Funds to evaluate trauma prevention

The American Trauma Society is encouraging submission of a request for proposal (RFP) to study the efficacy of programs in trauma prevention. A limited number of grants of up to $10 000 each will be available beginning 1 January 1998 for funding of accepted RFPs. Details from Physician Council, American Trauma Society, 8903 Presidential Parkway, Suite 512, Upper Marlboro, MD 20772-2656, USA.

Reviews of child injury prevention interventions

New information posted at the Harborview Injury Prevention and Research Center’s (HIPRC) web site should prove invaluable for anyone interested in child and adolescent injury prevention. In a project funded by the Robert Wood Johnson Foundation and the National Center for Injury Prevention and Control, HIPRC is posting the results of a comprehensive review of the literature addressing the effectiveness of childhood injury prevention interventions.

The aim of this project is to provide information to a wide variety of users on what works and what doesn’t work for the prevention of injuries to children and adolescents. Because resources are always limited, they should be used for those prevention programs which show the best promise of being effective in properly designed evaluations. This information will be important for investigators in terms of setting priorities for a future research agenda as well as for injury control professionals in deciding priorities for implementation of interventions.

The main web site address, weber.u.washington.edu/~hiprc/childinjury, provides an overview of the project and links details of specific topics.

... while at Flinders University

The Flinders University Research Centre for Injury Studies is a new entity within the Flinders University School of Medicine. It includes the AIHW National Injury Surveillance Unit, which undertakes public health surveillance of injury to support injury prevention and control.

Increasingly, injury prevention programs and interventions are required to include some form of evaluation. There is often an expectation that injury surveillance information will contribute to this. In the experience of the Australian researchers, there is often an assumption that evaluation can and should be done by measuring reduction of injury occurrence that is attributable to the intervention, underestimation of the difficulty of doing this, and a lack of appreciation of the range of types of evaluation that might be more appropriate in a particular situation. This project is intended to contribute to the resolution of this problem by surveying literature on evaluation methods that have been or could be applied to injury prevention programs and interventions, and summarising it in the form of an annotated bibliography. The Flinders Institute of Public Policy and Management (FIPPM) of Flinders University of South Australia has been contracted to investigate various evaluation methods which have been or could be applied to injury prevention, and to prepare the bibliography.

In addition to searching the published literature by conventional methods, the researchers are also looking to involve injury prevention researchers, other practitioners, and people who make use of evaluation findings to direct them to compelling examples of evaluation, and to relevant literature. They summarise the main work that you have done, or papers that have influenced your thinking or practice on the evaluation of injury prevention programs and interventions.

For further information or if you have any further ideas contact Dr Colin Sharp, FIPPM, GPO Box 2100, Adelaide, SA, Australia 5001, tel: +61 8 8201 2629, fax: +61 8 8201 2273, e-mail: colin.sharp@flinders.edu.au.

Airbags: benefits and risks

The July 1997 issue of Risk in Perspective from the Harvard Center for Risk Analysis presents an answer to some of the arguments for and against airbags. The authors, John Graham and Maria Segui-Gomez, highlight the hazards that airbags present to children. They comment 'We are aware of no precedent in the history of preventive medicine where a mandatory measure was sustained with such a poor ratio of lifesaving benefit to fatal risk. Allowing children to bear the bulk of the risk is particularly questionable'. They report on a telephone survey of drivers which revealed that a majority (60%) harbour the misconception that airbags save more lives of children than they kill.

The paper concludes: 'In summary, although the case for the passenger-side airbag remains fairly compelling, the case for the passenger-side airbag is less convincing. The benefits and risks of airbags to adult passengers are in urgent need of careful study. Even if passenger airbags prove to be as effective for adults as driver-side airbags are, the danger to children remains a problem. Unless children ride in the back seat or the technology becomes 'child-friendly', there will remain doubt about whether passenger-side airbags are an appropriate public health measure. These doubts are evident outside the USA where there is less interest in passenger-side airbags'.

Injury Control Resource Information Network (ICRIN)

That mine of injury prevention information has moved (again). Its new web address is now www.injurycontrol.com/icrin. ICRIN is sponsored by the Center for Violence And Injury Control (CVIC) at the Allegheny University of the Health Sciences.

