

# A COMMUNITY APPROACH TO DROWNING PREVENTION

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A COMMUNITY can initiate a program of injury control not only in the prevention of drownings, but in other areas of accidental deaths by the application of criteria based on: need—the identification and analysis of problem area or areas in order to bring about effective programming to reduce accidental deaths or injuries; objective—how many deaths could be prevented by a demonstration project in the community and what resources are avail-

able within the community to bring about this project; method—plan of attack by these community resources on what approach or approaches can be taken to reduce the number of deaths or injuries attributed to the area or areas selected; evaluation—to be done at periodic intervals in order to determine how effective the model program is and ways it can be strengthened. Effective programming can be brought about when these simple criteria are applied.

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## PERILS OF THE WATER: THE PROBLEM OF DROWNING AND THE CHILD

DROWNINGS in the United States number over 7,000 a year; they represent the fourth leading cause of accidental death and are a particular threat to the lives of young children.<sup>1</sup> A recent study of the problem revealed that the peak age of childhood drowning is two years and that preschool children predominate.<sup>2</sup>

While drowning is usually considered a summertime problem, a year-round distribution of both fatalities and near-drownings is evident. The young child who falls through the ice or is found in a backyard pond represents more typical circumstances than the child who succumbs while swimming. The majority of drowning incidents among children involve insufficient supervision in hazardous circumstances.

### POOLS

Part of the explanation for these facts is the increasing prevalence of pools and other aquatic hazards. In the last 20 years there has been a 50-fold increase in the number of permanent swimming pools and

a steady trend toward unsupervised home pools, in contrast to the former predominance of community swimming pools. A rapidly increasing number of above ground pools, estimated to number over 20 million, is an increasing hazard to children—the home pool has replaced the “old swimming hole.”<sup>3</sup>

As suburban developments move toward the rural areas, bodies of water not readily accessible before now take on a particular threat to previously unexposed child populations. Half of the drowning victims in this country are under 10 years of age, and three-fourths are boys. A definite lack of swimming skills in those old enough to have gained them is also reported.

### RECOMMENDATIONS

Recent articles in PEDIATRICS<sup>4,5</sup> have focused on the problem of treating the water-accident victim. Prompt and appropriate first aid and continuing treatment procedures have been stressed. The following “waterproofing” recommendations are

made to help minimize the perils of water for children and adults:

1. Each child should be taught to float and swim by "as early an age as possible,"<sup>6</sup> preferably beginning during the early pre-school years.

2. Children near bodies of water should be properly supervised by qualified adults at all times.<sup>7</sup> Good swimming conduct should be encouraged at all times. Swimming should be avoided when children have just eaten, are overtired or overheated, or when a storm is approaching.

3. Adequate safeguards should be provided for all bodies of water accessible to children. This includes backyard ornamental and swimming pools, ponds, portable containers, bathtubs and other shallow water containers, water sport areas and motel pools, especially where young children are unattended even for a moment.

Many drownings have occurred on construction sites before pool barriers were erected. Fencing materials should be brought into the building site and extended into ground; a 6 foot height barrier and a locked gate should be erected to insure reasonable exclusion of young children. A recently published pamphlet, *Kidproofing the Backyard Pool*, provides excellent, detailed protective instructions.<sup>8</sup>

4. All family members should be encouraged to learn first aid resuscitation techniques because families are often more available than trained officials during the time when help is most effective. The number of children who survive near-drowning can be appreciably increased with appropriate first aid techniques. A non-swimmer should not enter the water over his head to attempt to rescue others; sometimes a pole, rope, log, ladder, etc., can be used—and should be available at the water side.

5. Obeying the rules for aquatic sports should be demanded for all participants. Over 9 million people, including a proportionate number of children, engage in these sports each year, and the number is rising. California and Florida lead the country in fatalities. During this past year, scuba diving was the leading cause of aquatic sport

drownings, with 60 victims; underwater skin diving follows, with 26 victims. Inexperienced pilots of watercraft present increasing problems. Safety precautions, including trained companions and the buddy system, should prevail in these sports. When recovery of a victim is possible, it is largely due to the aid of an experienced companion.

Equally important is the need for community action in prevention. Local regulations concerning construction, fencing and supervision of all bodies of water should be a matter of concern to physicians and parents within each community.

### SUMMARY

In summary, all children and families should be instructed in water safety. This should include teaching all young children to float and swim, proper instruction in the use of equipment, and proper regulation and supervision of hazardous areas. Every community should become concerned about controlling the perils of their waters by an organized, year-long program of aquatic safety and public education.

### REFERENCES

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