Meeting of the Unintentional Death Prevention Committee of the North Carolina Child Fatality Task Force

September 26, 2022

Welcome & Approval of Minutes

Minutes from last meeting on 1-10-22 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda: https://webservices.ncleg.gov/ViewDocSiteFile/71296

Today's Agenda

(posted on CFTF website & sent last week)

- What to expect this study cycle
- Legislative update
- Data update: child injury deaths
- Child Fatality Prevention Team recommendation related to firearm safety
- Firearm safe storage initiative
- Data update: motor vehicle deaths and injuries to children
- Reports on two administrative items from CFTF 2022 Action Agenda related to motor vehicle safety

The committee may decide to make recommendations to the full Task Force related to one or more topics discussed today

Updates & changes in format for this year . . .

- No issue application
- Shorter meetings
- Roll calls no longer required
- Avoiding repetition: info from prior presentations sent out in advance
- Not waiting till last committee meeting to determine all legislative recommendations (experiment last study cycle)

Events on the horizon

…

Webinar for local teams and anyone involved in CFP System: October 25th, 12 to 1 pm

Possibility for a 2023 CFP System Summit – aiming for spring 2023

Suggested criteria to consider when evaluating a strategy/topic area*

1) IMPACT & EVIDENCE:

- What is the **magnitude of the problem** the *specific strategy* seeks to address?
- What is the **scope of impact** of this strategy on child death prevention, child well-being, and/or addressing deficiencies in systems that have a role in child safety and well-being?
- How strong is the **evidence** that this strategy will prevent child deaths, promote child well-being, and/or effectively address deficiencies in systems that have a role in child safety and well-being?
- Is the strategy likely to have a positive impact on **health disparities**?
- Are there any **potential negative consequences** from implementation of this strategy and if so what is the cost/benefit related to impact on child well-being?

2) FEASIBILITY & COSTS:

- What is the **degree of complexity** involved in implementing the strategy and how manageable is the complexity (e.g., resources, people, time, operational or technical changes necessary to implement)?
- If this strategy involves legislation, is this a time that it will likely have **receptivity at the General Assembly**?
- How likely are **relevant stakeholders** to be receptive to (or opposed to) this strategy?
- **How much cost** is involved in implementing the strategy and is such cost likely to present a significant challenge to implementation?
- **How do costs of this strategy compare to benefits**? Will upfront costs likely result in ultimate costs saved/averted?

3) FIT WITH CFTF STRUCTURE, MANDATE, AND RESOURCES

Can this strategy be appropriately evaluated and advanced by the CFTF given the current structure, mandate, and resources of the CFTF (e.g., what is the degree of meeting time, staff and volunteer time, type of expertise, and type of study needed for this issue and does it fit within CFTF mandate and capabilities)?

*Criteria inspired by the CDC's Policy Analytical Framework

Types of CFTF recommendations & considerations

Legislative	Administrative	No action
What is it? Recommending a new law, a change in a law, or state funding **"Support"** - CFTF takes lead advancing **"Endorse"** - CFTF endorses efforts of another organization who is leading	**What is it?** An effort by the CFTF to continue working on an issue in a way that does not involve legislation.	**What is it?** No administrative or legislative action by CFTF; issue would not be on 2023 Action Agenda
Reasons to consider: • Legislative action is necessary to address the issue. AND • The issue warrants CFTF recommendation for legislative action based on sufficient information known about: 1) impact and evidence; 2) feasibility and costs; and 3) fit with CFTF structure, mandate, and resources.	**Reasons to consider:** • Not enough information on an issue to make a recommendation but it is important to continue to study it. OR • The CFTF needs to involve experts or stakeholders to bring more information back to the committee to determine its importance or next steps. OR • The CFTF can make progress on this issue through non-legislative efforts.	**Reasons to consider:** • The issue does not warrant CFTF action **at this time** based on shortcomings with: 1) impact and evidence; 2) feasibility and costs; and/or 3) fit with CFTF structure, mandate, and resources. OR • There is no need for action at this time

Legislative Updates: outcomes of legislative recommendations on CFTF 2022 Action Agenda that relate to this UD committee

Launch & fund firearm safe storage awareness initiative

HB 427 passed House 116 to 1 in 2021 and in House version of 2021 budget; not taken up by Senate in 2021 or 2022

Endorse $17 million in recurring funds for programs to prevent harms to youth and infants from tobacco use

No new recurring funds in 2022

Endorse Legislation to require the use of ignition interlocks by all DWI offenders

No legislation in 2022

Endorse Legislation that removes the 2013 law prohibiting use of state transportation funding for independent pedestrian and bicycle infrastructure projects

In 2022, included in Governor's budget bill, SB 792 that did not advance, but not in final Appropriations Act or other legislation

NC Department of Health and Human Services

Child Firearm Injuries and Deaths

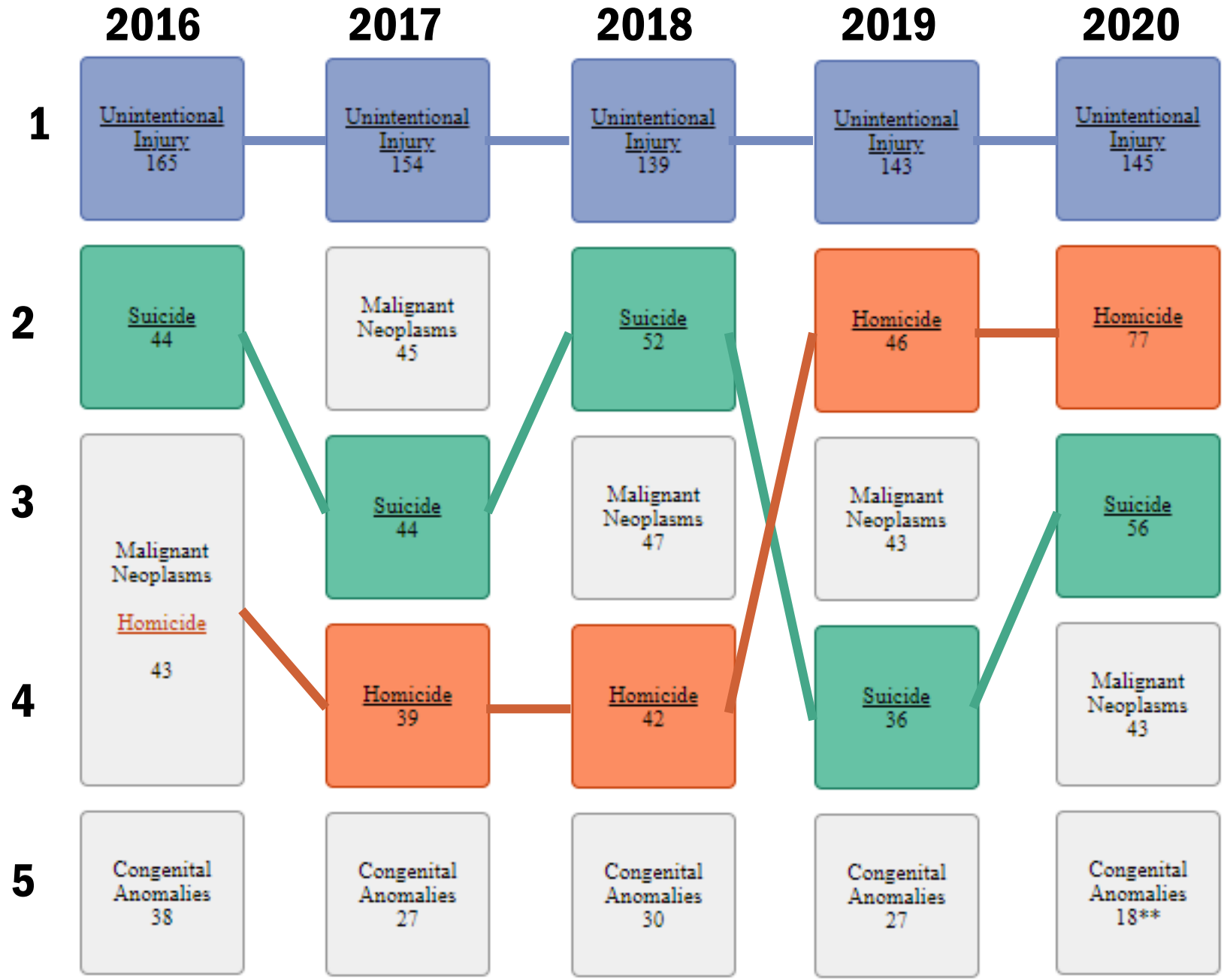
Shana Geary

Epidemiologist, Injury and Violence Prevention Branch

Child Fatality Task Force, Unintentional Death Prevention Committee

September 26, 2022

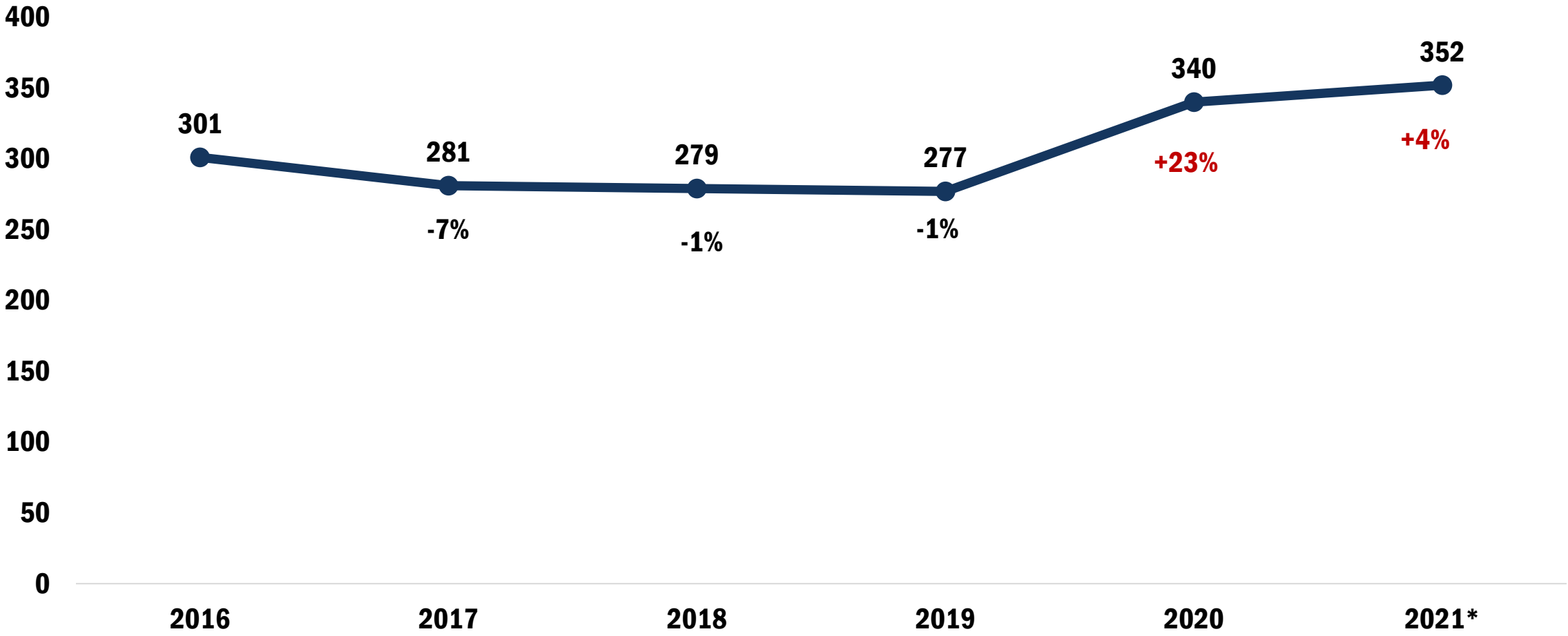
Unintentional Injury is the leading cause of death for children ages 1-17 in North Carolina.



