



South Carolina  
State Child Fatality  
Advisory Committee



# State Fiscal Year 2017 Report

Report covers the South Carolina State Child Fatality Advisory Committee efforts during the time-period of July 1, 2016 through June 30, 2017.

245 cases reviewed and completed

**Submitted to the Honorable Henry McMaster**

**Governor of the State of South Carolina**

**and the 122<sup>nd</sup> South Carolina General Assembly**

Dedication: This report reflects the work of numerous dedicated professionals from every community throughout the State of South Carolina, who have committed themselves to gaining a better understanding of how and why children die. Their work is driven by a desire to protect and improve the lives of young South Carolinians. Each child's death represents a tragic loss for the family, as well as the community. We dedicate this report to the memory of these children and to their families.

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## Introduction

This report is supported by the State Child Fatality Advisory Committee (SCFAC) as appointed by the South Carolina Law Enforcement Division, Department of Child Fatalities, Revenue and Fiscal Affairs Office, Division of Research and Statistics and the South Carolina Department of Health and Environmental Control. Annual report development is funded by the South Carolina Department of Social Services. All opinions and recommendations are those of the State Child Fatality Advisory Committee membership.

## Acknowledgments

The members of the State Child Fatality Advisory Committee (SCFAC) recognize that without the participation and support of numerous organizations, agencies, and individuals, committee activities and reports would not be possible. These acknowledgments represent a small part of the unified effort in South Carolina to protect the health and safety of our children. The SCFAC membership wishes to thank the following organizations and individuals for their assistance and cooperation in compiling this report by providing data, statistical analysis, or other pertinent information and support:

South Carolina Law Enforcement Division (SLED), Special Victims Unit  
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## Definitions

State Child Fatality Advisory Committee (SCFAC)  
State Law Enforcement Division (SLED),  
Department of Health and Environmental Control (DHEC)  
State Fiscal Year (SFY)  
Return on Investment (ROI)  
South Carolina Birth Outcomes Initiative (BOI).

## Executive Summary

When a child dies unexpectedly, the response by the state and the community about the death must include an accurate and complete determination of the cause of death including a thorough scene investigation and a complete autopsy. Lack of adequate investigation of child deaths impedes the effort to prevent future deaths from similar causes.

S.C. Code 63-11-1950 mandates that the State Child Fatality Advisory Committee (SCFAC) review completed investigations of deaths involving children age 17 years and younger that are unexpected, unexplained, suspicious or criminal in nature. The SCFAC regularly schedules six (6) meetings each State Fiscal Year (SFY), which covers July 1st to June 30th. Following an internal review, a relationship between the State Law Enforcement Division (SLED), and the Department of Health and Environmental Control (DHEC) Vital Records was developed to help ensure all cases meeting SCFAC criteria are reviewed.

Since the initiation of this report, starting with the 2006 data year, SCFAC has been assigned 2,283 cases. Of those, 1,929 (84.5%) have been completed, leaving a balance of 354 cases to be completed. During SFY 2017, the SCFAC membership completed a total of **245 case reviews** from deaths that occurred in 2009 through 2016.

This report includes only the results of these 245 completed case reviews. It is not a summary of all child deaths occurring during the time period of 2006-2016 (Table A).

**Table A. Death Cases By Year Assigned, Cases Completed and Case Balance**

Year Case Assigned to SLED	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
<b>Total Cases Assigned</b>	218	266	233	205	187	170	137	132	352	188	195	2283
<b>Cases Completed</b>	218	266	233	203	186	169	137	131	298	81	7	1929
<b>Caseload Balance</b>	0	0	0	2	1	1	0	1	54	107	188	354
<b>Percent of Cases Completed</b>	100%	100%	100%	99%	99%	99%	100%	99%	85%	43%	4%	84%

During SFY 2017, the SCFAC membership completed a total of **245 case reviews** from the data years 2009 (2 cases), 2010 (1 case), 2011 (5 cases), 2012 (8 cases), 2013 (15 cases), 2014 (139 cases), 2015 (68 cases), and 2016 (7 cases).

The SCFAC review determined the following manners of death: Accidental (87 cases), Homicide (47 cases), Natural (5 cases), Suicide (48 cases) and Undetermined (58 cases) with most of the cases with an undetermined manner related to unsafe sleep. These SCFAC determinations of manner were included in the ‘case record’ entered into the federal state child fatality system.

Of the 245 cases reviewed and completed, 25 of the cases (10.2 %) had an open child protective services (CPS) case at the time of their death.

The SCFAC continues to identify unsafe sleep as a major causal factor in child deaths, with **81** deaths, 33% of the total deaths reviewed during SFY 2017, attributable to unsafe sleeping conditions. The issue of unsafe sleeping conditions was a factor among 82% (80 out of 97) of children under the age of 12 months. Among the total 245 cases, 164 (67%) of the child fatalities were related to factors other than unsafe sleeping conditions. The majority of these 164 deaths represented children over 12 months of age.

The SCFAC currently has a caseload balance of 254 cases from 2006-2016: 2006-2008 (0 cases), 2009 (2 cases), 2010 (1 case), 2011 (1 case), 2012 (0 cases), 2013 (1 case), 2014 (54 cases) 2015 (107 cases), and 2016 (188 cases) remaining to be reviewed and completed.

The following table displays the major cause and manner of death in each age group.

<b>Table B. Cause and Manner of Death in Children by Age Group</b>											
Age Group	Cause of Death	Accident		Suicide		Homicide		Undetermined		Total	
		#	%	#	%	#	%	#	%	#	%
Less than 1 Year	Unsafe sleep	33	41.3%	0	0.0%	0	0.0%	47	58.8%	80	100.0%
1 to 4	Drowning	9	100.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%
5 to 10	Fire, burn, or electrocution	4	57.1%	0	0.0%	0	0.0%	3	42.9%	7	100.0%
11 to 14	Weapon, including body part	0	0.0%	13	76.5%	4	23.5%	0	0.0%	17	100.0%
15 to 17	Weapon, including body part	2	4.4%	17	37.8%	26	57.8%	0	0.0%	45	100.0%

During SFY 2017, DHEC continued to provide ongoing SCFAC supports as outlined in its sub-recipient agreement with the South Carolina Department of Social Services (SCDSS). SCFAC web page, Facebook page, and Twitter accounts were updated to help facilitate statewide health communication messaging.

## SCFAC SFY 2017 Recommendations

It is the intent of the SCFAC to help ensure that every child can and will wake up from sleep, and for them to have a safe and healthy environment in which they can live, learn, travel, and play.

### Recommendation 1: Unsafe Sleeping Conditions

Due to the high percentage (82%) of deaths attributable to unsafe sleeping conditions among infants (less than 12 months), the SCFAC recommends that the General Assembly make unsafe sleep a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to reinforce a common, clear and unified message around safe sleep, including “ABC” (alone, on their back and in a crib) messaging. Evidence-based prevention strategies have proven to be cost-effective, demonstrating a return on investment (ROI) estimated at \$2.20 for every \$1 spent on health promotion<sup>1</sup>.
- b) Primary prevention strategies designed to reach parents, grandparents, family members, caregivers, and healthcare professionals with current evidence-based information on safe sleeping practices to mitigate misinformation leading to death. Common themes of misinformation include elevating the head for reflux, recommending cold medication to

<sup>1</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827–834. doi:10.1136/jech-2016-208141

children too young for the packaged instructions, and positioning recommendations conflicting with safe sleeping practices. Evidence-based prevention strategies have proven to be cost-effective demonstrating a ROI estimated at \$5.60 for every \$1 spent on public health programs focused on wider determinates of health<sup>2</sup>.

