

Approved: 3-6-96
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 16, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Gene Neely, Executive Director, Kansas Safe Kids Coalition
Rich Barr, Fire Marshal, Lawrence Fire Department
H. A. Hartley, President, Kansas State Association of Fire Chiefs
Don Moler, General Counsel, League of Kansas Municipalities
Paula Marmet, Director, Chronic Disease and Health Promotion, KDHE
Dawn Reid, Assistant Director, Kansas State Nurses Association
Ed Jaskinia, President, The Associated Landlords of Kansas
Mary Ellen Conlee, Via Christi Regional Medical Center, Wichita
Wendy McFarland, American Civil Liberties Union

Others attending: See attached list

Hearing on SB 622 - Smoke detectors; installation required; criminal penalty

Gene Neely, Kansas Safe Kids Coalition, testified in support of SB 622 which would require all single-family residences, multiple-family residences, and each living unit in a mixed-use building to have smoke detectors. The penalty for failure to do so would be a class C misdemeanor. Any fine assessed would not exceed \$25. The bill would also authorize the State Fire Marshal to adopt any rules and regulations necessary to implement the bill's provisions. Mr. Neely noted that Kansas ranked 12th of 40 reporting states for residential structure fire deaths per 1000 fires in 1993 and 12th in injuries per 1000 fires. It was estimated that nationally 26% of homes are not equipped with smoke detectors, and in 1994, 41% of Kansas homes with fires did not have smoke detectors. (Attachment 1) Committee discussion related to property owners being responsible for batteries in smoke detectors in their rental units.

Rich Barr, Fire Marshal, Lawrence Fire Department, also express support for SB 622 noting that the bill would significantly enhance the safety and survivability of citizens should a fire occur in a dwelling where they reside. He noted that the City of Lawrence, through adoption of the 1991 Uniform Fire Code, enacted similar requirements in April of 1993 requiring smoke detectors in all dwelling units including single-family and duplex occupancies. (Attachment 2) Committee discussion related to the penalty section of the bill and enforcement mechanism.

H. A. Hartley, Kansas State Association of Fire Chiefs, also supported SB 622 and suggested an amendment that would raise the fine from \$25 to not less than \$100 nor more than \$500 for each offense. (Attachment 3)

Also expressing support for SB 622 and providing written testimony were Don Moler, League of Kansas Municipalities, (Attachment 4); Paula Marmet, KDHE, (Attachment 5); Ed Jaskinia, The Associated Landlords of Kansas, (Attachment 6); Dawn Reid, Kansas State Nurses Association, (Attachment 7); and Mary Ellen Conlee representing Janet M. Cusick, RN, Burn Specialist with the Via Christi Regional Medical Center, Wichita, (Attachment 8). Ms. Conlee pointed out that a reduction of burn victims would also reduce the cost of providing health care. She suggested one way to check on whether or not homes had smoke detectors would be for case workers who go into a medicaid home could also note whether or not that home had smoke detectors. It was also pointed out that many groups provide free smoke detectors, and the average cost of a smoke detector is approximately \$6.00.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on February 16, 1996.

Speaking in opposition to **SB 622** because of questions regarding enforcement was Wendy McFarland, American Civil Liberties Union. (Attachment 9)

Also submitting written testimony in support of the bill included Betty M. Glover, Office of the Attorney General, (Attachment 10); Gale Haag, Kansas State Fire Marshal, (Attachment 11); and Jeff Hudson, President of the Kansas Chapter of the International Association of Arson Investigators, (Attachment 12).

Action on SB 622

Senator Walker made a motion the Committee recommend **SB 622** favorably for passage, seconded by Senator Langworthy. The motion carried.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 19, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-16-96

NAME	REPRESENTING
Michelle Peterson	Peterson Public Affairs
Kim Gulley	League of KS Municipalities
Don Holer	League of KS Municipalities
Wanda Ann Smith	KMHA
Charley Young	Via Christi Reg. Med. Cent.
Mary Ellen Cooke	Via Christi Health System
Betty M. Grewer	Attorney General's office
H.A. HARTLEY	KS ST ASSOCIATION OF FIRE CHIEFS
JAMES KEATING	"
Jim Coder	Ks State Fire Marshal
Elena Nuss	SJMO
Chuck Thacker	FIRE MARSHAL'S ASSOCIATION OF KANSAS
James A. Ladd	K S FFA
James L. Woydziak	Emporia Fire Dept.
RICHARD MAGINER	SOLDIER TOWNSHIP FIRE
RICH BARR	LAURENCE FIRE DEPT
ED JASKINIA	THE ASSC LANDLORDS OF KANSAS (TALK)
Wanda Ann Smith	ACLU
Jan Hegelman	Ks SAFE KIDS Coalition



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*Medical Advisor
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Michele Hinds
*Kansas State
Nurses Association*

Steve Jensen
Kansas Highway Patrol

Judy Moler
Corporation For Change

Wendy Moseman
*Kansas Emergency
Nurse Association*

Gene Neely
*Kansas National
Education Association*

Kathryn Nelick
*Coordinator,
Lawrence Chapter,
Kansas SAFE KIDS
Coalition*

Gene Neely
Senate Public Health and Welfare
SB 622
February 16, 1996

I am Gene Neely, Chairman of the Executive Committee for the Kansas SAFE KIDS Coalition. I am here representing both the Kansas SAFE KIDS Coalition and the Kansas National Education Association. I am pleased to present testimony today in support of Senate Bill 622 which requires that all new and existing dwelling units in Kansas be equipped with operable smoke detectors.

Residential fires can be devastating, particularly if a loved one is injured or killed. It is especially tragic if that loved one is a child. According to the Kansas Department of Health and Environment, fifty-one children age 0-14 have died in Kansas fires in the last five years. Fifty-one percent of the children who died in fires were age 1-4. Hospital discharge data indicate that children in the 0-4 age group are hospitalized at a rate 3.9 times higher than 5-14 year olds and two times higher than 15-24 year olds. Fire and burn injury death rates in Kansas are 4.3 times higher in low-income children than for non-low-income children.

Kansas is one of only eight states in this country that still lacks state smoke detector legislation for one and two-family dwellings.

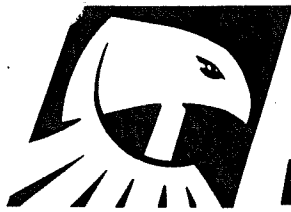
Kansas ranked 12th of 40 reporting states for residential structure fire deaths per 1000 fires in 1993 and 12th in injuries per 1000 fires. While nationally it is estimated that 26% of homes are not equipped with smoke detectors, in 1994 41% of Kansas homes with fires did not have smoke detectors.

The chances of dying in a residential fire are cut in half when a working smoke detector is present. Nationally, 90% of child fire deaths occur in homes without working smoke detectors. The one-time installation of a smoke detector and the need for only periodic maintenance makes it one of the most effective interventions available for preventing deaths from fires in Kansas.



Senate Public Health and Welfare
Date: 2-16-96
Attachment No. 1 #1

The Kansas SAFE KIDS Coalition is composed of sixty statewide businesses and organizations that have joined together to protect Kansas children from unintentional injury, the number one killer of Kansas kids. The Coalition supports the adoption of a comprehensive smoke detector law in Kansas. The Kansas SAFE KIDS Coalition has implemented a GET ALARMED program for smoke detectors and battery replacement in Kansas City, Wichita, Manhattan, Lawrence, Topeka, Salina, Holton, Medicine Lodge, and Mayetta. With the assistance of Coalition member organizations, communities throughout Kansas are able to develop a smoke detector and battery replacement initiative. First Alert smoke detectors are made available to communities through the Kansas SAFE KIDS Coalition for \$5.00. The implementation of educational programs, coupled with discounted smoke detector and battery replacement initiatives, and strong state legislation will reduce the number of injuries and deaths due to fire in our state. The Kansas SAFE KIDS Coalition will be glad to work with you on this bill as it is considered.



