SPLINTERS & FRAGMENTS

Children continue to be poisoned despite our best efforts at prevention. Two studies illustrate how this is so. An Australian study of **dishwasher detergent ingestions** in toddlers found that the majority of young children access the detergent from the machine dispenser. Redesigning or relocating the dispenser, which is usually inside the door of the machine, and reformulating the detergent might be useful approaches. Despite success with Australian manufacturers, the major European manufacturers, who supply the bulk of the international market, need to be convinced by larger markets that such design improvement would be beneficial (*Australian and New Zealand Journal of Public Health* 1996; 20: 278–83).

After studying the mortality from oral prescription drugs over 30 years, the US Consumer Product Safety Commission (CPSC) found that child resistant packaging has reduced child mortality by 45%. But children still access drugs. In an effort to improve child resistant packaging and increase consumer acceptance, the USCPSC is to implement a new testing protocol. The test will retain the requirement that 80% of children be unable to open a container, and add the requirement that 90% of adults be able to open one. The testing panel will consist of older adults who have most difficulty with child resistant caps and who frequently request their drugs to be dispensed without these caps, a frequent cause of child poisoning (JAMA 1996; 275: 1661–5).

The intention of the **hazard symbols and labelling** on dangerous household products is to provide safety information for consumers, but just how well is that information understood? A Belgian study (*International Journal for Consumer Safety* 1996; 3: 9–20) found that very few participants were able correctly to identify all six of the warning symbols used on everyday products. The least understood were the symbols for 'oxidising', 'corrosive', and 'harmful/irritant'. The written information was not well understood either. Improvement of some of the symbols, simplification of the accompanying keywords, and consumer education are recommended to overcome some of the problems.

A house fire prevention program which provides smoke alarms to over 9000 households in Oklahoma City was rewarded with an 80% decrease in fire injury rates over a four year period. The area chosen for the intervention was one with a high fire related injury rate and a low rate of smoke alarm installation. The Oklahoma State Department of Health started collecting data in 1987 and also made fire injuries reportable. There were fires at 182 of the homes which had been supplied with smoke alarms, but no injuries (New England Journal of Medicine 1996; 335: 27–31).

A three day 31 game high school **ice hockey** competition held in Minnesota had 273 students competing in 16 teams. Fair play rules were used in the qualifying rounds and regular rules in the elimination rounds. The concept of fair play, developed in Quebec, is based on awarding bonus points to teams with fewest penalties. Teams using foul play and intimidation can have points deducted for exceeding a pre-established number of penalties per season, and suspensions applied to players and coaches. There were 15 injuries during the 24 qualifying games and 14 injuries in the seven championship games. During regular rules the

injury rate was four times that of the fair play rules (and five times the rate of notable injuries). The number of penalties in regular rules games was twice that in fair play games. The authors recommend that fair play rules be considered for ice hockey at all levels of competition, that checking from behind (intentional body contact) be regarded as misconduct with a penalty applied, and that players with concussion (four in this tournament) not be allowed to return to play without evaluation by a physician (*Archives of Pediatric and Adolescent Medicine* 1996; 150: 140–5).

Most health professionals know that the way cardiopulmonary resuscitation (CPR) is depicted in television dramas and re-enactments is unrealistic, but just how far off the mark are they? This study of 60 CPR events in three popular television shows identified several misperceptions: that most patients are young (most are elderly), that most cardiac arrests are the result of trauma of some kind (over 75% are the result of underlying cardiac disease), and that outcomes are uniformly favourable (most are not). Apart from avoiding the difficult ethical issues confronting physicians and their patients and families, this kind of misrepresentation can serve to undermine trust in physicians and data, and encourage belief in miracles which can result in decisions that are actually harmful to patients (New England Journal of Medicine 1996; 334: 1578–82).

The very strong recommendation that **fireworks** be banned nationally for private use (as they are in many countries) is made by this US team after studying 22 years' data of 316 children treated for injuries at Children's Mercy Hospital, Kansas City. Some classes of fireworks are banned by federal regulation, and many local regulations exist, but two thirds of injuries requiring hospital admission in this series resulted from fireworks which were illegal in the local area, but available just across the state border nearby. Only one child died, but most of the injuries were serious ranging from burns (72%) to lacerations and eye injuries. Many injured children were bystanders and over half were being supervised. A ban on all fireworks for private use proposed by the US Consumer Product Safety Commission in 1974 was soon dropped after protests from the fireworks industry, 'patriotic' and religious groups. In states that permit the sale of various fireworks there is a seven-fold increase in injuries and a 50-fold increase in house fires over states that restrict fireworks. The World Health Organization has recommended a ban on the manufacture of all fireworks (*Pediatrics* 1996; 98: 1–9).

An annotation by a British psychiatrist, Philip Graham (Archives of Disease in Childhood 1996; 74: 184–7), provides a brief overview of the social determinants of violence (poverty, homelessness, and unemployment) and the family and other factors (experience of violence in the home, school bullying, media violence) which predispose young people to violence and exhorts paediatricians to consider ways of preventing violence before the behaviour becomes entrenched. He suggests a range of government policies, social policies, and educational and personal approaches (for example education for parenthood) which might help stem this growing problem.

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