- c) Continued collaboration with the Safe Sleep Coalition through Children's Trust of South Carolina and the South Carolina Birth Outcomes Initiative (BOI).
- d) The establishment of a legislative mandate to require blood and/or urine testing for alcohol and drugs of caregivers involving the suspicious, unexplained or unexpected sleep-related death of a child under the age of one year.

To aid in this effort, in SFY 2017 the SCFAC began documenting information related to various classes of unsafe sleep (e.g., surface, bedding, position, co-sleeping and use of commercial positioning products) during its case review process.

**SFY2017 Note:** The South Carolina Birth Outcomes Initiative (BOI), a statewide collaborative of public and private stakeholders focused on improving the health of mothers and babies in South Carolina, is launching an effort in 2017 to address this public health challenge. The mission of the Safe Sleep Initiative is to eliminate sleep-related deaths by providing prevention education and consistent messaging and support to healthcare providers, parents, caregivers and the community.

On March 24, 2017, BOI took the first major step in gathering support for this initiative by sending out a letter to the chief executive officer of each of the 44 birthing hospitals in South Carolina, asking them to sign a pledge of commitment to the Safe Sleep Initiative. The letter also asked each hospital to identify a clinical champion to lead the effort in their facility. The letter was endorsed by the South Carolina Chapter of the American Academy of Pediatrics, the South Carolina Academy of Family Physicians, BlueCross BlueShield of South Carolina, and the South Carolina Hospital Association.

As of July 12, 2017, BOI received signed commitments from all 44 birthing hospitals (100%).

## **Recommendation 2: Water Safety**

Twenty-two of the 164 (13.4%) child fatalities (ages 1-17) are due to drowning, the Committee recommends that the General Assembly make water safety a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of the importance of water safety, especially the prevention of unintended drowning/submersions. Evidence-based prevention strategies have proven to be cost effective demonstrating a ROI estimated at \$2.20 for every \$1 spent on health promotion<sup>3</sup>.

<sup>2</sup> What is public Health's ROI?, Public Health Newswire, April 2, 2016, [www.ublichealthnewswire.org](http://www.ublichealthnewswire.org)

<sup>3</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827-834. doi:10.1136/jech-2016-208141

- b) Primary prevention strategies, including swim and water survival classes, life jacket loaner programs, and boating safety instruction designed to reach children, youth, parents, grandparents, and family members. Evidence-based prevention strategies have proven to be cost effective demonstrating a return on investment ROI estimated at \$4.10 for every \$1 spent on local level public health programs<sup>4</sup>.
- c) Allocate fines from unsatisfactory public pool inspections to strengthen primary prevention efforts, including the South Carolina Water Safety Coalition.

### **Recommendation 3: Unsecured Firearm Safety**

Given that the SCFAC has found that 60 of the 164 (36.5%) child fatalities (ages 1-17) involved a non-secured firearm leading to an accidental firearm discharge, homicide or suicide, the Committee recommends that the S.C. General Assembly make firearm security a legislative priority by allocating fiscal resources to support;

- a) A coordinated media campaign designed to help raise public consciousness regarding safe firearm handling and storage messaging. Evidence-based prevention strategies have proven to be cost effective demonstrating a ROI estimated at \$2.20 for every \$1 spent on health promotion<sup>5</sup>.
- b) Primary prevention strategies designed to reach children, youth, teenagers, parents, grandparents, and family members and that encourage firearm owners to embrace the importance of proper firearm handling, use of cable-style gunlocks, and adequate storage that is out of sight and out of reach. Evidence-based prevention strategies have proven to be cost effective demonstrating a ROI estimated at \$4.10 for every \$1 spent on local level public health programs

### **Recommendation 4: Transportation Safety**

Based on the information shared by the SC Department of Public Safety (DPS) related to **65** motor vehicle fatalities among individuals 17 years and younger, the SCFAC recommends that the General Assembly make the issue of motor vehicle injuries involving children a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of best practices and various transportation safety-related laws. Evidence-based prevention strategies have proven to be cost effective demonstrating a return on investment ROI estimated at \$2.20 for every \$1 spent on health promotion<sup>6</sup>.
- b) Expanding primary prevention strategies designed to reach teenagers, parents and caregivers, such as School Transportation Safety Observations to improve safety and child safety restraint utilization, and Alive at 25 to educate youth about the dangers of driving. Evidence-based road safety

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<sup>4</sup> Alliance for Health Reform. Public Health Prevention Efforts: Saving Lives, Saving Money?. Robert Wood Johnson Foundation. October, 2012.

<sup>5</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827–834. doi:10.1136/jech-2016-208141

<sup>6</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827–834. doi:10.1136/jech-2016-208141

programs have proven to be cost effective demonstrating a ROI estimated at \$35.20 for every \$1 spent.

- c) Adoption of the Centers for Disease Control and Prevention's (CDC) recommendations found in the Prevention Status Report related to best practices for a child passenger restraint law, graduated drivers licensing, learner's permit age, learner's permit holding period, young passenger restrictions, unrestricted licensure age, and ignition interlock system. Midnight driving curfew combined with provisional licensing for teenage drivers yields an estimated cost saving ratio of \$8 to \$1 spent. Zero alcohol tolerance for drivers under 21 yields an estimated cost savings ratio of \$24.50 to \$1 spent<sup>7</sup>.

**SFY 2017 Note:** During the legislative session the General Assembly strengthened Child Passenger Safety legislation requiring child restraint use to age eight years, and requiring children to ride rear facing until two years of age. Legislation became effective May 29, 2017 upon Governor McMaster's signature.

### **Recommendation 5: Fire Safety**

Given that the SCFAC has found 18 of the 164 (10.97%) child fatalities are fire-related, the Committee recommends that the S.C. General Assembly make fire safety a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness regarding residential fire safety. Evidence-based prevention strategies have proven to be cost effective demonstrating a ROI estimated at \$2.20 for every \$1 spent on health promotion<sup>8</sup>.
- b) A residential fire safety initiative involving the purchase and distribution of fire alarms, especially in rural or underserved communities across South Carolina. Evidence-based alarm distribution initiatives have proven to be cost effective demonstrating a return on investment estimated at \$18.33 benefit to society for every \$1 spent.

### **Recommendation 6: Suicide Prevention**

Given that the SCFAC has found 48 of the 164 (29.3%) child fatalities were suicide-related, the Committee recommends that the S.C. General Assembly make suicide prevention a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness regarding the public health issue of suicide. Evidence-based prevention strategies have proven to be cost effective demonstrating a return on investment (ROI) estimated at \$2.20 for every \$1 spent on health promotion<sup>9</sup>.

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<sup>7</sup> Children's Safety Network. Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs (2014 Update). 2014. <https://www.childreissafetynetwork.org/sites/childreissafetynetwork.org/files/InjuryPreventionWhatWorks2014Update%20v9.pdf>

<sup>8</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827-834. doi:10.1136/jech-2016-208141

<sup>9</sup> Masters R, et al. J Epidemiol Community Health 2017;71:827-834. doi:10.1136/jech-2016-208141



- b) Expanding evidence-based strategies designed to reach individuals, family members and caregivers across South Carolina supportive of suicide prevention.
- c) Evidence-based youth suicide prevention such as the strategy used to reach the Native American population has shown to yield an estimated cost savings of \$35 to \$1<sup>10</sup>.