**LAWRENCE
FIRE
DEPARTMENT**

TESTIMONY

OF

**RICH BARR, FIRE MARSHAL
LAWRENCE, KANSAS FIRE DEPARTMENT**

PRESENTED BEFORE

**THE SENATE
COMMITTEE ON PUBLIC HEALTH AND WELFARE**

FEBRUARY 16, 1996

RE: SB 622

Senate Public Health & Welfare
Date: *2-16-96*
Attachment No. *2*

Madam Chair and Committee Members:

Thank you for conducting this hearing on Senate Bill 622. I appreciate the opportunity to provide testimony as it relates to the mandatory installation and maintenance of smoke detectors in dwellings throughout the State.

We strongly support Senate Bill 622 which will significantly enhance the safety and survivability of citizens should a fire occur in the dwelling where they reside.

The City of Lawrence, through adoption of the 1991 Uniform Fire Code, enacted similar requirements in April of 1993 requiring smoke detectors in all dwelling units including single-family and duplex occupancies. Since the adoption of this law, we have discovered several violations when responding to calls for service at a residence. Upon such discovery, we have held the owner of the property responsible for installation and maintenance of the smoke detector and filed a complaint in Municipal Court for non compliance.

We inspect single-family or duplex residential property as a part of our fire inspection programs only upon request by the owner or tenant. We do inspect multi-family residences whose owner or agent have not provided prior written confirmation that detectors are present and operational in each dwelling unit, but only after 60 days advance notice of ordinance requirements and a completed "Request to Inspect" form signed by the occupant at the time of inspection.

It is very important to the safety and welfare of the citizens of Lawrence, and all other Kansas communities, to establish provisions that would further insure fire safety in places where we live. We believe that the passage of a State law would heighten compliance and send a clear message to citizens of the State that those professionals that respond to fire emergencies believe that smoke detectors will save lives and prevent injuries.

We vehemently promote the mandatory installation of smoke detectors as provided for in SB 622.

KANSAS STATE ASSOCIATION OF FIRE CHIEFS



Testimony of H. A. Hartley, President
Kansas State Association of Fire Chiefs
Before the Senate Committee
on Public Health and Welfare
Senate Bill 622
February 16, 1996

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Topeka, Kansas 66617
913-286-2123

The Kansas State Association of Fire Chiefs welcomes this opportunity to testify before this Committee concerning Senate Bill 622. The fire service groups which have endorsed this proposal and have asked me to speak on their behalf are:

Fire Marshal's Assn. Of Kansas
Fire Education Assn. Of Kansas
Kansas State Firefighters Assn.
International Assn. Of Arson
Investigators - Kansas Chapter

This legislation is long overdue in the state of Kansas. As we all know, this type of legislation has been introduced before and has failed each time. The main reason the bills failed is most people did not understand how this type of legislation would be enforced.

This bill could be enforced in the following manner; the Fire Department would only enforce this legislation when they responded to an alarm of any type at a building or occupancy required to have smoke detection devices, the Fire Chief or State Fire Marshal may issue summons, for an appearance in the appropriate court.

1996 CONFERENCE - ARKANSAS CITY, KANSAS
1997 CONFERENCE - SALINA, KANSAS

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 3

Section 3 (f) We would advise that language be included to clarify the limitation does not include damages by a burn victim against a landlord, it was only meant to keep a insurance company from paying a property claim based on the absence of a working smoke detection device.

This legislation shall not preclude any municipality, county, or township from enforcing any smoke detector ordinance.

We would prefer that Section 4 would read as follows:

Failure to place or maintain a smoke detector as provided by this act shall be a Class "C" nonperson misdemeanor. Any fine for a violation of this act shall not be less than one hundred dollars (\$100.00) nor more than five hundred (\$500.00) for each offense.

Each fine shall be remitted to the local jurisdiction. All receipts shall be used to subsidize the cost of providing a greater public awareness of the ramifications of not having smoke detectors.



**League
of Kansas
Municipalities**

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LEGISLATIVE TESTIMONY

TO: Senate Public Health and Welfare Committee
FROM: Don Moler, General Counsel
RE: Support for SB 622 -- - Smoke Detector Act
DATE: February 16, 1996

First let me thank the Committee for allowing the League to testify today in support of SB 622. We believe this is a necessary piece of legislation which helps to protect the citizens of Kansas both inside and outside of cities from potential fire hazards. This bill requires that every structure contain at least one smoke detector installed on every story of the dwelling unit or if a dwelling unit is part of a mixed-use structure, that there be a smoke detector at the uppermost ceiling of each interior stairwell and in any dwelling unit. It further places the responsibility on the owner of the structure to supply and install all required smoke detectors with the owner responsible to test and maintain them except in rental units where the tenant will be responsible after taking possession of the unit. Essentially this requires that all housing currently in place in Kansas be equipped with a working smoke detector as well as requiring all new construction to have a smoke detector wired into the structure's AC power line. We believe this is a positive step in the direction of fire safety in Kansas and would urge the committee to favorably report SB 622.

Thank you very much for allowing the League to testify on SB 622.

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 4

State of Kansas



Department of Health and Environment

The Kansas Department of Health and Environment

Senate Bill 622

I am pleased to present testimony today to support the use of operable smoke detectors in all new and existing one- and two- family residences in Kansas.

Smoke detectors are known to be reliable, inexpensive means of providing an early warning of house fires. Evaluation of the effectiveness of smoke detectors reveals that they reduce the potential of death in 86% of fires and the potential of severe injuries in 88%. The one time installation of a smoke detector and the need for only yearly maintenance (battery replacement in battery-operated models) makes it one of the most effective interventions available for preventing deaths from fires. Installation of electric rather than battery operated models eliminates the need for battery replacement, thereby increasing the likelihood of adequate early warning.

Kansas is one of eight states in this country that still lacks state smoke detector legislation for one and two-family dwellings. Kansas exceeds the national rate for both injuries and deaths. According to 1994 Kansas Fire Incident Reporting System data, there were 3,768 residential structure fires in Kansas which resulted in 42 civilian deaths and 197 civilian injuries.

In 1994, 41% of Kansas homes with fires did not have smoke detectors. 35% of the injuries and 76% of the deaths occurred in homes without smoke detectors. An analysis of fire department data reveals that the risk of dying in a residential fire in Kansas is ten times higher in homes without smoke detectors.

The very young and the elderly have the highest death rates due to house fires, in part because of their difficulty in escaping from burning buildings. Although children are more frequently burned, the elderly are more likely to die from their burn injuries. Among Kansas children ages 1-4, fire is the 2nd leading cause of injury death.

In 1994 Kansas ranked in the top quarter of states in terms of death and injuries as well as sustaining financial losses of greater than \$35 million. The Kansas Department of Health and Environment supports efforts to decrease the incidence of preventable injuries and death, including the human and economic costs associated with fire-related injuries in the state. Smoke detector installation in all residences in Kansas would reduce the number of injuries and deaths due to fire in our state.

Testimony presented by: Paula Marmet, Director
Office of Chronic Disease and Health Promotion
February 16, 1996

Senate Public Health and Welfare
Date: 2-16-96
Attachment No. 5

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President
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Ann Elliott
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Ed Elliott
Treasurer
(913) 238-7544



The Associated Landlords of Kansas

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Topeka, KS 66604-0221
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Bill Nelson
Vice President (Zone 2)
(913) 827-1865

Pat McBride
Vice President (Zone 3)
(316) 331-4379

The Associated Landlords of Kansas (TALK) was created in 1975 by a group of people from across Kansas to "Promote a strong voice in the legislature, a high standard of ethics and provide educational opportunities for landlords." Some of the members helped create The Residential Landlord-Tenant Act of 1975, a model of fair law for both landlords and tenants. Our organization consists of members in 15 chapters across the state, with new chapters in the process of forming.

In the 1996 legislative session, we continue to work for fair and decent housing for all. We have listed below one of the issues that is of interest in this legislative session.