Source: CDC WISQARS, 2016-2020

Child injury deaths increased over the past 2 years.

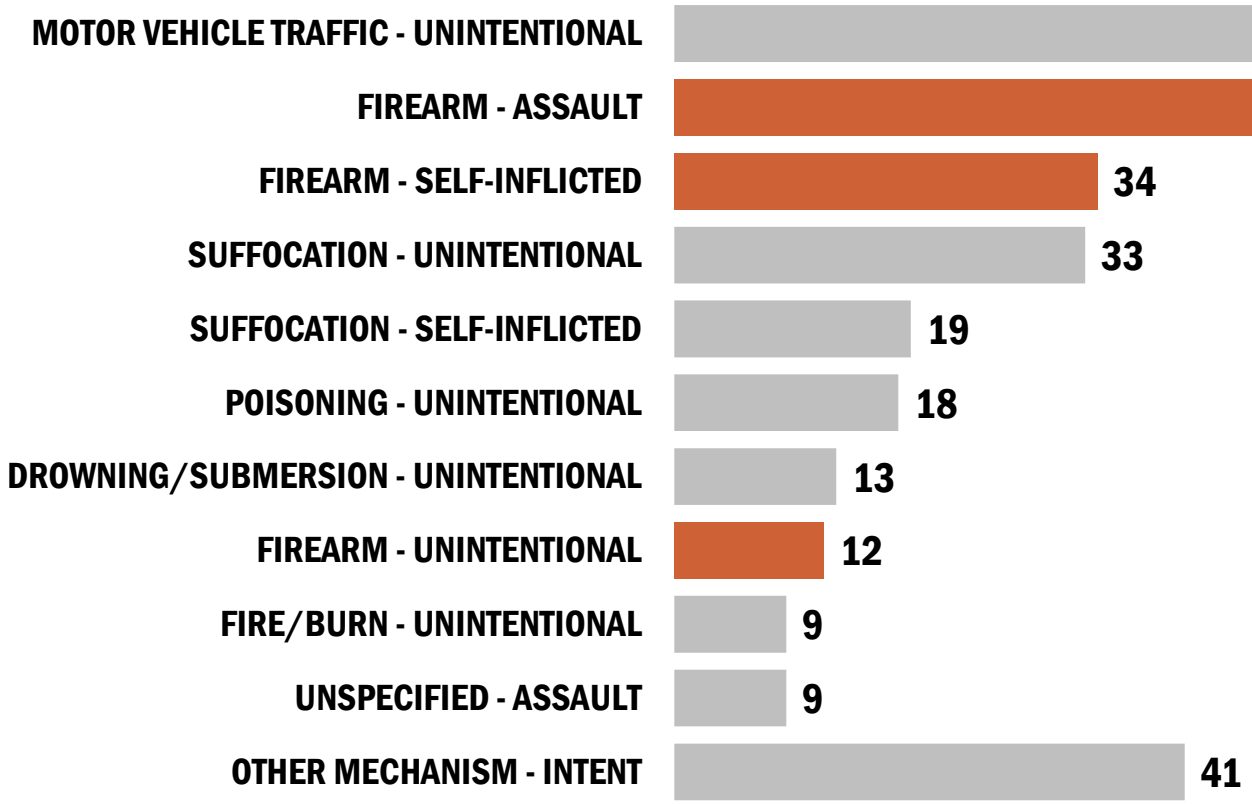
North Carolina Child (Ages 0-17) Injury Deaths, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

Firearm injuries were the leading cause of injury death among children (ages 0-17) in 2021*.

Leading Causes of North Carolina Child Injury Deaths by Mechanism and Intent, 2021*



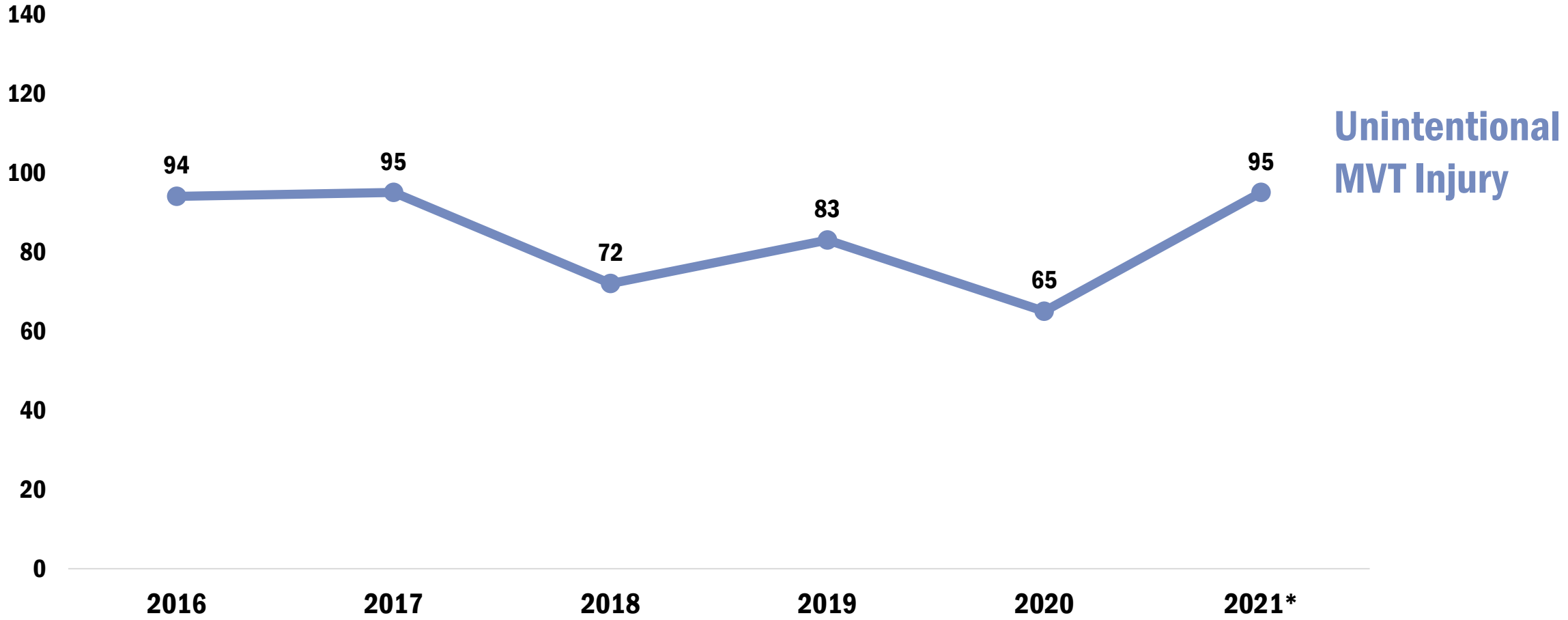
FIREARM	116
UNINTENTIONAL INJURY	195
ASSAULT/HOMICIDE	86
SELF-INFLICTED/SUICIDE	57
TRAUMATIC BRAIN INJURY	116

* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2021*

Child Unintentional Motor Vehicle Traffic (MVT) Deaths

Child MVT injuries dropped in 2020 and increased in 2021*.