**SFY 2018 Plans:**

The SCFAC will: **(a)** conduct six meetings; **(b)** develop and publish an annual report based on committee efforts/findings; **(c)** use identified trends and themes emerging from child death review meetings to recommend specific areas that could be improved by state government, community, and/or non-profit actions; **(d)** ensure primary prevention messages developed in the meetings are included in annual reporting; **(e)** enhance health communication messaging while engaging the SCFAC membership in the process; and **(f)** enhance coordination, collaboration and communication with local child fatality efforts.

**SFY 2017 Cases Reviewed and Completed**

**Section 1. Demographics**

Of the 245 cases reviewed, 173 (70.6%) were male and 72 (29.4%) were female. Of the 245 total cases reviewed, 97 (39.6%) were less than twelve months of age, 27 (11.0%) were ages 1 to 4, 17 (6.9%) were ages 5 to 10, 31 (12.7%) were ages 11 to 14 and 73 (29.8%) were ages 15 to 17 years (Table 1).

Table 1. Demographics (N=245)		
	Frequency	Percent
<b>Total</b>	245	100.0%
<b>Sex</b>		
<b>Male</b>	173	70.6%
<b>Female</b>	72	29.4%
<b>Race</b>		
<b>White</b>	117	47.8%
<b>African-American</b>	108	44.1%
<b>Hispanic</b>	18	7.3%
<b>Asian</b>	1	0.4%
<b>Other</b>	1	0.4%
<b>Age Group</b>		
<b>less than 12 months</b>	97	39.6%
<b>1 to 4 years</b>	27	11.0%
<b>5 to 10 years</b>	17	6.9%
<b>11 to 14 years</b>	31	12.7%
<b>15 to 17 years</b>	73	29.8%

<sup>10 10</sup> Children’s Safety Network. Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs (2014 Update). 2014. <https://www.childrensafetynetwork.org/sites/childrensafetynetwork.org/files/InjuryPreventionWhatWorks2014Update%20v9.pdf>

## Section 2. Cause and Manner of Death

Many of the cases reviewed (87 cases, 35.5%) were accidental deaths, and almost a fourth were undetermined (58 cases, 23.7%). Suicides and homicides each comprised almost 20% of cases (48 suicides (19.6%) and 47 homicides (19.2%). Five deaths were determined to be from natural causes (2% of all causes reviewed).

<b>Manner</b>	<b>Frequency</b>	<b>Percent</b>
<b>Accident</b>	87	35.5%
<b>Undetermined</b>	58	23.7%
<b>Suicide</b>	48	19.6%
<b>Homicide</b>	47	19.2%
<b>Natural</b>	5	2.0%
<b>Total</b>	245	100.0%

For most of the 245 cases reviewed for SFY 2017, death was determined to be from an external cause, i.e. injury (187 cases, 76.3%). Death was determined to be from a medical cause in three cases (1.2%) and unknown in one case. Cause of death was undetermined in 54 (22%) of cases.

<b>Cause of Death</b>	<b>Frequency</b>	<b>Percent</b>
<b>From an external cause of injury</b>	187	76.3%
<b>Undetermined if injury or medical cause</b>	54	22.0%
<b>From a medical condition</b>	3	1.2%
<b>Unknown</b>	1	0.4%
<b>Total</b>	245	100.0%

### Section 2.1 Infants Less than 12 Months of Age

Cause and manner of death varied greatly by age group. In the 97 cases reviewed that were infants, i.e., age less than 12 months, more than half (50 cases, 51.5%) were listed and manner of death undetermined. Accidents comprised 38% (37 cases) of deaths, homicide 8.2% (8 cases), and natural causes 2% (2 cases). In infants, the most frequent cause of death was unsafe sleep. Death due to unsafe sleeping conditions was deemed to be the cause of death in 80 of the 97 infant cases or 82.5% of cases. Other causes of death in infants included asphyxia (5 cases, 5.2%), homicide using a weapon (4 cases, 4.1%), drowning, (2 cases, 2.1%), and animal attack (1 case, 1%). One case had an unknown cause of death, and in 3 cases the manner of death was undetermined (Table 4).

**Table 4. Cause and Manner of Death in Children Less than 12 Months of Age (N = 97)**

Cause of Death	Natural (N = 2)		Accident (N = 37)		Homicide (N = 8)		Undetermined (N = 50)		Total (N = 97)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Unsafe sleep	0	0.0%	33	89.2%	0	0.0%	47	94.0%	80	82.5%
Asphyxia	1	50.0%	2	5.4%	2	25.0%	0	0.0%	5	5.2%
Weapon, including body part	0	0.0%	0	0.0%	4	50.0%	0	0.0%	4	4.1%
Undetermined	0	0.0%	0	0.0%	0	0.0%	3	6.0%	3	3.1%
Drowning	0	0.0%	2	5.4%	0	0.0%	0	0.0%	2	2.1%
Animal bite or attack	0	0.0%	0	0.0%	1	12.5%	0	0.0%	1	1.0%
Prematurity	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	1.0%
Unknown	0	0.0%	0	0.0%	1	12.5%	0	0.0%	1	1.0%
<b>Total</b>	<b>2</b>	<b>100.0%</b>	<b>37</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>	<b>97</b>	<b>100.0%</b>

## Opportunities for Prevention

### Safe Sleeping<sup>11</sup>

To decrease the risk of Sudden Infant Deaths;

- Do not smoke near or around your child.
- Always place your infant alone, on their back and in a crib to keep them safe while they sleep.
- Sleep separately with the crib in in the same room.
- Remove all items from the crib including pillows, other bedding, toys, bumpers, clothing, etc.
- One infant should be the occupant of any crib, i.e. twins or multiples should sleep in separate cribs.

## Section 2.2 Children Ages 1 to 4 Years

A total of 27 cases of children ages 1 to 4 years of age were reviewed in SFY 2017. Of those, 66.7% were accidental (18 cases) 18.5% (5 cases) were homicide, and 14.8% (4 cases) had an undetermined manner of death. Drowning was the most common cause of death, with 33.3% (9 cases) of deaths resulting from drowning. Homicide, burns or scalding, and motor vehicle accidents each caused 2 deaths (7.4% each), and unsafe sleep, asphyxia, falls and poisoning each caused 1 death (3.7% each). A total of 5 cases (18.5%) had an undetermined cause (Table 5).

<sup>11</sup> American Academy of Pediatrics. (2016). American Academy of Pediatrics announces new safe sleep recommendations to protect against SIDS. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Safe-Sleep-Recommendations-to-Protect-Against-SIDS.aspx>

**Table 5. Cause and Manner of Death in Children Ages 1 to 4 (N=27)**

Cause of Death	Accident(N=18)		Homicide(N=5)		Undetermined(N=4)		Total(N=27)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Drowning	9	50.0%	0	0.0%	0	0.0%	9	33.3%
Weapon, including body part	2	11.1%	3	60.0%	0	0.0%	5	18.5%
Undetermined	1	5.6%	0	0.0%	4	100.0%	5	18.5%
Fire, burn, or electrocution	1	5.6%	1	20.0%	0	0.0%	2	7.4%
Motor vehicle and other transport	2	11.1%	0	0.0%	0	0.0%	2	7.4%
Unsafe sleep	1	5.6%	0	0.0%	0	0.0%	1	3.7%
Asphyxia	0	0.0%	1	20.0%	0	0.0%	1	3.7%
Fall or crush	1	5.6%	0	0.0%	0	0.0%	1	3.7%
Poisoning, overdose or acute intoxication	1	5.6%	0	0.0%	0	0.0%	1	3.7%
<b>Total</b>	<b>18</b>	<b>100.0%</b>	<b>5</b>	<b>100.0%</b>	<b>4</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>

## Opportunities for Prevention

### Water Safety

Drowning is the leading cause of deaths for children 1-4 years of age. This is a time when active supervision and basic childproofing is critical – no exceptions.

