There were seventy struck by object injuries during the time period of this report. It fluctuated between the years with the high being 19 in 2002 and a low of 8 in 2001 (Figure IX.4). The majority were males (79%).



Sixty-two percent of the injuries were due to an injury in sports with or without a subsequent fall (ICD-9 E-Codes 917.0 and 917.5). Examples include being kicked on or stepped on during a game or being struck by a ball. Twenty-two of the injuries were due to other striking with or without a subsequent fall (ICD-9 E-Code 917.9). The remaining injuries were due to various other causes under the struck by object category (Figure IX.5).



There does not appear to be any racial/ethnic group disproportionately affected among 5 through 14 year olds in this injury category, as the racial/ethnic distribution is similar to the population of 5 through 14 years olds in SJC (Figures IX.6a and IX.6b).



Prevention Strategies for Struck by Object Injuries

- Secure all types of furniture using an anti-tipping device provided by the manufacturer or purchased at a home store. Follow all instructions provided and screw devices into a wall beam to ensure proper hold. Make sure all speakers are also securely attached to the wall.
- Do not place toys or other attractive items up high since this might lure children and entice them to climb.
- All drawers and doors should be kept closed to prevent children from climbing.
- Place televisions on a low, wide, sturdy base and place as far back as possible.
- Keep electrical cords out of a child's reach, and teach kids not to play with or tug them.
- Keep remote controls off the TV stand so kids won't be tempted to grab for them and risk pulling the television over. Children may get excited while watching their favorite cartoons, TV characters, etc. and may try to grab and hug the television.
- Before engaging in sports and other rigorous activity, have your child get a physical exam and approval from a medical practitioner to participate.
- Talk with your child's coach to make sure that the activities are developmentally appropriate and injury prevention strategies are incorporated into all activities.
- Use the sport-specific proper equipment and safety gear that is the correct size and fits well. For example, use specific helmets for baseball, softball, bicycle riding, hockey, in-line skating, scooter and skateboard riding. Ask your child's coaches about the appropriate protective helmets, shoes, mouth guards, face masks and padding for your child.
- Ensure that trained and qualified adults are supervising any team sport or activity that your child participates in. The team coach should have training in first aid and CPR, know and enforce the rules, and the coach's philosophy should be committed to safety and always promote the players' well-being. Teach children the rules and to always play by the rules.
- Both you and the coach should be aware of and sensitive to the limitations of your child, as well as, the many factors that may adversely affect him or her.



SECTION X: FALLS

Nationally, falls are the leading cause of unintentional injury for children. Falls account for more than half of nonfatal injuries.³ In 2002, a total of 95 children age 14 and under died from unintentional falls in the U.S. In 2003, approximately 2.3 million children age 14 and under were treated in emergency rooms for fall related injuries.³

Fatal Falls (Children 0 through 4 years of age)

There was one fatality during this time period. It occurred in 2003 in a male and was caused by a “fall from, out of, or through a building or structure” (ICD-10-Code W13) (data not shown).

Nonfatal Falls (Children 0 through 4 years of age)

Injuries due to falls were the leading cause of nonfatal hospitalizations in children in this age range for the period of this report. There were a total of 205 nonfatal falls. The number of nonfatal hospitalized fall injuries per year remains fairly consistent over the 5 year time period of this report (Figure X.1). The majority of these injuries occurred in males (64%) (Figure X.2).

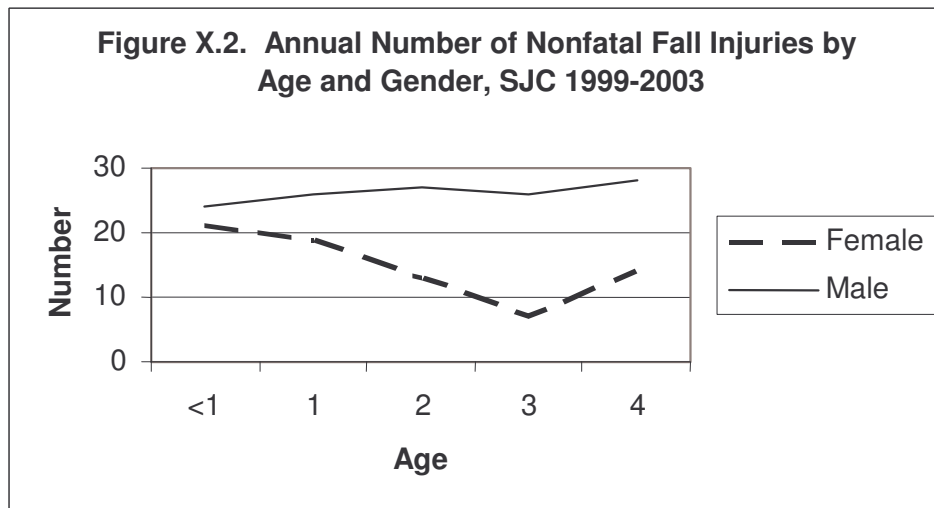
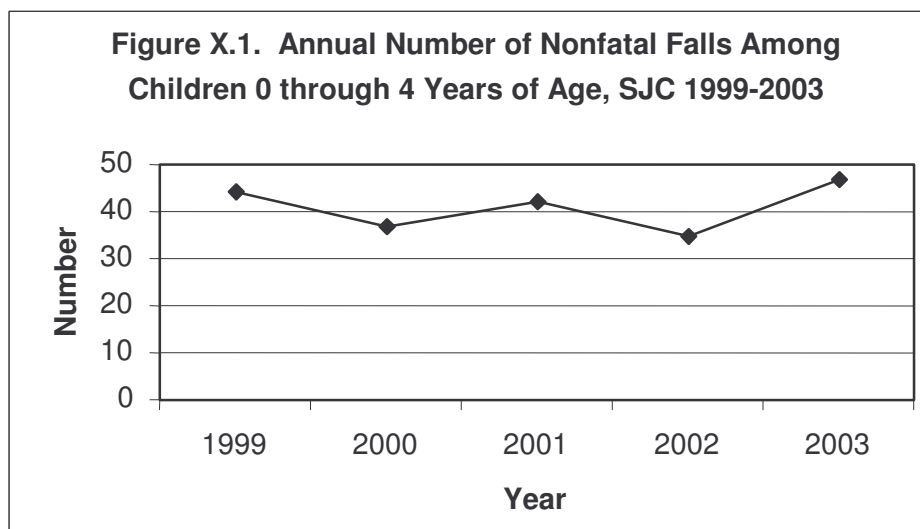
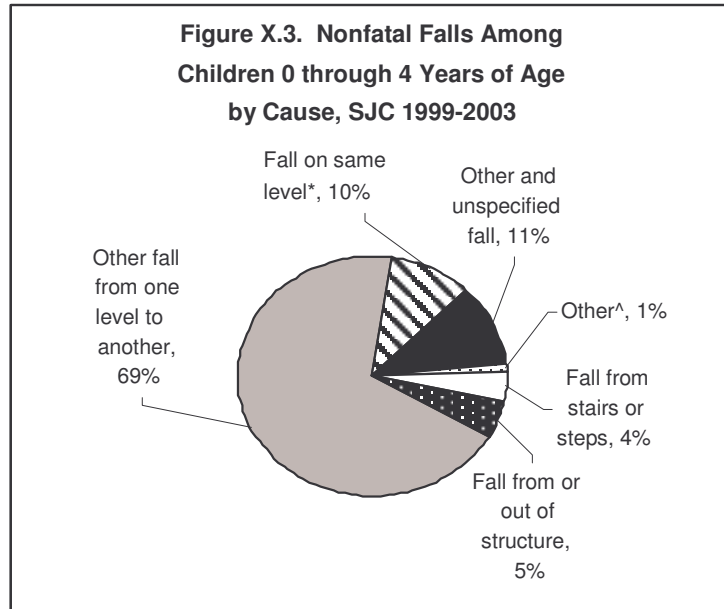


Figure X.3 shows that the majority of falls were classified as “other falls from one level to another” (69%) (ICD-9-Codes E884-E884.9). Of the 69% of falls from one level to another, the majority were more specifically coded as an “other fall from one level to another” (e.g. from an embankment, haystack, stationary vehicle or tree), followed by “falls from bed” and lastly “falls from playground equipment or recreational machinery” (data not shown). A smaller proportion of falls, 11%, were categorized as “other and unspecified falls” (ICD-9-Codes E888.0-E888.9). Of the 11% of falls in this category, the majority were more specifically coded as “falls resulting in striking against a sharp object” (data not shown).



*From tripping, slipping or stumbling

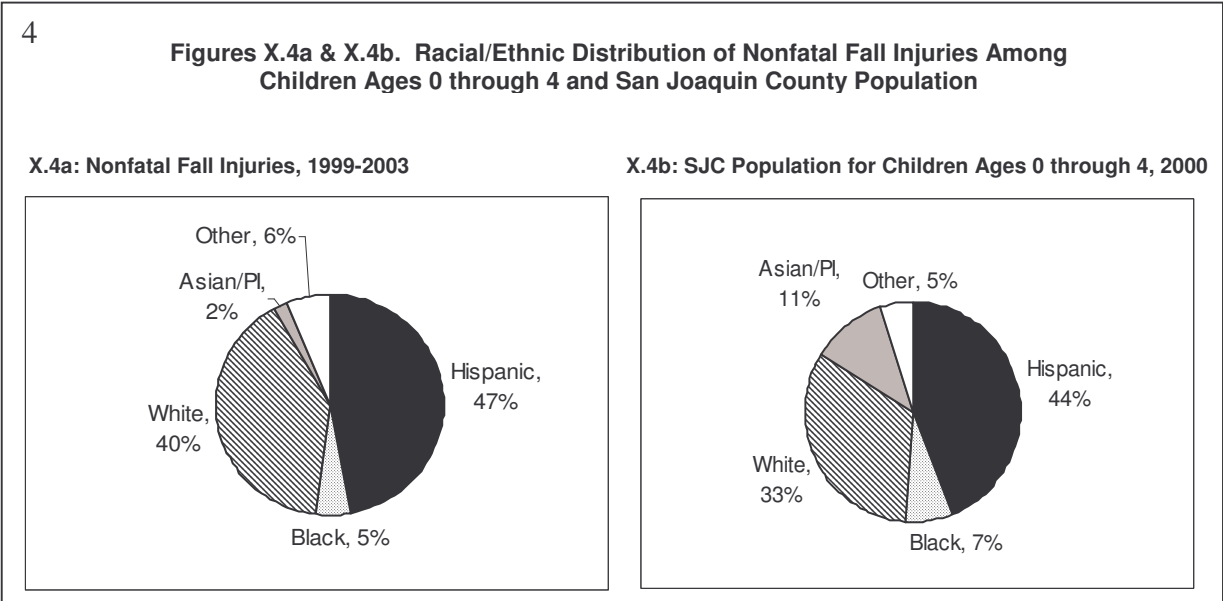
^One fall caused by each of the following E-Codes:

E881.0 = Fall on or from ladders or scaffolding

E883.9 = Fall into hole or other opening in surface

E886.9 = Fall on same level from collision pushing, or shoving, by or with other person

Hispanic accounted for 47% of nonfatal fall injuries while Whites accounted for 40%. In comparison to the SJC 0 through 4 population, Whites were slightly overrepresented, while Asians were underrepresented (Figures X.4a & X.4b).



