

Child Death Review Subcommittee April 2026 Overdose, Drowning and Fire Fatality Prevention Recommendations

Overdose Prevention

1. Encourage local governments to include programming and resources for youth with their opioid settlement funds. (Currently communities may have social determinant of health programming for adults like budgeting, resume writing and job searching, etc. What do youth need to not start or recover from substance use?).
2. Increase the availability of opioid reversal medications for youth and families with children.
 - a. Prescribers writing prescriptions for opioids, include a prescription for opioid reversal medication.
 - b. Insurance companies serving people in Iowa should cover opioid reversal medications.
 - c. Safety vending machines with free opioid reversal medication in places easily accessible to youth and families.
 - d. Every family should have opioid reversal medication as part of their first aid kit (similar to how families used to have syrup of ipecac).
 - e. Public places that have an AED should have opioid reversal medication available, as well.
 - f. Address/remove the concerns entities have about “liability” for having opioid reversal medication available for public use.
3. Substance abuse treatment facilities should review and update policies for the following:
 - a. Supply each client/family with opioid reversal medication for each home visit and upon discharge. Educate family on signs of overdose and how to use opioid reversal medication.
 - b. Review treatment protocols to ensure children are receiving treatment in alignment with clinical standards of care, **including pharmacologic interventions.**
 - i. “Using methadone or buprenorphine for opioid withdrawal management is recommended over abrupt cessation of opioids. Abrupt cessation of opioids may lead to strong cravings, and/or acute withdrawal syndrome which can put the patient at risk for relapse, overdose, and overdose death.” American Society of Addiction Medicine National Practice Guidelines for the Treatment of Opioid Use Disorder, 2020
 - ii. “Most young adults with OUD, for example, receive psychotherapy without pharmacotherapy, one of the single most effective

interventions.^{3,11} In some cases, clinicians delay pharmacotherapy while determining whether behavioral health services alone are sufficient.¹²⁻¹⁴ Such delays, however, may place young adults at risk of developing a more severe SUD or experiencing drug use-related harm.” Hadland SE, Yule AM, Levy SJ, Hallett E, Silverstein M, Bagley SM. Evidence-Based Treatment of Young Adults With Substance Use Disorders. *Pediatrics*. 2021 Jan;147(Suppl 2):S204-S214. doi: 10.1542/peds.2020-023523D. PMID: 33386323; PMCID: PMC7879425.

iii. “For opioid, alcohol, and nicotine use disorders, evidence-based medications exist,^{9,19,22,23} but young adults infrequently receive this treatment. Recent studies indicate that only approximately 1 in 4 young adults receives a medication for OUD,^{3,11} and only 1 in 73 young adults receives a medication for nicotine use disorder.³² Medications reduce substance use and cravings, enhance retention in care, and in some cases, reduce mortality.^{9,19,22,23,33}” Hadland SE, Yule AM, Levy SJ, Hallett E, Silverstein M, Bagley SM. Evidence-Based Treatment of Young Adults With Substance Use Disorders. *Pediatrics*. 2021 Jan;147(Suppl 2):S204-S214. doi: 10.1542/peds.2020-023523D. PMID: 33386323; PMCID: PMC7879425.

- c. Review when a child and family are ready for a home visit.
 - d. Review how substances are being located, removed and kept out of the treatment facility. (Increased use of pharmacotherapy for youth will also decrease the cravings and number of children continuing to use while in treatment. See 3b.)
 - e. Children are being recommended to locked treatment; however no locked treatment facilities exist in Iowa for children. Legal system and treatment system should review this disconnect together.
4. Insurance companies serving people in Iowa should cover safe storage devices for medications.
 5. Insurance companies serving children in Iowa should cover pharmacologic interventions for substance use treatment.
 6. Encourage schools in Iowa to reach out to children and families of children who have dropped out of school.
 7. Schools should require an adult pick up unused medication versus sending home with the child. For medications not picked up, work with local law enforcement to take chain of custody of the medication for disposal.

8. Increased public education on the safety and administration of opioid reversal medications, the possible need for multiple doses (especially with fentanyl) and the importance of calling 911 as soon as it is administered.
9. Research and education on the high concentrations of THC being used by children.
10. Therapists should follow up with parents and guardians when children drop out of therapy or miss sessions especially in situations where the child has expressed suicidal ideation and/or is using substances.
11. Increased education for bystanders, family and friends on substance use disorder. Identifying signs and symptoms, resources and evidence-based information and treatment.
12. Utilize lessons learned in decreasing stigma related to mental health especially among youth to decrease the stigma related to treatment for substance use disorder and understanding it is a brain disease.

