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3 Title: Child Passenger Safety
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5 Introduced by: Kathleen Duemling for the Medical Student Section
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7 Original Author: Jodie DeVries, Kathleen Duemling, and Taylor Boehler
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9 Referred to: Reference Committee D
10
11 House Action: **APPROVE**
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13
14 Whereas, motor vehicle collisions comprise the leading source of child mortality and injury
15 nationally, resulting in over 5,000 deaths of children and adolescents yearly, with another 90,000
16 hospitalized and 200,000 others receiving medical treatment^{1,2,3}, and
17

18 Whereas, child safety seats have contributed to a major reduction in child mortality from
19 motor vehicle collisions since their introduction in 1975 as evidenced by a 71 percent decrease in
20 mortality among infants and 54 percent decrease among children aged 1-4, in reference to the year
21 2010⁴, and
22

23 Whereas, the proper use of child passenger restraints is currently estimated to reduce the
24 risk of fatal injury in case of a motor vehicle collision by 45-71 percent, variance depending on the
25 age and restraint system specific to the size of the child^{5,6}, and
26

27 Whereas, the consistent use of child passenger safety interventions is a very cost effective
28 measure; with the potential for saving \$1 million per 100,000 children over a period of eight years
29 by subverting the astronomical health care costs following vehicle collisions⁶, and
30

31 Whereas, the cost of a child safety seat and education has been estimated at \$130, and the
32 one year reduction in costs related to injuries preventable through proper passenger safety
33 measures is \$121^{6,7}, and
34

35 Whereas, nationwide rates of improper child passenger safety practices are staggering,
36 estimated at 72.6 percent in 2011¹, and
37

38 Whereas, the rates of improper child passenger safety practices may be attributed to
39 unintentional misuse by improperly educated parents and caregivers^{1,8,9,10}, and
40

41 Whereas, misuse of child passenger safety seats significantly reduces their efficacy,
42 rendering them partially to entirely ineffective at preventing injury and/or death^{8,9,11,12}, and
43

44 Whereas, the appreciable number of children who are unrestrained or improperly
45 restrained during vehicle collisions are a significant source of potentially preventable injuries and
46 child mortality^{5,12}, and
47

48 Whereas, parents and caregivers look to physicians to provide recommendations on safety
49 and preventative practices, including information on child passenger safety¹³, and

50 Whereas, physicians often fail to provide resources to their patients in relation to child
51 passenger safety¹³, and

52
53 Whereas, pediatricians are often unaware of the significance of passenger safety in
54 preventing unnecessary child mortality, and lack the time or intention to counsel their patients in
55 passenger safety¹⁴, and

56
57 Whereas, only 67percent of pediatricians who do provide information on child passenger
58 safety can correctly provide height/weight distinctions for car seat versus seat belt usage, and 31
59 percent are not adhering to best practice standards as provided by the American Association of
60 Pediatricians¹⁴, and

61
62 Whereas, the American Association of Pediatricians recommends “including injury
63 prevention counseling as part of a routine health supervision”¹⁵, and

64
65 Whereas, families receiving more injury prevention counseling during preventative health
66 visits incur lower rates of injury¹⁵, and

67
68 Whereas, greater than half of all emergency room physicians fail to counsel their patients in
69 best practice child passenger safety recommendations following care related to a motor vehicle
70 collision¹⁶, and

71
72 Whereas, the passenger safety information disseminated by specially trained Child
73 Passenger Safety Technicians (CPSTs) and other qualified resources may be undermined by the
74 authority and relationship a physician has with their patients¹³, and

75
76 Whereas, only 30 percent of physicians report receiving training in child passenger safety²,
77 and

78
79 Whereas, parents do look to child passenger safety laws, which “are among the most
80 effective mechanism for decreasing childhood crash injuries among the masses,” yet the laws alone
81 do not go far enough to sufficiently protect children and may not reflect best practice¹⁷, and

82
83 Whereas, 9 out of 10 parents believe that if their children are riding legally, they are riding
84 appropriately, and therefore, laws supporting best practice may increase usage of recommended
85 safety practices¹⁸, and

86
87 Whereas, the adoption of higher power (primary versus secondary) passenger safety laws
88 do reduce injury and mortality as a result of motor vehicle collision and result in significantly
89 greater rates in child restraint system usage^{1,19}, and

90
91 Whereas, in the state of Michigan, legislation (Senate Bill 1135) to require child passenger
92 safety best practices in relation to height/weight recommendations was introduced by Senator
93 Proos in 2014 and supported by the Senate with a vote of 36-1¹⁹, and