Reducing fire related injuries: the 'Let's Get Alarmed! Initiative'

The Child Health Monitoring Unit at the Institute of Child Health in London has received major project grant funding from the Medical Research Council (MRC) for a randomised controlled trial evaluating the effectiveness and cost effectiveness of a smoke alarm giveaway programme in the deprived inner London boroughs of Camden and Islington. The programmes are characterised by substantial material deprivation, above average proportions of single parent families and households in local authority of housing, and marked ethnic and linguistic diversity. The prevalence of smoke alarms in these two boroughs is currently less than 50%, well below the UK national average of 79%.

The programme, entitled the 'Let's Get Alarmed! Initiative', has been developed in collaboration with the Camden and Islington Accident Prevention Alliances, multisectoral working groups drawn from local organisations including the local and health authorities, the community health service trusts, health visitors, home care and health promotion services; and police, hospitals, primary care teams, universities, and voluntary agencies. The programme is coordinated by Suzanne Slater, accident prevention coordinator at the local health authority, and will be conducted from June to December 1997. The programme aims to distribute 25 000 free smoke alarms using a variety of distribution strategies. The programme is targeted to needy populations within the two boroughs. Support for the programme has been received from the Home Office, the Camden and Islington Health Authority and the two local authorities, the British Medical Association, the London Fire Brigade, Dicon Safety Products, and J Sainsbury plc.

The MRC funded trial is being run by Drs Carolyn DiGuiseppi and Ian Roberts and will measure the effect of the programme on residential fires and fire related injuries and deaths, as well as on car alarm function and maintenance, and fire safety knowledge and behaviour. The economic evaluation will take a societal perspective, costing the net resource implications of the programme. The programme is fully funded by the fire service, and of health care provision, in relation to its effects, including fires, property damage, injuries and fatalities prevented, within the framework of a cost effectiveness analysis.

Further details from Carolyn DiGuiseppi, Institute of Child Health, 30 Guilford Street, London WC1N 1EH, UK, tel: +44 171 242 9789, e-mail: C.DiGuiseppi@ich.ucl.ac.uk.

Transportation statistics

The US Bureau of Transportation Statistics (BTS) has released a CD-ROM that contains 20 years (1975–94) of the Fatal Accident Reporting System and seven years (1988–94) of General Estimates Data. To order a free copy contact BTS at 800-266-DATA or through the internet at www.bts.gov.

Injury related courses web site

Dr Chester Jones tells me that he has developed a web site that contains a collection of injury related course syllabi from universities across the US. He has found many researchers and teachers interested in developing a course at their institution and this list helped them get started. The website can be found at comp.uark.edu/~csjones/injury.html. Further information from Chester S Jones, PhD, Assistant Professor of Health Education, University of Arkansas, 308 HPER, Fayetteville, AR 72701, USA, tel: +1 501 575 4009, fax: +1 501 575 5778, e-mail: csjones@comp.uark.edu.

CPSC stops Kinder Eggs but approves Nestle chocolate ball

The US Consumer Product Safety Commission (CPSC) announced in August that the Nestle Magic chocolate covered ball, contain-
ing a Disney toy figure, does not violate federal safety regulations. CPSC closely monitors toys for children under 5, and requires recalls when toys violate the law or present a serious risk. The commission had earlier issued a recall of Ferrero's Kinder chocolate eggs brought into the US by Kinder Espacex that each egg contains a toy with small parts that do pose a choking hazard. Based on the size and shape of the Nestle product, CPSC concluded that the toys do not pose a choking hazard. CPSC examined all 24 toy figures found inside the Nestle chocolate covered balls. It was determined none of the figures violates the CPSC small parts regulation. This regulation prevents the sale of items that pose a choking hazard to young children. CPSC tests on the Nestle product included an evaluation of sharp point hazards and simulation of the use and abuse to which toys are likely to be subjected. No violations were found. Kinder chocolate eggs are widely sold in Europe.

**Dogs 'n' Kids resource kit—promoting responsible dog ownership and dog bite prevention**

'Owning a dog can be a great fun for a child', writes Lynda Hannah, manager of Melbourne's Safety Centre. Dogs provide companionship, opportunities to care for others, friendships, and establish exercise routines. While dog ownership has many benefits, it also carried with its responsibilities and the risk of dog bites. In Victoria each year around 100 children under the age of four will be admitted to hospital with serious dog bite injuries, around 400 will require emergency department attention.

The Dogs 'n' Kids resource kit for maternal and child health nurses has been produced by the Royal Children's Hospital Safety Centre and the Petcare Information and Advisory Service and is designed to reduce the incidence of dog bites by encouraging responsible dog ownership. The kit contains an information book for maternal and child health nurses, a colourful poster highlighting the main strategies to avoid dog bites, a leaflet detailing Victorian laws on dog ownership, and a starter pack of 10 Dogs 'n' Kids brochures to distribute to parents.