SB 622 - Crime of failure to place or maintain a smoke detector.

According to the National Fire Protection Association, every year 4,000 Americans die in home fires. That's twelve people a day who die in their own homes. The U.S. Fire Administration states your chances of dying in a fire is 100% greater if you don't have a working smoke detector. Before you can escape, you must be alerted, and the smoke detector gives you time to escape. Many city housing codes require a working smoke detector outside the sleeping area and each level of the home. When activated, the detector shall provide a loud audible alarm, capable of being heard throughout the sleeping area.

Smoke detectors are particularly effective when it comes to a slow, smoldering fire caused by improper storage of flammable materials and careless smoking. Failing to maintain the smoke detectors is the primary cause for most fire damage. Unfortunately, the people living in the home will either remove the battery from the smoke alarm to use in another battery operated device, fail to replace the battery when the battery goes dead, or they disconnect the battery if the alarm goes off due to cooking.

We strongly believe that the penalties for failure to maintain an existing smoke detector should fall on the occupants of the dwelling.

We also strongly believe that in order to stay within the limits of the Fourth Amendments' search provision, no inspection of the interior of any home should be allowed unless entry is obtained thru a legitimate provision of the law, such as the way the seat belt law is enforced.

TALK supports SB 622, to prevent loss of human lives and to save property due to "first alert". TALK asks for your support by passing SB 622.

If we can be of help to you in this or any other areas concerning property, landlords, or tenants, please feel free to contact us.

Members of The Associated Landlords of Kansas

Zone 1
Landlords of Lawrence, Inc.
Landlords of Johnson Co., KS, Inc.
Leavenworth Area Landlords Assoc.
K.C. KS Landlords Inc., serving Wyandotte Co.
Eastern Kansas Landlords Assoc. serving Miami Co.

Zone 2
Landlords of Manhattan, Inc.
Shawnee County Landlords Assoc.
Geary County Landlords Assoc., Inc.
Salina Rental Property Providers, Inc.

Zone 3
Bourbon County Landlords
Cherokee Co. Landlords Assoc.
Central Kansas Landlords Assoc.

Senate Public Health and Welfare

Date: 2-16-96
Attachment No. 6



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the Voice of Nursing in Kansas

Betty Smith-Campbell, M.N., R.N.
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February 16, 1996

SB 622 SMOKE DETECTOR ACT

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, my name is Dawn Reid, LLM, JD, RN, and I am the Assistant Director of the Kansas State Nurses Association (KSNA). The KSNA supports SB 622 that would require installation of smoke alarms in Kansas residences.

Smoke detectors, an effective intervention, are a reliable and inexpensive means of providing an early warning of house fires. They reduced the risk of death in 96% of fires and the risk of severe injury in 88 percent.(1)

Children are clearly the most vulnerable to house fires, and in Kansas, fire is the third leading cause of unintentional injury for Kansas children age 1-4. Kansas ranks tenth in injuries per 1000 residential fires and this can be significantly reduced if smoke detectors are installed.

Registered nurses care for burn victims of residential fires and support ways that will reduce the pain and suffering from such tragedies. Smoke detectors are cost-effective and reliable. As a matter of public policy, they should be supported in all homes and new construction of homes.

Thank you.

a:96legislation/purple/hb2463/1a

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of The American Nurses Association

Senate Public Health and Welfare

Date: 2-16-96

Attachment No. 7

Childhood Residential Injuries

Interventions are proposed in the areas of fire and burn prevention, falls, suffocation, and poisonings to reduce the unacceptably high rates of residential injuries nationwide.

By Nancy Ellen Jones

In the United States in 1989, approximately 2,700 children through the age of 14 died as a result of residential injuries, which are defined as injuries sustained in the home, its immediate surroundings, and in day-care centers (1,2). Each year, 22 percent of children under the age of six suffer such injuries. The most common fatal injuries are caused by house fires, suffocation and asphyxiation, falls, and poisonings.

The high risk to children is a function of their developmental level (neuromuscular, cognitive, and psychosocial) and where they spend their time (home, yard, and day-care center). Males are at greater risk of injury than females, and low-income children suffer higher injury rates than middle-class children, in part because they reside in more hazardous environments (1).

The 1989 report of the National Committee for Injury Prevention and Control (NCIPC), *Injury Prevention: Meeting the Challenge*, identifies interventions that reflect the state of the art in injury prevention and control (1). These interventions are compatible with nursing practice as defined by the American Nurses Association (ANA), which states that health promotion and disease prevention are key components of nursing practice (3). After determining the extent of the local residential injury problem and identifying children at risk, the nurse can implement effective and promising interventions consistent with the mission of the nursing organization. It is not within the scope of the practice of an individual nurse or nursing service to implement all of the interventions. (For suggested interventions and background reading, see Resource Guide.)

General residential injury prevention programs include the following:

- Environmental hazard inspection, with home safety assessment forms to survey risks that are present

NANCY ELLEN JONES, RN, DRPH, is an assistant professor at the Hunter College, Hunter-Bellevue School of Nursing, New York, New York.

in the homes of children and families.

- Day-care safety programs, including inspections of facilities and education of operators about safety, and
- Injury prevention education, using simple, targeted messages that are integrated with enforcement and engineering countermeasures.

Collaboration with community agencies, such as the health department and visiting nurse associations, is useful to implement, monitor, and evaluate programs designed to reduce environmental hazards in homes and in day-care centers. Comprehensive programs based on educational, regulatory, and technological strategies that include training guides and checklists are available through the Massachusetts Department of Public Health (4,5). Programs must reflect the health, sanitary, fire, and building codes of the locality in which they are used.

Nurses are in a position to provide preventive health care, including age-appropriate counseling on injury prevention. A useful guide to safety counseling in office practice, published by the American Academy of Pediatrics (AAP), consists of a comprehensive educational program for children through the age of 12 years, including safety counseling schedules, safety surveys, and safety information sheets (6). Some areas of nursing intervention follow, along with effective and promising interventions identified by the NCIPC, with proposed implementations and suggestions for action statewide and on a federal level. The NCIPC defines interventions that are proven effective as those that should be used and monitored, and promising interventions as those that require further evaluation (1).

Fire and Burn Injuries

Nationwide, house fires are the fourth leading cause of injury death. In 1985 they claimed the lives of 1,118 children through the age of 14, with males at greater risk than females (7). They are the leading

RESOURCE GUIDE

■ GENERAL RESIDENTIAL INJURY PREVENTION PROGRAM

Safe Home.

A tested program for creating safe homes for children by reducing common hazards. The Safe Home kit includes a Leader's Guide, Inspector's Notes, filmstrip, checklists, and a demonstration supply board.

To order, write:

SCIPP/Statewide Comprehensive Injury Prevention Program
Massachusetts Department of Public Health
Division of Family Health Services
150 Tremont Street
Boston, Massachusetts 02111
or call 617-727-1246

Safe Day Care.

A teacher's guide for creating safe environments for preschool children. Program serves as a guide to creating and maintaining a safe day-care environment, reinforcing habits of preschoolers, preparing for an emergency, and advocating child safety to parents.

To order, write or call:

SCIPP/Statewide Comprehensive Injury Prevention Program
Address and telephone as above

TIPP: The Injury Prevention Program - A Guide to Safety Counseling in Office Practice

A 24-page guide. Includes: safety counseling schedules, safety surveys, counseling guidelines, safety sheets, and safety slips.

Catalog Code HE 0042; cost \$5/copy

To order, write:

American Academy of Pediatrics
Department of Publications
141 Northwest Point Blvd.
P.O. Box 927
Elk Grove Village, IL 60009-0927
or call toll free 800-433-9016

For Further Reading:

Bass, J.L., and others. Educating parents about injury prevention. *Pediatr. Clin. North Am.* 32:233-242; Feb. 1985.

Gallagher, S.S., and others. A home injury prevention program for children. *Pediatr. Clin. of North Am.* 32:95-112; Feb. 1985.