### Firearm Safety

Gun locking devices render firearms inoperable and can be used in addition to locked storage. When firearms are disassembled, parts should be securely stored in separate locations.

### Hyperthermia (Hot Car Death) Prevention

Remember to check the back seat before exiting a vehicle and always supervise children around vehicles, especially when a vehicle is “unlocked.”

### Transportation Safety

Car seat check events can help parents and care givers to ensure car seats are properly installed, and that they are using the most appropriate car seat restraint for the child’s height and weight.

## Section 2.3 Children Ages 5 to 10 Years

A total of 17 cases of children ages 5 to 10 were reviewed and completed in SFY 2017. Of those, 67.6% (11 cases) were determined to be accidental deaths, 11.8% (2 cases) were determined to be homicide, 1 case (5.9%) was determined to be natural causes, and 3 cases (17.6%) had manner of death undetermined. Fires or burns were determined to be the most common causes of death with 7 out of 17 cases (41.2%) determined to be fire or

burn-related. Other causes of death included 4 deaths by drowning, 3 by weapon (including 2 homicides and 1 accidental), 2 by asphyxia, and 1 congenital anomaly (Table 6).

**Table 6. Cause and Manner of Death in Children Ages 5 to 10 (N=17)**

Cause of Death	Natural (N=1)		Accident (N=11)		Homicide (N=2)		Undetermined (N=3)		Total (N=27)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Fire, burn, or electrocution	0	0.0%	4	36.4%	0	0.0%	3	100.0%	7	41.2%
Drowning	0	0.0%	4	36.4%	0	0.0%	0	0.0%	4	23.5%
Weapon, including body part	0	0.0%	1	9.1%	2	100.0%	0	0.0%	3	17.6%
Asphyxia	0	0.0%	2	18.2%	0	0.0%	0	0.0%	2	11.8%
Congenital anomaly	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%
<b>Total</b>	<b>1</b>	<b>0.0%</b>	<b>11</b>	<b>100.0%</b>	<b>2</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>	<b>17</b>	<b>100.0%</b>

## Opportunities for Prevention

### Water Safety

Teach kids never to go near or in water without an adult present. Remember that things such as water wings, noodles and other items can create a false sense of security for children and should not be used in place of life jackets. (See Opportunities for Prevention for Ages 1-4).

### Fire, burn, electrocution<sup>12</sup>

Teach children which objects in the home they should never touch.

### Firearm Safety

Thoroughly check firearms to confirm that they are unloaded when you return them to or remove them from storage.

## Section 2.4 Children Ages 11 to 14 Years

A total of 31 cases of deaths of children and young teens ages 11 to 14 years were reviewed and completed during SFY 2017. Of those, suicide was the most common manner of death with 17 of 31 cases (54.8%) deemed to be suicide. A total of 7 cases (22.6%) were determined to be accidental and 5 cases (16.1%) were determined to be homicide. One case had manner of death undetermined. Deaths by weapon was determined to be the most common cause of death in this age group, with 17 deaths (54.8%) caused by weapons. Of those 13 of 17 cases (76%) were suicide and 4 of 17 (24%) were by homicide. Other causes of death included asphyxia with 6 cases, (4 suicide, 1 accidental, and 1 homicide), 4 cases from drowning, 2 cases from motor vehicle accidents, 1 case from poisoning, and 1 case from pneumonia (Table 7).

<sup>12</sup> Safe Kids Foundation. (2015). How safe is your home? Retrieved from <https://www.safekids.org/sites/default/files/skf-repo-final10.pdf>

**Table 7. Cause and Manner of Death in Children Ages 11 to 14 (N=31)**

Cause of Death	Natura (N=1)		Accident (N=7)		Suicide (N=17)		Homicide (N=5)		Undetermined (N=1)		Total	
	Frequen cy	Percent	Frequen cy	Percent	Frequen cy	Percent	Frequen cy	Percent	Frequen cy	Percent	Frequen cy	Percent
Weapon, including body part	0	0.0%	0	0.0%	13	76.5%	4	80.0%	0	0.0%	17	54.8%
Asphyxia	0	0.0%	1	14.3%	4	23.5%	0	0.0%	1	100.0%	6	19.4%
Drowning	0	0.0%	4	57.1%	0	0.0%	0	0.0%	0	0.0%	4	12.9%
Motor vehicle and other transport	0	0.0%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	2	6.5%
Poisoning	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.2%
Pneumonia	0	0.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	1	3.2%
<b>Total</b>	<b>1</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>17</b>	<b>100.0%</b>	<b>5</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>

**Opportunities for Prevention**

Fire, burn, electrocution<sup>13</sup>

Always monitor children in the kitchen, where many home hazards such as hot liquid, hot stove and electrical dangers exist.

Water Safety

Whether you are swimming in a backyard pool or in a lake, teach children to swim with a partner every time. Do not allow children to swim alone.

Firearm Safety

Accidents could occur if a family member borrows a gun and returns it to storage while still loaded. Thoroughly check firearms to confirm that they are unloaded when you remove them from storage. Double checking each firearm is highly recommended.

Anthony was 14 years old, having fun with his friends in the local lake. He was embarrassed that he was not a good swimmer, so he told his friends that he could swim. He wandered in a little too deep, and started calling for help. Since he had told his friends he could swim, they thought he was joking. After he slipped under the water, it took over thirty minutes to find his body.

Transportation Safety

Promote and encourage friends and family members to adopt safe driving behaviors, such as: (1) avoiding drunk, drugged, drowsy or distracted drivers; (2) showing respect for and sharing the road safely with all other users; (3) always using age- and size-appropriate car seats, booster seats, and seat belts; and (4) obeying the rules of the road.

<sup>13</sup> Safe Kids Foundation. (2015). How safe is your home? Retrieved from <https://www.safekids.org/sites/default/files/skf-repo-final10.pdf>

## Section 2.5 Children Ages 15 to 17 Years

A total of 73 cases of deaths of teenagers age 15 to 17 were reviewed and completed during SFY 2017. Of those 42% (31) were suicide, 37% (27) were homicide, 19.2% (14) accidental, and 1.4% (1 case) were by natural causes. Death by weapon was the most common cause of death in this age group. Of the 45 deaths by weapon, 26 (58%) were homicides, 17 (38%) were suicides, and 2 (4%) were accidental. Of the suicides in this group, 54.8% (17 cases) used a weapon and 45.2% (14 cases) were death by asphyxia. Other causes of death included accidental poisoning (4 cases), drowning (3 cases), motor vehicle accidents (2 cases), and one fall (Table 8).