North Carolina Child (Ages 0-17) Motor Vehicle Traffic Injury Deaths, 2016-2021*

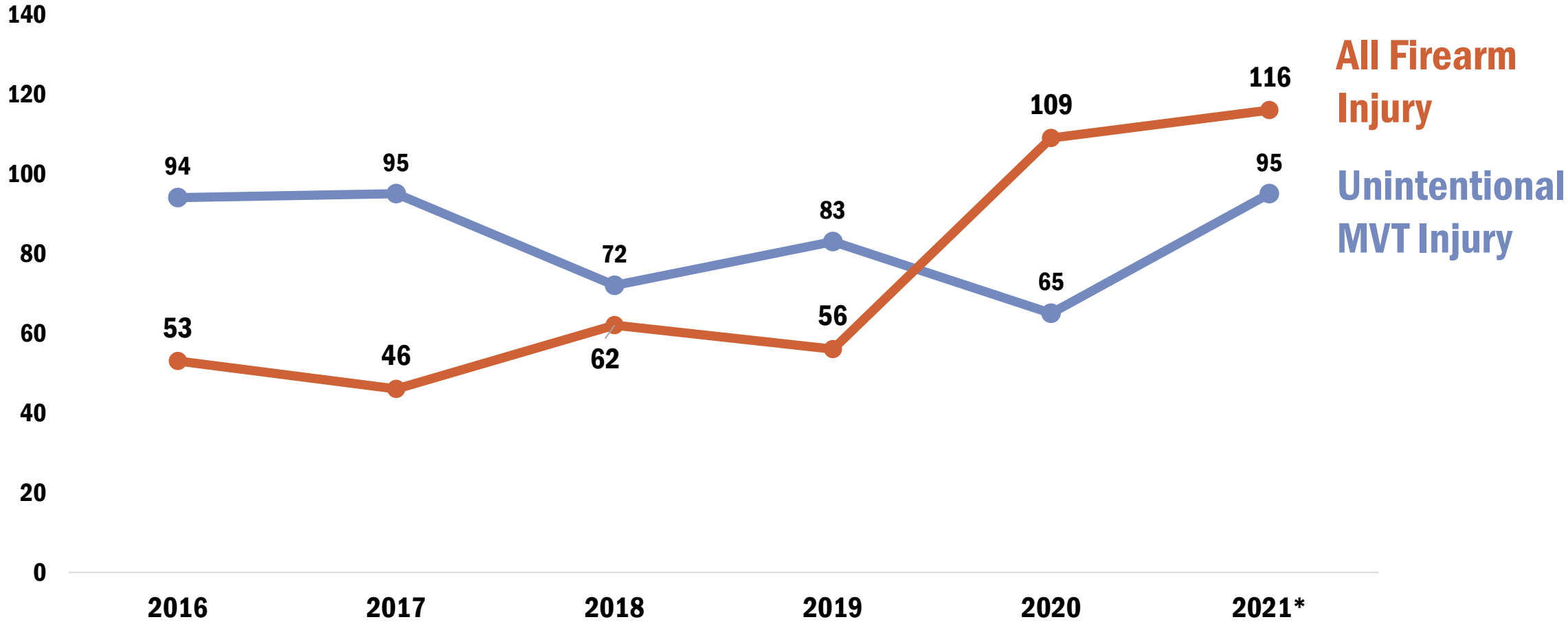


* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

Child Firearm Injury Deaths

Firearm injuries surpassed MVT injuries in 2020 and 2021*

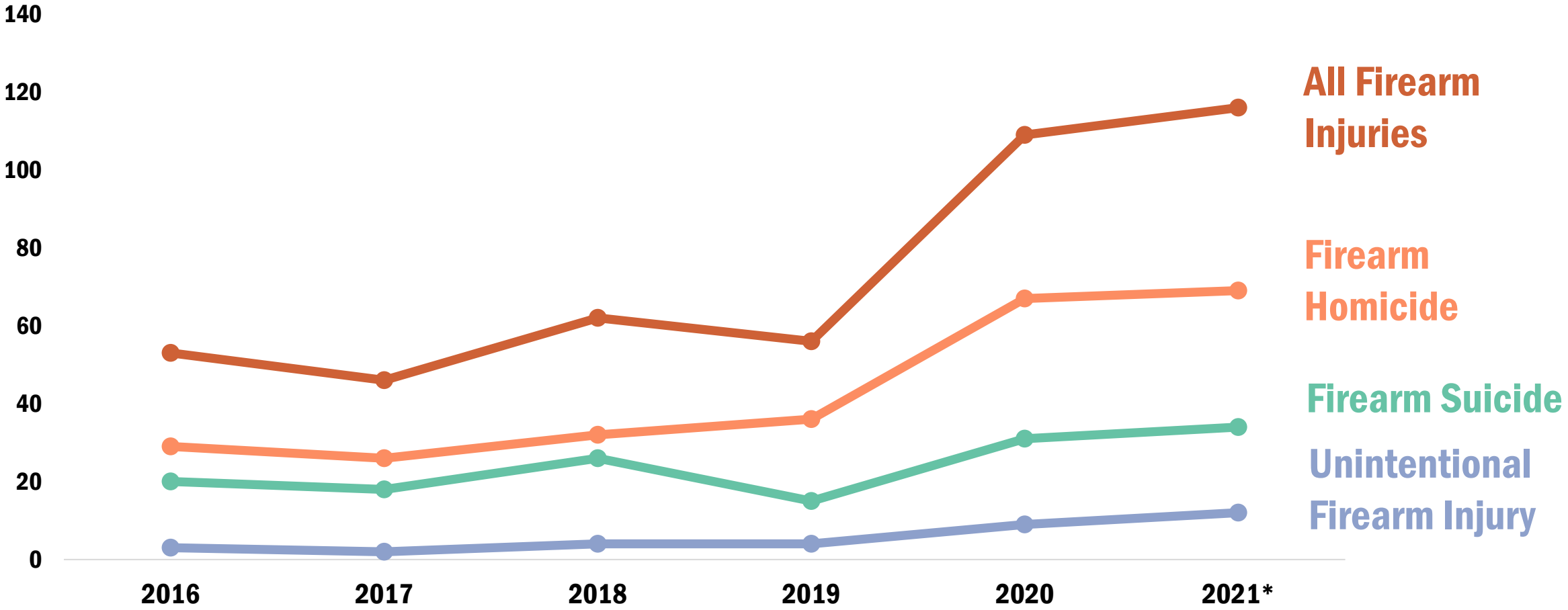
North Carolina Child (Ages 0-17) Motor Vehicle Traffic and Firearm Deaths, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

Most child firearm deaths in 2021* were homicides (59%).

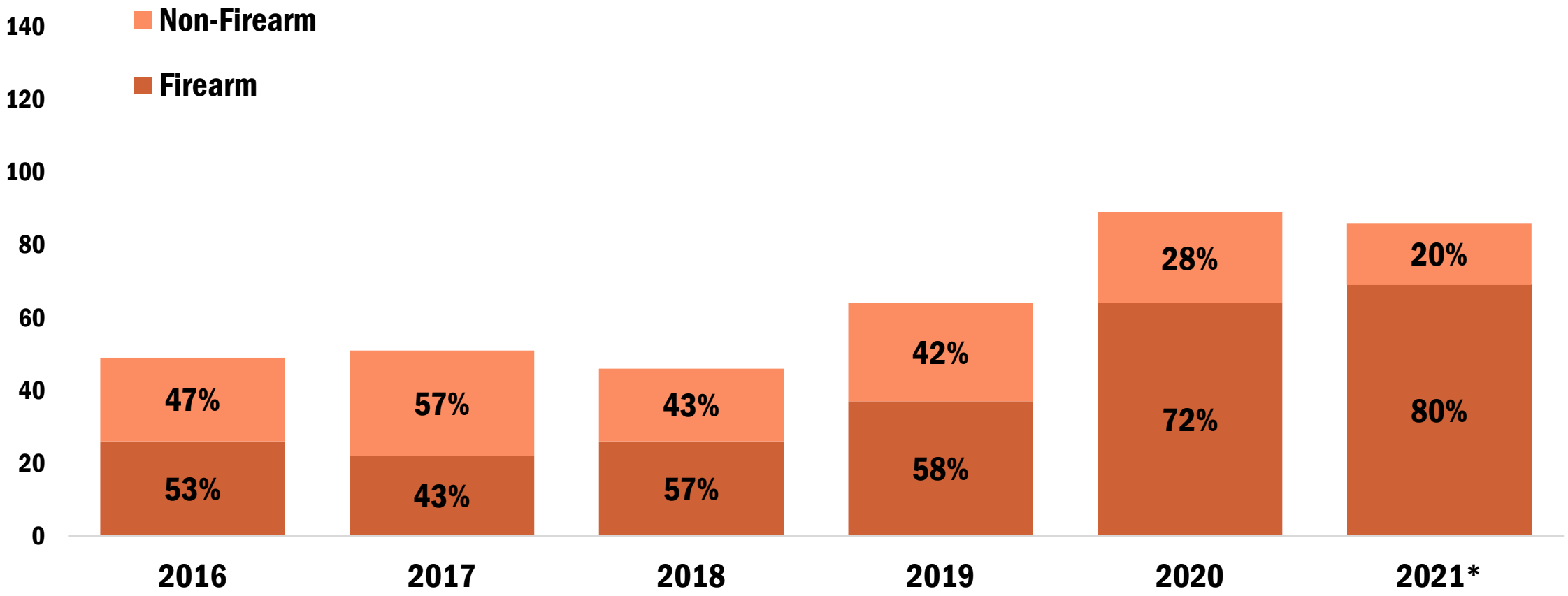
North Carolina Child (Ages 0-17) Firearm Injury Deaths by Intent, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC State Center for Health Statistics, Death Certificate Data, 2016-2021*

80% of homicides in 2021* involved a firearm.

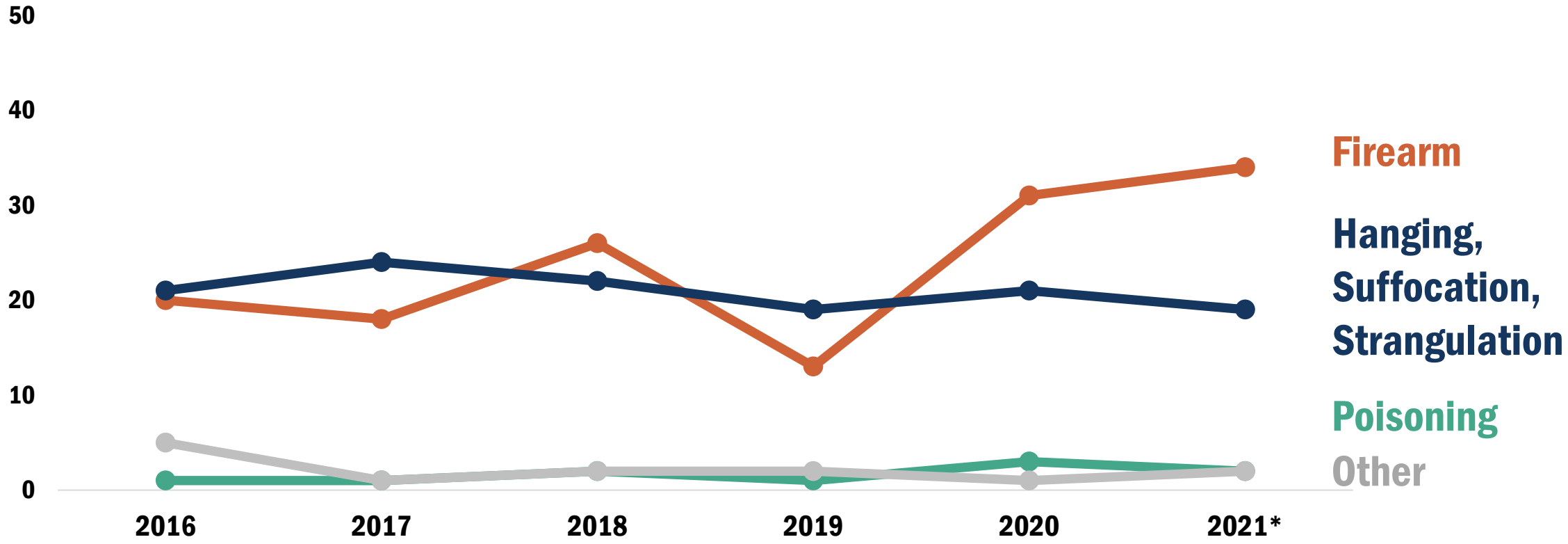
North Carolina Child (Ages 0-17) Homicide Deaths by Injury Mechanism, 2016-2021*



* 2021 data are provisional and subject to change; Note: limited to NC residents ages 0-17
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021*

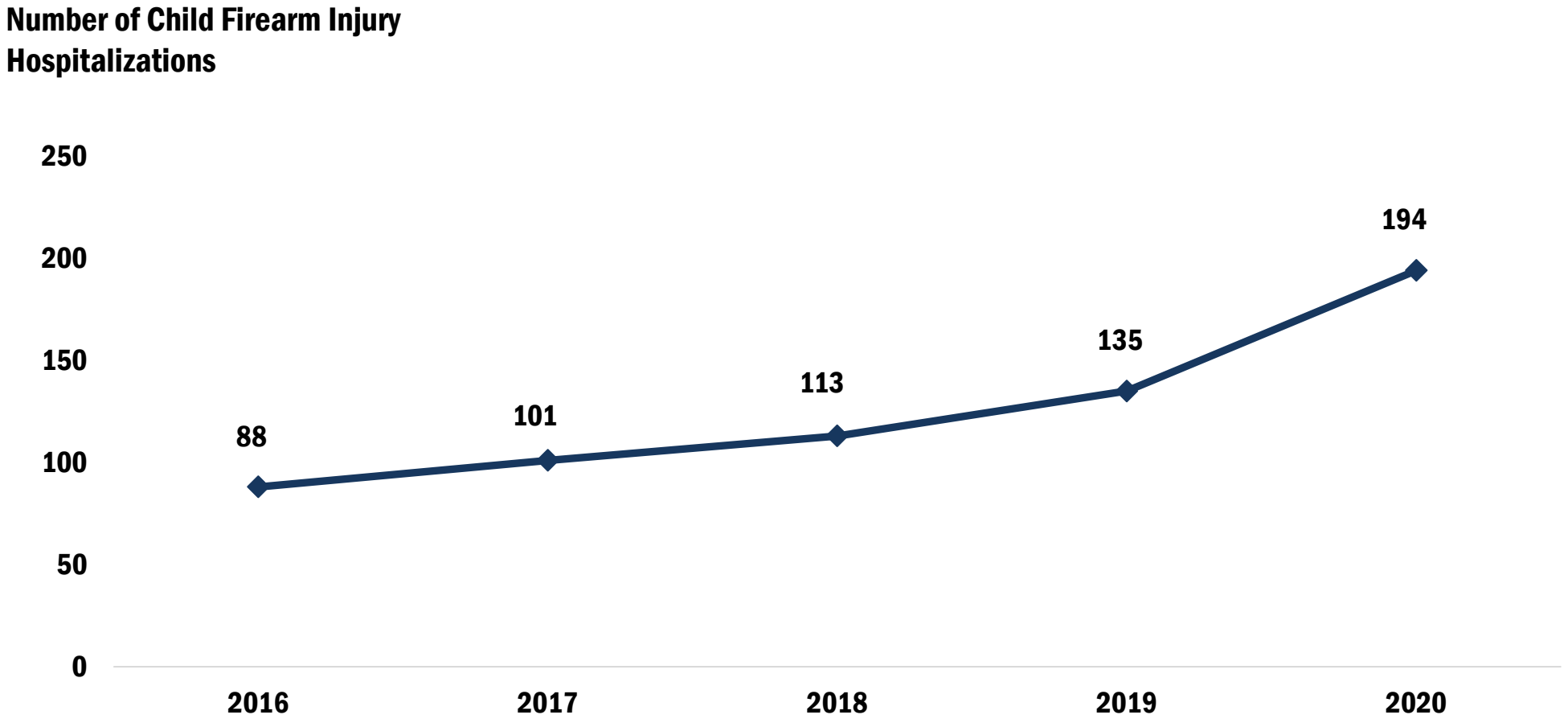
Most of the increase in child suicide deaths in 2020 and 2021* is due to increases in firearm suicides.