The kit has been developed as part of Victoria's Children's Injury Prevention Strategy and is just one of the strategies identified to reduce these injuries. The kit has been distributed free of charge to maternal and child health centres with funding provided by the Petcare Information and Advisory Service.

**Details of information about Dogs 'n' Kids from Lynda Hannah, Safety Centre, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052, Australia, fax: +61 3 9345 5789.**

**Some recent EMSC publications**

*Reaching Out: A Guide to Effective Coalition Building.* Contact Ken Williams, tel: +1 301 650 8026, e-mail: kwilliams@emscnrc.com.

*Preventing Childhood Emergencies: A Guide to Developing Effective Injury Prevention Initiatives.* Contact Ken Alleo, tel: +1 301 650 8043, e-mail: kaleen@emscnrc.com.

**New European standard on child resistant packaging**

EN 862: 1997, *Packaging—Child resistant packaging—Requirements and testing procedures for non-reclosable packages for non-pharmaceutical products,* has been published by CEN, the European standardization body. It complements EN 28317: 1993 for child resistant reclosable packaging. Conflicting national standards among CEN members had to be withdrawn by September 1997. The standard includes details of the adult and child test panels that are used to check the ease of opening and the child resistance of the package. The child panel comprises 200 children with an even distribution of sex and ages between 42 and 51 months. To comply, packaging must resist the attempts of 85% of the child panel for three minutes without a demonstration and 80% for a further three minutes after a demonstration. Ninety per cent of adults must be able to open the packaging within five minutes without a demonstration. The English language version has been published by the British Standards Institution as BS EN 862: 1997.

**Canadian pioneer of child resistant packaging dies**

The Globe and Mail has reported the death of Bill Williamson, who in 1963, at the urging of an old friend, took up the problem of child poisoning from drugs and household products. He developed a contest for a commercial prototype for a child resistant cap; Peter Hedgewick, a Winnipeg industrialist, created one, named by Bill as the Palm 'N Turn. Bill then devoted his energies to lobbying and promoting child resistant caps for North American use. The result is all around us today: most drugs, and many household products, are now child proofed. What was a phenomenon 30 years ago is now a matter of industrial practice all over North America.

**Vice President Al Gore launches free MEDLINE access**

The National Library of Medicine (NLM), a part of the US National Institutes of Health, has launched a new service to provide free access to MEDLINE, the world's most extensive collection of published medical information, over the world wide web (WWW). Before this announcement, users had to register and pay to search MEDLINE and other NLM databases. This free service was demonstrated by Vice President Gore at a press briefing in June 1997.

In announcing the new free service, Health and Human Services Secretary Donna Shalala said, 'American citizens now have at their fingertips both the research that is gathered and the results of the research that is funded by the US government. As represented in MEDLINE, and the extensive consumer health information in Healthfinder, the service for the public that we announced in April. We are committed to using the new technology, including this world wide web and the internet, to provide health information to the public.'

**Editor's note:** The WWW is, of course, free to anyone in the United States. However, some knowledge about children in motor vehicle crashes. To achieve this goal, the study design incorporates two key elements: (1) the inclusion of multiple disciplines on the research team. It is hoped that this will be applicable to the broadest possible audience who can effect change, and (2) the inclusion of large numbers of injured and unjured children in minor and severe crashes in the study sample in order to identify a full spectrum of modifiable risk factors.

The methodology consists of three components: current components:

(1) A large and comprehensive collection of crashes with children from the State Farm of car crash data involving children age 15 and under. Data will be drawn from crash reports from 15 states and will include cases in which children escaped unharmed and cases in which they were injured or died.

(2) In-depth studies of selected crashes to determine the movement of children in the vehicle during impact and the presence or absence, and use or misuse of restraint systems. From the five year horror of the study, the team expects to accumulate information on about 28 000 crashes, and will select about 600 for in-depth investigation. All of the information gathered by the study will remain anonymous, assuring the privacy of the parties.

(3) A system to quickly identify significant successes or failures of current and emerging child safety devices and technology.

The research team will include engineers, clinicians, epidemiologists, statisticians, and health educators, and informaticians from the faculties of the Children's Hospital of Philadelphia and the University of Pennsylvania School of Medicine, as well as the university's School of Engineering and Applied Science. A 14 member advisory board made up of physicians, pediatric surgeons, automotive and biomechanical engineering, and child passenger safety advocates will provide ongoing guidance for the team's work.