Fatal Falls (Children 5 through 14 years of age)

There was one death in this age range in the 1999 – 2003 time period. This fatality occurred in a female who experienced a fall involving ice skates, skis, roller skates, or skateboard (ICD-10-Code W02) (data not shown).

Nonfatal Falls (Children 5 through 14 years of age)

Injuries due to falls were the leading cause of nonfatal hospitalizations in children in this age range for the years of this report. The total number of falls during this time period was 338. Throughout the years the numbers had very little variation (Figure X.5). Males accounted for 63% of the injuries.

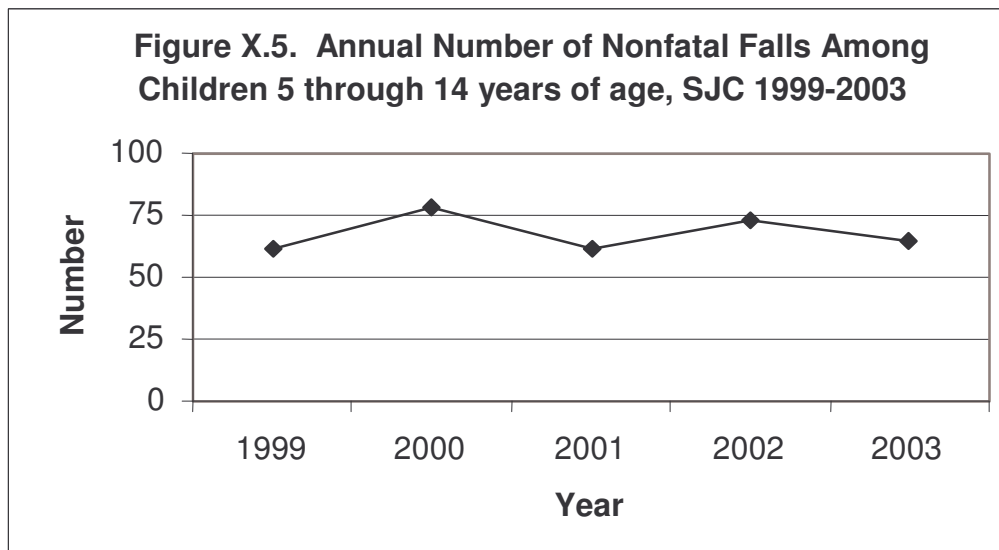
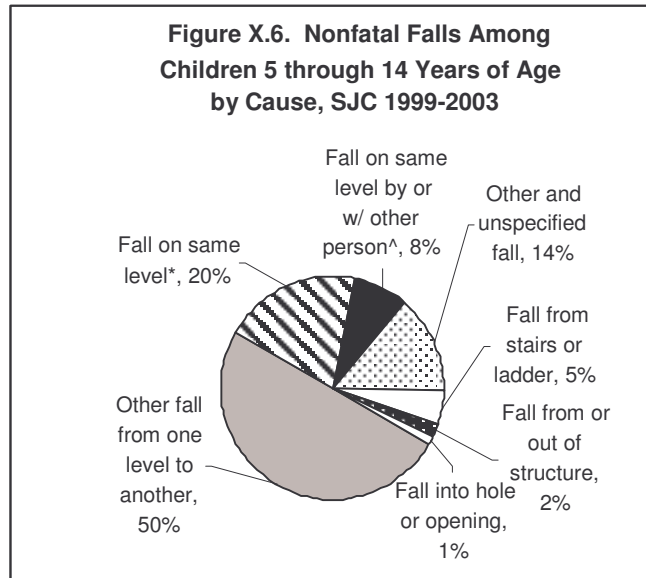
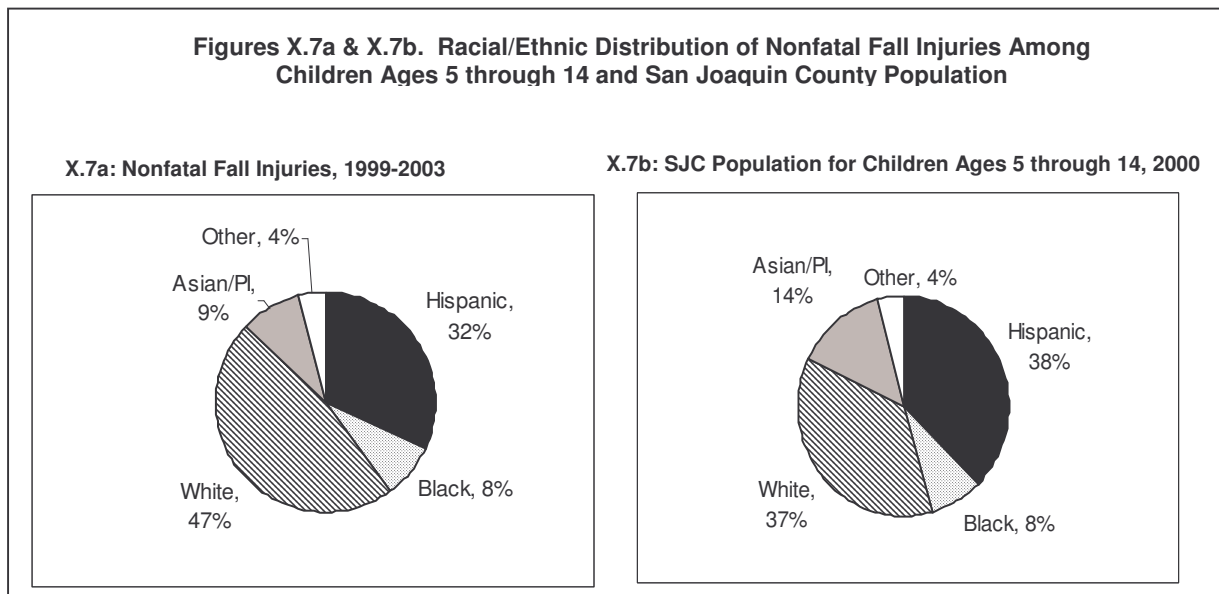


Figure X.6 shows that half of all falls in this age group were classified as an “other fall from one level to another” (ICD-9-Codes E884.0-E884.9). Of the 50% of falls in this category, the majority were falls from playground equipment or recreational machinery followed by falls from one level to another (e.g. from a haystack, embankment, stationary vehicle or tree) (data not shown). The second highest were falls classified as a “fall on the same level from slipping, tripping, or stumbling” (ICD-9-Codes E885-E885.9) (20%). Of the 20% of falls in this category, the majority were classified as “falls from other slipping, tripping or stumbling” followed by “falls from a skateboard” (data not shown).



* From tripping, slipping or stumbling
 ^ From collision, pushing or shoving

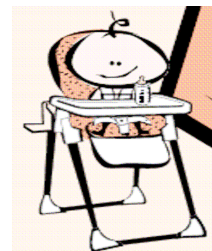
Whites accounted for the largest proportion of injuries (47%), followed by Hispanics (32%). The racial/ethnic distribution is consistent with that of SJC 5 through 14 year olds, except that Whites were overrepresented in this time period (Figures X.7a & X.7b).



Prevention Strategies for Fall Injuries

Indoors:

- Never use a baby walker. Stationary devices such as “Exersaucers” are safe to use within the height and weight restrictions for the specific product.
- Stairways, high chairs, cribs and windows are the areas where most falls occur.
- Never depend on screens to keep children from falling out of windows. Install window guards or locks on all windows on second story and higher structures. Children can fall out of windows opened 4 inches.
- Never place a child’s bed, crib or other furniture in front of a window because even with the precautions, it creates a potentially dangerous situation. Children will climb or bounce on the furniture and could possible fall out of the window.
- The best prevention of stairway falls is to keep them clear of objects that could cause a fall.
- Install wall mounted child safety gates at both the top and bottom of stairs to prevent children from gaining access to dangerous areas such as stairs. Make sure there is good lighting.
- Cribs are another area to really protect against falls. Always leave the side rails up, especially during times when the child is awake. Keep the mattress at its lowest position to make it more difficult to climb out. Keep the crib clear of toys and other articles that could be used as steps to climb.
- Never leave a child unattended on surface such as a changing table, bed or piece of furniture. Keep one hand on the baby while changing diapers; consider changing them on the floor.
- High chairs are where many falls also happen. Mainly because children might be left unattended for a moment and because they are allowed to stand up in them. Never allow children to stand up in the high chair and be sure they are properly secured. Keep the high chair as far away from the counter or table as possible.
- Always strap a baby into a high chair, swing, changing table, stroller and grocery cart.
- Get rid of hazards in the home like folded carpets, electric wires or cords on the floor, and unlit stairways. Keep toys and other clutter out of the traffic areas.



Outdoors:

- Check for **S-A-F-E** playgrounds that have: **S**upervision, **A**ge appropriate equipment, **F**all surfacing, **E**quipment and surface maintenance, before allowing children to play.
- Loose clothing or anything that hangs or dangles, can easily become tangled on playground equipment. Dress your child in clothing that fits properly, allowing for a full range of motion. Also, remove items such as helmets, hoods and neck drawstrings from all children’s outerwear to decrease the chance of accidental strangulation.