North Carolina Child (Ages 0-17) Suicide Deaths by Injury Mechanism, 2016-2021*



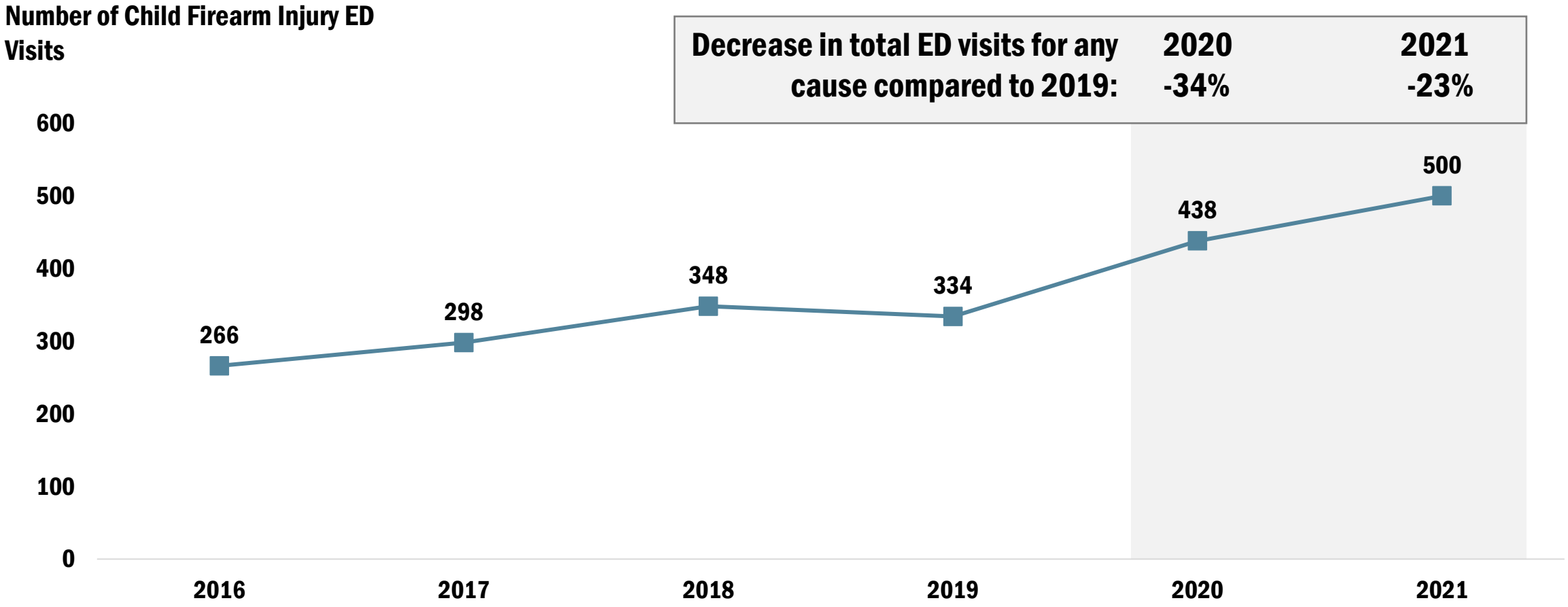
* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 was not included from 2020)
Source: NC Violent Death Reporting System, 2016-2020; NC State Center for Health Statistics, Death Certificate Data, 2021*

Child (ages 0-17) firearm injury hospitalizations have increased by 120% from 2016-2020.



Data limited to North Carolina Residents ages 0-17
Source: NC State Center for Health Statistics, Hospital Discharge Data, 2016-2020

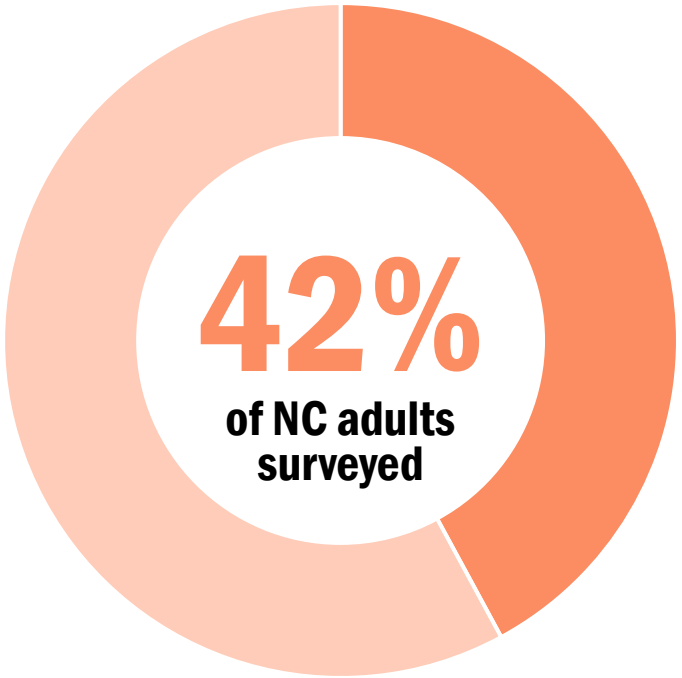
Child (ages 0-17) ED visits for firearm injury have increased by 68% from 2017-2021.



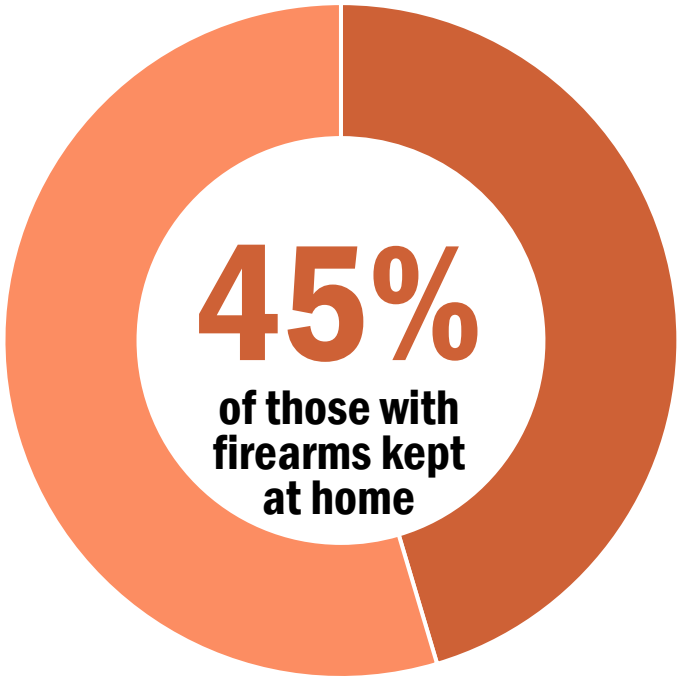
Data limited to North Carolina Residents ages 0-17
Source: NC DETECT Emergency Department (ED) Visit Data, 2016-2021

More than 2/5 of NC adults have a firearm in or around the home. Over half of firearms that are stored loaded are also unlocked.

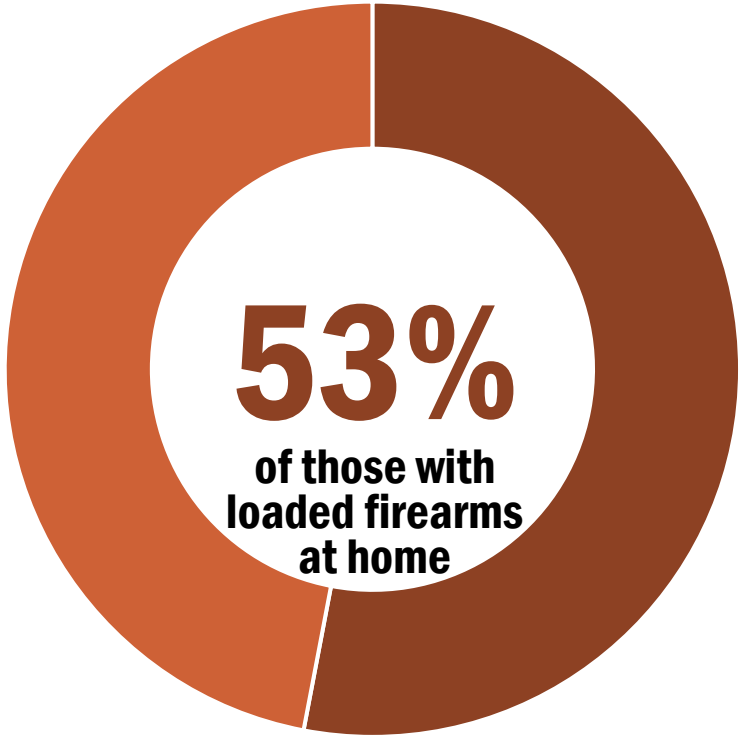
Firearms Kept In or Around the Home



Any of These Firearms are Currently Loaded



Firearms that are Loaded and Unlocked



NC BRFSS Firearm Safety Module, 2021 https://schs.dph.ncdhhs.gov/data/brfss/2021/nc/all/topics.htm#fr

Questions?

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https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/

STATE CHILD FATALITY PREVENTION TEAM REPORT: UNINTENTIONAL DEATH COMMITTEE

Murphy L. Jones, *Social & Clinical Research*

North Carolina Office of the Chief Medical Examiner, Data & Information Unit

FIREARM SAFETY/ SAFE STORAGE

Recommendations:

I. The State Child Fatality Prevention Team supports ongoing statewide prioritization of firearm safe storage education and awareness as well as statewide focus on gun safety issues with the goal of preventing firearm deaths and injuries while continuing to strive to have timely data to inform, improve, and provide an educational foundation.

II. The State Child Fatality Prevention team recommends that the North Carolina Child Fatality Task Force encourage continued statewide prioritized work on prevention of firearm related deaths due to gun violence through gun safety, education, and awareness as well as a focus on social drivers that relate to gun deaths.