Project Director Esha Bhuta writes. 'We anticipate that knowledge resulting from the work of this research project will improve the understanding of child occupant protection in injury epidemiology, biomechanical engineering, automotive safety design, restraint design, pediatric and trauma medicine, child passenger safety education and advocacy,'
other fields. At the conclusion of the study, a prioritized list of recommendations for action in the above areas will be produced and disseminated. Results of the analysis will be used to generate recommendations for action and for educational materials to be developed by the State Farm Insurance Companies.

For more information, contact Esha Bhatia, Project Manager for Children's Passenger Safety Associate Director for Programs, TraumaLink, Children's Hospital of Philadelphia, Pediatric Pediatrics, Abramson Pediatric Research Center, Suite 706, 34th Street and Civic Center Boulevard, Philadelphia, PA 19104, USA, tel: +1 215 590 3118, fax: +1 215 590 5425, e-mail: ebhatia@mail.med.upenn.edu.

Buyer's guide to child restraints
The New South Wales Roads and Traffic Authority (RTA) joined with NRMA Limited and Tia, Project Manager for the Child Passenger Safety Associate Director for Programs, TraumaLink, Children's Hospital of Philadelphia, Pediatric Pediatrics, Abramson Pediatric Research Center, Suite 706, 34th Street and Civic Center Boulevard, Philadelphia, PA 19104, USA, tel: +1 215 590 3118, fax: +1 215 590 5425, e-mail: ebhatia@mail.med.upenn.edu.

New NOMESCO Classification of External Cause of Injury
The 148 page third revised edition of NOMESCO Classification of External Causes of Injuries is now available. The classification is constructed with a basic part and supplementary classifications of transport accidents, vehicle accidents, occupational accidents, sports accidents, intentional self harm, violence, and products involved in the injury process. The basic classification consists of a number of axes each describing a separate aspect of the cause and effect relationship of the specific injury, and the activity of the victim at the time of injury. Cost 300 Danish Kroner (plus VAT and postage). ISBN 87-89702-19-0. Further details: Nordic Medical-Statistical Committee, Box 1839, DK-2100 Copenhagen Ø, Denmark.

New Pennsylvania Center for Violence and Injury Control
To reduce the incidence and societal burden of violence and unintentional injury in the Commonwealth of Pennsylvania, Allegheny Health, Education and Research Foundation has established a statewide CIVIC. Under the direction of injury control specialist, Jeffrey Coben, MD, CIVC is a joint program of Allegheny University of the Health Sciences' (AUHS) School of Public Health and School of Medicine. CIVC will be based in the Department of Emergency Medicine at the Allegheny Campus of AUHS, located at Pittsburgh's Allegheny General Hospital.

Health, United States, 1996-97 and Injury Chartbook
The US National Center for Health Statistics (NCHS) has recently released Health, United States, 1996-97. It is a comprehensive profile of the health status of the nation, submitted by the Secretary of Health and Human Services to the President and Congress and presents national trends in public health statistics. The 1996-97 edition contains a special section on injuries, Injury Chartbook, detailing trends and current status in national level injury mortality and morbidity data from NCHS data sources as well as reports from other federal and non-federal injury data bases.

Copies of the report are available from NCHS at 6525 Belcrest Road, Hyattsville, MD 20782, USA and can be downloaded from the NCHS home page on the internet at www.cdc.gov/nchs/nchhome.htm. Hard copy of the entire Health United States volume or the stand alone Injury Chartbook can be obtained by calling NCHS at +1 301 436 8500 or via e-mail at nchquery@cdc.gov. Health United States is also available on CD-rom, diskette, and on LOTUS 1-2-3 spreadsheet.

First Public Health Minister for the UK
Tessa Jowell MP has been appointed as the first Minister for Public Health in Britain's new Labour government. The creation of this post is widely welcomed as recognition of the importance of public health within the Department of Health. One of her first duties was to launch the Child Accident Prevention Trust's (CAPT) Child Safety week on the concourse of Waterloo Station. Representatives of the CAPT expect to meet her soon to discuss the government's work on the safety of children and young people.

