



Injury And Violence Prevention: Success Stories 2015



Compiled by:

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Injury Prevention Success Stories

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Every day in Washington State, many people of all ages take action to reduce their risk of dying or being disabled from an injury. Whether they consciously know it, they are doing injury prevention when they, for example:

- Buckle their seat belt,
- Test their smoke alarm,
- Drive the speed limit, and avoid aggressive and impaired driving,
- Put on a life jacket when in a boat or by the water,
- Wear a helmet when riding motorcycles, bicycles, skateboards, sleds, and horses,
- Safely store firearms and ammunition in the home,
- Take strength and balance exercise classes to prevent falls,
- Take the Applied Suicide Intervention Skills training (ASIST),
- Get mental health therapy for depression and other mental challenges, or
- Take a parenting class.

We do not often hear about the saves or success stories of our prevention efforts. We hear about the fatalities and serious injuries from many causes. There are also many success stories, and this documents some of them as inspiration to continue the work of many injury prevention professionals, volunteers, advocates, and others throughout Washington State who all understand that prevention and reducing risks saves lives, disabling injuries, and dollars.

Pages 3 – 4 are new stories from 2014.

Thank you everyone who sent in these stories... you are making a big difference in your communities! Please send more stories anytime to: kathy.williams@doh.wa.gov

Fall Prevention

I like the Tai Chi class—Viola is a superb instructor—makes everything clear and fun. I was hesitant to try Tai Chi because of a foot problem and bad balance, but the class is very non-threatening and I believe my balance is improving.

The program has brought me to a pathway in my life. I have taken my first step on this pathway—many more to come. I am more balanced and flexible. This class is helping me to take charge of mind, body, and spiritual challenges. Viola has been mentor as well as a friend. Always there to help us through by explaining each area we are being taught. I have told many about this class and will continue to. I take M, T, W, Th classes. I [have] taken T, Th a little over year. –DM

I really like the care and concern of the Tai Chi instructor. After her class, I feel good. I have been taking class twice a week. This class has helped with my concentration and is, I hope, helping with my posture, balance and energy levels. I read of the class in your brochure. I have recommended this class. I find that there is nothing over strenuous about the class; the effort comes from moving so slowly.”

Viola, instructor, is always enthusiastic and well prepared each session. She varies each class to make it interesting. As students of her “Wise Orchid Martial Arts” Viola shares her own stories of her ongoing masters’ training both in the US and China. She is an excellent listener when her students have questions. She is very, very patient. I started classes 9+ months ago. I have encouraged friends to sign up for Viola’s classes. My quality of life is better by participating in Tai Chi. PS

As an exercise incorporating aerobics, full range of motion, repetitive movement, Tai Chi as taught by Viola would be difficult to do any better. Her clarity of instruction and ability to separate and compartmentalize complex sequential moves into easy graspable blocks of movement are excellent. Her vibrant personality and personable approach encourage shy participants to enthusiastically participate in her classes. In each of its facets, Tai Chi, when properly taught and practiced, will improve balance and mobility, mental awareness, and perception.”

Helmets

My 15 year old son bought a long board (skateboard) with his birthday money this past year. Because he is a teen, we adults know how hard it is to get them to wear a helmet, especially when you’re not around to supervise. One evening he set out to go for a ride and when he returned home he was covered in blood and sweat. He had been going down a hill in the neighborhood and lost control. He went flying forward and skidded his head and face across the cement, as well as his hands, shoulder and torso. His helmet was completely mangled on the one side as was his face. The scabs took a few weeks to heal and left scars that he will have for a lifetime. We are so lucky that he had been wearing his helmet!

Pedestrian Safety

While teaching at a local high school a teen approached me and thanked me for saving her life. As a middle school student she had heard me speak at her school about the importance of being alert while walking to and from school: no cell phones or head phones. She said one dark, foggy morning she was on her way to school when she heard a car approaching from behind. She could tell it was going faster than the posted speed limit and turned in just enough time to see that the car was heading straight for her. Because she was able to hear the car she was able to get herself safely out of the way. The car had seen her at the last minute and swerved/over corrected and ended up in the ditch on the opposite side of the road.

Vehicle Occupant Protection

A middle school student was especially touched by the Trauma Nurses Talk Tough presentation done by a local hospital. Her father never wore his seat belt. But, because of what she had heard, she convinced him to wear his seatbelt as the family headed out on a trip over the mountains. Unbeknown to them, a semi-truck on the interstate about a mile ahead was beginning to have problems. The driver slowed to look for a safe place to pull over. Just as the family car came alongside, the driveshaft came apart from the truck and the driver lost control. The student's family car was one of many that rolled several times, was hit by other vehicles, and resulted in a multiple car pileup.

As the state trooper was making sure everyone in their horribly mangled car were not dead and did not have life threatening injuries, he was surprised to find they only had minor injuries. Almost in shock, he said to the dad, "You know, if your family had not been wearing their seat belts, I doubt that any of you would have survived."

Suicide

I learned about a safety plan and successful intervention techniques. I am more aware of the signs.

From an Issaquah counselor after suicide prevention training.

That stuff really does work. I was up with a friend all night and she is still with us.

From a Bethel High School student after going through H.E.L.P. training by the Youth Suicide Prevention Program.

I don't think about suicide anymore. I've got better support and plans for the future.

From a high school student who called the National Suicide Prevention Lifeline after taking youth suicide prevention training from YSP.

Former Success Stories

Falls Among Older Adults

About the SAIL (Stay Active and Independent for Life) program in a very small rural community:

I am a big fan of the SAIL program. About 5 years ago I started falling, and I no longer bounce as I did in my youth. I have broken both wrists and needed metal plates put in. Since I have been taking the SAIL class, I have tripped and stumbled multiple times but am able to catch myself. I am also more safety minded and aware of my feet. My knees have stopped hurting, and I have stronger arms. I really appreciate having the opportunity to learn these things and the classes to practice them. JR

Just one example of how SAIL has helped me became evident this week. I suffered a muscle strain in my back that made it just about impossible to move. I recovered after a couple of days. I credit the quick recovery to my relatively good level of fitness (thanks to SAIL 3 times per week), and advice from my SAIL instructor, MP: “When bending or turning point your nose and toes in the same direction; don’t twist and torque your spine”.