FIREARM SAFETY/ SAFE STORAGE

Background:

I. The State Child Fatality Prevention Team reviewed child fatalities with the death year of 2019, in which access to lethal means was identified as a factor contributing to the death. Consistent with prior years, the use of firearms continues to be a significant ongoing issue among child deaths. To address this continuing concern, prioritization of ongoing training and safety initiatives need to be of utmost focus for the safety of our youth.

FIREARM FATALITIES OF NC YOUTH AGES 0 THROUGH 17, 2009-2019

Year	Total ME Child Fatalities	Accident	Suicide	Homicide
2019	460	3	13	39
2018	482	4	25	32
2017	504	1	18	26
2016	519	2	20	27
2015	477	3	16	20
2014	495	4	23	18
2013	473	4	19	19
2012	500	0	11	25
2011	498	8	10	24
2010	491	6	9	24
2009	578	2	19	18

QUESTIONS & COMMENTS

THANK YOU

Murphy L. Jones, Social & Clinical Research - Child Fatality
murphy.jones@dhhs.nc.gov
North Carolina Office of the Chief Medical Examiner

CFTF 2022 Recommendation:

SUPPORT legislation to launch and fund a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks with minimum two-year funding of $155,700.

- **CFTF recommendation since 2018**
- Grew from a recommendation from **the State Child Fatality Prevention Team** who expressed concerns about youth access to firearms in the context of suicide
- Study and input from a **diverse group of stakeholders** whose work in 2017 led to the CFTF recommendation for this initiative
- In 2019 and 2021, legislation was introduced that received strong bipartisan support but never became law. **In 2021, HB 427 passed House 116 to 1 but Senate never took it up.**

Many **suicide attempts are hastily decided** upon during a short-term crisis, with only minutes of deliberation prior to an attempt

90% of those who attempt suicide and survive do not go on to die by suicide later

There has been a **dramatic rise in gun purchases**

2020-21

Studies show that a significant number of child/youth firearm deaths could be **prevented through safe storage** of firearms

More than **75% of guns used** in suicide attempts and unintentional injuries of kids **were stored in the home** of the victim, relative, or a friend

Safe storage is a school safety issue: most school shootings involve guns owned by shooter's family

From 2012 to 2021 (ten years), over 600 child deaths in NC due to firearm injury

(age 17 and younger)

Launching and Funding the Firearm Safety Initiative

- A key strategy of CFTF recommended initiative and where bulk of funding is needed: creating a toolkit with a menu of prevention activities and **performing outreach and providing technical assistance to local communities across the state to help them launch and tailor local firearm safety initiatives** to meet their needs. Locally tailored initiatives are believed to have the best chance at being effective in increasing safe storage practices. Funding in **HB 427 for this initiative**: **$155,700 total for two years** (nonrecurring)
- **Note: Governor's recommended budget** included funding for locks and awareness campaign: $1 million to purchase gun locks; $200,000 to develop a statewide safe storage awareness campaign and distribute locks

Committee discussion and potential action related to firearm safe storage

Does the committee want to make a legislative recommendation?

For example:

1. Repeat 2022 recommendation to launch and fund firearm safe storage initiative with minimum funding of $155,700K total for 2 yrs.
2. Change funding amount on #1

Does the committee want to make an administrative recommendation?

(e.g., when further study is needed; when progress can be made via non-legislative efforts)

NORTH CAROLINA
Department of Transportation







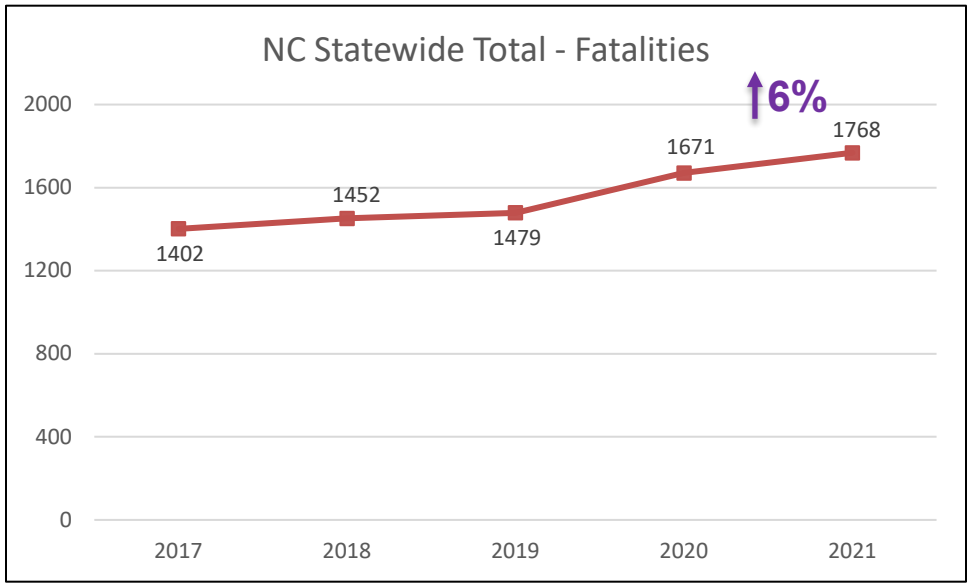


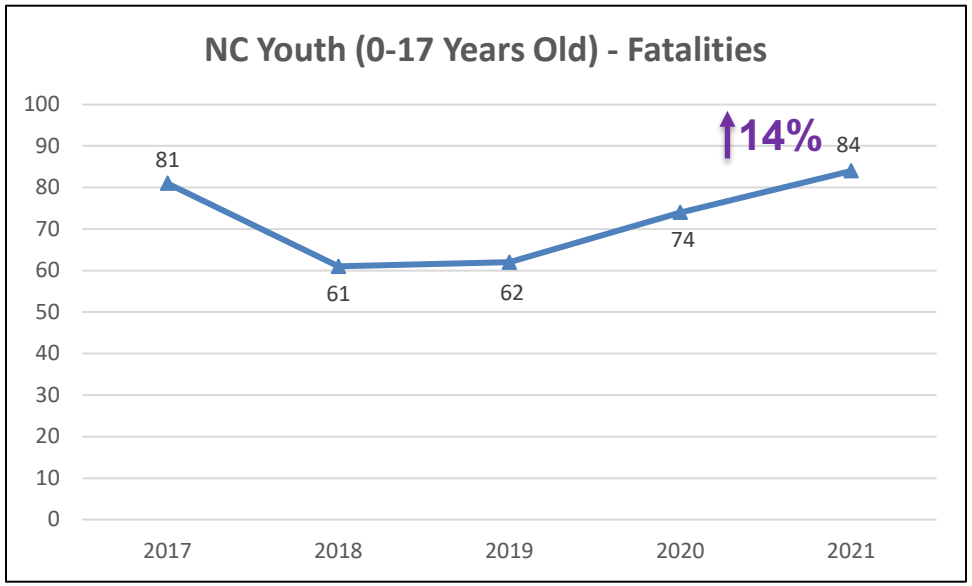
Unintentional Death Prevention Committee
NC Youth (0-17 Years Old) Data Trends