**Table 8. Cause and Manner of Death in Children Ages 15 to 17 (N=73)**

Cause of Death	Natural (N=1)		Accident (N=14)		Suicide (N=31)		Homicide (N=27)		Total (N=73)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Weapon, including body part	0	0.0%	2	14.3%	17	54.8%	26	96.3%	45	61.6%
Asphyxia	0	0.0%	2	14.3%	14	45.2%	1	3.7%	17	23.3%
Poisoning, overdose or acute intoxication	0	0.0%	4	28.6%	0	0.0%	0	0.0%	4	5.5%
Drowning	1	100.0%	2	14.3%	0	0.0%	0	0.0%	3	4.1%
Motor vehicle and other transport	0	0.0%	2	14.3%	0	0.0%	0	0.0%	2	2.7%
Fall or crush	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	1.4%
Other	0	0.0%	1	7.1%	0	0.0%	0	0.0%	1	1.4%
<b>Total</b>	<b>1</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>	<b>73</b>	<b>100.0%</b>

## Opportunities for Prevention

### Firearm Safety

If you choose to keep a firearm for home security, your objective should be to create a situation in which the firearm is readily available to you, yet inaccessible or inoperative to others. Special lockable cases that open only by authorized individuals are options to consider.

### Suicide Prevention

Being aware is the best way to help prevent a suicide. If you suspect someone you love is contemplating taking their own life, it is your obligation to get them help.

### Water Safety

Learning CPR is a skill that will last children a lifetime.

## **Section 3. Details of Most Common Cause and Manner of Death**

This section contains more detailed information about the most common cause and/or manner of death in each age group.

### Section 3.1. Details of Unsafe Sleep-Related Deaths

Sudden unexplained infant death is one of the leading causes of death for infants in South Carolina and nationally. In the United States, there are over 4,500 sudden unexplained infant deaths (SUID) related to unsafe sleeping conditions each year.<sup>14</sup> There are three types of SUID: 1) Sudden Infant Death Syndrome (SIDS), 2) Unknown and accidental suffocation and 3) Strangulation in bed.<sup>15</sup> Causes of accidental suffocation and strangulation include suffocation on soft surfaces and bedding, overlay of another body over the infant, wedging between two objects or entrapment, and strangulation by sheets or crib railings.<sup>2</sup> Within the reviewed and completed SCFAC cases for SFY2016, approximately 93% of all infant deaths were related to unsafe sleeping conditions.



Patti had just started smiling. At two months old, she was the picture of health, and her parents were already starting to plan for her first Christmas. Exhausted after her long day at work, Patti's mother fed Patti and lay down with her on the queen-sized bed for a quick nap. One hour later, her husband came in and found Patti on her stomach, blue and lifeless beside her mother. The empty crib was just a few steps away, in the same room.

Sleeping position is critical to safe sleeping environments for infants. It is recommended that babies be put to sleep on their backs.

Of the 80 cases that were determined to be due to unsafe sleep, children in 23 cases were reported to be put to sleep on their backs, 14 were put to sleep on their stomach, and 10 were put to sleep on their side. In 33 cases the position in which the child was put to sleep was unknown. When the children were found, 32 of 80 (40%) were found on their stomach and only 16% were found on their back. In 29 cases, the position in which the children were found is unknown (Table 9a).

Sleeping Position	Child put to sleep		Child found	
	Frequency	Percent	Frequency	Percent
<b>On back</b>	23	28.8%	13	16.3%
<b>On stomach</b>	14	17.5%	32	40.0%
<b>On side</b>	10	12.5%	6	7.5%
<b>Unknown</b>	33	41.3%	29	36.3%
<b>Total</b>	80	100.0%	80	100.0%

The most common sleep location for unsafe sleep cases is in an adult bed. In more than half (24 cases, 52.5%) of unsafe sleep cases, the child had slept on an adult bed. Only 24 of the 80 cases (30%) slept in a crib or bassinet. Other sleep locations included a couch (9 cases, 11.3%), playpen, chair, or car seat (1 case each, 1.3% each), or other (2 cases, 2.5%).

<sup>14</sup> First Candle. (n.d.). Retrieved from <http://www.firstcandle.org/grieving-families/sids-suid/about-sids-suid/sids-facts-faq/>

<sup>15</sup> Centers for Disease Control and Prevention. (n.d.). Retrieved from <http://www.cdc.gov/sids/aboutsuidandsids.htm>



Table 9b. Sleep Location (N=80)		
Sleep Location	Frequency	Percent
Adult bed	42	52.5%
Crib	16	20.0%
Couch	9	11.3%
Bassinet	8	10.0%
Other	2	2.5%
Playpen/Other play structure (not portable crib)	1	1.3%
Chair	1	1.3%
Car seat	1	1.3%
<b>Total</b>	<b>80</b>	<b>100.0%</b>

Of the 80 deaths in infants related to unsafe sleeping conditions, 18 cases (22.5%) involved a primary caregiver (i.e., a biological parent) with a history of substance abuse, and 11 cases (13.8%) involving a secondary caregiver (i.e., a grandparent, other relative, or friend) found to have a history of substance abuse. Many of these caregivers had abuse histories involving multiple substances: alcohol, cocaine, marijuana, methamphetamine, opiates and prescription drugs.

The most common substance abuse was marijuana, with 16 (20%) of primary caregivers and 7 (8.6%) of secondary caregivers reported to have a history of consuming marijuana (Table 10).

Table 10. Caregivers of infants/children with deaths due to unsafe sleep (N=80)				
	Caregiver 1		Caregiver 2	
	Frequency	Percent	Frequency	Percent
<b>Type of Caregiver</b>				
Biological parent	80	100.0	45	55.6
Grandparent			4	4.9
Other relative			1	1.2
Friend			1	1.2
<b>Total</b>	<b>80</b>	<b>100.0</b>	<b>51</b>	<b>63.0</b>
<b>Caregiver has history of substance abuse</b>				
Yes	18	22.5	11	13.6
No	61	76.3	39	48.2
Unknown	1	1.3	1	1.2
<b>Total</b>	<b>80</b>	<b>100.0</b>	<b>51</b>	<b>63.0</b>
<b>Types of Substance Abuse</b>				
	Frequency	Percent	Frequency	Percent
If yes, substance abuse - Alcohol	2	2.5	2	2.5
If yes, substance abuse - Marijuana	16	20.0	7	8.6
If yes, substance abuse - Cocaine	4	5.0	4	4.9
If yes, substance abuse - Prescription drugs	3	3.8		
If yes, substance abuse - Opiates	1	1.3	3	3.7
If yes, substance abuse - Methamphetamine			1	1.2
<b>Total</b>	<b>26</b>	<b>32.5</b>	<b>17</b>	<b>21.0</b>

### Section 3.2. Details of Drowning-Related Deaths

Weekly, approximately one (1) resident of South Carolina dies (an average of 66 deaths annually) from a preventable drowning and submersion related event. Males account for 81.9% (54) of these type fatalities. Fifty-seven percent of the drowning-related deaths (about 38 annually) occur among Whites and 43% (about 28 annually) occur among Blacks. Drowning-related deaths among males account for 73.1% (28) of the fatalities among Whites and 93.8% (26) of the fatalities among Blacks.

Shayla was three years old and running around with her cousins at a family reunion. When the children were called for lunch, the adults noticed that Shayla was missing. Her family began searching for her and called 911. Shayla was found at the bottom of the swimming pool. No one had heard her drowning because drowning is a silent event.

