

Swimming Pool and Spa Drowning Surveillance Supplement for Children Less than 5 Years of Age

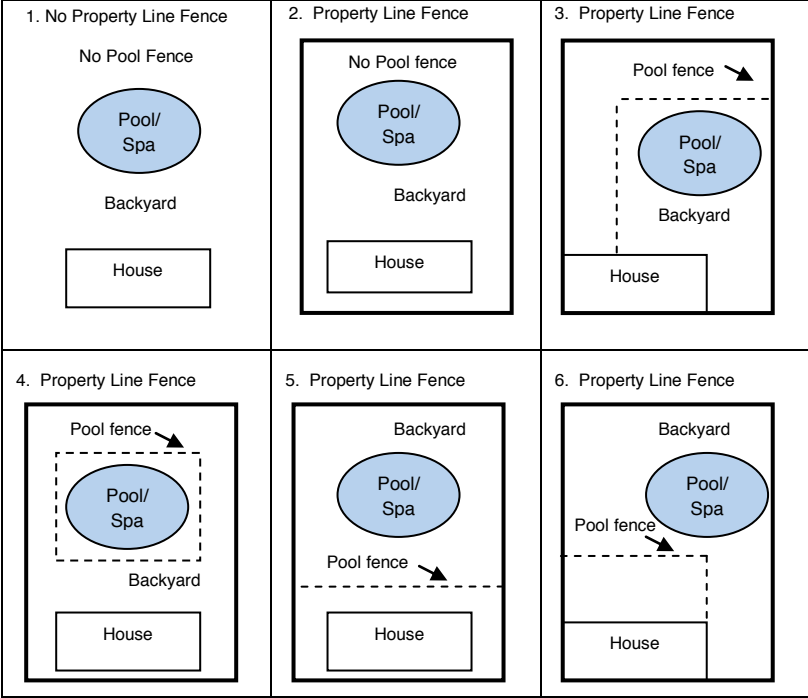
(This IS NOT a stand-alone document, it is to be used by Child Death Review Teams as a supplement to the National Child Death Review Case Reporting System. Please complete the National Case Report 2.1 Data Form before completing this form.)

(This form is NOT intended to be a complete assessment of risk but instead a determination of the circumstances that surrounded and led to the child's death.)

CASE NUMBER ____/____/____/____/____ (Assign the same number as on the National Case Report 2.1 Data Form)
 State/County/Team Number/ Year of Review/Sequence of Review

1. INCIDENT SITE INFORMATION

<p>a. Where was pool/spa where incident occurred? (Select one)</p> <p><input type="radio"/> Single family residence If yes, was this a rental property? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p><input type="radio"/> Duplex <input type="radio"/> Neighborhood Association pool/spa <input type="radio"/> Motel/hotel <input type="radio"/> Private Club <input type="radio"/> Public Pool/spa <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown</p>	<p>b. Did incident occur at HUD (Housing and Urban Development) or subsidized housing property? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>c. Were there indications of alcohol or drug use at the incident site? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	
<p>d. Which of the following describes the site/situation at the time of the incident? (Select all that apply)</p> <p><input type="radio"/> Child was at own home <input type="radio"/> Child was at secondary residence <input type="radio"/> Child was at home of relative <input type="radio"/> Child was at home of friend</p> <p><input type="radio"/> No adults were present <input type="radio"/> One adult was present <input type="radio"/> 2-4 adults were present <input type="radio"/> 5 or more adults were present</p> <p><input type="radio"/> Child was with a babysitter <input type="radio"/> Child was playing with other children <input type="radio"/> Child was at a party/ large gathering <input type="radio"/> Child entered yard uninvited <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown</p>	<p>e. What was the type of pool or spa where incident occurred?</p> <p><input type="radio"/> Swimming pool-in ground <input type="radio"/> Swimming pool-above ground <input type="radio"/> Permanent/semi-permanent <input type="radio"/> Large inflatable ("big blue pool") <input type="radio"/> Spa/Hot Tub <input type="radio"/> Free-standing above ground <input type="radio"/> Free-standing in ground <input type="radio"/> Attached to pool</p> <p>f. Was pool/spa being used the day of the incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>g. Was there drain entrapment of the child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	
<p>h. Was pool/spa water (Select all that apply)</p> <p><input type="radio"/> Clear <input type="radio"/> Dirty <input type="radio"/> Green <input type="radio"/> Obscured by jet bubbles <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown condition</p>	<p>i. What barriers/layers of protection existed to prevent access to the pool/spa? (Select all that apply)</p> <p><input type="radio"/> None <input type="radio"/> Perimeter (property line) fence <input type="radio"/> Fence separating house from pool/spa <input type="radio"/> Power operated pool safety cover</p> <p><input type="radio"/> Manual or semi-automatic pool safety cover <input type="radio"/> House door alarm(s) <input type="radio"/> Pool gate alarm <input type="radio"/> Other (specify) _____</p>	
<p>j. For residential pools/spas ONLY. Select the number of the diagram that best describes the pool, fencing and house where the incident occurred.</p> <p style="text-align: center;">1 2 3 4 5 6 7 Other (specify) _____</p>	<p>1. If Property Line Fence Fence type _____ Fence height _____ Condition of Fence <input type="radio"/> Good <input type="radio"/> Damaged/deteriorating Were there openings (> 4 in) in fence large enough for child to pass through or under? <input type="radio"/> Yes <input type="radio"/> No Was the fence climbable? <input type="radio"/> Yes <input type="radio"/> No Had self closing, self-latching gate? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. If Pool Fence Fence type _____ Fence height _____ Condition of Fence <input type="radio"/> Good <input type="radio"/> Damaged/deteriorating Were there openings (> 4 in) in fence large enough for child to pass through or under? <input type="radio"/> Yes <input type="radio"/> No Was the fence climbable? <input type="radio"/> Yes <input type="radio"/> No Had self closing, self-latching gate? <input type="radio"/> Yes <input type="radio"/> No</p>	