NCDOT – Traffic Safety Unit

September 26, 2022

Fatalities





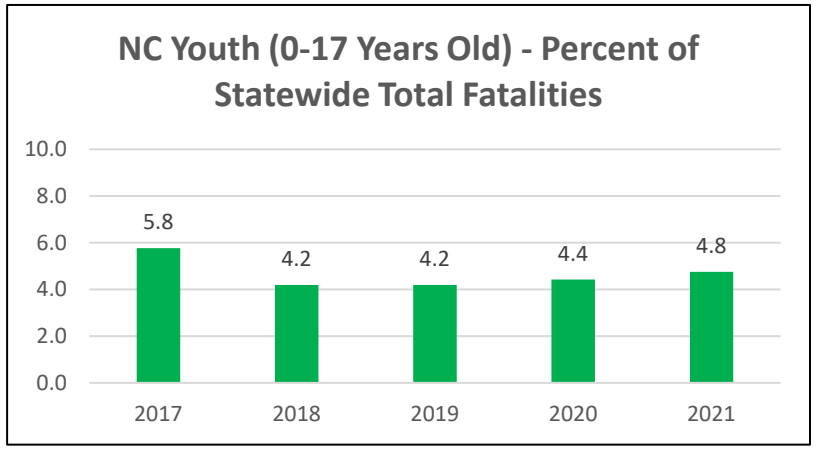
2020 versus 2021

- Statewide 6% increase
- 0-17 Age 14% increase

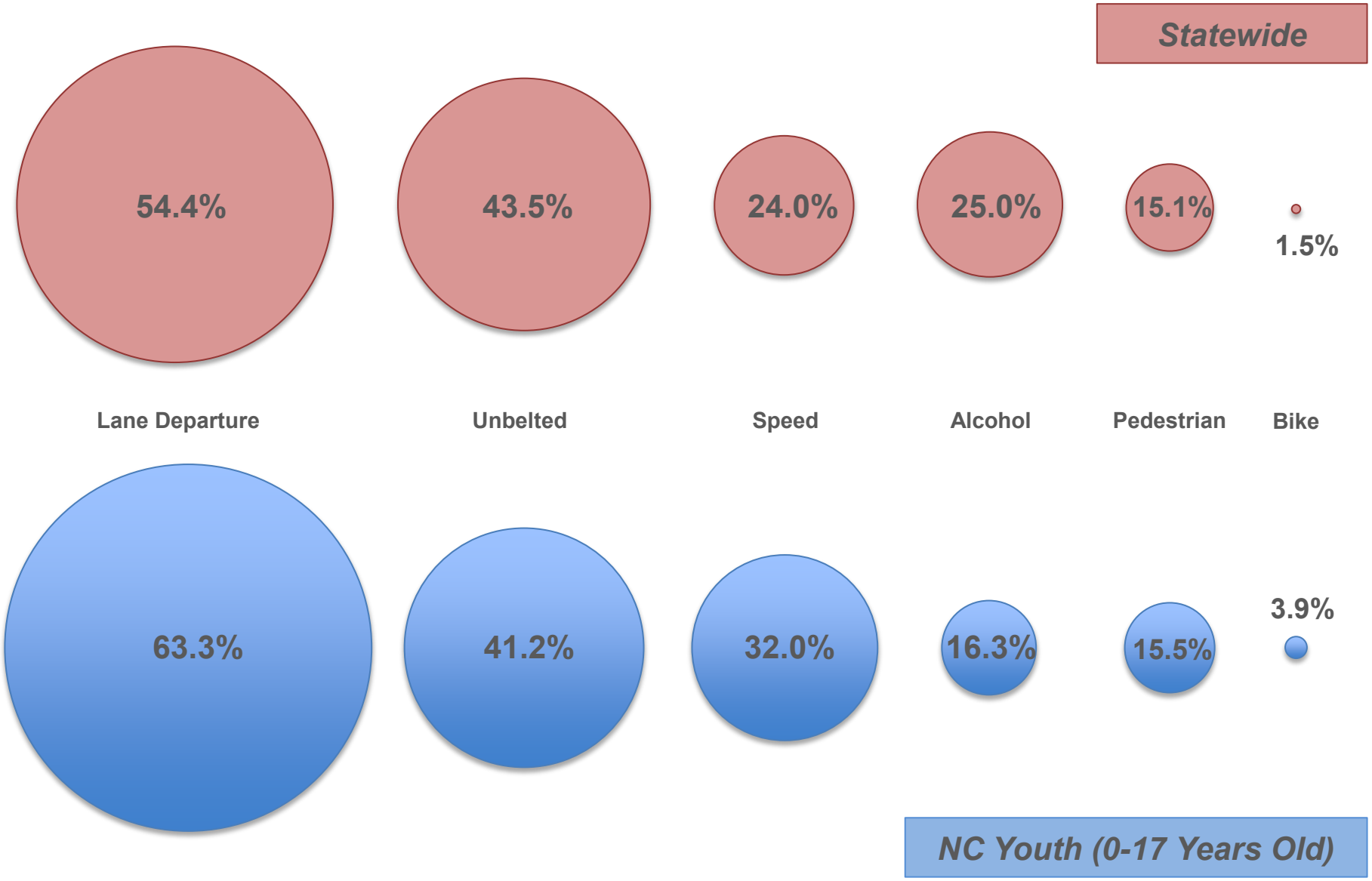
2017 versus 2021

- Statewide 26% increase
- 0-17 Age 4% increase

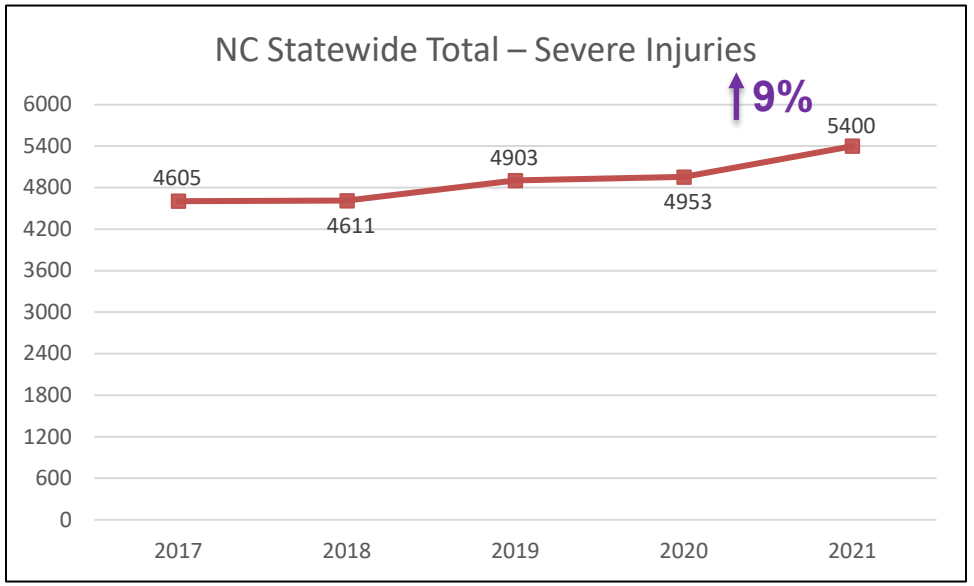
- Percent share down from 5.8 % to 4.8%

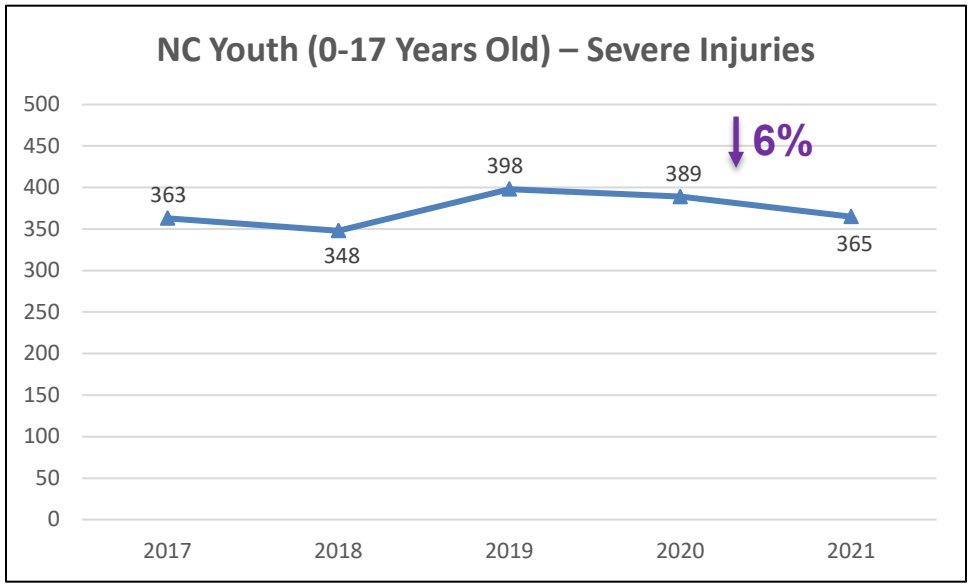


Fatalities – 2017-2021 – Percent Share



Severe Injuries





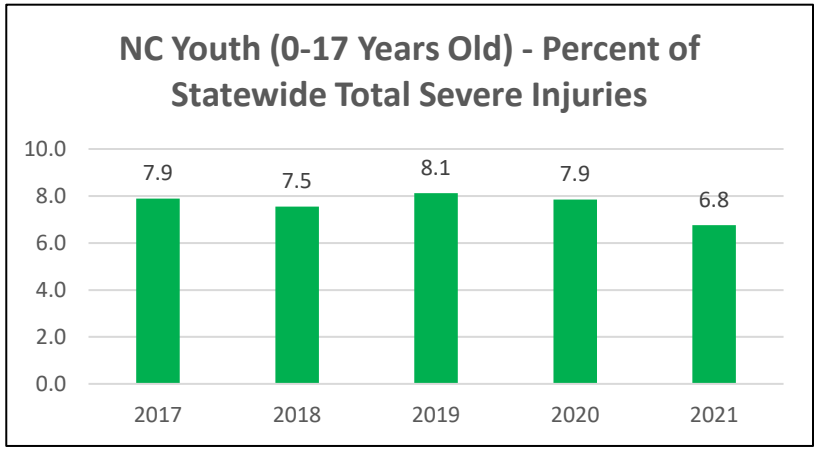
2020 versus 2021

- Statewide — 9% increase
- 0-17 Age — 6% decrease

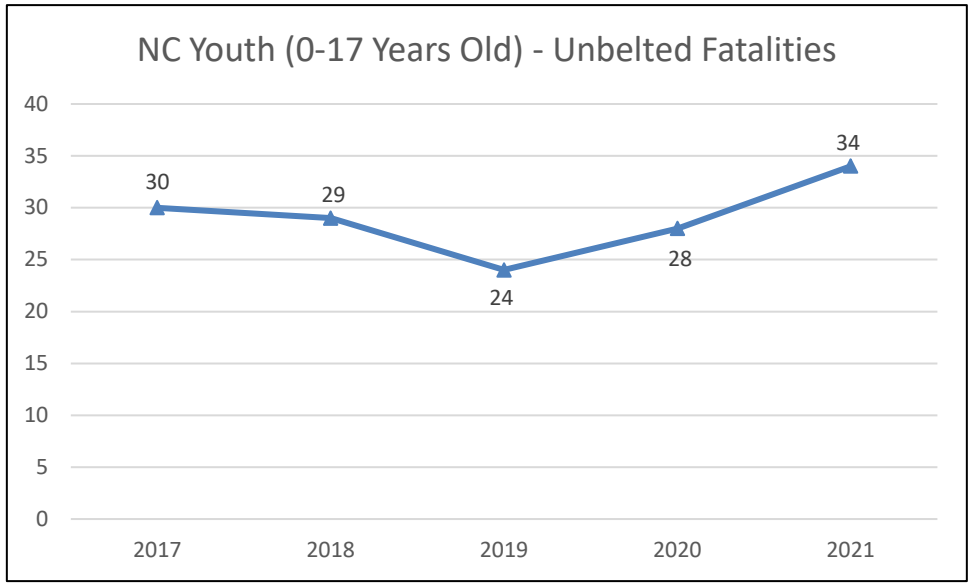
2017 versus 2021

- Statewide — 17% increase
- 0-17 Age — similar values

- Percent share down from 7.9 % to 6.8%



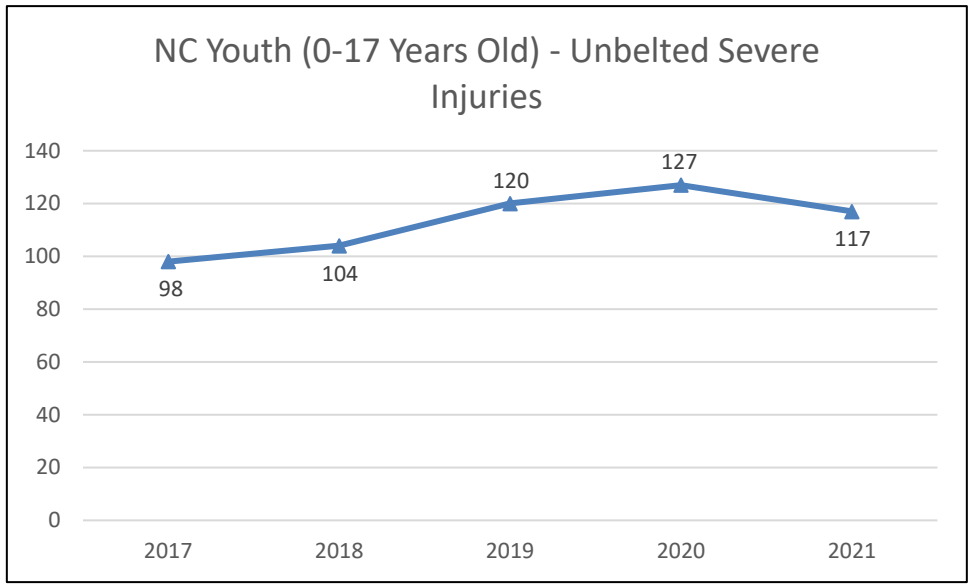
Unbelted Fatalities and Severe Injuries



2017-2021 Fatalities

Drivers (*22.1%*) 42.7% unbelted

Passengers 39.2% unbelted



2017-2021 Severe Injuries

Drivers (*17.3%*) 23.2% unbelted

Passengers 31.5% unbelted

2017-2021 – NC Youth (0-17 Years Old) Unbelted

- Drivers are ~1/5 of persons
- Passengers are ~4/5 of persons

- Belted is lap belt only, shoulder and lap belt, shoulder belt only, and child restraint

Front Seat	**Fatalities**	**63 of 150**	**42.0% unbelted**
	Severe Inj.	*234 of 888*	*26.3% unbelted*
Back Seat	**Fatalities**	**68 of 159**	**42.8% unbelted**
	Severe Inj.	*253 of 752*	*33.6% unbelted*
2nd Back Seat	**Fatalities**	**6 of 12**	**50.0% unbelted**
	Severe Inj.	*30 of 63*	*47.6% unbelted*

2017-2021 – NC Youth (0-17 Years Old)

- Assessment of Child Restraint (CR) utilized, other seat belt (SB) utilized (lap belt only, shoulder and lap belt, shoulder belt only), or none by age groupings in fatalities