Last winter I took a fall on the ice. My feet went out from under me and I landed flat on my back, hitting my head. My husband immediately wanted to help me, but I remembered what I’d learned in SAIL: to take a few minutes and make an assessment. I did this and then slowly turned over onto my knees, got my balance, and then took the assistance offered to get me on my feet. I also remembered we were told to be aware of symptoms of bleeding in the brain for a few weeks after taking a fall, which I have done. I hope to continue in the program in Curlew. I think it has improved my balance and strengths, and it is a wonderful social outing as well. WF

“Here are some of the benefits of our SAIL activities and learning skills I have acquired:

- The mind set of thinking “safety” and then learning skills to help ourselves if we do have challenges.
- The importance of upper body strength to be able to do everyday things which previously had been quite difficult.
- Awareness of hazards within our homes that could cause “accidents”.
- The variety of types of exercises and the results that can be achieved. The SAIL “Booklet” is a great resource, and we cover all the information.
- We also have a “social side” to our classes...we discuss, talk, laugh (often at ourselves), and we all pitch in to set up/tear down the chairs, equipment, etc.
- After looking at our interim test scores we said “Good Job” and did high-fives!

“Here is a specific example of how the upper body strength training has helped me:

To get to our basement we have this scenario: three steps to a landing, then a 90 degree turn to the next ten steps to be there. There are railings or a hand rail on all steps. However, I lost my balance at the top of the ten steps. I had not reached the hand rail yet, but I was able to reach the upper railings, stop my fall, and pull myself upright! The good old (now new) upper arm/body strength was great!”

LT, age 82 with left hip replacement in 2010.

In each class M reminds us to not lock our knees as we stretch; to not do any movement that hurts; and to incorporate simple training into our daily lives. These are valuable reminders of how to care for our aging bodies. I look forward to going to SAIL to keep fit and to connect with like-minded friends. THANK YOU SAIL! CS

A falls prevention coalition member tells of a woman who was falling at night when she got up to go to the bathroom. Her health care provider asked why she had no night light. The woman was concerned about electricity costs to have it plugged in all the time so they recommended a flashlight. She was willing to spring for the batteries and has stopped falling.

Today I was visited by the mother of one of our senior participants, yes you read that right. Mom wanted to tell us the benefits her son is getting by participating in the “Sitting Fit” class. Her son is a resident at a local Residential Treatment Facility (group home for developmentally disabled adults). Prior to this class he was uncommunicative with other residents, lethargic, and showed little interest in anything. He has been in the class for the last two months and is now active (the benefits of exercising), showing interest in others, and constantly talking about the “Sitting Fit” class. He expresses how nice and friendly everyone is, the beautiful facility, and how much he enjoys coming to class. A few more residents from the same facility have started the class and they are all saying the same thing. Mom is so grateful and excited that a program like this is available in the Burien area that she has made a substantial donation to our senior scholarship program so that others like her son, or those very low income seniors who could not afford the class fees, will benefit. Wow! What a great day!

This is definitely the way to end my week! Cindy, a new participant to our programs, called to register for digital photography. She then told me how much she and her father are enjoying the new, low impact yoga class. She bubbled over with enthusiasm and told me that this class is transforming their lives.

It started when she brought her 81 year old father to the wellness fair (shape-up) here at the community center, and how impressed they were with the presenters and booths. Her father had been depressed since the death of his wife, and Cindy had to drag him to the fair. While there, he got a pedometer from a Group Health presenter and now he calls her every day and tells her how many steps he’s taken – so he’s moving instead of sitting.

They both decided to sign up for the yoga class (she’s 55) and she had raves for that. Her father’s mobility has improved dramatically in just the first few weeks. She also notices improvement for herself. She loves the instructor and feels they are getting good attention and instruction. Her father looks forward eagerly to the class, and is feeling healthier and

happier. At this point, she broke down crying and said how deeply grateful she was to everyone here for all we do. She said, “Your senior programs really rock!”

From house bound to happy... I met Olive for the first time sitting in the chairs by the upstairs fireplace at the Gig Harbor Family YMCA. She seemed distant, tired and confused. I approached her and asked if I could offer some assistance. She said “my doctor told me I had to come here I or would just die if I stayed at home.” I was surprised by the frankness of her response and began a conversation which uncovered that her beloved husband had recently passed away and she just didn’t want to do anything anymore. She was home alone and felt like she was slowly dying. Her doctor told her to go to the Y. We connected Olive with our SilverSneakers® classes and she slowly, over the course of several months, began to feel less depressed, made new friends, have more energy, and feels happy. After a year of participating twice a week, Olive had completely changed her life. She is joyful, grateful, outgoing, and connected to everyone at the Y. She shares that being at the Y and participating in SilverSneakers® classes has saved her life. Not only in the improvements she’s seen in her physical being (less pain, more mobility, moderate weight loss, better sleep), but moreover in her emotional and spiritual self. Her classmates have become her extended family with whom she socializes both inside and outside our facility.

From canes to freedom... June showed up at her first SilverSneakers® class with two canes and horrible sciatica. She moved awkwardly and sat or stood with great discomfort. At 89 years old, she began this chair-based exercise class to help alleviate her pain. At first, she could participate for about 15 minutes, then after a few months of two days per week, she could participate in the entire class. After a few more months, she came in with one cane and was practicing her stretching exercises at the Y and at home. After 6 months, no more canes at all. Her walking gait had improved enormously and her pain had greatly diminished. She reported feeling better than she had in years. She was travelling again and living more of her life with independence and confidence. After three years of gentle exercise, two times per week, June reported that, at 92 years old, she was stronger than she had been 17 years prior when her husband was dying at home. She said she used to have to haul him out of his death bed to get the firewood to keep the house warm. Now, at 92, she can do it herself.

