significant pre-COVID, but much less of a statement in the other two periods. This again may be because the closure of pools and less social gatherings around pools, reducing the number of toddlers who cannot swim around water.

Objectives: 1. Recognize that there were significant changes in the rate of fatal drownings for children during COVID.
2. Compare the differences in drowning demographics, such as race, age, gender, location among the three COVID eras studied
3. Understand how stay-at-home may have played a role in drowning rates during COVID.

Using Media Reports to Describe the Epidemiology of Unintentional Child Drownings in Oregon

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Background: Unintentional injuries remain the leading cause of death for children aged 1-18 years old, and drowning remains a major cause of preventable mortality. Data from the CDC demonstrates that Oregon children die from drowning at a higher rate than the national average, and significantly more than children and youth in the neighboring states of Washington (42% higher rate) and California (72% higher rate). Objective existing data sources lack the epidemiologic and demographic information necessary to inform drowning prevention efforts. We utilized media reports of child drowning events to provide that critical information.

Methods: We identified all drowning deaths for children and youth 0-17 years of age from the Oregon Bureau of Vital Statistics for the years 2006-2020. We then performed internet searches, using publicly available media reports, obituaries, and other items regarding each death to categorize each death by age, location, and type of water.

Results: There were 171 unintentional pediatric drowning victims identified during the period examined. 134 (78%) had publicly available information that allowed us to characterize epidemiologic factors. Most pediatric drowning deaths occurred in natural water on public lands (61%overall, 85% for ages 4-17). Males drowned at a higher rate than females, approximately 3:1. The highest overall drowning rates occurred in children aged 0-4 years old, consistent with national trends. While most occurred on private property, almost half were associated with natural water and not swimming pools. Children of color drown at almost twice the rate of non-Hispanic white children (RR 1.927) in natural water on public lands. Between 6% and 20% of drownings may have been prevented with PFD use.

Conclusions: We employed media and other publicly available resources to identify key demographic and epidemiologic factors associated with drowning for children ages 0-17 in Oregon. Natural water, on both private and public land, poses the greatest risk, and children of color bear a higher burden of drowning mortality. Efforts to prevent drowning in Oregon must focus on ensuring access to multiple layers of protection, including water competence training and PFD use, and must incorporate community-based approaches to addressing equity and disparity. These findings will be used to inform community and policy initiatives to decrease drowning rates. Further research and epidemiologic tools should be used to help identify and address the disparities among drownings in children of color and other minority groups.

Objectives: 1. Oregon children suffer from higher rates of drowning as compared to neighboring states, particularly children of color are at disproportionately increased risk.
2. The majority of drownings occur in natural water on public lands, part of which could have been prevented with the use of a personal flotation device. 3. This data should be used to guide future policy initiatives to ensure the safety of children engaging in water activities.

Child Passenger Safety Nurse Champion Program: Nursing's Flourishing Ability in Car Seat Consults

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Background: Hospital-based child passenger safety (CPS) technicians are an excellent source of information and can provide child safety seats (CSS) to those in need. However, their availability may be limited due to competing demands. With the increasing community demands on technicians, the CPS Nurse Champion program was created to provide education and training to nurses to increase their knowledge and level of skill in handling car seat consults. We classify this group of staff nurses interested in obtaining CPS education and training and/or who have completed their training as "CPS Champions". They are present to provide information and seats when the CPS technicians are unavailable.

Methods: Members of the Injury Prevention (IPP) and Surgical Nursing Programs created the Child Passenger Safety Nurse Champion Program to achieve CPS competency for nurses. The course is comprised of a lecture component and a hands-on component. Participants rotated through three different one-hour breakout sessions: 1) Traditional car seats 2) Infant car seat and Dream ride car beds 3) Modified EZ-On vest. Instructors evaluated whether or not the nurses met the core