Section XI: Transport, Other

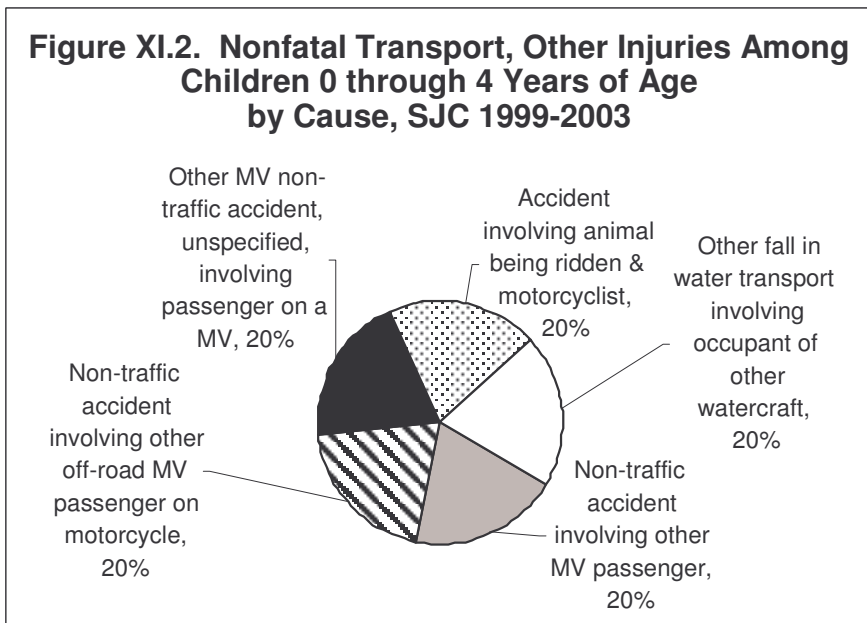
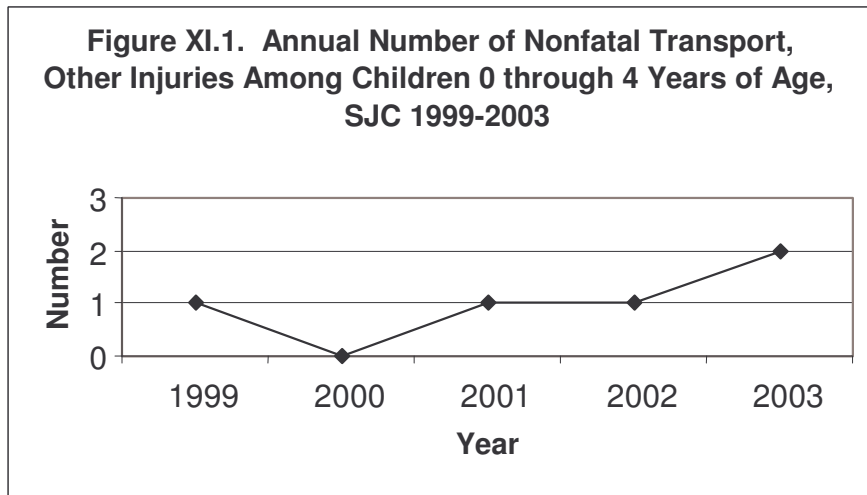
Transport, Other is a category that includes deaths and injuries from various means of transportation such as railway, off-road and other motor vehicles not in traffic, other surface transport, water, and aircraft.⁷ It is ranked among the top five unintentional fatal injuries among children age 5 through 14 in San Joaquin County, and in the top 10 nonfatal injuries among this age group.

Fatal Transport, Other Injuries, Children 0 through 4

There were no fatal injuries in this category during this time period.

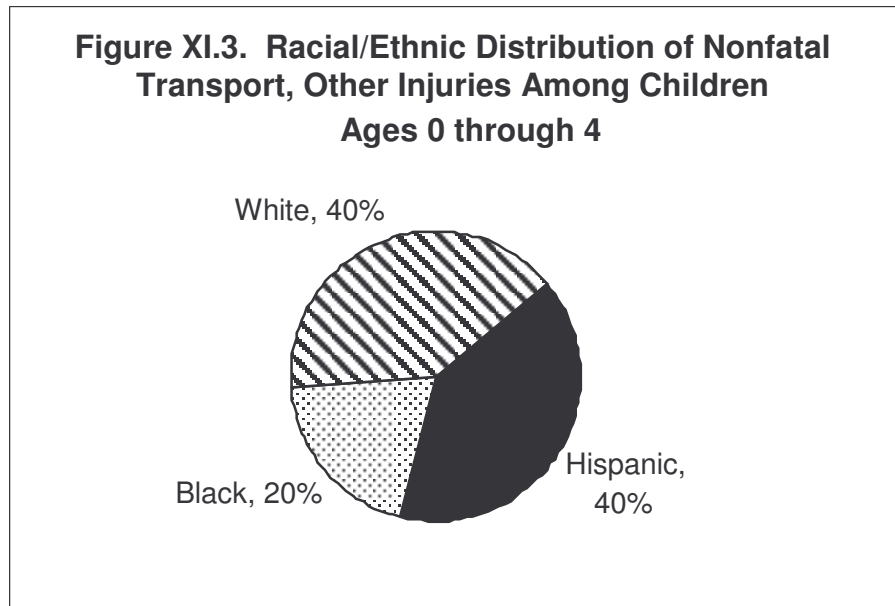
Nonfatal Hospitalized Transport, Other Injuries, Children 0 through 4

During 1999 through 2003 there were five nonfatal transport, other injuries among children age 0 through 4 (Figure XI.1). Two of these injuries were female and three were males. Each of these injuries was due to a separate E-Code (Figure XI.2).



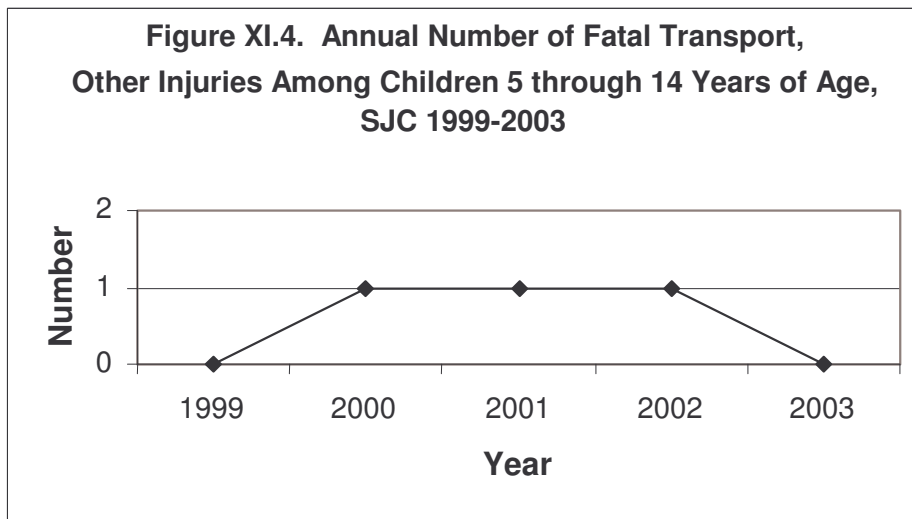
MV=Motor Vehicle

In terms of race/ethnicity, two of these injuries occurred in Whites and two in Hispanics. The remaining injury occurred in a Black individual (Figure XI.3).



Fatal Transport, Other Injuries, Children 5 through 14

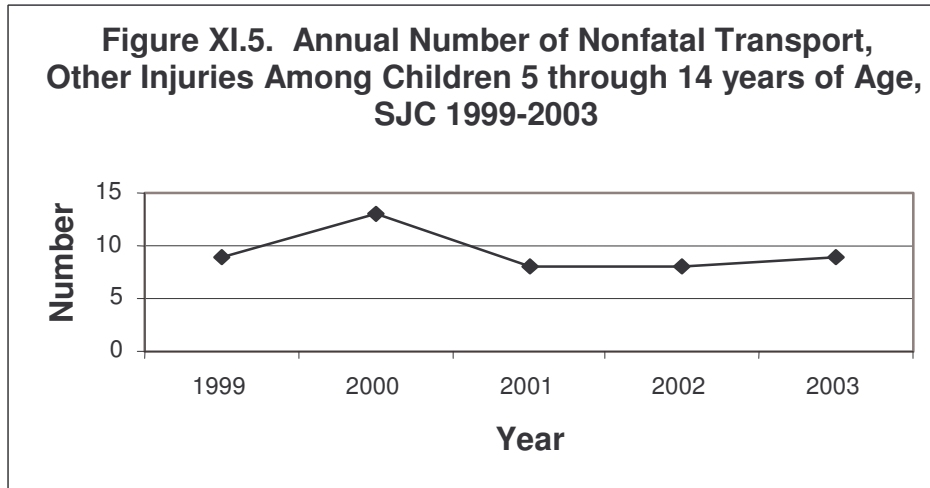
There were 3 fatalities in this category during this time period. None of them occurred during 1999 or 2003 (Figure XI.4). Two occurred among males and one was female. One fatality was due to “person injured in collision between railway train or railway vehicle and car” (ICD-10- Code V88.6). One was a “person injured in unspecified motor-vehicle accident (non traffic)” (ICD-10-Code V89.0), and one was an “unspecified watercraft injury” (ICD-10-Code V94.9).



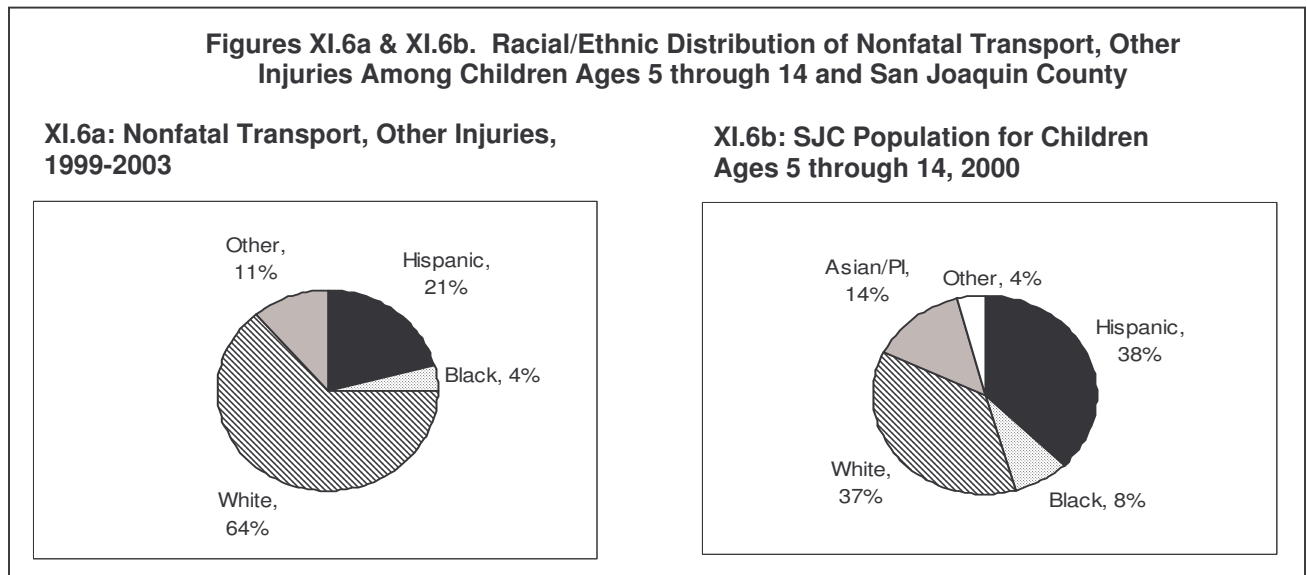
Nonfatal Hospitalized Transport, Other Injuries, Children 5 through 14

There were 47 nonfatal hospitalized injuries during this time period (Figure XI.5). Over the years the number of injuries remained fairly consistent with a high in 2000 of 13. The majority occurred among males, (70%).