■ FIRE AND BURN INJURY

Protect Your Home Against Fire... Planning Saves Lives.

Child safety slip: describes steps for prevention;

Catalog Code HE0039; cost \$5/100 copies

To order, write or call:

American Academy of Pediatrics,
Address and phone as above

For Further Reading:

Derishewitz, R.A., and Williamson, J.W. Prevention of childhood household injuries: A controlled clinical trial. *Am.J.Public Health* 67:1148-1153, Dec. 1977.

Gorman, R.L., and others. A successful city-wide smoke detector giveaway program. *Pediatrics* 75:14-18, Jan. 1985.

Katcher, M.L. Scald burns from hot tap water. *JAMA* 246:1219-1222, Sept. 11, 1981.

Prevention of tap water scald burns: Evaluation of a multimedia injury control program. *Am.J.Public Health* 77:1195-1197, Sept. 1987.

McLoughlin, E., and others. Project burn prevention: Outcome and implications. *Am.J.Public Health* 72: 241-247, Mar. 1982.

Miller, R.E., and others. Pediatric counseling and subsequent use of smoke detectors. *Am.J.Public Health* 72:392-393, Apr. 1982.

■ SUFFOCATION

Choking Prevention and First Aid for Infants and Children Brochure;

Catalog Code HE0066; cost \$15/100 copies

To order, write or call:

American Academy of Pediatrics
Address and telephone as above

Safety News

Free publication of the Consumer Product Safety Commission (CPSC). Lists CPSC and manufacturers' warnings and recalls; information on crib, nursery, toy, and playground safety.

To order, write: CPSC

5401 Westbard Avenue,
Washington, DC 20207,
or call 800-638-CPSC or 301-492-6424

Infant Furniture: Cribs

Child safety slip: describes buying recommendations and safety tips;

Catalog Code HE0030; cost \$6/100 copies

To order, write or call:

American Academy of Pediatrics
Address and telephone as above

For Further Reading:

American Academy of Pediatrics, Committee on Accidental Poison Prevention. Revised first aid for the choking child. *Pediatrics* 78:177-178, July 1986.

Harris, C.S., and others. Childhood asphyxiation by food. *JAMA* 251: 2231-2235, May 4, 1984.

Kraus, J.F. Effectiveness of measures to prevent unintentional deaths of infants and children from suffocation and strangulation. *Public Health Rep.* 100:231-240, Mar.-Apr. 1985.

■ FALLS

For Further Reading:

Gallagher, S.S., and others. The incidence of injuries among 87,000 Massachusetts children and adolescents. *Am.J.Public Health* 10:1340-1347, Dec. 1984.

Rivera, F.P., and others. Injuries to children younger than 1 year of age. *Pediatrics* 81:93-97, Jan. 1988.

Rieder, M.J., and others. Patterns of walker use and walker injury. *Pediatrics* 78:488-493, Sept. 1986.

Spiegel, C.N., and Lindaman, F.C. Children can't fly: A program to prevent childhood morbidity and mortality from window falls. *Am.J.Public Health* 67:1143-1147, Dec. 1977.

■ POISONINGS

Protect Your Child...Prevent Poisoning

Child safety slip: describes those at risk, common medicines and household products, and safety rules;

Catalog Code HE0033; cost \$6/100 copies

American Academy of Pediatrics

Address and telephone as above

For Further Reading:

Dershewitz, R., and others. The effectiveness of health education on home use of ipecac. *Clin.Pediatr.* 22:268-270, 1983.

Fisher, L., and others. Highlight results of the Genesee regional poison prevention demonstration project. *Vet.Hum.Toxicol.* 24(suppl):112-117, 1982.

Litovitz, T.L., and others. 1988 annual report of the American Association of Poison Control Centers National Data Collection System. *Am.J.Emerg.Med.* 7:495-545, Sept. 1989.

Needleman, H.L. The persistent threat of lead: A singular opportunity. *Am.J.Public Health* 79:643-645, May 1989.

Wolf, A., and others. Prevention of childhood poisoning: Efficiency of an educational program carried out in an emergency clinic. *Pediatrics* 80:359-363, 1987.

The Nurse's Role. Nurses advise parents, individually and in groups, about the choking risks associated with small objects and pieces of food and instruct families in first aid for the choking victim. The "no-choke test tube" is an aid used to teach parents about the safe size of toys and other small objects. (Contact the CPSC for information about this device. Call 800-638-CPSC.)

Falls

In 1985, 198 children through the age of 14 died from fall injuries, with the male death rate three times higher than the female (7). The death rate was highest in Oriental children, followed by blacks, Native Americans, and whites (8). Falls are the leading cause of injury morbidity.

The circumstances surrounding any fall reflect the child's age and environment. For example, infants fall from changing tables, and poor children in urban areas are at increased risk of window falls (1).

Interventions. Using educational, enforcement, and engineering strategies, window guard programs have proven effective in preventing falls from windows. Safety gates on stairways help to prevent young children's falls and are considered a promising intervention requiring evaluation. Accordion-style gates are dangerous and should not be used (1).

Education and counseling of parents can include highly targeted messages in conjunction with enforcement and engineering strategies. Educating parents about fall risks is a promising intervention (1).

Baby walkers are associated with a significant number of injuries among infants, and the NCIPC wants them banned. Health care professionals must counsel parents on their danger (1).

The Nurse's Role. Nurses provide an educational role, counseling parents to acquire window and stairway guards or gates to prevent falls. They counsel families about age-appropriate strategies to prevent

falls, such as keeping crib rails raised, and alert parents to the NCIPC recommendation to ban baby walkers.

Poisonings

In 1985, 80 children through the age of 14 died from poisoning by solids and liquids (7). Deaths by poisoning have decreased during the past 15 years among children under the age of five. These reductions are a result of childproof closures mandated by the Poison Prevention Packaging Act (PPPA), dose limits per package, improved emergency services, and regional poison control centers. However, non-fatal poisonings remain a major cause of morbidity among young children (1).

Interventions. The PPPA regulates 16 categories of household products, including most prescription drugs. The PPPA has been proven effective, and the federal government can consider expanding the act to include double-barrier packaging for extremely toxic drugs and strictly enforcing existing legislation (1).

Rapid initiation of treatment reduces mortality and morbidity and lowers emergency room visits and hospital admissions. Poison control centers offer information about first aid and the management of poisonings to the public and health professionals. They are effective in reducing emergency room visits for suspected poisonings (1). Promising interventions include the following: Providing ipecac syrup and stickers containing the telephone numbers of poison control centers to parents of young children and community-based education programs that attempt to alter the poison storage habits in households (1).

Childhood lead poisoning is a common environmental disease that is entirely preventable. Young children living in older, substandard housing in the Northeast are at greatest risk. Screening programs and lead abatement efforts are promising interventions (1).

The Nurse's Role. In collaboration with community agencies, nurses play a preventative role, developing, implementing, and evaluating poison prevention pro-

grams. Activities include counseling with regard to the identification and storage of poisonous household products and medicines, child-resistant packages, and toxic plants, providing information about ipecac syrup, and publicizing the phone numbers of poison control centers and other emergency phone numbers. Nurses provide first aid and screen for lead poisoning.

Just as childproof packaging of pharmaceuticals has reduced deaths by poisoning in the last 15 years — a result of technological, regulatory, and educational measures — childhood residential injuries of all kinds can be reduced. Smoke alarms minimize the destruction caused by fire; fire-safe cigarettes reduce the number of fires; window guards prevent falls; and the CPSC, by monitoring products, prevents suffocation and asphyxiation. These are only some examples.

Nurses who work with families, schools, and day-care centers can serve an important educational function in their own communities, both in identifying safety problems and how to solve them. They can also, through their professional associations, lobby for improved technology and the enforcement of safety standards. All are needed to reduce the unacceptably high frequency of residential injuries that prevail in the United States today. MGN

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cause of injury death in 11 states, generally in the East and Southeast (8). Fifty percent of fires involve cigarettes (1).

