

**Unintentional Death Committee - Child Fatality Task Force**  
**APPROVED Minutes – October 18, 2010**

**In attendance:** Martha Sue Hall, Peter Morris, Sen. Allran, Carol Brooke, Elaine Cabinum-Foeller, Emily Drakage, Rep. Folwell, Marsha Ford, Martha Guttu, Jessi Hayes, Kelly Kimple, Jani Kozlowski, Andrea Lewis, Ken Melton, Stephanie Nantz, Jan Parker, Scott Proscholdbell, Kelly Ransdell, Susan Robinson Carol Runyan, Tom Sri, Tom Vitaglione

**By Phone:** Krista Ragan, Katie Thomas, Sherri Troop, Janice Williams

Martha Sue Hall called the meeting to order with a moment of silence for all the children who have died or are at-risk.

**Prescription Drugs**

Poisoning is the fastest growing cause of child death for North Carolina teens. It mirrors a national trend on children misusing prescription drugs for recreational purposes.

Kelly Ransdell from Safe Kids noted that many factors contributed to the prescription drug problem, including dispensing (such as over prescribing) and disposal. A subcommittee of UDC met to address ways to reduce child access to drugs and decided to focus primarily on the disposal aspect of the problem.

Operation Medicine Drop in March of 2010 collected over 1.4 million doses of medications across North Carolina. This model developed by NC Safe Kids is now used as the national model. Safe Kids has committed to continuing the initiative through 2012. However, long-term, permanent drop-off sites are needed.

The barrier to such sites and more collection/disposal has been a federal law which mandates that people can only turn controlled substances (such as many pain pills) over to specified law enforcement with ultimate authority resting with DEA. The President signed a new law last week which allows the Attorney General to craft new rules to make it easier for other entities, such as pharmacies or fire departments, to take back unneeded medications. Rules have not yet been written.

Currently, Walgreens sells a \$3 envelope to turn non-controlled substances back in. In North Carolina, the Leland Police Department has a permanent drop-off and the Pitt County Sheriff Department is the process of setting one up. An Onslow County environmental group recently received a grant to conduct a take-back and Safe Kids and others are working with them on the effort.

A subcommittee of UDC is exploring ways to have a few permanent drop-off pilot sites that do not share premises with law enforcement, including fire departments and a 24-hour hospital-based pharmacy. Participants include Safe Kids, SBI, DEA, the Pitt County Sheriff Office, NC Board of Pharmacy, Controlled Substances, and Injury and Violence Prevention. Other issues are also being discussed.

Sen. Allran asked how pills were disposed and if they could be crushed and scattered. Ms. Ransdell noted that collected medications were incinerated and that only some incinerators were approved for this use by the EPA to control air pollution. Numerous studies show flushing medications adversely affects the water supply.

Tom Vitaglione asked if the state AG had authority to make state level rules and Ms. Ransdell said that was her understanding. **There was consensus to explore with the state AG options for running some pilot, permanent collection sites located somewhere other than a law enforcement office.**

Rep. Folwell expressed concern about the overprescribing of medications. There was consensus that it was a problem that required doctor and patient education, possible insurance reform and greater study about appropriate pain management for patients once they've been sent home.

### **Poison Control**

Dr. Marsha Ford from the Carolinas Poison Center presented on the work of her Center. Their trained and professional staff handles calls from the public and from medical professionals (including EMS and hospitals) to provide information on diagnosis and treatment and follow-up services for poisoning for all age groups. Half of their calls from the public are for children under age 6. A survey of about 500 callers suggests that \$9.5 million in medical costs – about \$3 million of them that would accrue to Medicaid – were averted because of the advice given to Poison Center callers. (The survey asked people what they would have done if they had not been able to call. The analysis then calculated an average cost of what the alternative treatment, such as an emergency department visit, would have been.) Of their \$3.6 million budget, about \$1.6 million comes from the state. Last year they were funded with nonrecurring funds and are concerned that their funding be continued.

Sen. Allran asked if there was data on children who were poisoned using their own prescription medication. Dr. Ford did not have that data. Sen. Allran was also concerned about the overprescribing of psychotropic drugs. Dr. Cabinum-Foeller noted that in her region of the state (Eastern NC), there was a shortage child psychologists who could best make those determinations. Sen. Allran was also concerned about the availability of trained, non-medical counselors. Susan Robinson noted that medication with therapeutic intervention was frequently the best approach for children. Dr. Morris suggested that if UDC wanted to explore this further, we could invite in state experts such as Dr. Earls or Dr. Foy to talk about appropriate treatment for children and the innovative strategies they were using around prescriptions.

### **Lithium-battery Smoke Detectors**

Kelly Ransdell and Jan Parker with Safe Kids described their work to promote smoke alarms. Initially, they provided such devices through Fire Departments but quickly ascertained the best strategy was to use GIS mapping and distribute them directly in high fire-risk communities. Even after they did that, smoke alarms frequently didn't work because the batteries had expired or been taken out. Carbon Monoxide Detectors generally only work for five years but smoke alarms usually have a life span of *about* ten years, if they are installed properly. Smoke alarms with 10-year lithium batteries represent the newest technology. It is very hard to take out the battery and the battery doesn't work in most other items. The Fire Marshall encourages replacing old smoke alarms with the 10 year lithium battery upgrade. Sherri Troop noted that the Get Alarmed program through Injury and Violence Prevention at the Division of Public Health focused their distribution efforts on the lithium battery smoke alarms.