The next two stories are from the Shapeup campaign, which offers discounted or free group exercise classes for adults 50+ at eight community/senior centers that meet specific criteria:

- Are located within an area that has a high incidence of 911 fall calls for older adults.
- Senior/community centers that currently offer a variety of older adult fitness programs that can handle more participants.
- Senior/community centers are located near senior public housing facilities

I feel so safe now! Some visitors made fun that I installed wall bars in the shower, a toilet seat riser, a handheld showerhead, and a shower stool, but they are the losers! I feel safe and that’s all that matters!

Jean helped me to see places in my home that can be a hazard. The fact that you have a program like this is surprising and good to know. Often elderly people seem so alone.

CARES staff had the opportunity to assist a resident with a long history of falls. The falls created multiple fire responses. Upon meeting with the resident, it was apparent the current lifting device being used was no longer meeting the citizen's needs. I got family permission and sought an alternate lift device. However, we were told the client was not eligible for a new lift device and it would **not** be covered by Medicaid. It was clear if a new lift prevented future responses, it would be money well spent so the CARES program covered the cost of the device. By working with a local medical supply company, and with the support of the patient's doctor, we were able to deliver the lift on April 14, 2011. The patient, family, and caregiver were ecstatic! We are continuing to monitor the situation to ensure the effectiveness of the lift. **NOTE:** after further consideration 90% of the cost of the lift **WAS** covered by Medicaid!

Fires and Smoke Alarms

Family saved by a smoke detector installed by Marysville firefighters: A single mom and her three year old son were able to safely evacuate their duplex apartment when the smoke alarm sounded. The noise of the alarm alerted the downstairs neighbors, too, so that both he and his care providers were able to evacuate safely, as well.

After Spokane firefighters installed a smoke alarm and before they left, they sat down with the family to help them prepare a home escape plan. A few days later a fire started in the home, the smoke detector sounded the alarm and everyone safely evacuated. They used the escape plan that they designed with the firefighters a few days earlier.

When an early morning fire started in her Arlington home, a second grade girl remembered what she had learned about home escape planning from "Fireflies". After checking her front door for heat, she went to her window to escape. After safely breaking the window, she ran to a neighbor's house to call 9-1-1.

Helmets

Lois, age 60, was riding near Walla Walla when a rabbit jumped into her front wheel, causing her to crash. She went over the handlebars and landed on her head on the cement bike path. The helmet was dented. She had a sore bump on her head and headaches for four weeks.

A DOH staff, LL, with the Spokane Drinking Water Office, is an experienced horsewoman who always wears a helmet. Last month, she was riding her gelding Prince, something they've done on hundreds of miles of trails. Prince jumped a small ditch and fell after the soil gave way on the other side. The rider ended up at the bottom of the ditch with Prince on top of her. As he struggled to stand, a rear hoof stepped on her leg, and a front hoof hit her helmet and forehead – cracking and taking a piece out of the helmet. Other than major bruising, LL and Prince are

fine to ride again. "Without my helmet it would have been a whole different story," LL said. "Please, always wear your helmet."

My 30-something son got a bike to commute on between his apartment and school, about two miles away. I got him a bike helmet and insisted he should wear it; he did, just to make Mom happy. The following week he was hit by a car. The crash propelled him head-first over his handlebars, sliding on the pavement until his head struck the concrete curb. He walked away from it with nothing worse than major road rash and bruises...oh, and a big crack in the helmet- which would have been in his head if he had not been wearing the helmet. No question that it saved his brain and probably his life. He is now an absolute believer in the value of bike helmets.

Grandma bought my daughter a trike. I insisted that she could not ride her trike without a helmet. Grandma didn't think it was needed since it was "Only a trike and she was only riding in the driveway". I said no and went home to get a helmet for Emme to wear riding her new Barbie Trike. Emme is a bit of a daredevil, to say the least. When I was helping my 5-year old daughter to ride without training wheels at our Lakewood home, Emme took her trike to the top of the slightly sloping driveway and rode her trike as fast as she could down the driveway. Before I could catch her, she ran head first into the back of my SUV - and her helmet met my trailer hitch with full impact. It broke apart my trailer hitch and her helmet had a slight depression. Emme was a bit upset - but not a scratch, bump or bruise on her. Had she not had on that helmet, she would have had a serious head injury! I still have the broken apart trailer hitch. Grandma was happy to buy two new helmets for her - one for grandma's house and a replacement for home!

An 11 year old girl was going too fast down a Port Angeles hill and hit loose gravel. She had deep cuts and bruises on her left knee and right shoulder, and road rash on her face, shoulders, back, elbows arms and legs. Her helmet was dented on the right temple area with multiple gravel indentations (like golf ball impressions).

Six year old Jake and his brother were riding scooters in the neighbors' driveway near Ritzville. The brothers' foot unintentionally went in front of Jake's scooter and Jake flipped over the handle. He impacted directly on the helmet. Injuries included: broken nose, black eyes, and multiple abrasions. The helmet has permanent, significant deformation. This case is interesting because: it happened from a scooter not a bicycle; the boys were being directly supervised by their grandfather in the driveway not on the street; Jake was not hit by a vehicle yet had significant injuries and helmet damage. The helmet did a wonderful job of keeping Jake alive and without a traumatic brain injury.

A seven year old Kitsap County boy hit the back of a car with enough velocity to wedge his bike under the back bumper. He was wearing a black multi-sport helmet from Mary Bridge. The child was unhurt and transported by his mom to Harrison Hospital to get checked out.

During Martin Luther King (MLK) Holiday Weekend in 2004, the Pierce County SAFE KIDS Coalition and Federal Way Helmet Coalition sponsored a ski/snowboard helmet sale at Crystal Mountain Ski area.