Although the Flammable Fabrics Act of 1953 and the Children's Sleepwear Standard of 1971 resulted in a reduction in fabric ignitions and in sleepwear-related burns, children remain vulnerable. School-aged boys, in particular, are injured by flammable liquids, such as gasoline. Contact burns are most often caused by heating equipment, such as wood stoves, and scald burns occur when hot liquid is spilled in the kitchen or hot tap water burns a child. Electrical burns occur when infants mouth electrical cords or children climb high voltage wires (1).

Interventions. Smoke detectors, an effective intervention, are a reliable and inexpensive means of providing an early warning of house fires. They reduce the risk of death in 86 percent of fires and the risk of severe injury in 88 percent. States can enact and enforce legislation requiring smoke detectors in all residential housing (1).

Sprinkler systems reduce the spread of fire. In New York City high-rise buildings, they were rated over 98 percent effective in suppressing and extinguishing fires. States can require sprinkler systems in all new housing and retrofit older multifamily dwellings (1).

Enforcement of building codes is necessary to eliminate fire hazards, such as faulty electrical and heating equipment, in high-risk buildings. A number of guidelines are available, such as the Model Standards of the American Public Health Association (9). Enforcement of existing building codes is a promising intervention to reduce the risk of fire (1).

Fire-safe cigarettes are effective in reducing fires associated with smoking. Cigarettes cause 45 percent of fires and between 22 and 56 percent of deaths from house fires. Cigarettes contain additives that cause them to burn for as long as 28 minutes. The federal government can enact legislation requiring cigarette manufacturers to make cigarettes self-extinguishing (1).

Public education about fire safety and burn first aid is a promising intervention, but the effectiveness of fire safety education is unknown (1).

Reducing tap water temperature, setting hot water heaters to 125°F, is an effective inter-

vention to prevent tap water scald burns. Hot tap water is a significant cause of burn morbidity (1).

Flammability standards can be expanded to include furniture, bedding, clothing, and home building materials. Regulation of product flammability is effective in reducing the number of burn injuries, such as sleepwear-related injuries (1).

The Nurse's Role. When counseling families, the nurse provides information on the placement, testing, and maintenance of smoke detectors (for example, the need to replace batteries twice yearly when clocks are changed). The nurse also instructs parents to test the temperature of their hot water and to reduce it, if necessary, to 125°F.

School nurses may collaborate with community agencies, such as the fire department, to develop, implement, and evaluate fire safety programs and first-aid programs for burns. The local nursing association can coordinate an effort to provide low-cost or free smoke detectors to low-income families.

Suffocation and Asphyxiation

In 1985, 659 deaths among children through the age of 14 were attributed to suffocation and asphyxiation, which are the second leading cause of injury death among children less than one year of age (7,8). Children under the age of four, males, and those living in poverty are at greatest risk of death (1).

Hot dogs, candy, nuts, and grapes cause 40 percent of specified food-related suffocations. Mechanical suffocation is commonly caused by plastic bags, bedclothes, the plastic sides of playpens and cribs, entrapment, or burial under falling earth. Strangulation is caused by hanging from pacifier cords, clothing, and high-chair straps; and wedging the head between crib slats, accordion-style safety gates, the mattress and bed frame, and electrically operated car windows. The Consumer Product Safety Commission (CPSC) sets toy standards to reduce the risk of choking on nonfood products in children less than three years of age (1).

Interventions. Educational efforts involve counseling parents about choking hazards and teaching first-aid management of the choking victim. Parents can follow the guidelines of the American Academy of Pediatrics concerning management of the choking victim (1).



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Written Testimony Presented to the Kansas Senate
In Support of Senate Bill 622
By Janet M. Cusick, RN, Burn Specialist
Via Christi Regional Medical Center-St. Francis Campus, Burn Center

February 16, 1996

Members of the Senate:

My name is Janet Cusick. I am currently a Registered Nurse and Burn Educator at the Burn Center at Via Christi Regional Medical Center-St. Francis Campus in Wichita. Via Christi-St Francis is one of the two burn centers in the state of Kansas who treat the most serious burn injuries. I am also a burn survivor. Thank you for the opportunity to provide testimony on behalf of Senate Bill 622, the "Smoke Detector Act". *Kansas is one of only eight states that does not have statewide legislation requiring smoke detectors in residences.*

My involvement with burn care and ultimately burn and fire prevention, survival and education began over twenty years ago when I myself was burned in a car fire. Although my injury was not the result of a residential fire, I know first hand the pain and long term recovery necessary following a burn injury. I was one of the lucky ones, I recovered with only a few scars on my face and hands and minimal physical difficulties. Unfortunately, not everyone involved in a fire survives, or they may survive with serious disfigurement or physical and/or emotional disabilities.

The United States has one of the worst fire and burn problems of any industrialized nations. Almost all fires and burns are preventable. According to the National Fire Protection Association, in 1994 there were just less than a half-million residential fires that resulted in 3,500 civilian fire deaths, approximately 1,000 of these deaths are to children. Nationwide, someone died in a fire every 23 minutes. Residential fires accounted for over 20,000 civilian fire injuries, about one every 19-20 minutes. There is a residential fire every 70 seconds in the United States. These numbers mean that *in the approximately 30 minutes you are hearing testimony today, there will be approximately 26 residential fires, at least 1-2 people will suffer a burn injury serious enough to require medical attention and at least one person will die in these residential fires.*

It has been well documented that smoke detectors save lives. Smoke detectors provide early warning enabling residents to evacuate the home and call for help. Smoke is a silent and deadly killer. Many people are killed by the smoke long before the fire reaches them. *Statistics show that your chances of dying in a residential fire are cut in half if you have a working smoke detector.* When a fire occurs, the fire consumes the oxygen. When the human body is not receiving enough oxygen, he or she is unable to think clearly, become less coordinated, and have difficulty controlling their muscles. In other words, without

early warning, they are less likely to be able to help save themselves. Heat and smoke numb the senses. The heat of the fire, even before the flames reach the body, can cause unconsciousness in minutes. *Smoke detectors provide the warning to enable the person to take action before they lose control.*

The leading cause of home fires that kill children between the ages of 0 and 9 is children playing with fire. When children playing with matches or lighters cause a fire, they are often fearful of the fire itself or punishment and delay calling for help until it is too late. *Working smoke detectors alert the adults who are present to the fire situation and they are able to respond.*

Speakers from the fire service will testify today about the victims of fire who die and the devastation fire causes to property. I was a career firefighter for three years and have witnessed this property damage. Burns and fires effect all socio-economic classes and ages. The very young, older adults, and those individuals with any type of physical or mental disability are those who are least likely to escape a fire on their own and who are the most difficult to heal if they are burned.

I have been a burn nurse for almost twenty years now in two separate regional burn centers. On a daily basis nurses like myself care for the infants and children, men and women who don't die at the scene. Numerous hours are spent with their families and friends helping them cope with the serious nature of the injury and possible impending death. We help people through the painful recovery process. We may help them to die with dignity and grace in the presence of families if the injuries are non-survivable.

I wish to share with you what happens when someone suffers a burn injury and survives, at least for a while. Have any of you ever visited a burn center? A visit makes a profound impression.

The average length of stay in the hospital following a burn injury is one day per percent of burn if there are no complications or associated injuries. That means that someone who sustains a 30% burn is in the hospital for over a month. It is not uncommon for someone to sustain a fatal injury, but take several weeks or even months to die.

Once the patient is admitted to the burn center, they almost always stay in the burn center until they are dismissed either to home, to a rehabilitation center or other facility. On a daily basis the burn wounds are cleansed either in the bed if the patient is very critical and unstable or in the hydrotherapy room where the patient will either be showered or immersed in a tank containing Clorox water. Have any of you ever been burned? If so, you know how painful washing or showering even a small burn can be. It is vitally important that the wounds are kept clean since the leading cause of death, if they survive the fire, is infection.