The top three causes were a non-traffic accident involving an “other” off road motor vehicle (23%) (ICD-9-E-Code 821.0), a non-traffic accident involving an “other” off road motor vehicle, specifically a motorcycle (23%) (ICD-9-E-Code 821.2), and an accident between an animal being ridden and a motorcyclist (11%) (ICD-9-E-Code 828.2).



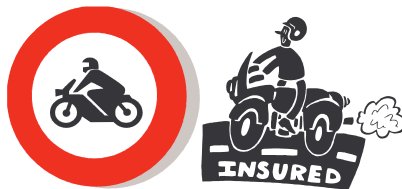
The majority of injuries occurred among Whites (64%) followed by Hispanics (21%). No injuries in this category occurred among Asians. Whites were overrepresented in this category, while Blacks and Latinos were underrepresented in comparison to the SJC 5 through 14 population (Figures XI.6a & XI.6b).



Prevention Strategies for Transport, Other Injuries

Motorcycle:

- Passengers and drivers should wear full protective gear including helmets, gloves, boots and long sleeve shirts and pants. Helmets are your best defense against serious and fatal brain injuries. In addition to your helmet, wear eye and face protection. Many helmets have built-in visors or other face guards.
- Avoid riding between lanes of slow moving or stopped traffic.
- Avoid excess noise by leaving the stock muffler in place or using a muffler of equivalent noise reduction.
- Get licensed. All states require a motorcycle license.
- Follow all the rules of the road. Speeding is involved in many crashes.
- Watch for hazards on the road, such as large cracks, holes and bumps. Keep an eye out for vehicles and pedestrians coming from driveways and side streets.
- Make sure your headlight is on every time you ride (this is a law in most states).
- Don't let anyone ride with you until you are skilled at riding in all kinds of conditions.
- If you're a new rider, take a motorcycle riders' course. To locate a course near you, call 1-800-446-9227.



All-Terrain Vehicle (ATV):

- All ATV users should be age 16 or older, take a hands-on safety training course and always wear a helmet and safety gear such as boots, gloves and eye protection while on an ATV.
- ATVs require the same level of physical protection as motorcycles.
- Never drive an ATV on paved roads.
- Passengers should not be transported on the vehicle, unless the vehicle is designed for two riders and then the passenger should be at least 12 years of age.



Railroad:

- Never “short-cut” across railroad tracks. Always cross at a public grade crossing, even if it means that you have to walk further out of your way. Once you are sure it is safe, cross quickly and without delay. Watch your step so you do not stumble or fall.
- Be prepared to stop and stop well away from the tracks if walking or bicycling.
- Always look in both directions before crossing train tracks. If the lights are flashing, wait. Don't try to beat an approaching train.
- Never go around or under the gate arms!
- Several tracks could mean a second train.
- Obey the signals. Listen for warning bells and whistles. Opening the window helps you hear.
- Walking or playing on train tracks is dangerous and illegal. Be smart, be safe—stay away!



Section XII. Natural/Environmental

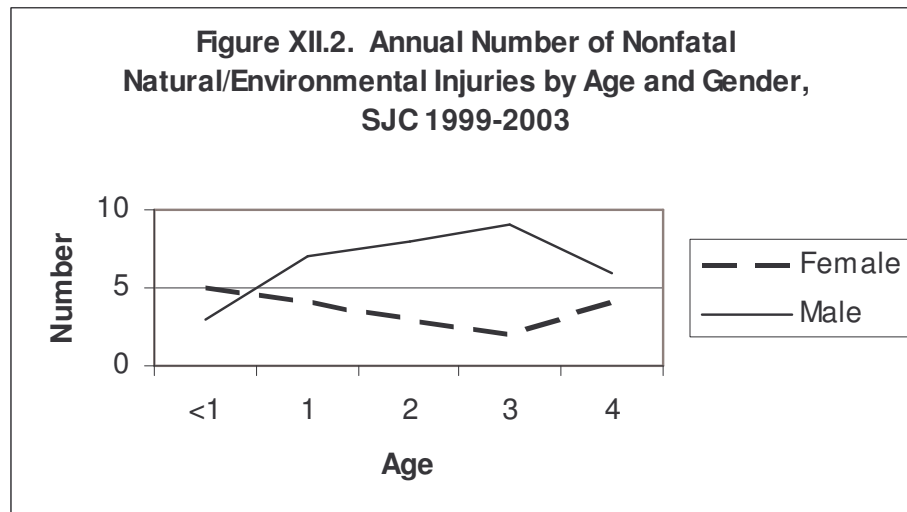
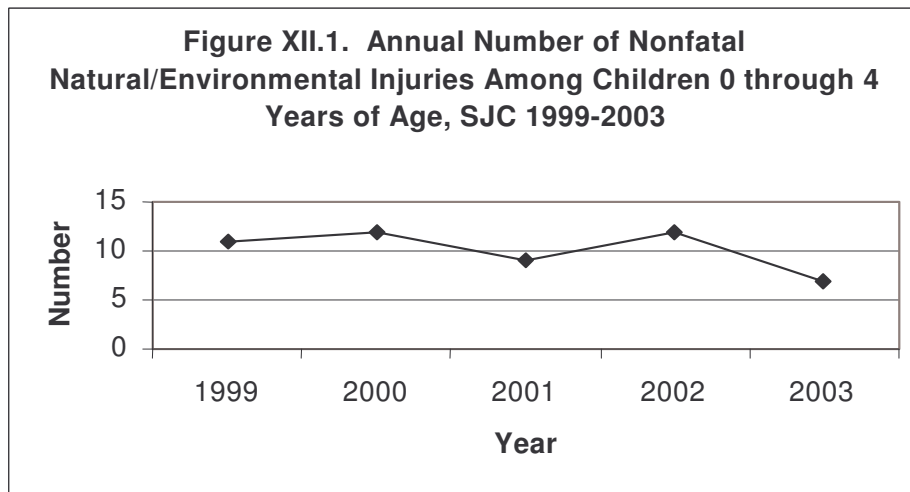
The Natural/Environmental category contains injuries that result from exposure to adverse natural and environmental conditions. This can include severe heat, severe cold, sunstroke, tornadoes, and natural disasters. Injuries or deaths due to lack of food or water are also included in this category.⁹ This category ranked among the top five for unintentional fatal injuries and nonfatal injuries among children 1 through 4 years of age in SJC. It also ranked among the top 10 nonfatal injuries among children 5 through 14 years of age in SJC.

Fatal Natural /Environmental Injuries, Children 0 through 4

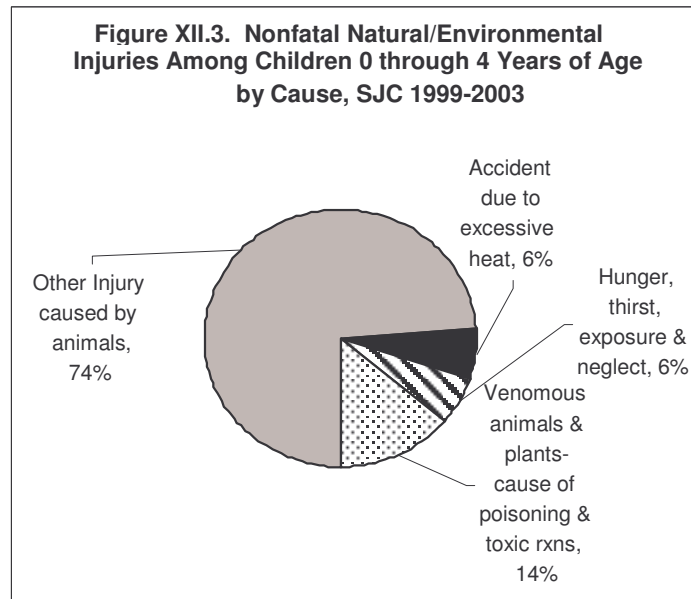
There was one fatality in the 0 through 4 age group during this time period. It occurred in 2001. The death was in a male who died due to being bitten by a dog (ICD-10-Code W54).

Nonfatal Hospitalized Natural/Environmental Injuries, Children 0 through 4

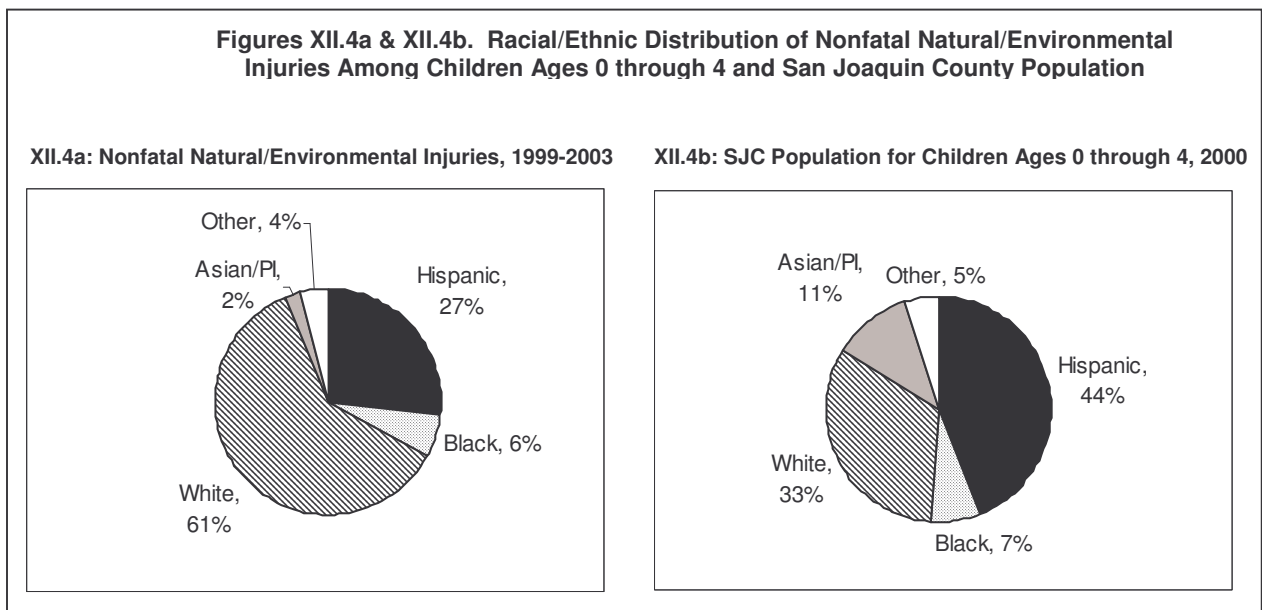
The total number of Natural/Environmental injuries during this time period was 51 (Figure XII.1). Males experienced more injuries than females, with the greatest difference occurring at age three (Figure XII.2).