Here is a success story from that sale:

I purchased the helmet on MLK weekend in January and the following Wednesday was on my way to go snowboarding. I was heading out the door and a friend said to me, "why don't you try the new helmet today?" So I took it and wore it. I was in Green Valley at Crystal Mountain and chose a line I have ridden hundreds of times. In the middle of the valley there is a mound that is usually a smooth, gradual slope. That day there was a steeper transition on the mound that launched me into the air. When I landed I caught my heel side edge. Someone who saw me said I cart-wheeled from head to board about five times.

The last thing I remember is riding closer to the mound and seeing the transition. I vaguely remember feeling sick in the toboggan ride down, and then I remember waking up at Harborview Medical Center and looking up at the ceiling of the hospital room. I was unconscious for about a day and a half. I have no memory of being in the aid room at Crystal, the ambulance, or the helicopter that airlifted me to the hospital. I'm sure that if I hadn't had on the helmet I would not be able to write this today. I compressed the Styrofoam on the rear of the helmet and cracked the plastic shell. My snowboard broke behind the rear binding because of the impact. I feel so grateful to those involved in the helmet awareness program. I am so appreciative and thankful for the helmet. I have been encouraging others to wear helmets when they ride, and since the crash I always ride with a helmet on.

In 2005, Tim, a 16 year old boy, returned to the Mary Bridge Center for Childhood Safety in Kent to purchase a new helmet after he crashed his bike. He had been traveling between Highline Community College and the Kent Learning Center when his foot slipped off the pedal and into the spokes of the bike. He was catapulted head-over-heels into traffic on a busy four lane road. The helmet was cracked but his head was fine. He suffered only a few bad scrapes and bruises.

A ten year old boy was riding down a very steep hill and hit a manhole cover in Colfax. He flipped head over heels multiple times, got very dizzy and blacked out. The boy had cuts on his face, hands, legs, knees, stomach and back. His helmet was badly scratched.

The Mary Bridge Emergency Department had a child brought in by ambulance after wiping out on his bike. He'd been out doing jumps like on TV. He arrived, and to his credit had worn his helmet, which was split in half. The boy had road rash to his nose and chin, but was otherwise fine. Thank goodness he had on his helmet. The force it took to crack open a helmet would have caused serious injury. The mother and patient both expressed a belief in the value of a helmet and the protection it offers. Mom said, "It was worth every penny."

Though there is a helmet law in both King County and Federal Way, riding without a helmet is common. A study done by the Federal Way Helmet Coalition in 2003 showed helmet use at about 54%. The story here shows how helmet save lives:

It has always been a rule in the Veit home to wear a helmet whenever you ride anything with wheels. This comes down from mom who has always made this a rule of no exceptions. And as a mother of two boys ages 12 and 14 she knows the importance of "no exceptions". Mom also

enforces that if her boys are to ride with friends, and those friends do not wear helmets, her boys are not allowed to ride with them.

In the summer of 2004, Joan, her husband Tim, and a group of teenage boys learned first-hand how lucky they were to have Joan helping them make decisions. Tyler, Brian, and several friends decided to ride through Des Moines to a location near Sea Tac Airport. It was a nice trip since Des Moines has clearly marked bike lanes to make it safer for bicyclists.

With Tyler in the lead they headed down a fairly steep hill into the small waterfront town of Des Moines. Suddenly a car pulled out right in front of Tyler. He barely had time to put on his brakes as his bike broadsided the car sending him flying over the hood and sliding nearly 30 feet on his head across the pavement.

Tyler never lost consciousness but had a hard time moving at first. The medics arrived nearly the same time as his mom and dad. Tyler ended up with a bruised and bleeding kidney, and stiffness that kept him from school for nearly two weeks. Slowly the soreness went away...but the memory of the car, the trip through the air, and impact stays with him. Because the responding Des Moines Police officer knew Tyler's helmet needed to be replaced, he did that on the spot... Tyler got a brand new helmet. The helmet Tyler wore that day will never be used again...it has done its job. He has his life to thank for that, and of course his mom for her "no exceptions" rule.

Susan does not remember the fall. She doesn't know what, if anything, she hit on the Western Chehalis Bike Trail near Rainier, WA that caused her to fly over the handlebars to the ground. Her bike helmet was compressed in two places and she had abrasions to her arms, and a shoulder injury. She is happy to still be here and knows the helmet saved her life. Now she shares her wrecked helmet in public presentations to educate people everyone needs to wear a helmet every time they ride.

On August 23, 2000 when I was ten years old, I was bicycling with my dad and younger brother in Federal Way. I lost control of my bike and hit a car. Luckily I was wearing a helmet – even though I had many injuries, it saved my life. I suffered a head injury, a broken collar bone, several breaks in my left arm, a torn tri-cusped heart valve (repaired with open heart surgery) and a broken pelvis. My collarbone and arm were repaired with plates, which are still there. I spent two weeks in Intensive Care at Harborview; then was transferred to Children's where I spent another six weeks. The first two weeks were on the medical floor and then to rehabilitation. They helped me with my memory, I started walking again and I had lots of physical therapy to regain the use of my left arm. With the help of so many people in the medical community, my family, friends and the Federal Way Fire Department, I feel that I have achieved that normal happy life that I was trying to get back. Today I still suffer from some short terms memory loss, but I've learned techniques to help with that – I take lots and lots of notes! Remember, unlike a broken arm a "broken" brain doesn't heal. After reading this, I hope that you will choose to always wear a helmet – whether you are biking, skateboarding, rollerblading, or on any wheeled "vehicle". It's great to go out and have fun, so be smart and protect yourself so you can continue having fun.

Frank, 62, was riding his regular Saturday bike ride, cruising about 20 miles per hour on the Burke-Gilman Trail in November with a pack of friends. An oncoming biker hit him and he crashed into the asphalt. "I don't remember anything about the crash. I just remember (the biker) turning out, and going 'Holy...'" he said. The other biker did not stop.