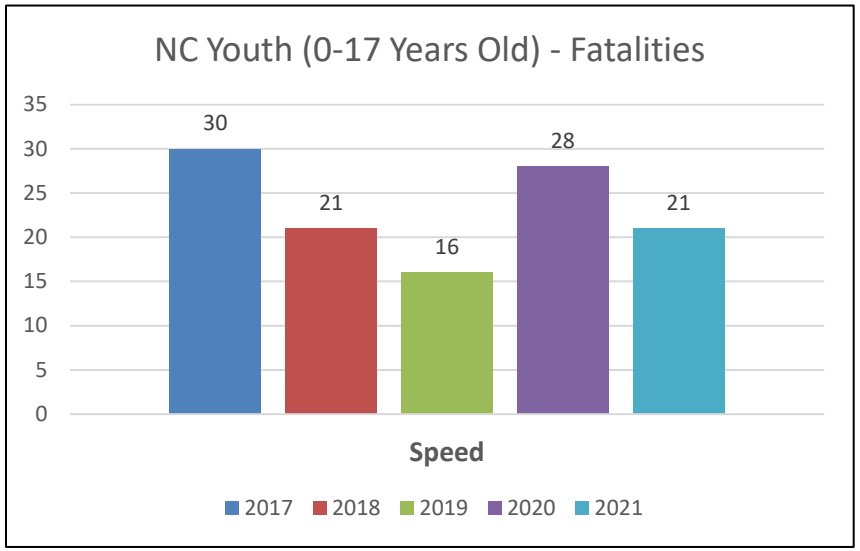
Front Seat	**Fatalities**	**Age 0-8**	**Age 9-17**
	CR Used *(1.3%)*	2	0
	SB Used *(56.7%)*	2	83
	None *(42.0%)*	5	58
Back Seat	**Fatalities**	**Age 0-8**	**Age 9-17**
	CR Used *(28.9%)*	46	0
	SB Used *(28.3%)*	19	26
	None *(42.8%)*	24	44
2nd Back Seat	**Fatalities**	**Age 0-8**	**Age 9-17**
	CR Used *(25.0%)*	3	0
	SB Used *(25.0%)*	0	3
	None *(50.0%)*	2	4

2017-2021 – NC Youth (0-17 Years Old)

- Assessment of Child Restraint (CR) utilized, other seat belt (SB) utilized (lap belt only, shoulder and lap belt, shoulder belt only), or none by age groupings in severe injuries

Front Seat	**Severe Injuries**	**Age 0-8**	**Age 9-17**
	CR Used *(1.1%)*	10	0
	SB Used *(72.5%)*	34	610
	None *(26.4%)*	33	201
Back Seat	**Severe Injuries**	**Age 0-8**	**Age 9-17**
	CR Used *(26.6%)*	193	7
	SB Used *(39.8%)*	83	216
	None *(33.6%)*	116	137
2nd Back Seat	**Severe Injuries**	**Age 0-8**	**Age 9-17**
	CR Used *(12.7%)*	7	1
	SB Used *(39.7%)*	10	15
	None *(47.6%)*	12	18