94
95 Whereas, evidence based strategies exist to increase adherence to passenger safety-related
96 legislation, including raising fines and bolstering communication campaigns to increase public
97 awareness of the initiative (i.e. Click It or Ticket)²⁰, and

98 Whereas, on a national level, many states' legislative initiatives regarding child passenger
99 safety are beginning to represent best practices²¹; therefore be it

100
101 RESOLVED: That MSMS work toward the standardization of best practice resources related
102 to the education of patients on the issue of child passenger restraint systems, with special emphasis
103 on child passenger safety; and be it further

104
105 RESOLVED: That MSMS should advocate for the introduction and passage of best practice
106 child passenger safety laws.

108
109 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

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² Brixey, S. N., & Guse, C. E. (2009). Knowledge and behaviors of physicians and caregivers about appropriate child passenger restraint use. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*, 34(6), 547–552. <http://doi.org/http://dx.doi.org/10.1007/s10900-009-9176-2>

³ Will, K. E. (2005). Child passenger safety and the immunity fallacy: Why what we are doing is not working. *Accident Analysis and Prevention*, 37(5), 947–955. <http://doi.org/10.1016/j.aap.2005.04.018>

⁴ O'Neil, J., Bull, M. J., Talty, J., & Slaven, J. E. (2011). Important Child Occupant Safety Trends, Indiana Between 2005 and 2010. *Annals of Advances in Automotive Medicine / Annual Scientific Conference*, 55, 27–32.

⁵ National Center for Statistics and Analysis. (2015, May). Occupant protection: 2013 data. (Traffic Safety Facts DOT HS 812 153). Washington, DC: National Highway Traffic Safety Administration.

⁶ Goldstein JA, Winston FK, Kallan MJ, Branas CC, & Schwartz JS. (2008). Medicaid-based child restraint system disbursement and education and the Vaccines for Children Program: comparative cost-effectiveness. *Ambulatory Pediatrics*, 8(1), 58–65 8p.

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⁹ Will, K. E. (2005). Child passenger safety and the immunity fallacy: Why what we are doing is not working. *Accident Analysis and Prevention*, 37(5), 947–955. <http://doi.org/10.1016/j.aap.2005.04.018>

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¹¹ Lesire, P., Cuny, S., Alonzo, F., & Cataldi, M. (2007). Misuse of Child Restraint Systems in Crash Situations - Danger and Possible Consequences. *Annual Proceedings / Association for the Advancement of Automotive Medicine*, 51, 207–222.

¹² Bulger, E. M., Kaufman, R., & Mock, C. (2008). Childhood Crash Injury Patterns Associated with Restraint Misuse: Implications for Field Triage. *Prehospital and Disaster Medicine*, 23(01), 9–15. <http://doi.org/10.1017/S1049023X00005483>

¹³ Weaver NL, Brixey SN, Williams J, Nansel TR. Promoting Correct Car Seat Use in Parents of Young Children: Challenges, Recommendations, and Implications for Health Communication. *Health promotion practice*. 2013;14(2):301-307. doi:10.1177/1524839912457567.

¹⁴ Yingling, F., Stombaugh, H.A., Jeffrey, J., LaPorte, F.B., Oswanski, M.F. Pediatricians' knowledge, perceptions, and behaviors regarding car booster seats. *J Community Health*. 2011;36:166–173.

¹⁵ Claudius IA, Nager AL. The utility of safety counseling in a pediatric emergency department. *Pediatrics*. 2005 Apr;115(4):e423-7. PubMed PMID: 15805344.

¹⁶ Macy, M.L., Clark, S.J., Sasson, C., Meurer, W.J., Freed, G.L. Emergency physician perspectives on child passenger safety: a national survey of attitudes and practices. *Acad Pediatr*. 2012;12:131–137.

¹⁷ Davidson, S., Dawson, L., Dellinger, A., Kegler, S., Powell, K., & Staunton, C. (2005, February). Critical gaps in child passenger safety practices, surveillance, and legislation: Georgia, 2001. *Pediatrics*, 115(2), 372+.

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²⁰ Baldwin GT, Houry D. Getting Everyone to Buckle Up on Every Trip: What More Can Be Done?. *Ann Intern Med*. 2015;163:234-235. doi:10.7326/M15-1278

²¹ Child Passenger Safety Laws. February 2016. Available at: http://www.ghsa.org/html/stateinfo/laws/childsafety_laws.html.