Frank's face was bloodied, and his arm was deeply cut, but it was his apparent brain injury that caused his friends immediate worry. For nearly 20 minutes after the crash, he kept repeating the exact same question, over and over: "What happened?" No matter how many times the question was answered, he continued to repeat the question.

Doctors eventually diagnosed a grade three concussion, the most severe type. After a brief hospitalization, doctors told him he was lucky not to have had much more serious consequences -- facial fractures, brain damage, perhaps, or worse.

"The consequences of me not wearing a helmet would have been bad," Frank's said. "I could have become dead, or a vegetable." Now, after returning to work, he wants to share his story. At 62 years, Frank is no child, and his helmet obviously stopped worse injuries. The helmet itself was severely damaged, and he has since bought another one. Helmets are vital, he said. He's believed that forever, and has always worn helmets, but he hopes his crash is a reminder for everybody. "The option of not wearing a helmet should not be an option for anybody," he said.

Life Jackets & Water Safety

Friday, July 13, 2012 was the day 9-year-old Travis Anderson drowned in the Pilchuck River. It was also the day that his mother, Kim, and the emergency team at Seattle Children's Hospital, saved his life.

Travis, a wiry redhead, was wading in a shallow portion of the river, near his mom, his brother and sister, and his best friend. He lost his footing. The current swept him downstream and beneath a log, where he became trapped under water. Kim and Travis's older brother Jacob Could not free him. After a few minutes, a bystander helped shift the log, and Kim pulled her youngest child to the river bank.

Travis was a ghostly pale gray, his eyes half open. Blue lips and purple circles around his eyes indicated cyanosis, a lack of oxygen in the blood. He was unresponsive, with no pulse. Kim began CPR while her daughter called 911.

"I know CPR and I performed it ferociously," Kim says. When firefighters arrived, they continued CPR and intubated Travis to open his airway. Soon, a Life Flight helicopter arrived and transported Travis to Seattle Children's Emergency Department. Kim and her husband, Ken, arrived at the ED as Travis was getting a CT scan to assess if there'd been damage to his neck and spine. Amazingly, there wasn't.

"Travis was surrounded by so many people, and so much machinery," Kim recalls. "He looked badly beaten up from being trapped under the log, and he was bruised from the chest compressions. But his color was better — he just looked like he was asleep."

Cold, shaking, and still wet from the river, Kim approached one of the physicians. "I asked him very directly if Travis would survive," she recalls. "I felt sure he would say yes. But that doctor looked me straight in the eyes and said 'We don't know yet.' I was shocked by that response. But I appreciated that he respected me enough to answer so honestly."

Kim doesn't remember a lot about their time in the emergency department. "I remember the staff positioning chairs right behind where Ken and I were standing, in case we collapsed. They brought me some sweatpants and a sweatshirt. I was so grateful to have dry clothes. I remember a lot of staff around us, and that everyone I talked to answered my questions."

After undergoing a number of tests and procedures, Travis was transferred to the Pediatric Intensive Care Unit, where he would spend almost two weeks — nearly all that time in a medically induced coma, on a ventilator. He spent an additional week on the medical unit and the physical rehab floor. He was discharged home 23 days after drowning.

Today, Travis — an active fourth-grader who goes by the unlikely nickname "Moose" — is back to normal in every way. Tests show no signs of brain damage, and there are no outward signs of the trauma he's been through. He is back at Children's periodically, and has had surgeries there to clear the scar tissue that builds up in his trachea, a side-effect of being intubated for so long.

Kim has become a vocal proponent of CPR training. "I tell everyone I know, if you want to be my friend, you have to learn CPR," she laughs.

While Travis was at Children's, Kim and Ken Anderson found themselves talking a lot about how extraordinary the medical staff is. "We just couldn't believe how super-smart and competent and compassionate everyone is. They all clearly love their jobs. We don't know what system Children's uses for recruiting and hiring, but whatever they're doing, it's working. It saved our Travis."

Labor and Industries (L&I) Martha Doyle gets involved – and two kids are alive to tell about it Thursday, August 22, 2013

What started out as a family swim at Spanaway Lake turned into a life and death struggle for two young swimmers last Sunday afternoon. Fortunately, Martha Doyle was on the scene. Martha, an Industrial Relations Agent in L&I's Tacoma office, is credited with saving a 13-year-old girl and an 8-year-old boy from possibly drowning.

As Martha was swimming into a deeper area of the lake with her son and a nephew, she saw a young boy being pushed under the water by an older girl. At first she thought they were playing a rather reckless game, and yelled to the girl, "Stop doing that to him."

But then Martha recognized that it was more than just horseplay. “I realized she was drowning and was trying to stay afloat with him.” After making sure her own kids were being watched, Martha swam to the scene and first rescued the boy. “I was able to push her away from him, and I grabbed the 8-year-old boy and swam back with him.”

One more person to rescue

Once she got the boy to shore and saw he was able to walk, Martha went back for the girl. But when Martha arrived the 13-year old began pulling down Martha with her.

Martha was able to free herself, and then watched as three of the girl’s friends tried unsuccessfully to help the girl; Martha reentered the fray. That’s when her lifesaving training from nearly 20 years ago kicked in. “I grabbed behind her and kind of twisted her onto her back so her arms were away from me,” Martha recalled. “Then I put my arm around her to cradle her and I swam with her on my hip.”

Out of the water, but still needing help

By the time they made it to shore, the exhausted girl collapsed. While she was still breathing, the girl was hyperventilating and Martha knew she needed medical attention. Martha got the girl onto her side and coaxed her into moderating her breathing. EMTs were called and took her to the hospital.

Martha later learned the girl was not expected to suffer any long-term disability from her ordeal. But the incident is sure to be something that neither Martha nor the girl will soon forget.

After the girl was taken away in the ambulance, Martha was finally able to grasp the significance of what had happened. “When I finally sat down and my adrenaline was going, I got sick. I got a headache, got sick to my stomach, and realized how silent drowning is. You don’t realize how fast it can happen.”

