

Lessons Learned: Preventing Window Falls in Chicago

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Fifth Chicago Area child in less than two weeks hurt after falling through an open window

North Side toddler dies after falling from a window

Another toddler fell from an open window in a third-floor apartment

16 month-old was in serious condition...after falling from a second-floor window





Stop the Falls

- Formed a coalition of Chicago's pediatric trauma hospitals, advocates, architect, IDPH, CDPH, CMH Government Relations staff
- Began meeting late summer 2001 with plans to begin Summer 2002
- Spent year doing our homework aka the public health approach





Not only an urban, high-rise problem





Window falls are a suburban, 'low-rise' problem too





Northern VA

- Inova Regional Trauma Center
- Retrospective review 1/91-11/99
- 4% of 2,322 children 0-14 admitted were due to window falls (n=102)
 - 62% boys
 - 83% <4 years
 - 66% sustained head injuries
 - 39% ICU admits/4% died

Benoit et al. Windows 99: A Source of Suburban Pediatric Trauma. J of Trauma, 2000.





Type of Home in which the Window Fall Occurred

- Single Family: 35%
- Townhouse: 32%
- Garden-style apartment: 27%
- High-Rise apartment: 6%

Benoit et al. Windows 99: A Source of Suburban Pediatric Trauma. J of Trauma, 2000.





Los Angeles CA

- 93/151 children hospitalized 1/86 thru 7/90 at CHLA were window falls
- 61% male/mean age 3.2 years
- 30 ICU/1 death
- Type of Dwelling
 - Apartment: 124 (93.2%)
 - House: 4 (3%)
 - Other: (5%)
- Height of fall
 - 11 (8.2%): first
 - 96 (71.6%): second
 - 27 (20.2%): third

Lehman & Schonfeld Falls from Heights: A Problem Not Just in the Northeast, Ped, 1993





Different cities have different housing stock—this determines type of dwelling where falls occur





Chicago

- CMH retrospective study 1995-2002
 - 90 falls, visited 85% homes
 - 96% of falls from buildings < 4 stories
 - 98% falls 3 stories or less
 - 74% of falls from multistory buildings
 - 25% in single family homes
 - 95% of windows single or double hung
 - Reported floor of fall poor indicator of fall height
 - Second floors ranged from 6.25 to 25 feet





Height of fall doesn't always correlate to the severity of injury





Hamilton County, OH

- Cincinnati Children's Hospital Medical Center
- Retrospective case series 1/91-12/97
- 86 (6.3%) falls were window falls
 - 69 < 5 years (80%); 14.6/100,000
 - 64% male
 - 3/4 of falls occurred in the city
 - Black 55%
 - 17% ICU/1 death





Mean Injury Severity Score and Residence by Height of Fall (n=84)

Height of fall	Urban,	Nonurban,	ISS
	N(%)	N(%)	Mean (range)
0-12 feet	7(11)	2 (9)	4 (0-9)
13-23 feet	37 (58)	12 (55)	4 (0-41)
<u>></u> 24 feet	19 (30)	7 (32)	8 (0-41)
<u>></u> 30 feet	11 (17)	1 (5)	12 (1-41)





Minorities are overrepresented





Chicago

- CMH retrospective study 1995-2002
 - 90 patients treated for window falls; 61% male
 - 90% < 5y
 - 49% Hispanic; 36% unknown; 8% white; 7% black
 - 74% Medicaid
 - 1/3 minor injuries
 - 2/3 major injuries: Head: 48%; skeletal 23%





Unintentional falls from buildings or structures by age and race/ethnicity (per 100k)

	Race/Ethnicity				
Age	White	Black	Hispanic	Total	
0-4	2.72	4.82	5.48	4.6	
5-9	1.23	2.1	2.4	1.98	
10-14	1.01	1.33	1.91	1.46	

Cumulative incidence (per 100K people/year) for children hospitalized for falls from buildings and structures. Data source is KID-HCUP. Incidence is for acute hospitalization and does not include ED visits or patients who died before being hospitalized.

Pressley and Barlow, Child and adolescent injury as a result of falls from buildings and structures. Table 2.Injury Prevention. 2005.