Tom Vitaglione clarified that state statutes controlled the fire safety devices in rental properties while the building code specified the requirements for new, private homes.

Katie Thomas said that property management would likely pushback on any new requirement given the fairly recent requirement on CO detectors, noting that many landlords had recently installed CO/smoke detector combination systems and would be concerned about the additional expense of the new devices. Ms. Ransdell noted that CO detectors only have a 5 year life so dual units aren't practical with the 10-year lithium.

### **Drownings**

Kelly Ransdell reported that broad-based education strategies would probably make the most difference to reduce drownings. Drowning data reveal such events tend to occur in pools, pond, rivers, bathtubs, etc.–

essentially any place there is water. Safe Kids is pursuing grant opportunities for an educational campaign. Some localities have fencing ordinances.

### **Injury Control**

Dr. Carol Runyan from the UNC Injury Prevention Research Center presented on the toll of injuries. Injuries are the leading cause of death for people ages 1 to 45; the NC fatality rate is higher than the US rate; injuries account for more years of life lost than heart disease and cancer combined. Injuries can be unintentional (such as motor vehicle crashes or falls) or intentional (such as domestic violence or suicide). It is important that health professionals are trained in treating injuries. The UNC Injury Prevention Research Center is nationally recognized for their work in this area. However, their funding ends 12/31/10. Without continued funding, important infrastructure for North Carolina will be lost. For a full copy of Dr. Runyan's presentation:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Unintentional%20Death/Injury%20Treatment%20Training%20C%20%20Runyon%2010-10.pdf>

### **Child Migrant Farmworkers**

Carol Brook and Emily Drakage presented on behalf of the Farmworker Advocacy Network. Ms. Brook reported that recent legislation supported by the CFTF increased penalties to employers who violated child labor requirements. However, child farmworkers were still exposed to numerous dangerous circumstances. Federal law does not permit children under age 14 from working in non-agricultural occupations and children over age 14 are restricted to non-hazardous occupations. (Children 14 and 15 are also limited in the number of hours they can work.). In contrast, children as young as 10 may work in agriculture, sometimes for unlimited hours. Agricultural hours are never limited for children once they reach age 12 and they may work in hazardous agricultural occupations once they reach age 16.

Agriculture is a dangerous occupation, with exposure to and use of pesticides and hazardous equipment, risk of heat stroke and dehydration, and other dangers. On a humid day, someone working in a tobacco field ingests the nicotine equivalent to smoking 36 cigarettes. The EPA standard for pesticide exposure is based on "safe" levels for a 155 pound man. Nationally, children are 20% of farm fatalities and half of the deaths were children under age 14. In Western North Carolina, a six year old girl whose parent was working the orchard was recently killed by a tractor.

Farmworker Advocacy Network (FAN) promotes safe place to work, safe places to live and strong enforcement of existing laws. While the precise package has not yet been finalized, it will likely include removing the agricultural work exemption to protect children from dangers, decreasing pesticide exposure, increasing access to water and other basics, and increasing pay so parents are less likely to feel the economic need for their children to work.

Dr. Cabinum-Foeller asked how many child farm workers deaths were in North Carolina. Dr. Runyan noted that it was rare and that her memory was about 40 children over the past 10 years. Krista Ragan confirmed it was rare, often far fewer than 4 a year.

Tom Vitaglione asked about the impact on family income if children could not work. That is why FAN promotes increasing pay for parents. Ms. Drakage noted that a worker would have to haul about a ton of sweet potatoes to earn \$50.

Jani Kozlowski suggested one policy solution might be prioritizing child care subsidies for children of farmworkers. Sen. Allran said he didn't think that was politically feasible, especially given the farm legacy in NC. He also noted that people came here illegally and others hired them illegally but that fundamentally it was all about economics.

### **Environmental Toxins**

Tom Vitaglione updated the group on the status of measures to reduce child exposure to environmental toxins. The CFTF had been directed to work with the Environmental Review Commission to study environmental toxins. ERC was supportive of federal efforts to require disclosure of what chemicals are in various products, proof of safety before new chemicals go on the market and other measures. The CFTF has already written a letter to our Congressional Delegation about this issue. **The UDC approved asking the CFTF for consent to in the ERC around federal legislation.**

### **Reporting and Responding to Child Abuse and Neglect**

Sen. Allran asked if the CFTF should take steps to address the Zahra Baker case in Hickory. In particular he was concerned about reports that others knew that the girl was kept in the attic and bruised but not report the family to DSS. Tom Vitaglione noted that the family had been reported to DSS according to the news reports and perhaps the level of the bar of what constitutes “neglect and abuse” needs to be revisited. Krista Ragan added that if the child has indeed died, the OCME will look at the case. Additionally, the situation will also be subject to scrutiny by the local child protection team and DSS Intensive Review process. Dr. Cabinum-Foeller reported that the Intentional Death Committee was looking at the issue of recognized and responding to reports of abuse and neglect.

### **Next Meeting**

The next meeting of UDC will be November 22<sup>nd</sup> at 10AM in room 1027 of the Legislative Building in Raleigh. The full Task Force is meeting from 10AM until 1PM November 8<sup>th</sup> and December 13, also in room 1027.