While Martha’s 1995 lifesaving class provided some of the knowledge she needed that day, it didn’t provide her with the strength to bring two youngsters to shore. “It was my faith that gave me the strength to do this,” Martha said. “Honestly, it wasn’t my own strength.”

No one recognized the seriousness -

Martha points out that drowning is not the loud, flailing drama portrayed on television and in movies. Drowning victims are usually exhausted and they just quietly sink under the surface. That’s one of the reasons there are so many drownings – very few people know what to look for. The boy who was pulled under by the drowning girl seemed to be the only person who quickly realized the urgency of the situation.

Neither Martha nor her husband immediately recognized what was happening. “My husband thought I was swimming out there to break up a fight,” Martha said, noting that she is the type of person who tends to get involved. Considering that there was no lifeguard on duty and no other adults in the immediate vicinity, there are a couple of lucky kids who are glad that Martha is the kind of person who gets involved.

Read about the [8 quiet signs of someone drowning](#).

A high school senior, swimming on the swim team, received an award for rescuing two girls from Puget Sound the summer after this freshman year. He credits the skills he learned in 9th grade swim class for helping him make the successful rescue.

At a lake in the Spokane area, the Sheriff's Marine Patrol Division set up a life jacket loaner program for boaters. A family was getting ready for a day of boating and borrowed a life jacket for their two year old. Shortly after putting on the jacket, the toddler fell off the dock into the cold, murky water. She bobbed up to the surface and was quickly lifted from the water by her mom.

In 1994, with life jackets from the statewide Childhood Drowning Prevention Program, I started a free loan program at four beach sites on Black Lake in Thurston County. One site included a swimming pool. Since all four sites are private parks or clubs, I worked with the park manager or owner to set up the program. I recruited volunteer firefighters to make signs for the self-serve life jacket loaner stations. Life jackets were available every day at all four sites making kids safer and preventing unintentional submersions.

On August 14th, with the loan program in place for two months, a paddleboat being operated on the lake by two brothers aged 9 and 11 and their 11 year old friend, was flipped over by the wake of a motorboat. Fully clothed, the boys had trouble swimming and the shock of suddenly being in the cold water stunned them. They might have drowned except that each boy had on a life jacket from the loan station. After being rescued, they told firefighters: "I was really scared" "I couldn't breathe" and "I was drowning". The loan program was in place all summer, all life jackets were returned and parents were enthusiastic about the program – commenting that they felt safer taking their young children, especially toddlers, near the water.

Mental Health Intervention

Kent Fire was having multiple incidents of being dispatched to reports of fire or smoke. The citizen calling lived at two separate locations, and once on-scene all reports were unfounded. A fire crew member sent CARES an e-mail about the issue, and we did further investigation. We learned this citizen has a long history of mental health issues. We identified their community mental health provider who visited the client at the home. The citizen readily admitted they called 9-1-1 just to have someone to talk with. The provider was able to directly address the issue, and give the citizen more appropriate resources for their emotional needs. Since then, no further "false alarm" incidents have been reported.

Recently, the Lower Yakima Valley care coordinator surveyed almost 200 students who had received Youth Suicide Prevention Program's Helping Every Living Person (*H.E.L.P.*) curriculum for high school students. During one of those classes, I was able to identify a student at risk for depression and suicide, and make a referral to the intervention specialist at the school," said T. As a result of this program, a student facing suicide is now being seen by a comprehensive health professional for follow up.

Motor Vehicle Occupant Protection & Safety

Deputy Tyson “T-Vo” Voss, Grant County Sheriff’s Department, saved the lives of two children by being extra diligent about child passenger safety during a traffic stop. On August 27, 2013, Deputy Voss pulled over a female motorist who failed to completely stop at a stop sign near Interstate 90 exit at the Gorge exit in Central Washington. He spotted two small children in the back seat not correctly buckled up. He helped the motorist correctly buckle in her children. Within a few minutes and within a few miles, this motorist fell asleep at the wheel, which caused her car to careen off the road, hit a light pole, vault over the intersecting road, and end up on its side after it slid down the opposite embankment. Had the little children endured these crash forces in the improperly restrained manner in which Deputy Voss encountered them, they would be either dead or severely injured.

Three-year-old twin boys were visiting Washington while on vacation. The mother borrowed two seats from friends, a booster and a convertible with a 5-point harness. The family was involved in a moderate speed crash in which the driver lost control and the car rolled twice. The twin restrained in the 5-point harness suffered no injuries while his brother riding in the booster seat sustained a minor head injury, broken fingers, and many lacerations and contusions. It would have been much worse without any restraints!

In January 2001, a vehicle was involved in a serious rollover crash. The child, correctly restrained in the car seat, was unscathed. The parents had been at a car seat check in Richland about two weeks prior to the crash. The father was very appreciative.

While doing a car seat check for a mother with four children, we discovered that three of the five belts in the family vehicle were damaged and unusable. While explaining this to the mother, the technicians discovered the mother had been drinking. The technicians talked the mother into calling for a ride for her children using the excuse that her seat belts were not safe to use. After the children were safely on their way, the police were called for the mom.

We had a mom attend a monthly Car Seat Safety Class & Clinics. At the clinic, one of our child passenger safety technicians helped her with a car seat for her 3-year old. Recently, this mom was stopped, with turn signal on, to turn into her own driveway. She had her 3, 5, and 10 year old children with her in the back seat – the three year old was in her new car seat with harness, the 5 year old in a booster seat, and the 10 year old properly restrained with the seat belt. She was hit from behind by a large truck going about 55 mph.

The trunk of her car was pushed through the rear windshield, ripping off the headrests on some of the rear seats and breaking part of the car seat. The back seat was forced to a 45 degree angle! Thanks to being properly restrained, her kids were fine except for a few minor bumps and bruises. The paramedics on scene credited the child restraints for keeping her kids safe. This is good message for those who think it’s “just a quick drive around the block and not worth buckling up for”.