Several times a day, Physical or Occupational Therapists visit the patient and assist them with their exercises. The patient is encouraged to be up out of bed, walk in the halls, feed themselves and do as much as possible for themselves. The therapy, although extremely painful, is necessary for the person to maintain as much function and endurance as possible so if they survive and return home from the burn center they are able to care for themselves, return to work or school and return to the leisure activities they enjoy.

For a third degree burn to heal, a skin graft from the person's own body must be applied. Skin is harvested off an unburned or healed area and surgically applied to the deep burn. Essentially, what we are doing is creating an injury similar to a second degree burn which is every bit as painful and slow to heal as if the area had been burned.

Once all the skin is healed, the recovery process is far from over. Burned areas, and areas where skin has been harvested, tend to scar. Scarring is almost always permanent to varying degrees. Scarring is not only disfiguring,

but can impair function and return to normal activity. Pressure garments, worn for up to two years, help to minimize the scarring, but are uncomfortable, expensive and very noticeable. Many people withdraw from social interaction due to the garments and scarring. Society can be very cruel and unaccepting for those whose appearance is "different" which makes reintegration into society difficult for many.

Physical, Occupational and Vocational Rehabilitation may be necessary for months or even years. Re-admissions to the hospital may be required for scar revisions or reconstructive or plastic surgeries. Some people are never capable of returning to work.

It is well documented that smoke detectors save lives. Smoke detectors provide early warning giving occupants a chance to evacuate the home, decrease the chance for serious injury, and call for help. In my 20 years as a burn nurse I have heard repeated stories from individuals and families who are seen by the burn center for observation only with no serious injuries because their smoke detectors woke them from sleep and they were able to escape before they were seriously injured or killed by the smoke or fire.

Smoke detectors also provide a warning if a person catches their clothes on fire. I would like to share with you a story of an 11 year girl who caught her long nightgown on fire and panicked instead of stop, drop and rolling. Fortunately for her, the smoke detector activated, alerting her mother who was able to extinguish the flames. This young girl suffered a 27% burn, was in the hospital for 24 days, but is alive today because of the smoke detector.

I have spoken to you about the physical and emotional impact of fires and burns. *Let's talk briefly of the financial consequences of these injuries. Burn therapy involves very intensive, expensive and long term care.* The cost of a critical room in a burn center can be over \$2000.00 per day. This does not include physician care, lab tests, X-rays, medications or surgical procedures. Obviously this can be financially devastating to a family. Many of the patients we see rely on public funds such as Medicare or Medicaid. It is not uncommon for total hospital bills to exceed several hundred thousand dollars. Patients who suffer permanent disabilities following a burn injury may be unable to return to work and become dependent on Worker's Compensation, Social Security and other public funds for all living expenses.

Installing and maintaining smoke detectors in every home can decrease the number of patients seen in burn centers and community hospitals every year. I would gladly put burn centers out of business for lack of patients if that were possible. Smoke detectors, combined with good fire prevention education and fire escape plans save lives.

The issue before you today is a multifaceted one. Many of you have children or grandchildren or older parents who are still living alone. Young children and older adults are those most likely to die or suffer serious injuries in residential fires. Smoke detectors are an inexpensive way to increase the chances of survival in residential fires. Via Christi Regional Medical Center-St. Francis Campus feels strongly enough about this safety issue that we provide a free smoke detector to the family of every new baby born at our facility and all children who have been admitted to the burn center.

Recently I read a report from the Wichita Fire Department that demonstrated the effectiveness of bills such as Senate Bill 622. Before the smoke detector ordinance was passed in Wichita, between 15 and 20 people died in residential fires in Wichita. In 1995, there were only 4 fire fatalities in Wichita. Laws like these do work to save lives.

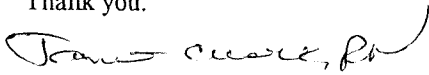
If this act passes, the fire service, burn centers, media and organizations such as Safe Kids need to be involved in an active campaign of public awareness. Many of the individuals at highest risk for fire and fire injuries (infants and children, the elderly, and people with any type of physical or emotional impairment) may already be receiving services such as Social Services or home health care. There are many programs in the state that will provide free smoke detectors and assistance with installation for low income families. The home health or Social Service agencies can act as resources for obtaining smoke detectors for those who can not afford them

I am concerned that the penalty for failure to comply with this act, if passed as it reads now, is so insignificant as to offer no reason for a property owner or resident to comply. I hope you will consider increasing the fine as a deterrent to non-compliance. The enactment and enforcement of the smoke detector act has the potential to save a substantial number of lives in Kansas and save the tax payers large sums of money which is now being spent on expensive treatment of preventable burn injuries.

If any of you have been burned, please share that experience with your colleagues. Having gone through the experience of being burned, I can say with all honesty, I would not want this preventable injury from happening to my worst enemy. Although I am a survivor and able to lead a normal life, not everybody is so fortunate.

Fire prevention and survival are taught to our children starting at a very early age. But adults are the ones responsible for providing the means to make the homes safer through such methods as purchasing and installing smoke detectors. I hope we can all work together to save citizens of Kansas from this preventable injury and death. Please support Senate Bill 622.

Thank you.



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TESTIMONY ON SENATE BILL 622
PUBLIC HEALTH AND WELFARE
FEBRUARY 16, 1996

THANK YOU FOR THIS OPPORTUNITY TO SUBMIT OUR COMMENTS TO YOU ON SENATE BILL 622, WHICH CREATES THE CRIME OF FAILURE TO PLACE OR MAINTAIN A SMOKE DETECTOR.

THE AMERICAN CIVIL LIBERTIES UNION HAS NO OBJECTIONS TO THE PURPOSE OF THE BILL. CONSISTENTLY INSTALLED AND MAINTAINED SMOKE DETECTORS WOULD ENHANCE THE PUBLIC WELFARE THROUGH INCREASED SAFETY, AND FEWER FIRE-RELATED DEATHS AND INJURY TO PERSONS AND PROPERTY WOULD RESULT.

WE WOULD, HOWEVER, RAISE SOME CONCERNS REGARDING THE ENFORCEABILITY OF SENATE BILL 622. FOURTH AMENDMENT PROTECTIONS AGAINST REASONABLE, WARRANTLESS SEARCHES WOULD PROHIBIT PUBLIC OFFICIALS WITH THE AUTHORITY TO ISSUE CITATIONS FROM ENTERING HOMES AND WORK PLACES TO INSPECT SMOKE ALARMS, UNLESS REASONABLE SUSPICION WERE SHOWN. WE WOULD OBJECT TO ADDING SMOKE ALARM POLICING TO THE WORK LOAD OF SOCIAL WORKERS OR OTHER INSPECTORS WHO ENTER HOMES ON THE BASIS OF AN UNRELATED AUTHORITY.

KANSAS STATE FIRE MARSHALL GALE HAAG NOTED IN HIS TESTIMONY ON THE HOUSE VERSION OF THIS PARTICULAR BILL THAT "THIS BILL IS JUST ONE STEP IN A PUBLIC EDUCATION CAMPAIGN."

WE BELIEVE THE EDUCATIONAL VALUE OF THIS BILL WOULD REMAIN INTACT IF AN AMENDMENT WERE ADDED TO THE EFFECT THAT PERSONS MAY BE CITED BY THE FIRE DEPARTMENT IF A FIRE RESULTS FROM THEIR NEGLIGENCE IN FAILING TO INSTALL OR PROPERLY MAINTAIN A SMOKE ALARM. THE OCCURRENCE OF A FIRE, SMALL OR LARGE, CERTAINLY MEETS THE FOURTH AMENDMENT STANDARD OF REASONABLE SUSPICION PRIOR TO A SEARCH, AND FIRE SAFETY ORGANIZATIONS WOULD BE ABLE TO TELL THE PUBLIC THAT SUCH NEGLIGENCE IS NOW ILLEGAL IN THE STATE OF KANSAS.