Window Falls are an International Phenomenon

Zurich

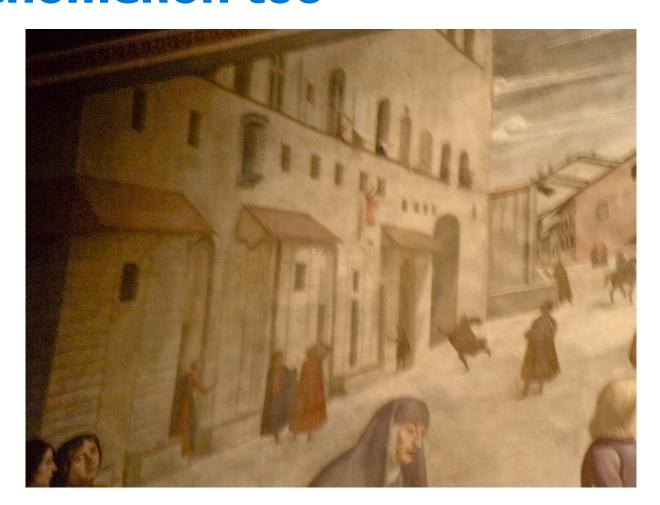
- Case-control study of head injuries/multiple trauma (window falls vs. other)
- Window fall victims
 - Boys of foreign nationality
 - 0-5 years
 - Climbing on furniture, at home, in the evening
 - summer

Mayer et al. The silent epidemic of falls from buildings: analysis of risk factors. Pediatric Surg Int. 2006.





Windows Falls are an Historical Phenomenon too







- Different cities have different housing stock this determines type of dwelling where falls occur
- Height of fall doesn't always correlate to the severity of injury
- Minority populations are overrepresented (may be marker for poverty, crowded and/or substandard housing)
- Boys more likely to be injured than girls
- Majority of falls involve children less than 5 years
- Deaths rare, but morbidity high
- Less common in cooler months





What Works?





New York City

- 1965-1969 123 deaths
- 1972: Children Can't Fly Campaign
 - Pilot program targeting the South Bronx
 - Data: Volunteer reporting
 - Education: one on one and community
 - Prevention: Product Distribution
- 1974-75: Expansion to all 5 boroughs
- Decrease in window falls by 30%





New York City

- 90% of falls from tenement buildings
- 1976: local code requiring owners of multiple story dwellings to provide window guards in apartments where children under 11 years reside
- Outcome: 96% decrease in window fall related injuries since 1979





Boston

- Kids Can't Fly 1993
- Education and window guard distribution program. Voluntary effort financially supported by building landlords and the city
- Targets: dwellings where children under 6 years of age reside
- Outcome: 83% reduction in window related death/injury since 1993





What does work?

- Education--multi-component
- Product Distribution--stops or guards, discounted or free (at least available)
- Laws can be effective—if they can be enforced, and they may be not enough





Chicago Building Code

Requires window guards if the height of the window sill is less than 2 feet off the floor





Minnesota

- Laela's Law
 - Went into effect 7/1/2009
 - First statewide window fall legislation
 - Requires builders to use windows with fall prevention devices in construction or remodeling of apartments or multi-family homes
 - Does not govern single family homes or new apartments to switch to safe windows
- Outcome: Too soon to tell; 14 window fall cases in 2010 compared to 7 in 2009 at Hennepin County





Chicago Window Falls

- Did not occur in high rises
- Half the falls in the summer
- 50% between 12 and 6pm
- Incomplete detail in medical record
 - 23% had piece of furniture near window
 - 55% had a screen in place
 - Parent (53%) or adult (13%) present

Vish et al, Pediatric window falls: not just a problem for children in high rises, Inj Prev, 2005





Stop the Falls: An education and product distribution campaign

- Never open windows more than 4 inches
- Open windows from the top down, if possible
- Move furniture away from windows
- Install window stops or releasable childsafety window guards





Raising Awareness

- Education
 - Public Hearings
 - Media
 - Brochures
 - CTA
- Community based intervention
 - Alderman
 - HUD Building Partnership
 - Block Clubs
- Making Buildings Safer
 - Product Distribution
 - Property owners to play an active role



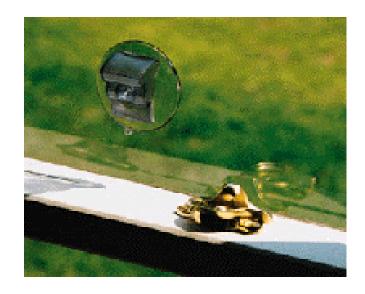






"Stop at Four"









Challenges in Evaluating STF

- Window Falls—not a separate e-code
- 4 Pediatric Trauma centers (more or less)
- Newspapers do not consistently report window falls
- Police data not accessible





Possible Explanations for 2010 Window Fall Increase

- Never really had a decrease
- No media kick off
- Coalition less active
- Long warm spring and late warm fall





Steps to Correct

- Jumpstart Coalition
- Do media event
- Find way to get reportable data from all hospitals





Lessons Learned

- Need local data about housing
 - Single family vs. condo vs. apartment
 - Owner vs renter
- Create a multi-disciplinary coalition
- Need to understand political environment
- Need to treat each subsequent year of effort with as much enthusiasm as the 1st
- Monitor efforts and correct course if needed