Most injuries were classified as an “other injury caused by animals” (74%). A smaller proportion was due to “venomous animals and plants as the cause of poisoning and toxic reactions” (14%), followed by an “accident due to excessive heat” and “hunger, thirst, exposure and neglect” (8% each) (Figure XII.3).



The majority (61%) of Natural/Environmental injuries in this age group occurred in Whites. The racial/ethnic distribution of these injuries differed from the county population, as Whites were overrepresented while Hispanics and Asians were underrepresented (Figures XII.4a & XII.4b).

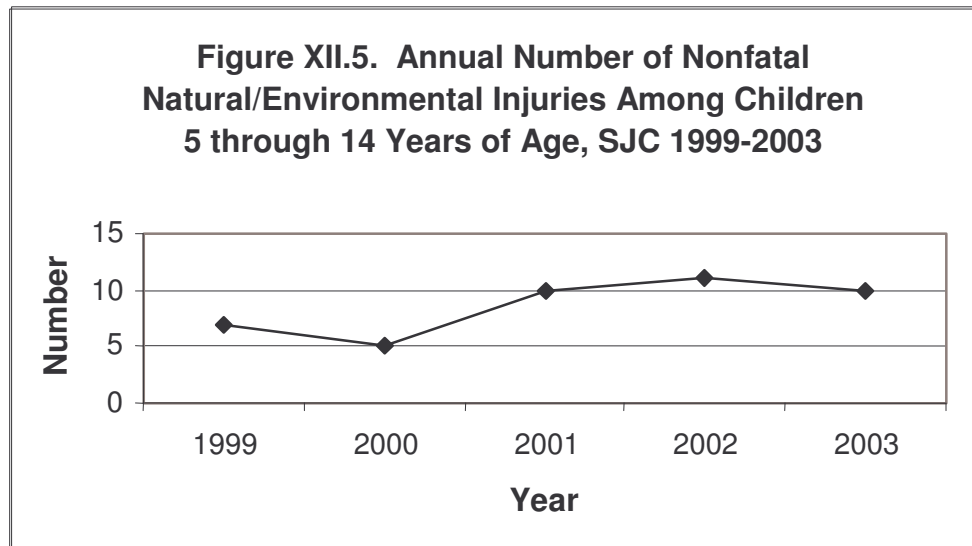


Fatal Natural/Environmental Injuries, Children 5 through 14

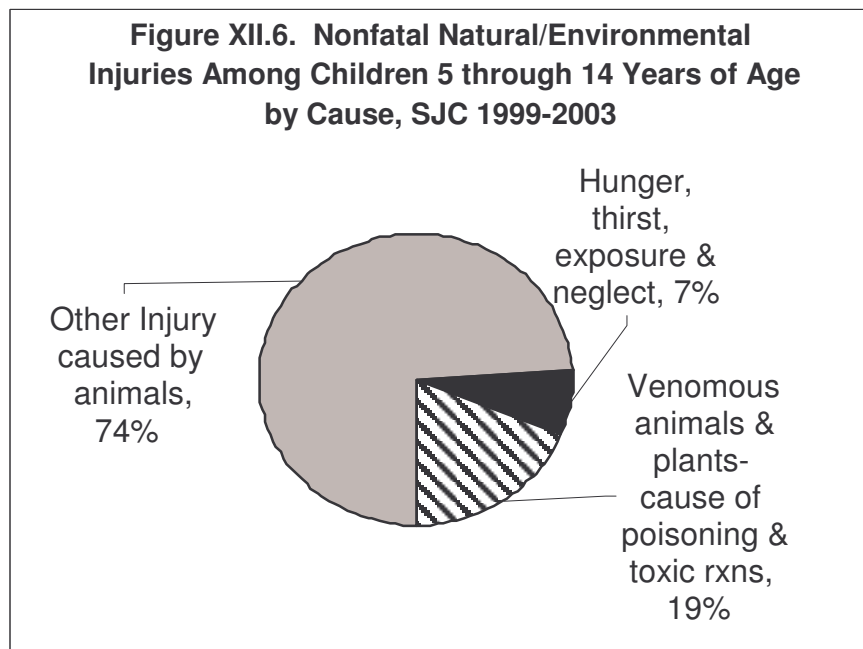
There were no fatalities during this time period in this age group.

Nonfatal Hospitalized Suffocation Injuries, Children 5 through 14

There were a total of 43 natural/environmental injuries during this time period. The lowest number occurred in 2000 with 5 injuries and the highest number occurred in 2002 with 11 injuries (Figure XII.5). The injuries were equally distributed by gender, as there were 22 females and 21 males injured.



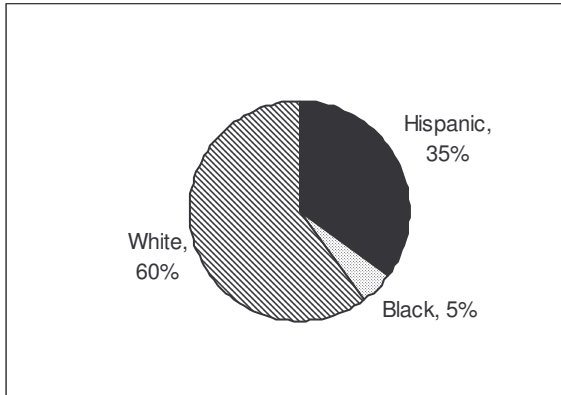
Most injuries were classified as an “other injury caused by animals” (74%). This was followed by “venomous animals and plants as the cause of poisoning and toxic reactions” (19%), and “hunger, thirst, exposure and neglect (7%)” (Figure XII.6).



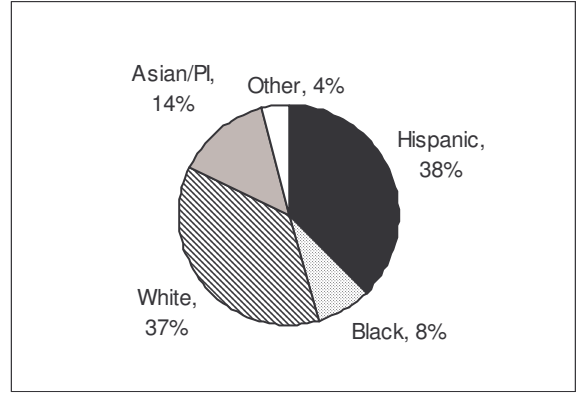
Whites represented the majority of injuries (60%). There were no injuries to Asians. The racial/ethnic distribution differed from San Joaquin County as Whites were disproportionately affected (Figures XII.7a & XII.7b).

Figures XII.7a & XII.7b. Racial/Ethnic Distribution of Nonfatal Natural/Environmental Injuries Among Children Ages 5 through 14 and San Joaquin County Population

XII.7a: Nonfatal Natural/Environmental Injuries, 1999-2003



XII.7b: SJC Population for Children Age 5 through 14, 2000



Prevention Strategies for Natural/Environmental Injuries, Part 1 - Heat

- Heat can make you sick. In some cases, heat can kill you. Protect yourself. Stay cool.
- Heat-related health problems occur when your body temperature gets too high (sunburn, heat rash, heat cramps, heat exhaustion, and heat stroke). The serious heat-related health problems occur when the body cannot cool itself. For example, the body is unable to sweat. Under normal conditions, the body's internal thermostat produces perspiration that evaporates and cools the body. However, in extreme heat and high humidity, evaporation is lowered and the body must work extra hard to maintain a normal temperature. Avoid over exertion.
- The level of heat that is too much for a child can be very different from that which would affect a fit and weather-ready adult. Children under the age of five and the elderly are more susceptible to the effects of heat.
- Apply sunscreen with a Sun Protection Factor (SPF) of at least 15, half an hour before going outside (reapply every 2 hours or if the child has been in water or sweating a lot). Too much sun exposure can be harmful. The sun's burning rays can cause sunburn, skin cancer and eye damage.
- Wear lightweight and light colored, loose fitting clothing, including a hat with a brim. Try to participate in heavy activity outdoors in the morning or evening when it is cooler.
- Drink water often, even if not thirsty and increase water intake if urine output diminishes.
- Take cover in the shade if outdoors; use a fan or air conditioner while indoors.
- Protect windows. Shades, draperies, awnings or louvers on windows can reduce the effects of the morning or afternoon sun by as much as 80%.
- Never leave your children alone inside automobiles (not even with the air conditioning on). The temperature inside vehicles can climb rapidly to dangerous levels and may quickly exceed 100°.
- Heat stress can be life threatening, and must be monitored carefully! Symptoms include: Hot, red, and dry skin; changes in consciousness; rapid weak pulse; and rapid shallow breathing.
- Heat Disorders
 - Sunburn – Symptoms: skin redness and pain, possible swelling, blisters, fever, headaches.
 - Heat Cramps – Symptoms: painful spasms usually in leg and abdominal muscles. Heavy sweating.
 - Heat Exhaustion – Symptoms: heavy sweating, weakness, skin is cold, pale and clammy. Weak pulse. Normal temperature possible. Fainting, vomiting.
 - Heat Stroke (Sun Stroke) – Symptoms: high body temperature (106°). Hot, dry skin. Rapid, strong pulse. Possible unconsciousness. Victim will likely not sweat.
 - This is a severe medical emergency. Call the emergency medical service by dialing 9-1-1. Delay can be fatal. Do not give fluids. Move victim to cooler environment. Cool bath or sponging may reduce body temperature before ambulance arrives. Use extreme caution.