2. CHILD INFORMATION		
<p>a. Where was child last seen before incident?</p> <ul style="list-style-type: none"> <input type="radio"/> Swimming/playing in pool/spa <input type="radio"/> Playing outside in vicinity of pool/spa <input type="radio"/> Playing outside in backyard, not near pool/spa <input type="radio"/> Playing outside in front yard <input type="radio"/> Playing inside <input type="radio"/> Watching TV/video inside <input type="radio"/> Sleeping inside <input type="radio"/> Going in/out of house not in area of pool/spa <input type="radio"/> Going in/out of house to area with pool/spa <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>b. How did child gain access to pool/spa? (May select more than one)</p> <ul style="list-style-type: none"> <input type="radio"/> Brought into water area by other person <input type="radio"/> Followed another person into pool/spa area <input type="radio"/> Sliding door was left open <input type="radio"/> Child opened/ unlocked sliding door from house <input type="radio"/> Hinged door was left open <input type="radio"/> Child opened/unlocked hinged door from house <input type="radio"/> Unknown if door left open or left unlocked <input type="radio"/> Child exited through open window <input type="radio"/> Door alarm did not sound/ was disarmed <input type="radio"/> Safety cover/ net was removed <input type="radio"/> Pool fence gate was propped/ left open <input type="radio"/> Child opened/unlocked pool fence gate <input type="radio"/> Child went through, under or over pool fence <input type="radio"/> Property line fence gate was propped/left open <input type="radio"/> Child opened/unlocked property line fence gate <input type="radio"/> Child went through, under or over property line fence <input type="radio"/> No mention of access but child was outside in area of pool <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	
<p>c. Had child had formal swim instruction?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	<p>d. What was child's attire?</p> <ul style="list-style-type: none"> <input type="radio"/> Swimwear <input type="radio"/> Other clothing <input type="radio"/> None <input type="radio"/> Unknown 	<p>e. Had any of these previously occurred with the child? (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Gotten out of house by self <input type="radio"/> Been found by the pool <input type="radio"/> Gone into the pool unattended <input type="radio"/> Jumped in the pool unexpectedly <input type="radio"/> Unlatched gates/doors <input type="radio"/> Fallen into the water <input type="radio"/> Opened doors leading to pool <input type="radio"/> Other (specify) _____

3. SUPERVISION/ SUPERVISOR INFORMATION		
<p>a. Select which of the following best describes the supervisory status of the child at the time of the incident.</p> <ul style="list-style-type: none"> <input type="radio"/> One adult clearly responsible for supervising the child <input type="radio"/> Two or more adults sharing responsibility for supervision <input type="radio"/> Multiple adults-no one clearly assigned supervision responsibility <input type="radio"/> Child thought to be okay because was with other children <input type="radio"/> Another child assigned to supervise child <input type="radio"/> Other (specify) _____ 	<p>b. Where was the supervisor at time of incident?</p> <ul style="list-style-type: none"> <input type="radio"/> In house <input type="radio"/> Outside- near or in pool/spa <input type="radio"/> Outside, not in vicinity of pool/spa <input type="radio"/> Not present on premises <input type="radio"/> Other (specify) _____ 	
<p>c. At time of incident was supervisor (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Drug impaired <input type="radio"/> Alcohol impaired <input type="radio"/> Asleep <input type="radio"/> Napping with child/ren <input type="radio"/> Impaired by illness or disability (specify) _____ <input type="radio"/> Distracted- doing what <ul style="list-style-type: none"> <input type="radio"/> On phone <input type="radio"/> Preparing meal <input type="radio"/> Working around house <input type="radio"/> Watching TV <input type="radio"/> Attending to another child <input type="radio"/> Cleaning <input type="radio"/> Talking/visiting with another person/s <input type="radio"/> In bathroom <input type="radio"/> Other (specify) _____ <input type="radio"/> Supervisor absent from location of incident <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>d. Had supervisor Been drinking?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p>Been using drugs?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	
	<p>e. Had supervisor taken CPR?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	

4. EMERGENCY RESPONSE INFORMATION	
<p>a. Who initiated CPR?</p> <ul style="list-style-type: none"> <input type="radio"/> Supervisor <input type="radio"/> Relative/ friend/ neighbor at incident location <input type="radio"/> Bystander at incident site <input type="radio"/> Neighbor, but not at incident location <input type="radio"/> Police <input type="radio"/> Paramedic <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>b. Estimated time to initiate CPR:</p> <ul style="list-style-type: none"> <input type="radio"/> Immediately/ within minutes <input type="radio"/> Delayed <input type="radio"/> Not until emergency response got to scene <input type="radio"/> Unknown