WE AGAIN ASK THE QUESTION OF THE PROPONENTS OF THIS BILL HOW THEY PLAN TO ENFORCE IT WITHOUT VIOLATING THE FOURTH AMENDMENT? WITHOUT CLEARLY AND DEFINITELY ANSWERING THAT QUESTION, THE BILL WILL ALLOW THE STATE FIRE MARSHAL AN UNDUE AMOUNT OF AUTHORITY TO ARBITRARILY DETERMINE HOW HE PLANS TO ENFORCE IT.

CONSIDER OUR AMENDMENT THAT WOULD SATISFY THE QUESTION OF CONSTITUTIONALITY AND STILL PROVIDE THE STATE WITH AN EFFECTIVE WAY TO TO IMPLEMENT THIS OTHERWISE WELL INTENTIONED BILL.

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 7



State of Kansas

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CARLA J. STOVALL
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TESTIMONY OF
Betty M. Glover

Senate Public Health & Welfare Committee

February 16, 1996

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Good morning, I am very pleased to appear before you today as a conferee in support of Senate Bill 622. I am a staff member of the attorney general's office and the executive director of the state child death review board. The Attorney General asked that I appear before you today to convey her support of this bill.

This legislation calls for a smoke detector to be in place in residences in Kansas which will help reduce the tragic consequences of fire-related deaths and injuries. The risk of death is especially high for young children, the most vulnerable of victims.

In the Annual Report of the State Child Death Review Board (SCDRB), which was issued October 1, 1995, we reported that six children had died in fires in our study year (FY94). Among the most disturbing deaths reviewed by the SCDRB, are those in which young children are found huddled inside their dwelling, having died before they could escape. If having an operable smoke detector could save any children from this fate, then this legislation is well worth passing.

Studies have shown that the chance of dying in a residential fire is cut in half when a working smoke detector is present. The relative ease of installation and periodic maintenance, makes the smoke detector an especially easy and effective preventive intervention. Especially when we are concerned with the tragic loss of lives, we must focus our attention on preventive efforts.

As Kansans we simply cannot stand by and allow our children and families to be irreparably damaged when such an effective alternative exists. Our hope and belief is that enactment of this bill will significantly reduce the number of Kansans who die in home fires. Your support of SB 622 is respectfully requested.

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 10

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State Fire Marshal Gale Haag

Governor Bill Graves

"Where Fire Safety is a way of life"

TESTIMONY OF GALE HAAG
KANSAS STATE FIRE MARSHAL

Before the Senate Public Health & Welfare Committee
February 16, 1996

Senate Bill 622

Although I am not able to present this testimony in person, I am writing on behalf of the Kansas Fire Service in thanking this committee for their insight in holding this hearing on SB 622. The groups which endorsed this proposal and originally asked me to speak on their behalf are: Kansas State Fire Chiefs Association, Kansas State Firefighters Association, Fire Education Association of Kansas, Fire Marshal's Association of Kansas, International Association of Arson Investigators-Kansas Chapter, and the Professional Fire Chiefs Association.

All of these groups wanted to present a unified front. Several of them have provided additional written testimony which has been attached to my testimony.

Residential Fires are devastating and deadly.

In 1994 there were 3,768 fires in residential structures in Kansas.

Kansas has averaged over 50 fire deaths a year for the last five years.

Since 1990, 64 children under the age of 14 have died in fires in Kansas.

The peak time for residential fire deaths is between 2 a.m. and 5 a.m.

The most common activity for fire death victims prior to being overcome is sleeping.

Your chance of dying in a house fire are cut in half by having a working smoke detector.

All fires start small, there is almost always smoke, and in fact most people succumb to the smoke and die from smoke inhalation. That's why the life safety feature of choice in the national codes is smoke detectors. The statistics are clear. The one time installation and regular maintenance of a \$10 smoke detector is one of the most cost effective life saving measures available.

There is much concern about the possible invasion of privacy in your homes to enforce this bill. When you had the courage and common sense to pass the seatbelt legislation there were similar concerns. However, you do not see the Highway Patrol pulling people over for not using seatbelts. There isn't going to be anyone kicking down doors to check to see if you have a smoke detector installed. This bill is just one step in a public education campaign that will go a long way to solving a major problem of loss of life and property due to fire in the state of Kansas.

The Kansas Fire Service, speaking as one voice through this written testimony, are asking you to support Senate Bill 622. It will save lives, it's extremely important and deserves a positive vote and a chance to be heard on the floor of the Senate.

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 11

KANSAS STATE ASSOCIATION OF FIRE CHIEFS



SMOKE DETECTOR LEGISLATION TESTIMONY

H.A. HARTLEY, PRESIDENT

KANSAS STATE ASSOCIATION OF FIRE CHIEFS

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FIRE DEATHS AND INJURIES

- *The United States has one of the highest fire death rates, per capita, in the industrialized world.
- *Approximately 5,500 people die in fires in this country annually.
- *Each year, fire kills more Americans than all the major natural emergencies combined, including floods, hurricanes, tornadoes and earthquakes.
- *Fire is the leading cause of accidental death in the home; at least 70% of all fire deaths occur in residences.
- *Kansas is one of only eight states in this country that still lacks state smoke detector legislation for one and two-family dwellings. Over 75% of all deaths and injury due to fire in Kansas in 1991 occurred in these type of dwellings.
- *Kansas ranked eighth of forty-four reporting states for residential structure fire deaths per 1,000 fires in 1992.
- *Kansas ranked tenth in injuries per 1,000 fires.
- *Fifty-seven children, age 0-14, have died in Kansas fires in the last five years.
- *Fifty-one percent of the children who die in fires are age 1 - 4. Fire is the third leading cause of death for Kansas children age 1 - 4.

HOME FIRES

- *Somewhere in the nation, a residential fire occurs about every 66 seconds.
- *The peak time for home fire fatalities is between 2 and 5 A.M. - when most people are asleep. In a recent survey by Energizer batteries, half of the

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1997 CONFERENCE - SALINA, KANSAS

1,000 respondents mistakenly believed they would be awakened by the smell of smoke in time to escape. In reality, smoke often disorients people and dulls their senses. In addition most people die of smoke inhalation in home fires rather than of burns.

*Most fire deaths occur in winter months - December through February - when most fires occur. Poorly installed, maintained or misused portable or area heating equipment is a main cause of fatal home fires.

*In 1991, home fires caused \$5.5 billion damage to homes.

WHAT SAVES LIVES

*The chances of dying in a residential fire are cut in half when a working smoke detector is present.

*Nationally, ninety percent of child fire deaths occur in homes without smoke detectors.

*While national figures indicate that only 26% of homes are not equipped with smoke detectors, in 1989 47% of Kansas homes with fires did not have smoke detectors and 43% of the injuries and 41% of the deaths occurred in homes without smoke detectors.

SOURCES: United States Fire Administration, International Association of Fire Chiefs, National Fire Protection Association, Kansas Safe Kids Coalition.

Kansas State Firefighters' Association, Inc.



ORGANIZED AUGUST 13, 1887

Testimony of the Kansas State Firefighters' Association, Inc.

Before the Public Health and Welfare Committee

February 16, 1996

Senate Bill 622

On behalf of the Kansas State Firefighters' Association, I would like to take this opportunity to thank this committee for allowing me to speak in favor of the pending legislation concerning placement of smoke detectors in all dwelling units.

The Kansas State Firefighters Association's membership is a representation of fire departments from the largest city in Kansas to nearly the smallest. Our members are firefighters, fire officers, and chief executive officers. These members come from full-time paid, part paid/volunteer, or completely volunteer fire departments. They represent city, county, district, and township departments.

Many cities in Kansas have a smoke detector law in place either by ordinance or by adoption of a recognized model building code such as the Uniform Building Code. However, much of our state is rural and/or unincorporated with little or no means to implement such a life and property saving tool. A smoke detector that is properly placed and operating can and does save lives.