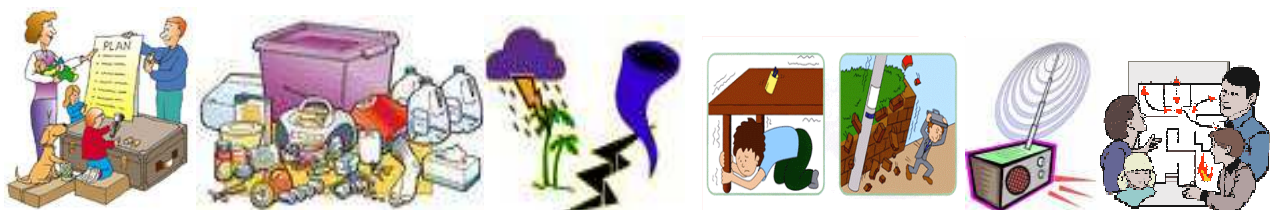
Prevention Strategies for Natural/Environmental Injuries, Part 2 - Cold

- Taking preventive action is the best defense against having to deal with extreme cold weather conditions. By preparing your home and car in advance for winter emergencies, and by observing safety precautions during times of extremely cold weather, you can reduce the risk of cold weather-related health problems and injuries.
- Recognize adverse conditions that may be dangerous.
- The air temperature does not have to be below freezing for someone to experience cold emergencies such as hypothermia and frostbite. Wind speed can create dangerously cold conditions even when the temperature is not that low.
- Dress warmly. Wear loose-fitting, layered clothes. Outer garments should be tightly woven and water-repellent. Most of one's body heat is lost through the head so wear a hat, preferably one that covers the ears.
- Mittens are warmer than gloves; if you have a choice, choose mittens.
- Wear waterproof, well-insulated boots with thick socks, to help avoid hypothermia or frostbite by keeping the feet warm and dry and to maintain footing on ice and snow.
- Cover your mouth to protect your lungs from extremely cold air.
- Set reasonable time limits on outdoor play. Have children come inside periodically to warm up.
- Drink water and other fluids to avoid dehydration. Drink warm liquids.
- Extreme cold can cause frostbite, hypothermia and even death. Watch for warning signs.
- Cold Related Injuries
 - Frostbite - Damage to body tissue caused by that tissue being frozen. Warning signs include loss of feeling and a white or pale appearance in extremities, such as fingers, toes, ear lobes, or the tip of the nose. If symptoms are detected, get medical help immediately! If the person is also showing signs of hypothermia, warm the body core before the extremities.
 - Hypothermia - Extremely low body temperature. Warning signs include uncontrollable shivering, memory loss, disorientation, incoherence, slow/slurred speech, drowsiness, and apparent exhaustion. If a person's body temperature is below 95 degrees Fahrenheit, immediately seek medical attention.



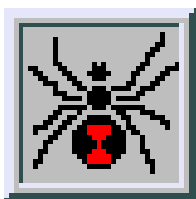
Prevention Strategies for Natural/Environmental Injuries, Part 3 – Natural Environmental Disaster Emergency Preparedness

- While we can't control natural disasters, emergencies or unexpected attacks, we can be prepared, which can reduce any impact. Expect the unexpected. Plan for an emergency. Before a natural disaster or emergency strikes, it is essential to equip yourself with the knowledge and tools to prepare and protect yourself and your family.
- Find out what could happen to you. If you live in an area prone to natural disasters, such as tornadoes, floods or earthquakes, know what the impact might be and what to do in an emergency.
- Rain may be in the distance, however, if you can hear thunder, you can be struck by lightning. If outside, seek shelter in a sturdy building. Lightning can occur as much as 10 miles from any rainfall.
- Prepare for emergencies by developing a household disaster action plan. Discuss the types of disasters that are most likely to happen. Explain what to do in each case and how to keep in touch with the family members.
- Pick two places to meet - one close to your home, the other outside your neighborhood.
- Create an Emergency Communications Plan. Give copies to and review with family members. Identify an out-of-state "family contact." Everyone must know the contact's phone number. Teach children how and when to dial 9-1-1 to get emergency assistance.
- Put together a 72-hour [minimum] disaster supply kit for home and car. Be prepared to survive on your own water, food, clothing and emergency supplies for at least 3 days. There are six basics you should have in your home in case of any emergency. They are water (one gallon per person per day), non-perishable packaged or canned food, a first aid kit, clothing and bedding, tools and supplies (e.g., flashlights, battery operated radio) and special items (e.g., medications, extra keys). Items you would need in case of an evacuation should be ready to "grab and go" and kept in an easy-to-carry container such as a large covered trash container, a backpack or a duffel bag. Consider making a personalized survival kit in a backpack for each family member. Contact your Office of Emergency Services for a list of other suggested supplies. Change food, water and batteries every six months.
- Keep informed. Keep a battery-operated radio on hand and tuned to a local station in case the power goes out. Listen to radio or local television for news, weather, and instructions. Learn about your community's warning signals: what they sound like and what you should do when you hear them. Post the appropriate emergency numbers near the phone(s).
- Ensure that everyone in your household knows how and when to shut off water, gas and electricity at the main switches. Practice with the family.
- Hazard-proof your home. Take steps to reduce the risk of damage to you and your home. For example, if you live in an area that floods frequently, store materials such as sandbags, plywood, plastic sheeting, and lumber to use to protect your property. Contact you're the Office of Emergency Services for more information on how to protect your home.
- Plan how you would evacuate from your home. What you would take with you, what is the safest route, and where would you go? Do family practice drills at least once a year.



Prevention Strategies for Natural/Environmental Injuries, Part 4 - Animal Bite/Sting

- The most common bites come from animals such as dogs where the dangers include rabies, scarring, infections from open flesh wounds, loss of a body part and even death. By comparison, few snakes are poisonous, but children should be taught to stay away from them. Spiders, bees and mosquitoes can cause allergic reactions with children from their stings.
- Teach your children to recognize and avoid poisonous, wild, strange or unfamiliar animals and to assume that they are dangerous. Avoid any animal that is growling, barking, hissing, or acting frightened.
- If a strange dog comes near, don't scream and run away; this may cause him to chase. Avoid eye contact. Stand still and "BE LIKE A TREE!" Stand straight with the feet together and fists held under the neck and elbows into the chest. Then, back away slowly until the dog is out of sight.
- Teach your child that if a dog knocks him/her down (dogs can become especially skittish around toddlers who are all energy), to curl into a ball and cover his/her head and lie very still until the dog leaves, "ACT LIKE A LOG!"
- Always ask the owner's permission before petting a dog or other animal. Start by letting him sniff the back of the hand, then pet him gently on the shoulders or back, but not on the face.
- Teach your children to respect animals, which includes never hitting or teasing, or grabbing anything from its mouth. Don't approach an animal that is sleeping, eating, chewing on a toy or caring for their young. Most animals will not attack unless provoked and even teasing a family pet can have unintended consequences. Supervise a baby at all times in the presence of any dog.
- When walking or bike riding, safely cross the street to avoid the dog's immediate territory.
- Children and adults should not walk in between two dogs, especially if the dogs are attempting to challenge one another.
- Inspect your home and yard for signs of bee or wasp habitation. If you discover a hive or nest, leave it alone and call a professional exterminator immediately.
- If anyone is stung, seek medical attention immediately if they have difficulty breathing or other adverse reactions. After being outside, check children's skin for bites, rashes and other reactions.
- To minimize the risk of bee and insect stings, have children wear protective shoes and light colored clothing. Avoid walking barefoot while on grass; using scented soaps, perfumes or hair spray; dressing in bright colors or flowery prints; areas where insects nest or congregate; and drinking from soda cans.
- Make sure outside garbage cans have tight-fitting lids, there are no stagnant pools of water; and food is covered when eating outside. Make sure that garages, attics and woodpiles are free of spider webs, and that children wear long sleeves and pants while playing in the area.
- Use insect repellent with 10 to 30% DEET.
- If you see a snake, back away from it slowly and do not touch it.



Be Like A Tree



Act Like A Log



Section XIII: Cut, Pierce

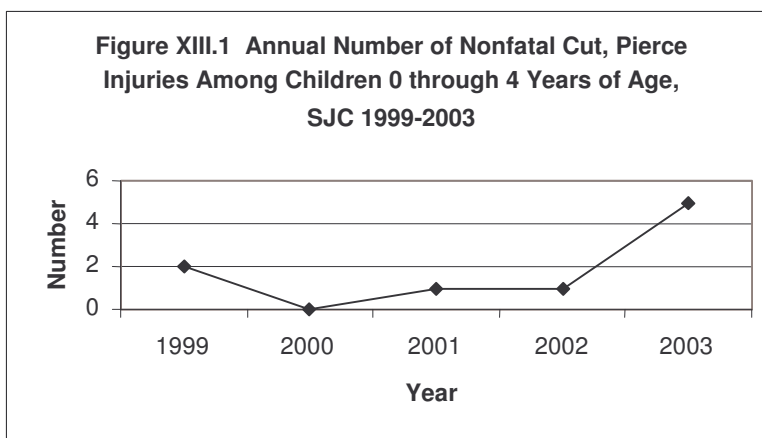
Cut, pierce injuries are injuries resulting from an incision, slash, perforation, or puncture by a pointed or sharp instrument, weapon, or object. This category does not include injury from being struck by/against a blunt object or bite wounds.¹⁰ It was the ninth leading cause of nonfatal hospitalized injury among children 5 through 14 years of age in SJC from 1999 through 2003.

Fatal Cut, Pierce Injuries, Children 0 through 4

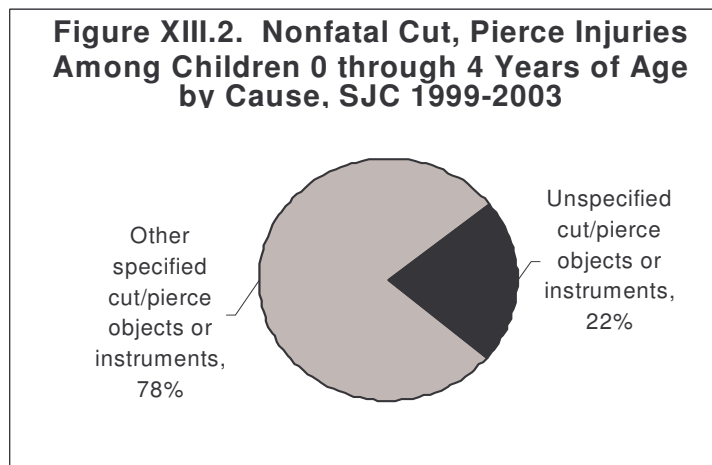
There were no fatalities due to this injury category among 0 through 4 year olds in SJC from 1999 through 2003.