Monthly, approximately one (1) resident of South Carolina age 17 years of age and younger dies (average of 14 deaths annually) from a preventable drowning and submersion related event with the age-adjusted death rate slightly lower than the state rate: 1.3 per 100,000 verses 1.4 per 100,000. Within this age group, males account for 75.7% (10) of the drowning or submersion related fatalities.

During SFY 2017, 22 (8.9%) of the cases reviewed and completed involved drowning-related deaths. Table 11 shows the drowning location by age. Drowning was found to be the most common cause of death in children ages 1 to 4. The location of drownings varies widely by age group. Drownings in infants most likely occur in a bathtub or sink, whereas drownings involving young children occur in swimming pools, hot tubs, or spas.

<b>Table 11. Drowning Location by Age (N=22)</b>	
<b>Location</b>	<b>Number of Drownings</b>
<b><i>Less than 12 Months (N=2)</i></b>	
Lake	1
Bathtub	1
<b><i>Age 1 to 4 (N=9)</i></b>	
Pool, hot tub, spa	7
Pond	2
<b><i>Age 5 to 10 (N=4)</i></b>	
Pool, hot tub, spa	3
Lake	1
<b><i>Age 11 to 14 (N=4)</i></b>	
Lake	3
Ocean	1
<b><i>Age 15 to 17 (N=3)</i></b>	
Bathtub	1
River	1
Ocean	1
<b>Total</b>	<b>22</b>

### Section 3.3. Details of Fire and Burn-Related Deaths

Burns and scalds were the most common cause of death in children ages 5 to 10. A total of 18 cases were determined to be deaths due to burns or scalds. Of those, the source of the burn was not known for half of the cases. Of the ones where the source is known, 2 were from the stove, 2 from an electrical outlet, one from a candle, one from hot bath water, one from an explosive, and 2 from heaters, either kerosene or the HVAC system (Table 12a).

Source	Frequency	Percent
Unknown	9	50.0%
Cooking stove	2	11.1%
Electrical outlet	2	11.1%
Candles	1	5.6%
Hot bath water	1	5.6%
Other explosives	1	5.6%
HVAC	1	5.6%
Kerosene Heater	1	5.6%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

More than half of fire-related deaths (10 cases, 55.6%) occurred in mobile homes. The next most common type of structure was apartments, (4 cases, 22.5%). Two cases occurred in single family homes and in two of the cases the type of structure was unknown (Table 12b).

Type of building	Frequency	Percent
Trailer/mobile home	10	55.6%
Apartment	4	22.2%
Single home	2	11.1%
Unknown	2	11.1%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Section 3.4. Details of Weapon-Related Deaths

Each day approximately two South Carolinians (an average of 711 incidents annually) die from a preventable incident involving an unsecured firearm. The numbers of deaths by manner are as follows: accidental discharge (20), homicide (253), or suicide (438) fatalities.

Many of these incidents involve children age 17 years and younger.<sup>16</sup> The South Carolina Victim Assistance Network data<sup>17</sup> shows approximately one third of households with children ages 18 and younger have a gun in the home. Further, more than half of these firearm owners keep their firearms loaded and accessible.

<sup>16</sup> DHEC, SCAN. (n.d.). Retrieved October 18, 2016 from <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx>

Nationally, close to 8,000 children were hospitalized or killed due to firearm-related causes in 2015.<sup>18</sup> The incidence of unintentional firearm related deaths among children is characteristically during late afternoons, weekends, summer months, or during the holiday season.

During SFY 2017, weapons-related deaths were the most common cause of death in teens, 11 to 14 and 15 to 17 years of age. These deaths may have been accidental, a homicide, or suicide-related. A total of 74 cases involving a weapons-related death were reviewed and completed. Of those, 4 cases (5.4%) were accidental, 39 cases (52.7%) were homicides, and 30 cases (37.8%) were suicides.

By far the most common weapon used was a firearm, especially a handgun. Of the 74 deaths by weapons, 60 cases (81%) involved a firearm with 66.7% of these cases (40 of 60) involving the use of a handgun. Of the 30 suicide deaths reviewed, 28 cases (93.3%) involved a firearm, with 64.3% of these cases (18 of 28) involving the use of a handgun. Of the 39 homicide deaths reviewed, 28 cases (52.7%) involved a firearm, with 67.9% of these cases (19 of 28) involving the use of a handgun.

Other weapons used included a person's body part (i.e. punch or kick), sharp instruments, such as a knife, or blunt instrument, such as a bat or club. This information is detailed in Table 13.

**Table 13. Weapon by Manner of Death (N=74)**

Type of Weapon	Accident (N=5)		Suicide (N=30)		Homicide (N=39)		Total (N=74)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Handgun	3	60.0%	18	60.0%	19	48.7%	40	54.1%
Shotgun or rifle	1	20.0%	9	30.0%	2	5.1%	12	16.2%
Unknown firearm type	0	0.0%	1	3.3%	7	17.9%	8	10.8%
Persons body part	0	0.0%	0	0.0%	5	12.8%	5	6.8%
Other	0	0.0%	2	6.7%	1	2.6%	3	4.1%
Unknown weapon	0	0.0%	0	0.0%	3	7.7%	3	4.1%
Sharp instrument	0	0.0%	0	0.0%	2	5.1%	2	2.7%
Blunt instrument	1	20.0%	0	0.0%	0	0.0%	1	1.4%
<b>Total</b>	<b>5</b>	<b>100.0%</b>	<b>30</b>	<b>100.0%</b>	<b>39</b>	<b>100.0%</b>	<b>74</b>	<b>100.0%</b>

### Section 3.5. Details of Suicide Deaths

Suicide was the most common cause of death in children ages 11 to 14 and the second-most common cause of death in teens ages 15 to 17 years. A total of 17 suicides occurred in children ages 11 to 14, 54% of all reviewed cases in this age group, and 65% of all suicide cases reviewed in SFY 2017. Unsecured firearms

Marcus was upstairs. He had been sent home from school for disruptive behavior. When Marcus did not appear for supper, his grandfather found him in the closet, hanging from the clothing rod, dead. Marcus's phone contained a text message from his girlfriend, who broke up with him that same day.

<sup>17</sup> Gun Sense SC. (n.d.). Danger within. Retrieved October 28, 2016 from <http://gunsensesc.org/wp-content/uploads/2015/11/DANGER-WITHIN-ARTICLE.pdf>

<sup>18</sup> Web-based Injury Statistics Query and Reporting System (WISQARS), CDC. (n.d.). Retrieved July 28, 2017 from <https://www.cdc.gov/injury/wisqars/index.html>

were the cause of death in 65% of suicides in children and teens ages 11 to 14 years, and 55% of suicides in teens ages 15 to 17 years. Unsecured firearms were used in 28 out of 48 suicides for a total of 58% of suicide cases reviewed. Handguns were the most common type of firearm used in suicides (Table 14a).