During a Saturday inspection station a young mom came in with two children: a boy about four years old and a girl two years old - she had outgrown her car seat. The children's mom had called and made arrangements to come to the station and get a seat for her two year old. She was a nice young woman who was very thankful to get a new seat as she was a single mother with a low income. After installing the seat for her daughter, we pulled out her son's seat to do an install and make sure he was as safe as possible in his seat. We went through the standard process and checked for manufacture date and model number - his seat was expired. The mom said she had had been given the seat from a friend whose child had outgrown it. After a short discussion with the other tech working, we decided to give her another seat for her son; it was simply the right thing to do. Not only was mom very grateful for getting the seat, the little boy was so excited to get a "brand new" seat of his own, he was jumping up and down and clapping, his smile was absolutely priceless. It is because we have seats available we are able to make decisions like this and help families in need. I can't tell you the names, the type of vehicle, or even the exact date of this encounter, but I can literally see the smile of that little boy – and the appreciation and happiness of his mom. Successes like this make me even more grateful to be a part of this wonderful program. Thank you for supporting the community through Safe Kids Thurston County.

Tumwater Fire Department's "C" Shift responded to a call on February 22, 2013. While investigating the scene, they noticed the child's car seat was in poor condition and appeared unsafe. They recommended the family return to the station and get education from the Safe Kids Thurston County Car Seat Program. Through a grant from Thurston County Safe Kids Coalition, Cathy was able to outfit them with a safe car seat for their child and give education about the features of the car seat and how it fit into their car.

I had a recent experience with a single dad and his mom who showed up at our inspection station with their 18 month old son/grandson to ask if there were "any laws here about car seats" - they were moving from Montana. They traveled from Montana with the little boy sitting on dad's lap. We were able to educate them and immediately install one of the convertible seats we had in stock before they left. It was fairly evident they did not have the means to get their own seat any other way, and would likely have continued the lap-riding practice without our help.

A woman stopped by the Kitsap SAFE KIDS office with a new car seat that she wanted to have correctly installed. She had been in a severe frontal crash and knew that she needed to get a new car seat only because when the SAFE KIDS Child Passenger Safety Team put in the old seat, she was told to replace it if ever in a crash. The police officer at the crash scene told her that her baby (an adorable 4 month old girl) was saved because the car seat was so well installed.

Our daughter, son-in-law and three month old granddaughter came to visit on a Saturday in August 2004. As they drove into our yard, the car had not come to a full stop when the first words out of my daughters' mouth were, "Dad, the car seat WORKS!" En route from Auburn to our home in Gig Harbor, they were in a three car, chain reaction crash. Car #1 failed to stop, struck car # 2 and pushed it into the rear of their car, which was stopped. Much of the energy

of the collision had been dissipated by the time they were struck, and the energy absorbing bumper on the rear of their car worked as designed. Our grand baby was snugly strapped in her rear-facing infant seat and both adults were properly belted in the front. They both said the impact was significant, but due to the “snug hug” of the seat, the baby did not even wake up. I inspected the seat, and confirmed that it was properly installed – rear center position, non-LATCH, using the manual adjustable center lap belt, proper seatback angle, correct fit of the restraining straps, clip at arm-pit level, etc. I saw no evidence of any change, of any kind, to the seat as a result of this event. It was gratifying to see our kids actually listened to “old dad” when I originally taught them how to use the seat.

In the summer following the distribution of the anti-DUI telephone calling cards, I gave a card to my teenage neighbor boy, along with yet another brief lecture on the dangers of drinking and driving. He was a regular for getting himself into "trouble" and I figured he could use it someday. About a week after I gave him the card, he came over to say that he had used the card to get himself out of jam. He had been down at the Nisqually River in East Pierce County with some older friends and the driver of the truck they drove over in was drinking. He decided to walk up the hill and across the street and use the card at the gas station payphone to call another friend to come and get him. A day or so later he had heard that the driver had rolled the truck after leaving the river. Had he ridden with him, he would have been riding in the bed of the pickup since there wasn't enough room in the cab. The driver wasn't hurt, and he didn't get caught, but a passenger in the bed of the truck without a seatbelt might not have been so lucky.

Two weeks after being in a Kitsap car seat workshop and getting a booster seat, a truck pulled out of a driveway right in front of her as she was going 35 MPH. Her vehicle hit the truck hard enough to break the truck axle. Everyone in the vehicle was fine, without even bruises. All were in lap/shoulder belts and her child was in the new booster seat.

The Mary Bridge Children’s Hospital Emergency Department (ED) got a call about a roll-over crash. An infant was ejected from the car-still in the car seat. On scene, the infant was put in c-spine precautions and kept in the car seat. The seat was scraped up badly; from the ejection and sliding down the street. It looked like someone had taken an industrial sander to it. The infant was fine, the unbelted mother was not. The ED nurse said, “It’s one of those cases that stayed with me... a father crying, holding his child.”

In July 2005, a three year old was riding in the car with his father and brother when they were struck by another vehicle near Poulsbo. The driver of the other vehicle left the scene. Firefighter responders said the boy did not die because he was restrained in a car seat. He had head trauma; sent to Harborview; and released a week later. The brother did not sustain any injuries. The father was still in ICU a month after the crash.

Intensive Care staff at Mary Bridge Children’s Hospital reported that a family visited by a certified car seat technician who helped install their car seat on Monday June 5, 2006, was in an auto crash on their way home from the hospital. Mom fell asleep at the wheel. The car was totaled, but not a scratch on the baby.

Suicide

The southwest area coordinator for Youth Suicide Prevention Program (YSPP) reported seeing posters she had distributed at local events hanging in two businesses in the area. This may not seem like a success, but it is for raising awareness in a public place.

YSPP's director of training was told by an educator about a student who attempted suicide by overdosing on medication, but changed her mind about wanting to die after taking the pills. Her life was saved when she called the suicide prevention hotline number on the card that she had received in an YSPP classroom presentation. The call saved the students' life

Both parents and students tell YSPP that their publications have helped them find resources to assist them and their families in a crisis.