Drowning Prevention

1. Push for health professionals to communicate with parents the importance of not leaving a child unattended in the bath. Their attention needs to be with the child in the bath at the times, this could be communicated during well visits.
2. Have DNR use creative messaging regarding safe swimming practices. Consider using college athletes in messaging.
3. At swimming beaches have life jackets available for free use. Work with DNR to help coordinate and fund the opportunities to provide life jackets.
4. Include the reason for no swimming on no swimming signs so people understand the risks present.
5. There should be direct communication about who is supervising children and a “handoff” to ensure that children do not have the opportunity to wonder off.

Fire Fatality Prevention

1. Encourage fire drills at home including a fire plan on where to go if there is a fire, an exit strategy, and testing smoke alarms to ensure they are working properly.
2. Declare a state fire drill day when everyone is encouraged to practice their home exit plans, and test safety equipment. Work with local fire departments to provide education.

Written Individual Recommendations

Drowning Prevention

1. Require children to wear life jackets. (current law in Iowa is children under age of 13 must wear them on moving vessels).
2. Education regarding supervision of children in the bathtub, especially when sick.

3. Recommend that parents get children swimming lessons in order to help prevent drowning deaths.
4. Constant supervision for all children around any water source. Education on this topic for families is extremely important as bathtime is a routine, exposing the child to water/potential drowning multiply times in a week. This could be done during well child exams and reiterating drowning hazards is critical.
5. In order to enhance safety of bathing for those with bodily limitations, such as no use or little use of arms and legs, provide education and safety equipment to families.

Overdose Prevention

1. Increased education in communities around Fentanyl and other synthetic opioids.
2. Community outreach/supports, educating youth and their parents about consequences of Drug use and the dangers of fentanyl exposure. Continue prosecution of those who sell or supply drugs. Look at possible extra penalties when the person dies from the drug that was sold by or given by them.
3. Principles of harm reduction; facilitate opportunity to test and/or verify authentic vs "street" product. Open access to Narcan.
4. Education to parents and medical professionals on storage of medications in a public place and at home.
5. Health insurance companies covering safe storage solutions for medications such as safes, secure bags particularly if an individual is prescribed a potentially dangerous or commonly abused drug.

HHS

6. Need more resources for Substance Use Disorder especially for pediatric patients.
7. When there are multiple CPS reports, there should be a requirement for services to help with the allegations. There should also be a requirement for an outside agency to review the CPS recommendations to ensure that children who have extensive CPS history that they are safe.
8. When there are multiple CPS reports on one family maybe an outside agency should provide consultation to ensure that something is not being missed.

Education System

9. Education for children regarding talking to adults about a friend's risky behavior and the potential of saving a friend's life. Look into teaching this in health/wellness classes.
10. Require more laws and regulations on homeschooling.
11. Intensive follow up by the school for youth and their families when they drop out. Identify method of learning that might reengage education and pro-social connections.
12. Explore options to make assistance at school be more easily accessible and not additional embarrassment or conflict.
13. Increased education at school and parental related impacts of substance use. School engagement with positively reinforced activities (swim team, soccer team) to expand friend/social groups.

Health Care Providers

14. Therapists requirement of being able to communicate with guardians of minors in therapy general concerns to recommend that child continues with sessions, without communicating specific details of sessions.
15. Integrate Pain management supports, including prescribing (or medication options), education and counseling services to youth and their guardians into doctor appointments when they are dealing with acute pain or chronic illness/pain conditions. This should be billable, so doctors can be reimbursed for this extra time, or hire support to educate on safe pain management.
16. Integrate mental health screenings for youth who experience to the care plan for for chronic pain, immigration/ cultural trauma, and other concerns. These screenings should be conducted regularly and in a native language, in privacy from guardians. This should be integrated into the continuum of care plan for youth.
17. Increased oversight of substances coming in and out of SUD facilities/rehab/treatment. This could include policy changes to home visits, like what stage of treatment that happens at.
18. Better communication between entities when transferring of youths. Increase services needed to facilities outside of just UIHC.

Fire Prevention

1. Require smoke detectors in your house, and requirements on blocking windows by furniture.
2. Ensure that caregiver is able to communicate with emergency personnel. Ensure that child is directly supervised when parents are not present.

3. Create multi-language emergency-response information fliers for nonEnglish speakers (shared by HHS, DHS, etc) that clearly explain what to do in an emergency in non-English languages. Make changes to funding so that individuals can call 911 and request a translator, so language does not have to be a barrier to accessing emergency services.
4. Education to families regarding fire safety plans incase of a fire. Practice fire safety drills to ensure families know what to do.
5. Work with local fire departments to have annual outreach program to ensure smoke alarms are installed and functioning properly.
6. Education regarding electrical installation and power strip education.
7. Require yearly fire inspections by fire department or housing authority to ensure that safety systems and features are in place and working properly, specifically for rental properties.
8. For rental properties, require yearly fire inspection by fire department or housing authority to ensure safety systems and features are in place and in proper working order. This would include information regarding power strips and not overloading them.
9. Programs to educate and remind people about smoke alarms. Such as going door to door to promote updating smoke alarms and replacing batteries.