Cause of Death	11 to 14 years (N=17)		15 to 17 years (N=31)		Total (N=48)	
	Count	Percentage	Count	Percentage	Count	Percentage
<b>Asphyxia</b>	4	23.5%	14	45.2%	18	37.5%
<b>Handgun</b>	9	52.9%	9	29.0%	18	37.5%
<b>Rifle or Shotgun</b>	1	5.9%	8	25.8%	9	18.8%
<b>Unknown Firearm type</b>	1	5.9%	0	0.0%	1	2.1%
<b>Other weapon</b>	2	11.8%	0	0.0%	2	4.2%
<b>Total</b>	17	100.0%	31	100.0%	48	100.0%

Suicide deaths are more common in males than in females. In SFY 2017 cases that were reviewed, 38 out of 48 (79%) suicide cases were male. The most common method used in males was firearms, with 23 of 38 (60%) suicides in males using unsecured firearms. The second-most common method of suicide in males is asphyxia, with 15 out of 38 or 39.5% of males using asphyxia as a suicide method. Of the 10 female suicide cases reviewed, 50% (5 cases) used a handgun. Other methods used by females included asphyxia and other weapons. Table 14b displays cause of suicide death by gender.

Cause of Death	Male (N=38)		Female (N=10)		Total (N=48)	
	Count	Percentage	Count	Percentage	Count	Percentage
<b>Asphyxia</b>	15	39.5%	3	30.0%	18	37.5%
<b>Handgun</b>	13	34.2%	5	50.0%	18	37.5%
<b>Rifle or Shotgun</b>	9	23.7%	0	0.0%	9	18.8%
<b>Unknown Firearm</b>	1	2.6%	0	0.0%	1	2.1%
<b>Other Weapon</b>	0	0.0%	2	20.0%	2	4.2%
<b>Total</b>	38	100.0%	10	100.0%	48	100.0%

### **Section 3.6. Details of Child Maltreatment Deaths**

In the United States, there were 683,000 child victims of nonfatal child abuse and neglect in 2015.<sup>19</sup> Almost a quarter of these children are under the age of one year. Child abuse includes physical, sexual and emotional abuse, as well as exposure to domestic violence. Child neglect may be defined as when a child's needs are not being met, including basic needs, supervision, education, medical needs and emotional needs.

During SFY 2015, South Carolina had 19,784 reported incidents of child abuse and neglect, with 8,472 (42.8%) of investigations being confirmed child abuse and neglect cases.<sup>20</sup>

<sup>19</sup> Centers for Disease Control and Prevention. (2016). Child abuse and neglect prevention. Retrieved from <http://www.cdc.gov/violenceprevention/childmaltreatment/>

<sup>20</sup> Children's Trust of South Carolina. (2016). Child abuse and neglect data from South Carolina. Retrieved from [https://scchildren.org/prevention\\_learning\\_center/child\\_abuse\\_and\\_neglect\\_data/](https://scchildren.org/prevention_learning_center/child_abuse_and_neglect_data/)

### Section 3.7. Details of Motor Vehicle Deaths

The CDC reports that motor vehicle collisions are one of the leading causes of unintentional death in the United States. In 2015, more than 38,000 people died in motor vehicle collisions, including 5,719 pedestrians and 675 cyclists. That year more than 2.6 million people were injured in motor vehicle collisions, including 187,000 pedestrians and 467,800 cyclists.

Approximately **two** (2) South Carolina residents die daily from a preventable transportation-related incident (average of 952 incidents annually): motor vehicle fatalities (912), other land transportation fatalities (15.5) or other types, to include water, air, etc. (24.5). Many of these incidents involve children age 17 years and younger.<sup>21</sup>

Weekly, approximately **one** (1) South Carolina child age 17 years and younger (average of 73 incidents annually) dies from a preventable transportation-related incident: motor vehicle fatalities (71 deaths), and other land transportation or other types, to include water, air, etc. (2 deaths). A breakout by age details: age 0 to 1 (2 deaths), age 1 to 4 (10 deaths), age 5 to 9 (8 deaths), age 10 to 14 (13 deaths) and age 15 to 17 (40 deaths).

During SFY 2016, a representative from the South Carolina Department of Public Safety<sup>22</sup> presented to the SCFAC child death information from 38 child motor vehicle fatality incidents. Of these, one death was alcohol-related, two were drug-related (drivers tested positive), five were unrestrained in the vehicle, one was an unlicensed driver, two were pedestrians, including one hit and run and 1 pedestrian crossing road unlawfully, and 1 was on a motorcycle without a helmet.

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<sup>21</sup> DHEC, SCAN. (n.d.). Retrieved October 30, 2016 from <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx>

<sup>22</sup> SC Department of Public Safety, Office of Highway Safety and Justice Programs, State Fatality Database.

# Appendices




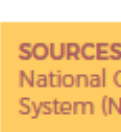
## Appendix 1. Infographic: Unsafe Sleep



**80** Total unsafe sleep-related infant deaths in SC

**82% (97)** Infant deaths reviews by the SC State Child Fatality Advisory Committee

### Factors Involved in Unsafe Sleep-Related Child Deaths

-  1. Baby not sleeping in crib or bassinet.
-  2. Baby not sleeping on back.
-  3. Adult caregiver or parent impaired by alcohol or drugs.
-  4. Other Factors:
  - Unsafe bedding or toys
  - Caregiver fell asleep while breast or bottle feeding.

### Know the ABC's of Safe Sleep

- A** Babies **ALWAYS** sleep **ALONE** -- without people, pets, blankets, pillows, or toys.
- B** Always place babies to sleep on their **BACK**.
- C** **CRIBS** are the only safe sleeping place for babies.

Unsafe sleep-related deaths are 100% preventable!



#### SOURCES

National Child Death Review Case Reporting System (NCDRCS).

American Academy of Pediatrics, 2016 Safe Sleep Guidelines.



[www.scfac-sc.org](http://www.scfac-sc.org)

# Accidental Drowning-Related Child Fatalities

FY 2017



*All children must be supervised at all times in or around water. Adults should take turns providing full attention to supervising children.*

## 22 Total Child (ages 0-17) Drowning-Related Deaths in SC

0-12 Months



1-4 Years



5-10 Years



11-14 Years



15-17 Years



*Lake and ocean swimming are no different.*

*Constant supervision and wearing a Personal Flotation Device can save a child's life.*

### At Home Risks

Empty all buckets and store upside down & out of reach. Close the toilet lid and drain all water from bathtubs after use. Always supervise children in or around the bathtub.

### Pool Risks

Empty portable or inflatable pools immediately after use. Backyard pools must be surrounded by 4 ft. high, four-sided fencing & a self-closing, self-latching gate.

### Boating Risks

Children should always wear a Personal Flotation Device when on a watercraft. Ensure that all children on a watercraft know how to swim and survive in the water.

### SOURCES

National Child Death Review Case Reporting System (NCDRCS).

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention.