Kansas is one of the few states in this nation that is without a statewide smoke detector law. We are ranked as having some of the highest death and injuries resulting from fires. Dwelling fires account for approximately 25 percent of all fires in the United States. Nearly 80 percent of fire deaths and 70 percent of fire injuries occur in dwelling fires which include houses, apartments, and hotels/motels. The fire victims are more than likely to be young children (under 5) or those 70 years or older. Nearly two-thirds of the fatal fires occur at night when the victims are sleeping, with 60 percent of all the fire deaths occurring in dwellings with no smoke detector or equipped with one that is not properly working.

Nearly 75 percent of all homes in our state have smoke detectors, but as much as one-third are inoperative due to lack of maintenance. Even with thousands of homes without smoke detectors and thousands more that lack working detectors, fire deaths have decreased since 1970 when only 5 percent of our homes had smoke detectors. The passage of this proposed legislation will not guarantee a smoke detector in every home but it may motivate additional citizens to comply with and install an inexpensive item that can save more lives and property.

Information compiled from:
The Kansas State Fire Marshal's Office
National Fire Protection Association's Fire Protection Handbook, 17th Ed.,
One Batterymarch Park, Quincy, Maryland



Fire Education Association of Kansas

Testimony of the Fire Education Association of Kansas by Jerry M. Scott
Before the Senate Public Health & Welfare Committee
February 16, 1996

Senate Bill 622

On behalf of the Fire Education Association of Kansas I would like to take this opportunity to thank this committee and especially Senator Praeger for allowing my organization to provide this testimony in support of SB 622 concerning the smoke detectors in residential properties. The Fire Education Association of Kansas represents the public educators and the public education interests in Kansas. Our members come from fire departments representing the largest city in Kansas to nearly the smallest. Our members are public educators, firefighter, local Fire Marshals and Fire Prevention personnel who are part of fire departments across the State of Kansas.

There are many cities in Kansas already have smoke detector laws in place either by ordinance or by adoption of a recognized model building code such as the Uniform Building Code. However, much of our state is rural and/or unincorporated with little or no means to implement such a life and property saving tool. A smoke detector that is properly placed and operating can and does save lives.

Kansas is one of the few states in this nation that is without a statewide smoke detector law. We are ranked as having some of the highest death and injuries resulting from fires. Dwelling fires account for approximately 25% of all fires in the United States. Nearly 80% of fire deaths and 70% of fire injuries occur in dwelling fires which include houses, apartments and hotels/motels. The fire victims are more than likely to be young children (under 5) or those 70 years or older. Nearly two thirds of fatal fires occur at night when the victims are sleeping, with 60% of all the fire deaths occurring in dwellings with no smoke detector or equipped with one that is not properly working.

Nearly 75% of all homes in our State have smoke detectors, but as much as on third are inoperative due to lack of maintenance. Even with thousands of homes without smoke detectors and thousands more that lack working detectors, fire deaths have decreased since 1970 when only 5% of our homes had smoke detectors. The passage of this proposed legislation will not guarantee a smoke detector in every home, but it may motivate additional citizens to comply with and install an inexpensive item that can save more lives and property.

Information compiled from:

The Kansas State Fire Marshal's Office
National Fire Protection Association
Personal Experience over past 30 Years



Testimony of Chuck Thacker, President, Fire Marshals Association of Kansas
Before the Senate Committee on Public Health & Welfare

February 16, 1996

Senate Bill 622

On behalf of the Fire Marshals Association of Kansas I would like to take this opportunity to thank this committee for allowing me to provide written testimony in support of SB 622 concerning the smoke detectors in residential properties. The Fire Marshal's Association of Kansas represents the local Fire Marshals and Fire Prevention personnel who are part of fire departments across the State of Kansas.

Many cities in Kansas already have smoke detector laws in place either by ordinance or by adoption of a recognized model building code such as the Uniform Building Code. However, much of our state is rural and/or unincorporated with little or no means to implement such a life and property saving tool. A smoke detector that is properly placed and operating can and does save lives.

Kansas is one of the few states in this nation that is without a statewide smoke detector law. We are ranked as having some of the highest death and injuries resulting from fires. Dwelling fires account for approximately 25% of all fires in the United States. Nearly 80% of fire deaths and 70% of fire injuries occur in dwelling fires which include houses, apartments and hotels/motels. The fire victims are more than likely to be young children (under 5) or those 70 years or older. Nearly two thirds of fatal fires occur at night when the victims are sleeping, with 60% of all the fire deaths occurring in dwellings with no smoke detector or equipped with one that is not properly working.

Nearly 75% of all homes in our State have smoke detectors, but as much as one third are inoperative due to lack of maintenance. Even with thousands of homes without smoke detectors and thousands more that lack working detectors, fire deaths have decreased since 1970 when only 5% of our homes had smoke detectors. The passage of this proposed legislation will not guarantee a smoke detector in every home, but it may motivate additional citizens to comply with and install an inexpensive item that can save more lives and property.

Sources: Kansas State Fire Marshal
National Fire Protection Association Handbook

MARYSVILLE VOLUNTEER FIRE DEPARTMENT

INVEST A MINUTE TO SAVE A LIFETIME

To the members of the Public Health and Welfare Committee concerning
SENATE BILL NO. 622

You all have the chance to become HEROES !!!! Yes, heroes, when you sign and pass
SENATE BILL NO. 622.

Since the great Chicago fire of October 9, 1871 where 300
people died, United States citizens are still dying in residential
fires.

FACT: In the year 1924 15,000 people died in fires.
Resource: Fire Safety News Source(NFPA) JR-08,1994

FACT: In the year 1977 Smoke Detectors are credited
for more than 1/3 decline in home fire deaths.
Resource: NFPA

FACT: In the years 1980-1985 home smoke detectors
cut your risk of dying in a fire in half!
Per 1,000 home fire deaths, 9.3 people without
detectors died compared to 5.2 people who had
detectors.
Resource: 1980-85 NFIRS, NFPA Survey

FACT: In the year 1986, there were 565,500 home fires
and 4,655 deaths. There was also \$3,464 billion
property damage.
Resource: Sept. 1987 Fire Journal by Michael Karter

FACT: In the year 1991 fire deaths reached the lowest
in 14 years. Only 3,500 deaths because of the use of
smoke detectors and fire education.
Resource: 1986-1990 NFIRS, NFPA

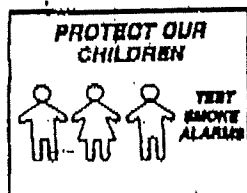
FACT: In May of 1993 Governor Joan Finney signed
a proclamation stating the first Tuesday of each
month as Test Smoke Detector Day.

FACT: In the year 1996 Kansas is still without a
mandate on having smoke detectors in family
dwellings.

Smoke detectors are the leading life safety device in home
safety. With proper locations, installation, maintenance and
testing once a month smoke detectors will save alot of Kansans!!

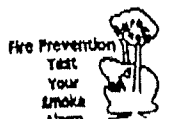
After passing SENATE BILL NO. 622 all Kansas residences will have a very good chance
of surviving a fire. Invest One Minute to sign your name on BILL NO. 622 to Save A Lifetime of
your fellow Kansans.

Welcome to the ranks of a Hero for saving a life in a fire.



David L. Bruna

David Bruna
Firefighter
405 Broadway
Marysville, KS 66508





KANSAS CHAPTER
INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS

February 16, 1996

Honorable Senator Sandy Prater
Chairman
Health & Welfare Committee

Dear Senator Prater and Members of the Health & Welfare Committee:

On behalf of the Officers, Board of Directors and two hundred (200) members of the International Association of Arson Investigators, Kansas Chapter, we would like to be, as a group and as individuals, recognized as supporting Senate Bill No. 622.

Most sincerely,

I.A.A.I. Kansas Chapter

A handwritten signature in cursive script that reads "Jeff Hudson".

Jeff Hudson
President

JH:mnm

Senate Public Health & Welfare
Date: 2-16-96
Attachment No. 12