Nonfatal Hospitalized Cut, Pierce Injuries, Children 0 through 4

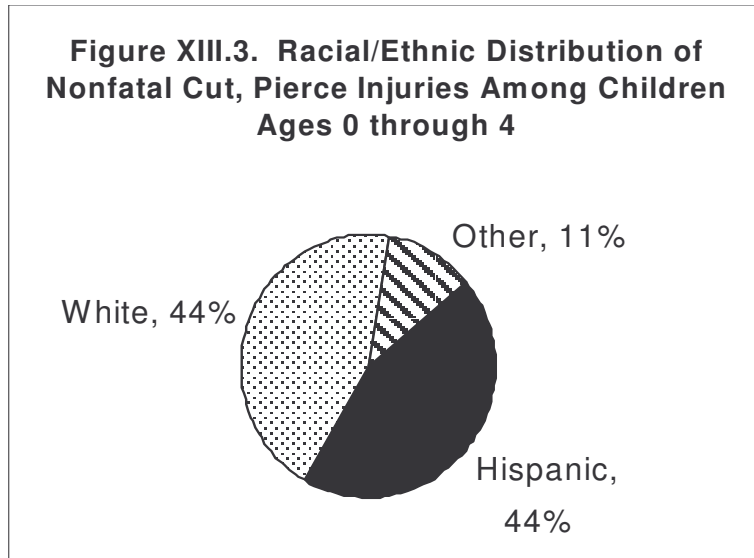
From 1999 through 2003 there were nine nonfatal cut, pierce injuries among children 0 through 4 (Figure XIII.1). No injuries occurred in 2000 however there were five injuries in 2003. Three of these injuries were female and six occurred among males.



Seven of these injuries were due to “other specified cutting and piercing instruments or objects” (ICD-9-E Code 920.8). The remaining two injuries were due to “unspecified cutting and piercing instruments or objects” (ICD-9-E Code 920.9) (Figure XIII.2).



In terms of race/ethnicity, four of these injuries occurred in Whites, four in Hispanics, and 1 was in an individual of an Other/Unknown race (Figure XIII.3).

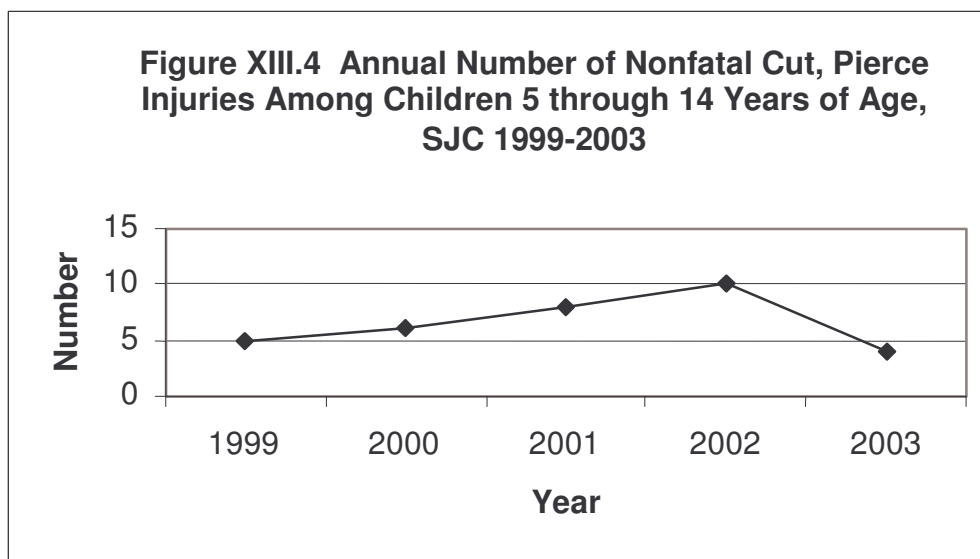


Fatal Cut, Pierce Injuries, Children 5 through 14

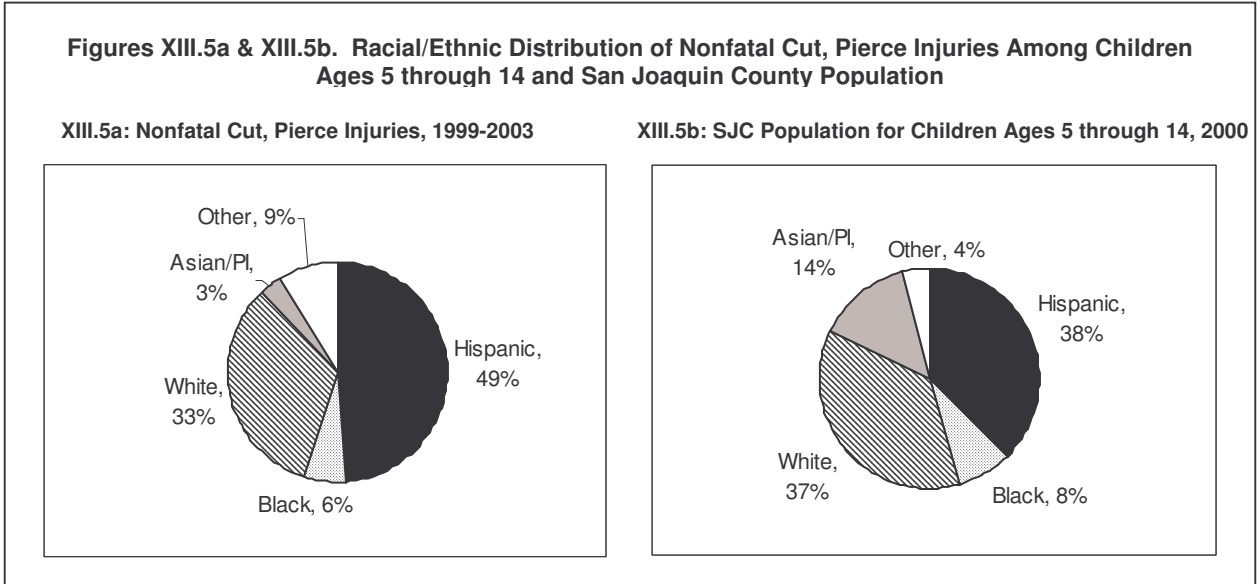
There were no fatal injuries among children ages 5 through 14 in this category during the time period of this report.

Nonfatal Hospitalized Cut, Pierce Injuries, Children 5 through 14

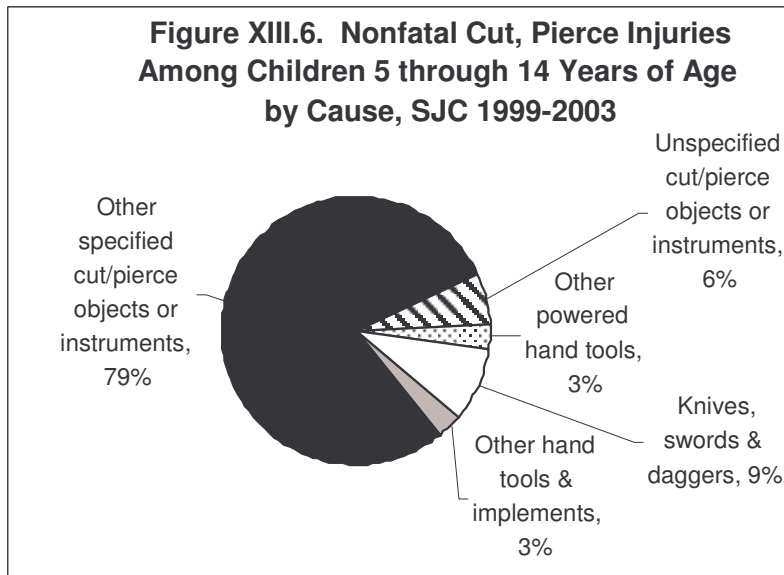
There were 33 nonfatal hospitalized injuries from 1999 through 2003 (Figure XIII.4). The number of injuries per year ranged from a low of 4 in 2003 to a high of 10 in 2002. The majority occurred among males (70%).



Hispanics accounted for the largest proportion of injuries (49%) followed by Whites (33%). Hispanics were overrepresented in this injury category while Asians were underrepresented in comparison to the SJC 5 through 14 year olds population (Figures XIII.5a & XIII.5b).

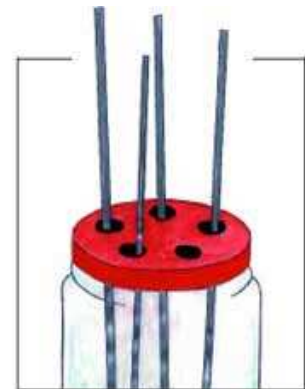


The majority of injuries among 5 through 14 year olds were due to “other specified cutting and piercing instruments or objects” (79%) (ICD-9-E Code 920.8), followed by injuries from “knives, swords, and daggers” (9%) (ICD-9-E Code 920.3), and “unspecified cutting and piercing instruments or objects (6%) (ICD-9-E Code 920.9) (Figure XIII.6).



Prevention Strategies for Cut, Pierce Injuries

- Be careful and properly store glasses, knives, forks, scissors and other sharp instruments out of the reach of children. Be aware of the child's natural curiosity to climb up to counter tops where things like sharp knives are attractive to them.
- A laceration resulting from a cut from a knife or even a discarded tin can top, broken glass or any sharp object can result in serious bleeding.
- Make sure your baby or toddler is a safe distance away when you load and unload the dishwasher to prevent him or her from grabbing sharp utensils or glassware that could break.
- Carefully discard any dangerous or sharp edged garbage objects such as needles, razor blades, tin can lids or broken glass. Never put them into the trash without wrapping and labeling the items carefully to protect those emptying the bins.
- Punctures are small holes caused by pointed objects such as pins, nails, needles and splinters. Should a puncture wound occur, there is generally little external bleeding; the biggest dangers, however, are internal bleeding and the possibility of infections.
- Proper supervision helps to reduce the risk of injuries.
- Check that the tools or garden items in the garage and make sure they are out of reach and that the children cannot get to them.
- Make sure swing-set and outdoor play equipment is free of rust, splinters and sharp edges.
- When teaching children how to use tools and other sharp implements, always use careful supervision and clear instructions.
- Never pick up sharp objects, scrap metal, broken glass with bare hands. Use a dustpan and broom.