South Carolina  
State Child Fatality  
Advisory Committee



[www.scfac-sc.org](http://www.scfac-sc.org)

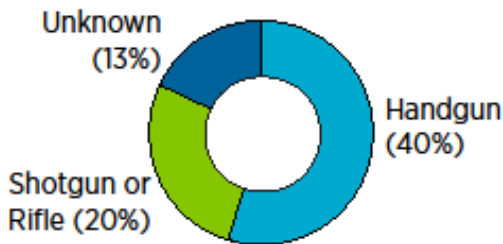


# Unsecured Firearm-Related Child Fatalities

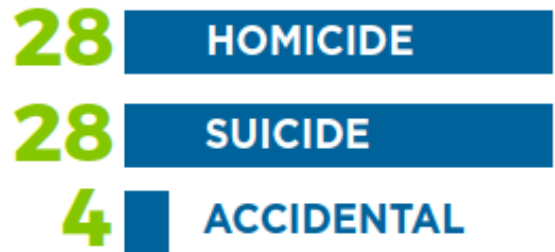
FY 2017

## Manner of Death: Homicides and Accidental

### 60 Total Child (ages 0-17) Firearm-Related Deaths in SC



### Manner of Child Fatalities Due to Unsecured Firearms



#### WHAT YOU SHOULD KNOW

1. Millions of children live in home with easily-accessible firearms, and when those guns are not stored safely or securely, they post a clear risk to children.
2. Project ChildSafe provides **FREE gun-lock safety kits**. Visit [www.projectchildsafe.org/safety/safety-kit/South-Carolina](http://www.projectchildsafe.org/safety/safety-kit/South-Carolina).
3. South Carolina's Handgun Safety Course can be found at: [www.handgunsafetycourse.com/southcarolina](http://www.handgunsafetycourse.com/southcarolina)

#### PREVENTION POINTS

1. Learn about free gun locks from local Project ChildSafe efforts offered through SC local police departments.
2. Educate all family members about firearm safety.
3. Safe storage is employing precautions and multiple safeguards that provide an additional barrier against unauthorized use.

**Storage Tips**  
Unloaded & Locked  
Ammunition Separately



#### SOURCES

National Child Death Review Case Reporting System (NCDRCS).

Project ChildSafe.  
[www.projectchildsafe.org/about](http://www.projectchildsafe.org/about).

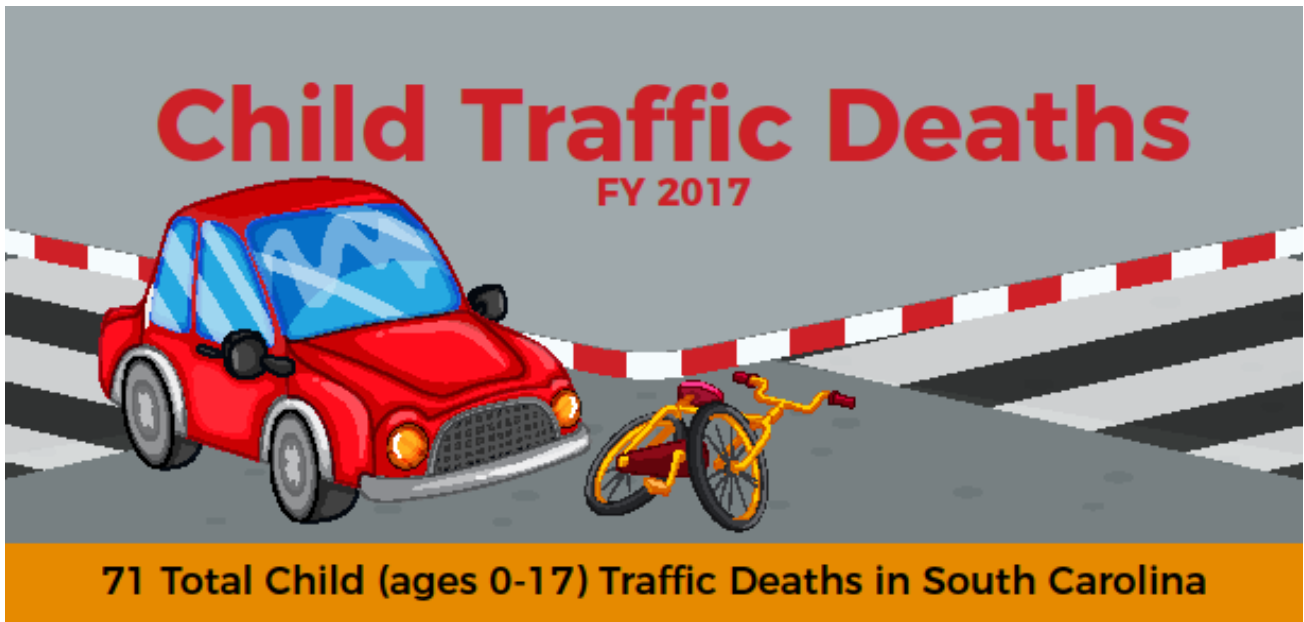


South Carolina  
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Advisory Committee



[www.scfac-sc.org](http://www.scfac-sc.org)

## Appendix 4. Infographic: Child Traffic Deaths



1



2



4

Reviews by the SC State Child Fatality Advisory Committee

38

Child traffic deaths due to NO RESTRAINTS

5

**BELT UP**

**FOR LIFE**

### PREVENTION

- Strengthen policies and programs to enhance transportation safety.
- Strengthen policies that reduce driving while under the influence of alcohol or drugs, or while drowsy or distracted.
- Implement motorcycle and bicycle helmet laws.
- Implement pedestrian safety education and other safety regulations.

#### SOURCES

SC Department of Public Safety, Office of Highway Safety and Justice Programs, State Fatality Database.

National Child Death Review Case Reporting System (NCDRCS).



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# Smoke, Fire, and Flame

FY 2017



9 Preventable Fire-Related Child  
Deaths in South Carolina

## DEATHS BY AGE

1-4 Years	5-10 Years
2	7

## WHAT YOU SHOULD KNOW

- 1 Every day across the U.S. at least one child dies in a home fire.
- 2 Home fires account for nearly 90% of all fire-related deaths.
- 3 Working smoke alarms reduce the chance of dying in a home fire by-half.
- 4 Deaths due to smoke/fire/flames are preventable.

## PREVENTION POINTS



Each home should have a working smoke detector.



Each home should have a working fire extinguisher.



Each family should have an escape plan, and practice it.

## SOURCES

National Child Death Review Case Reporting System (NCDRCS).



South Carolina  
State Child Fatality  
Advisory Committee

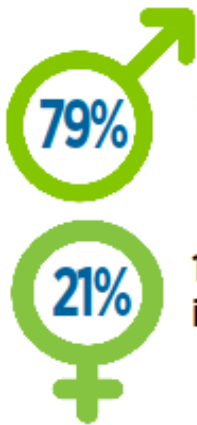


[www.scfac-sc.org](http://www.scfac-sc.org)

# Suicide-Related Child Fatalities

FY 2017

48 Self-Harm Fatalities in South Carolina



38 of 48 deaths involved a male

10 of 48 deaths involved a female

## DEATHS BY AGE

11-14 Years

35%

15-17 Years

65%



58% of suicide deaths involved a non-secured firearm

## WHAT YOU SHOULD KNOW

1. **Every 16.2 minutes**, a person dies by suicide in the United States.
2. Men are **4 times more likely** to commit suicide than females.
3. Suicide deaths are more **prevalent with caucasians**.
4. Suicide is not a random act. **More than two-thirds** of those who attempt are in the midst of a major depressive episode.



## WARNING SIGNS

- Isolation; feeling alone
- Hopelessness
- Negative view of self
- Feeling like a burden
- Making suicide threats
- Making funeral arrangements
- Drastic mood or behavior changes
- Engaging in risky behaviors
- Substance abuse or increased alcohol use
- Giving things away
- Frequently talking about death

## SOURCES

National Child Death Review Case Reporting System (NCDRCS).

Project Child Safe.  
[www.projectchildsafe.org/about](http://www.projectchildsafe.org/about)



South Carolina  
State Child Fatality  
Advisory Committee



[www.scfac-sc.org](http://www.scfac-sc.org)