A mother attended one of YSPP's safeTALK trainings and used the information she learned to confront her daughter about suicide. The daughter was indeed suicidal, and mom was able to get help for her. The daughter is on medication now and doing well.

I asked the person very directly about her suicidal thoughts and whether she had a plan to kill herself. I believe this action helped frame the situation in a serious, but workable, way -- the patient engaged and helped determine her options.

I approached a young woman who seemed to be stranded in an area outside of Spokane. She was sitting by the small community library. There were definite signs she was in distress and alone. Because of my training in ASIST (Applied Suicide Intervention Skills Training) I was able to muster up the courage to reach out to her.

As she shared her story, she said how easy it was to talk to me, something she had never done with a stranger before. I attribute that success to the ASIST skills I used. I was able to get her help back to Spokane to a safe place. Every so often I face suicide interventions in my workplace, but this was different. It was not in my comfort zone, and I know I would have passed her by if I had not had the ASIST Training.

During a focus group at a business in Spokane, one employee reported that she took the QPR (Question, Persuade, and Refer) suicide prevention training several years ago. Recently she recognized warning signs and intervened with a co-worker at risk for suicide.

Suffocation

Coroner Officers Cribs to Combat Unintentional Baby Deaths Kitsap Sun July 31, 2013

You probably wouldn't expect to find the cribs in an office that rarely has children passing through, but Sandstrom has them on hand to give to families he hopes he'll never have to meet while he's on a death investigation.

“It’s so important that babies are sleeping in a crib,” Sandstrom said. “Co-sleeping and sleeping with heavy blankets and heavy pillows and multiple toys in the crib, these things are causing multiple suffocations.”

Sandstrom’s office responded to 33 infant deaths in from 2008 to 2012. The highest number of deaths was in 2008 with 10, while last year his office recorded five. Sandstrom has statistics for autopsies conducted on infants from birth to 3 years old because they are paid for by the state, he said. “That’s the hardest part of our job, beyond notifying next of kin, is dealing with baby deaths,” Sandstrom said.

To help reduce the number of accidental infant deaths, Sandstrom has partnered with the national nonprofit Cribs for Kids, which is dedicated to getting the message out about safe sleep environments for babies.

Through the program, Sandstrom can give cribs to families who don’t have a safe place for babies to sleep and provide them with information about the importance of placing babies on their backs in a crib free of blankets, pillows, toys or anything else that could suffocate the child. The purpose of the program is to reduce fatalities caused by sudden infant death syndrome (SIDS), suffocation or other accidental, unknown causes.

Sandstrom is the only coroner in the Northwest to lead the cause, according to Cribs for Kids volunteer Deborah Robinson. “His heart has been around the prevention of these deaths,” she said. “They’re almost like cookie-cutter deaths anymore.” Robinson is an infant death investigation specialist who works as a training specialist with the Washington State Criminal Justice Training Commission and with the National Center for Child Death Review.

She travels around the country training law enforcement and first responders on infant death investigations. Her work with the national Cribs for Kids program and the Centers for Disease Control and Prevention’s Sudden Unexpected Infant Death Investigations Foundation is aimed at increasing awareness about the rising number of unexplained infant deaths.

“The feds launched the ‘back to sleep’ campaign and that saw a great reduction in infant deaths, but since then the numbers have really plateaued,” Robinson said. “Accidental suffocation and strangulation in bed has quadrupled in the state. SIDS is down.” The “back to sleep” campaign was launched in the 1990s to get parents and caregivers to place infants on their backs to sleep. But if a child isn’t in a safe crib, the risk for accidental death increases. “Accidental deaths are the ones where we know we can do better and those are the preventable deaths,” Robinson said.” What is safe sleep? The easiest way to put it out there is ‘ABC’: Always on their back in their own crib.”

The American Academy of Pediatrics recently expanded its safe sleep guidelines, including a warning against bed sharing with infants. It noted the leveling off of SIDS-related deaths since recommending in 1992 that babies be placed on their backs to sleep, but expanded its sleep guidelines at the end of last year to reduce the number of unexplained deaths.

“The biggest thing to emphasize to parents is that the safest sleep environment for kids is in a safe crib with a firm mattress covered only by a fitted sheet. No bumper pads, no quilts, no

sheets, no toys, no wedges,” said Suzanne Plemmons, community health director for the Kitsap Public Health District.

Once a child is able to roll over on their own, parents don’t have to wake them up and roll them onto their back, but they should always be placed in the crib on their back to go to sleep, Plemmons said. Breast-feeding, making sure a child isn’t exposed to secondhand smoke and making sure a child isn’t overheated are also important steps to reduce a child’s risk of unexplained death.

“It’s great that there is a program that is available to provide cribs to people who are unable to afford them. It’s important to get the message out that this really does prevent infant deaths both from SIDS and from accidental suffocation,” Plemmons said. “A safe sleep environment is the best thing you can do for your baby.”

Sandstrom plans to speak to local Rotary and Kiwanis clubs in the near future about Cribs for Kids to raise awareness and he hopes money to help pay for the purchase of more cribs.

“If people cannot afford one, they shouldn’t be ashamed to give us a call and say ‘I want to protect my kid,’” Sandstrom said. “We’re just getting started, we don’t know what the response is going to be yet, but even if we save one kid a year it will be a big plus for us.” For more information or to request a crib, call Sandstrom’s office 360-337-7077.

NOTE from Dr. Sandstrom in August 2013: “I just met with KOMO TV and they are going to air an interview with me at 4:30 and 6:00 about the program. And, after speaking to the “Cribs for Kids” headquarters, I was informed that I could get 100 cribs sent to me for \$2500.00 because of a matching grant. Guess I have my work cut out for me now for getting donations. Looking forward to providing many babies with a safe place to sleep”!