Section XIV: Bicyclist, Other

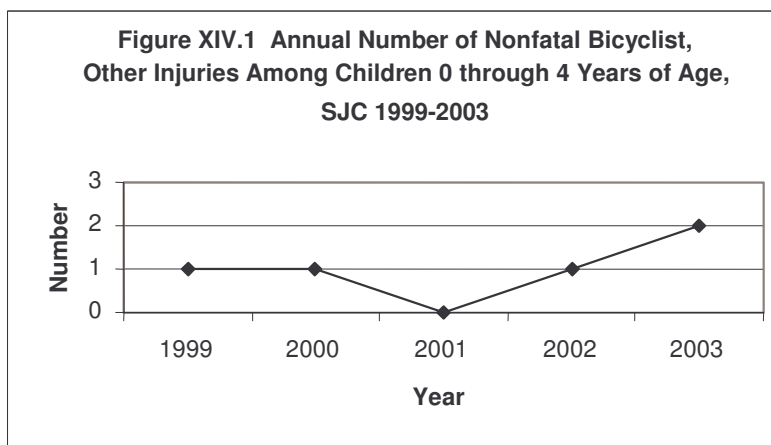
Bicycles are associated with more childhood injuries than any other consumer product except the automobile. In the United States in 2002, a total of 130 children ages 14 and under died in bicycle-related crashes, and in 2003, nearly 285,000 were treated in hospital emergency rooms for bicycle-related injuries.³ This was the sixth leading cause of nonfatal hospitalized injury among children 5 through 14 years of age in SJC from 1999 through 2003.

Fatal Bicyclist, Other Injuries, Children 0 through 4

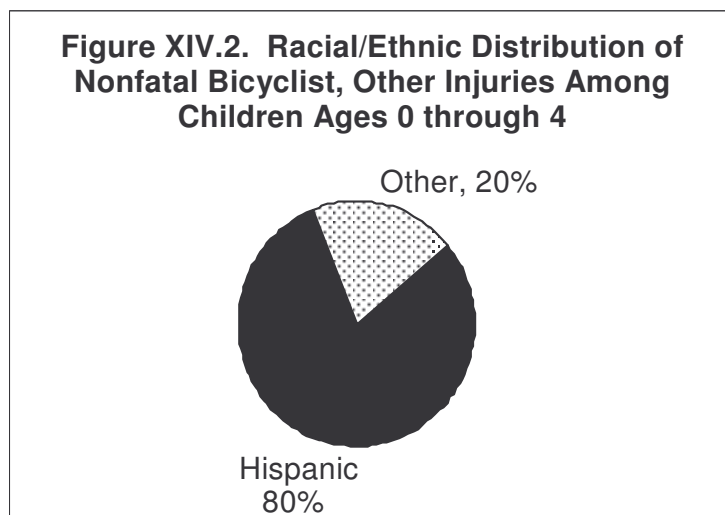
There were no fatalities due to this injury category among 0 through 4 year olds in SJC from 1999 through 2003.

Nonfatal Hospitalized Bicyclist, Other Injuries, Children 0 through 4

From 1999 through 2003 there were five nonfatal bicyclists, other injuries among children ages 0 through 4 (Figure XIV.1). No injuries occurred in 2001; the highest number occurred in 2003. Three of these injuries occurred in males, and two in females.



All five of these injuries were due to “pedal cycle accident with injury to pedal cyclist” (ICD-9-E Code 826.1). Four of these injuries occurred in Hispanics, and one was in an individual of an Other/Unknown race (Figure XIV.2).

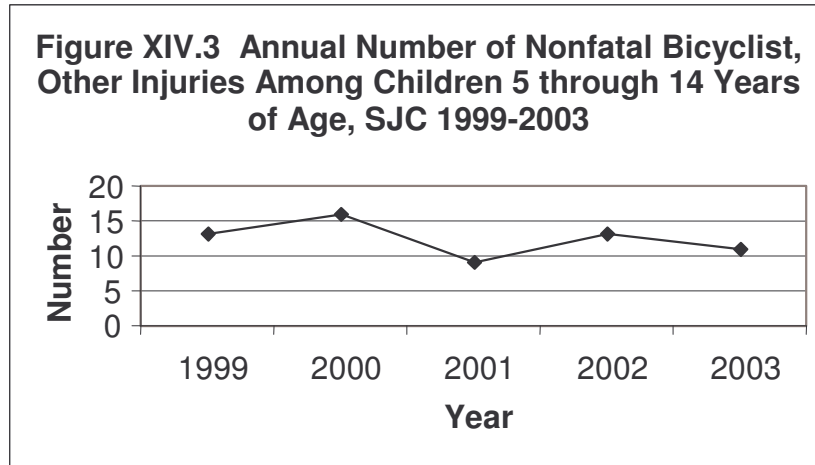


Fatal Bicyclist, Other Injuries, Children 5 through 14

There were no fatal injuries among children 5 through 14 years old in this category during the time period of this report.

Nonfatal Hospitalized Bicyclist, Other Injuries, Children 5 through 14

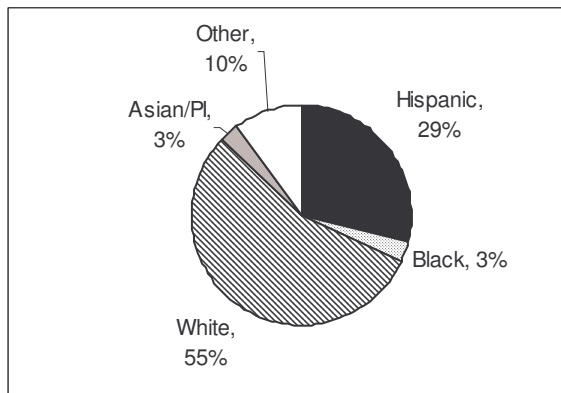
There were 62 nonfatal hospitalized bicyclist, other injuries in SJC 5 through 14 year olds from 1999 through 2003 (Figure XIV.3). The number of injuries per year was fairly consistent, with the highest number of injuries (16) occurring in 2000. Most of these injuries occurred among males (85%).



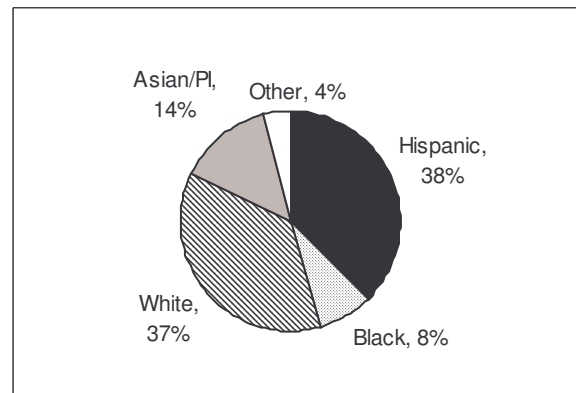
The majority of these injuries occurred among Whites followed by Hispanics (55% and 29% respectively). Whites were overrepresented in this injury category while Hispanics, Asians, and Blacks were all underrepresented in comparison to the SJC 5 through 14 population (Figures XIV.4a & XIV.b).

Figures XIV.4a & XIV.4b. Racial/Ethnic Distribution of Nonfatal Bicyclist, Other Injuries Among Children Ages 5 through 14 and San Joaquin County Population

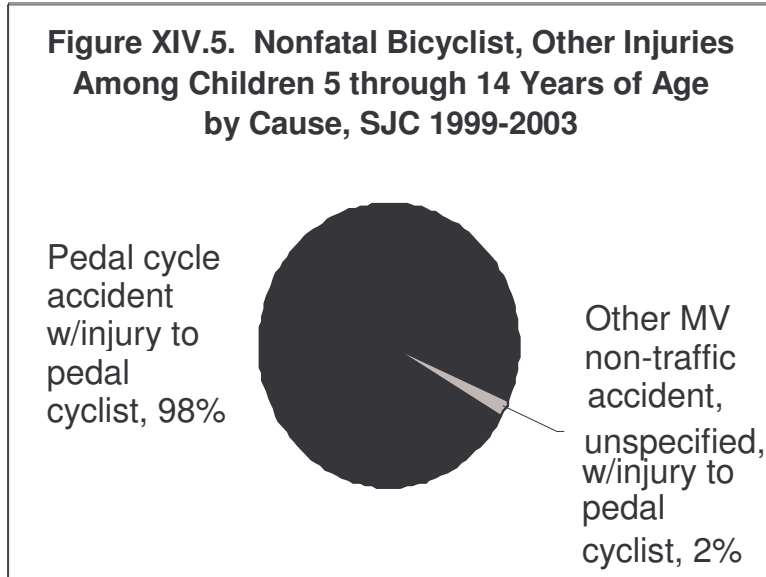
XIV.4a: Nonfatal Bicyclist, Other Injuries, 1999-2003



XIV.4b: SJC Population for Children Ages 5 through 14, 2000



All but one of these injuries were due to a “pedal cycle accident with injury to pedal cyclist (98%) (ICD-9-E Code 826.1). The remaining injury was from an “other motor vehicle non-traffic accident of other and unspecified nature with injury to pedal cyclist” (ICD-9-E Code 825.6) (Figure XIV.5).



Prevention Strategies Bicyclist, Other Injuries

- Always wear a helmet when bicycling. Model appropriate safety behavior for your children. If you don't wear a helmet, chances are your children won't once they are out of your sight.
- Make sure your helmets fit properly. Teach children how to adjust their helmets to fit snugly. A properly fitted helmet must sit flat on the head, not tilted to the front or rear, with snugly fitted straps. A helmet hanging from the handlebar cannot protect your head. If you need assistance in checking the fit of your helmet or your child's helmet, contact the San Joaquin County PHS Childhood Injury Prevention program (1-800-698-2304).
- Be sure that your child always wears a helmet regardless of where they are riding. Many injuries occur to very young children not wearing helmets while riding tricycles or motorized kiddie carts in driveways or on sidewalks. Keep approved helmets near bikes and trikes so your children will always put them on
- Make sure the bike fits the size of the child. Small child? Small bike.
- Before your child rides in traffic, make sure your child knows the rules of the road for your community. Stress to your child that riding a bicycle is a serious responsibility and that they must conform to traffic laws for their own safety and the safety of others.
- Ride with your child until you are confident in their abilities to ride safely.
- Replace helmets at the first sign of damage. Second-hand bicycle helmets should not be used. Even a tiny crack makes it useless.
- Stop before riding into traffic from a driveway, sidewalk, alley or parking lot.
- Wear bright and reflective clothing.
- Keep the bike working properly and fitted with safety equipment such as reflectors and mirrors.



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