Speed Trends



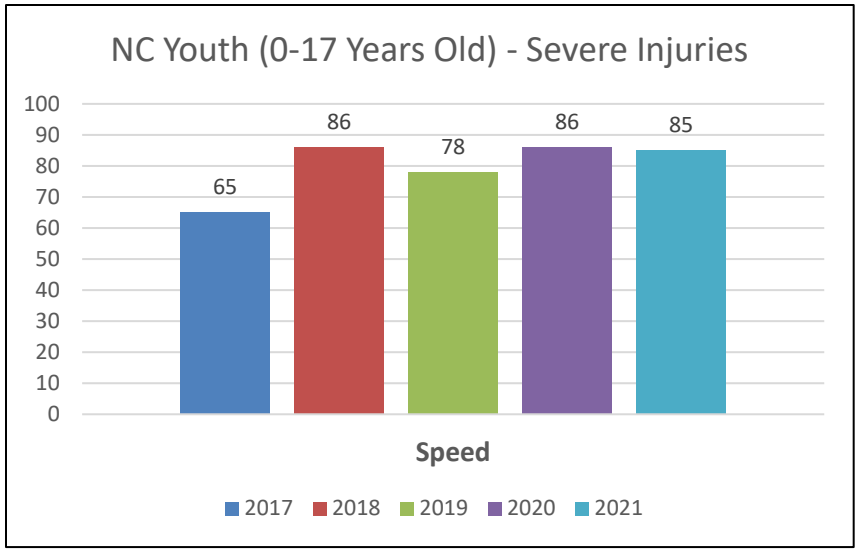
2017-2021 Fatalities

Drivers (*29.3%*) 34

Passengers 82

2017 versus 2021

30 to 21 30% decrease



2017-2021 Severe Injuries

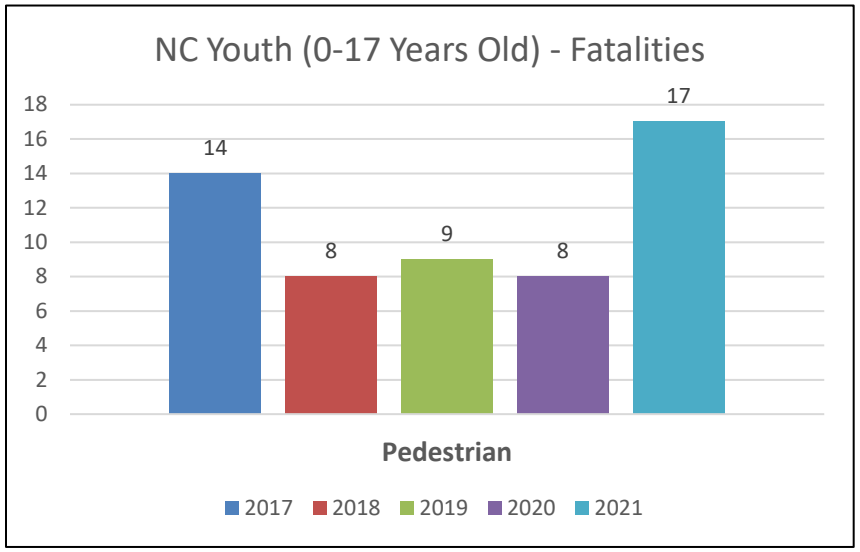
Drivers (*33.0%*) 132

Passengers 268

2017 versus 2021

65 to 85 31% increase

Pedestrian Trends

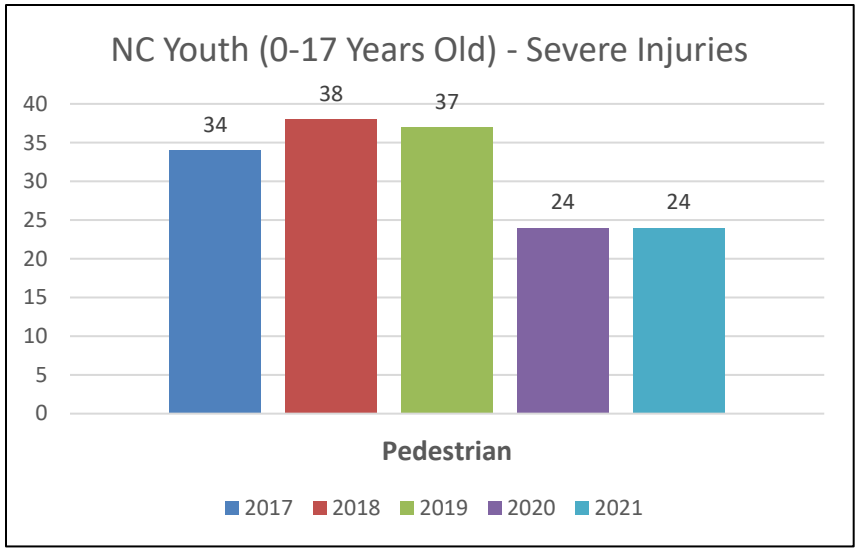


2017-2021 Fatalities

AGE	COUNT
0-5	10
6-11	13
12-17	33 *(58.9%)*

2017 versus 2021

14 to 17 — 21% increase



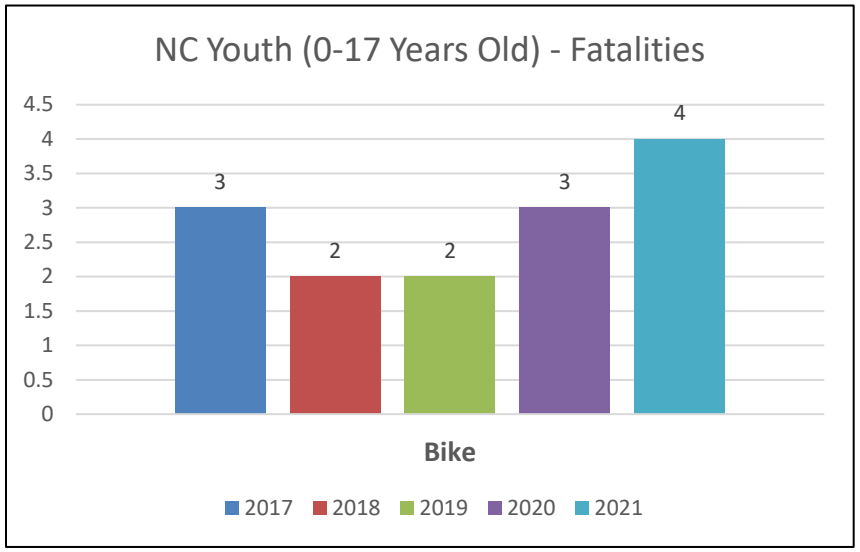
2017-2021 Severe Injuries

AGE	COUNT
0-5	32
6-11	28
12-17	97 *(61.8%)*

2017 versus 2021

34 to 24 — 29% decrease

Bike Trends

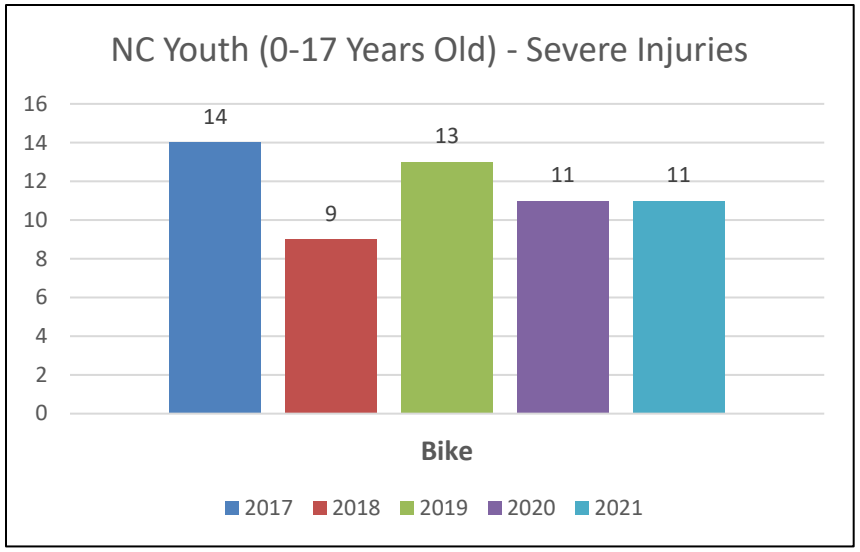


2017-2021 Fatalities

AGE	COUNT
0-5	1
6-11	2
12-17	11 *(78.6%)*

2017 versus 2021

3 to 4 — 33% increase



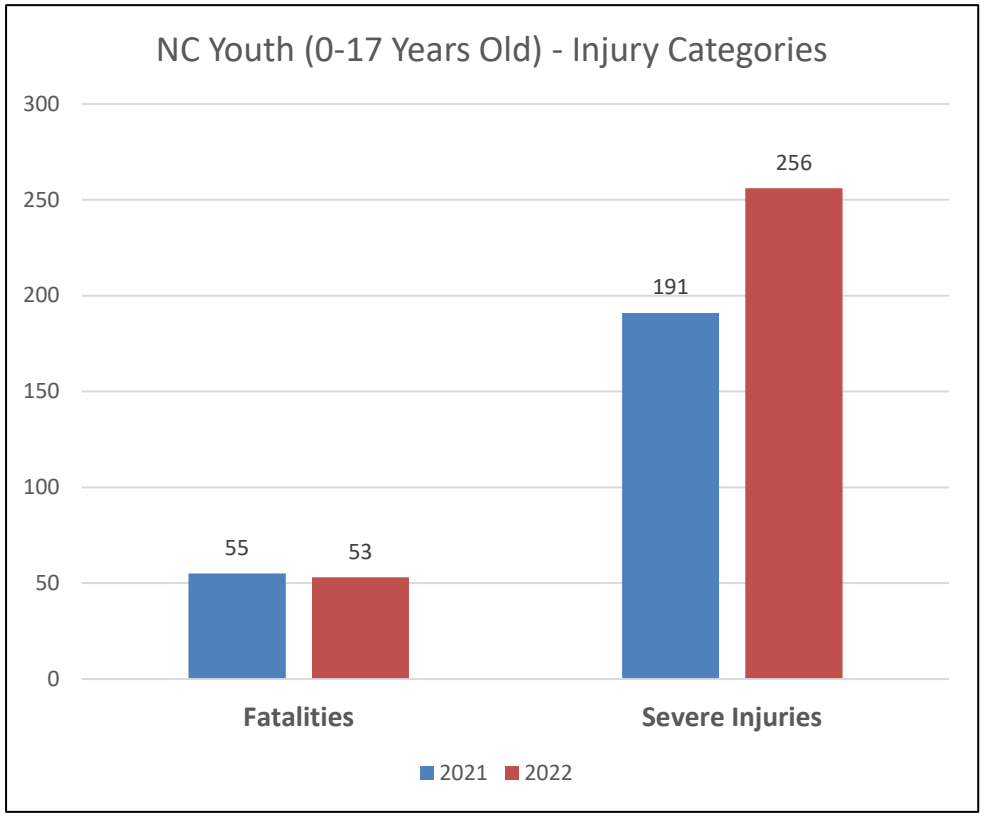
2017-2021 Severe Injuries

AGE	COUNT
0-5	4
6-11	15
12-17	39 *(67.2%)*

2017 versus 2021

14 to 11 — 21% decrease

January to July – 2021 versus 2022



2021 versus 2022 – Year to Date

Fatalities	4% decrease
Severe Injuries	34% increase
Unbelted F/A	59% increase
Speed F/A	5% decrease
Pedestrian F/A	45% increase
Bike F/A	67% decrease

Questions / Discussion

CFTF 2022 Administrative Recommendation:

Administrative support for **efforts to increase the use of rear seat restraints among youth** including:

- CFTF to write a **letter to the Driver Education Advisory Committee** to request that the driver education curriculum include robust education around the importance of using rear seat restraints
- Efforts by the **Governor's Highway Safety Program to strengthen public education and awareness** about the importance of rear seat restraints
- Efforts by the Unintentional Death Prevention Committee to continue to gather and consider information on the topic of rear seat restraints

NORTH CAROLINA
Department of Transportation









Update:
Rear Seat Restraint

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September 26, 2022

Back Seat Restraints

- Research shows back seat belt use is less than front seat belt use, but failure to use belts in back seat is deadly. Especially important as more use rideshare
- GHSP has made this area of focus of Public Outreach, especially to youth
- Partnership with NC High School Athletic Association (NCHSAA) on back seat belt use
- NCHSAA Seat Belt_Approval.mp4 on Vimeo
- Social Influencers Campaign- using young social media influencers to post Tik Tok videos and other videos specifically about back seat belt use

Driver Education Advisory Committee response to letter from CFTF; additional explanation

- **The DEAC considered this request and the consensus was to include a "robust education around the importance of restraints in all positions of a vehicle,"** and to add this to the digitized curriculum waiting to be provided to the districts.
- **However, there is a barrier in providing the digitized curriculum** to schools served by DPI which has a cost per student according to the contract with the digital provider. DPI was able to finance the pilot phase but there is not sufficient funding to allow access for all students.
- Currently, a **dedicated source of funding for the driver education program** is through proceeds of a motor vehicle registration late fee, **however, there is a cap for administration**: of the funds appropriated to DPI, DPI may use up to 2% for the statewide administration of the program.
- **The total amount available via this 2% cap is insufficient to fund distribution of the curriculum to all DPI-served students**.
- **Additional funding of approximately $450K per year would be needed** to distribute this digital curriculum.
- **Full distribution of the digitized curriculum would address various challenges** that DPI has in its efforts to administer driver education.

Committee discussion and potential action related to strengthening education for youth around the importance of buckling up in the back seat (action is not required)

Is there a legislative recommendation the committee wants to make?

Is legislative action is necessary to address the issue?

AND

Does the issue warrant CFTF recommendation for legislative action based on sufficient information known about: 1) impact and evidence; 2) feasibility and costs; and 3) fit with CFTF structure, mandate, and resources

Is there an administrative recommendation the committee wants to make?

(e.g., when further study is needed; when progress can be made via non-legislative efforts)

CFTF 2022 Administrative Recommendation:

Administrative support for **continued study of current NC child passenger safety laws** and for the Unintentional Death Prevention Committee to revisit the potential need for changes in NC child passenger safety laws after the American Academy of Pediatrics releases revised recommendations related to child passenger safety.

Child passenger safety laws

- **NC's child passenger safety statutes differ** from the best practice recommendations of the American Academy of Pediatrics and the National Highway Traffic Safety Administration (NHTSA). (Issue came to CFTF via issue application)
- **2020 and 2021**: CFTF had an administrative item on its agenda for **outside highway safety experts to study this issue and come back to it;** the NC Occupant Protection Task Force studied the topic and data was shared with UD Committee.
- AAP new child passenger safety recommendations are expected to be released late 2022 (major changes not expected).

Considerations

- **If NC's child passenger safety laws were revised to more clearly address best practice recommendations, would this be likely to improve behaviors around child passenger safety AND better prevent child injuries and deaths?**
- Best practice evolves and can be impacted by new research or changing car safety technology.
- Best practice can be challenging to effectively convey in the language of a law.
- A 2017 journal article concluded that children are more likely to ride in the recommended type of child restraint when their state's law includes wording that follows best practice recommendations, BUT requirements don't influence when caregivers fail to use a restraint system for children. (Note that this article predates the current AAP recommendations.) Benedetti, Klinich, Manary, Flannagan, Predictors of restraint use among child occupants, Traffic Injury Prevention, Volume 18, 2017, Issue 8, published June 23, 2017
- **Today,** providing additional information related to other states' laws, best practice, and examples of recommendations

Rear Seat Instead of Front Seat

Current NC Law: "In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags."
Best Practice: Kids should ride in the back seat until they are 13 years old.
Other states: Varies – some states don't address; some say must be in rear seat (with some exceptions) if under age 13 (e.g., WA, LA), some under age 8 (e.g. CA, NJ, SC), some younger.
Example of how to craft law to reflect best practice: A child under age (8 or 13) must be in rear seat when the vehicle has a passenger side front airbag and has an available rear seat. If the vehicle does not have passenger side front airbag and/or an available rear seat, a child may be transported in the front seat if the child is secured properly in an appropriate child passenger safety restraint system or belt-positioning booster seat.
Example recommendation: strengthen NC's child passenger safety law by addressing best practice for children under (age 8? 13?) to ride in the rear seat of a vehicle when the vehicle has a passenger side front air bag and has an available rear seat.

Rear facing for infants and toddlers

Current NC Law: None (NC law references being "properly secured in a weight-appropriate child passenger restraint system" & certain systems are designed for rear-facing use with size requirements)
Best Practice: Keep kids rear-facing as long as possible according to height and weight requirements for car seat
Other states: Per the Governor's Highway Safety Association, 23 states, the District of Columbia and the Virgin Islands require children younger than two (some say under 4) be in a rear-facing child safety seat and laws often written to address height and weight requirements for rear-facing seat and/or seat manufacturer's height and weight limits. (NC experts have pointed out that if you state a specific age, it could prompt a child to be moved PRIOR to reaching the limits on a particular seat which is not best practice)
Example of how to craft law to reflect best practice: ...shall be restrained in a rear-facing child restraint system that complies with all applicable federal regulations until the child reaches the weight or height limit of the child restraint system as set by the manufacturer
Example recommendation: Strengthen NC's child passenger safety law by addressing best practice for infants and toddlers to remain in rear-facing car seat until the child reaches the weight or height limits of the system.

Booster seats and restraints for older kids

Current NC Law: "A child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system."
Best Practice: Seat belts are designed to fit adults. Booster seats position kids so that the seat belt fits properly – lap belt low on hips and shoulder belt across the collarbone. Kids should be in a booster seat until an adult belt fits properly without the booster.
Other states: Some states have laws that address transitioning from a booster seat to an adult seat belt; such laws may address age or size and may address outgrowing a seat according to the manufacturer's instructions. (NC experts have pointed out that technically, a child may have an adult belt fit them correctly long before they outgrow the maximum size requirements for the booster.)
Example of law to reflect best practice: A child at least eight years of age or at least fifty-seven inches tall may be restrained by an adult safety seat belt if the child can be secured properly by an adult safety seat belt. A child is properly secured by an adult safety seat belt if: (a) the lap belt fits across the child's thighs and hips and not across the abdomen; (b) the shoulder belt crosses the center of the child's chest and not the neck; and (c) the child is able to sit with his back straight against the vehicle seat back cushion with his knees bent over the vehicle's seat edge without slouching (South Carolina)
Example recommendation: Strengthen NC's child passenger safety law by addressing best practice for staying in a booster seat until the child is four feet 9 inches tall (57 inches) (and/or?) the adult seat belt fits correctly without a booster seat.

Committee discussion and potential action related to strengthening NC's child passenger safety law (action is not required)

Is there a legislative recommendation the committee wants to make?

Is legislative action necessary to address the issue? IF SO: Does the issue warrant CFTF recommendation for legislative action based on sufficient information known about: 1) impact and evidence; 2) feasibility and costs; and 3) fit with CFTF structure, mandate, and resources?

Example: Strengthen NC's child passenger safety law to address best practice for:

1. children under (age 8? 13?) to ride in the rear seat of a vehicle when the vehicle has a passenger side front air bag and has an available rear seat;
2. infants and toddlers to remain in rear-facing car seat until the child reaches the weight or height limits of the system;
3. staying in a booster seat until the child is four feet 9 inches tall (57 inches) (and/or?) the adult seat belt fits correctly without a booster seat.

Is there an administrative recommendation the committee wants to make?

Is further study needed? If so, what is to be studied and by whom?

Is there progress to be made via non-legislative efforts?