Chrysler integrated child restraint problems
The Fort Worth Star-Telegram (9 August 1997) reported that some popular integrated child safety seats are generating complaints from concerned parents. The newspaper reported an investigation by the federal agency responsible for highway safety. Since January, the US National Highway Traffic Safety Administration (NHTSA) has been investigating built-in child safety seats in 1995–97 Chrysler minivans, based on complaints from at least 166 owners that their children were trapped in the seats because of malfunctioning belt retractors and release mechanisms. Chrysler has introduced the child seats, which are designed to fold up into the back of the regular van seats when not in use, in 1991 as a time saver for people with small children. More than a million of these seats have been sold among various Chrysler vehicles, and several other manufacturers have since developed their own versions of the integrated seats. Some parents whose Chrysler minivans are equipped with the seats have switched to rear-facing seats to avoid having to insert the seat belts and to maintain compatibility with a range of cars. The child restraints which did best were given a preferred buy rating.

To stimulate what could happen in various types of crashes, a crash sled was used. The sled subjected test dummies secured in restraints to forward, rearward, sideways, and upside down tests. Each child restraint was subjected to two frontal tests, one at 49 km/h and one at 56 km/h. The sideways and rearward tests were conducted at 32 km/hour. Two sideways tests were conducted, one with the child restraint and car seat at 90 degrees to the direction of impact and the other with the child restraint and car seat at 45 degrees. The frontal force tests the ability of the sideways and hinges to keep the child's head within the protected area of the restraint. The test sled is the same speed as that in the Australian standard, with the addition of a side door structure. The rearward facing infant restraints and the convertibles, in infant mode, were subjected to a rear crash test at 16 km/hour. The upside down test simulates one aspect of rollover.

The child restraints were assessed against a wide range of criteria including retention of the child restraint on the test rig, retention of the test dummy in the child restraint, forces on the test dummy's head, correct distribution of crash forces in the frontal tests and head contact with the test rig in frontal and side impact tests. The NRMA assessed whether the restraints were compatible with vehicles by fitting each restraint in both the centre and left outside positions of the back seat in range of vehicle types. The RTA and the Australian standard, installation and use, infant restraints and forward facing child seats to evaluate how easy they were to install in cars and how easily children could be secured in them.

The results of the tests, including information on the best buys, can be found on the web page www.nrma.com.au/articles/restraints/index.html, which also provide access to pages giving restraint advice and on airbags and child restraints.

In Prev. first published as 10.1136/ip.3.4.247 on 1 December 1997. Downloaded from http://injuryprevention.bmj.com/ on November 14, 2019 by guest. Protected by copyright.
seats, the notice said, "will also increase child comfort by incorporating protective seat belt wraps to prevent belt chafe."

Pool barriers required in Victoria

Since 1 July 1997, Victorian law has required that all new swimming pools and spas have safety barriers to prevent a young child's unsupervised access. A barrier refers to a fence, wall, gate or screen as well as locks, latches or other devices to doors, gates, and windows.

While all pools and spas built since April 1991 already had to meet these minimum requirements, from July they also apply to pools built prior to 1991 — and penalties apply for non-compliance.

The Safeguard Brochure, 1996, from the Building Control Commission and Kidsafe, Victoria, notes that to ensure correct barriers are in place pool owners must either

- Install a fence in accordance with Australian Standard 1996 preventing access by young children to the swimming pool or spa; or ensure that
- The allotment fence on the property boundary or other fence surrounding the pool area is not less than 1.5 m in height and is in a state of good repair; and
- Gates and doors providing access to the pool are fitted with self locking or self latching devices not less than 1.5 m above the ground; and
- Openable windows which open directly onto the pool area are securely fitted with fly wire screens. Otherwise they must be fitted with self locking or self latching devices at least 1.5 m above floor level.

A recent newspaper report indicated that some councils planned to use aerial mapping and computerised data to identify home owners with unfenced swimming pools once fencing became mandatory. Non-compliance with the legislation is an offence and is liable to result in a fine of up to $500.

While some estate agents are informing clients of the regulations, wide-spread advertising in the property sections of newspapers and elsewhere still features unfenced pools. Clearly, property ads featuring unfenced pools could lead to prosecution of the owners after 1 July 1997.

Evenflo play yards recalled

Over 1 million owners of portable play yards from Evenflo Company Inc are being offered free hinge cover kits to prevent the risk of children becoming trapped in the V formed by the folded top rail. Evenflo and the US CPSC are aware of three deaths involving the play yards. In two incidents, the hinges collapsed and entrapped the child and in one incident an infant was placed into a broken play yard. Evenflo has received 10 reports of children receiving cuts and bruises from broken hinges.

Crash brings message home for Clara

As if Olympic cyclist Clara Hughes needed to be convinced of the value of cycling helmets, a spectacular crash three months ago might have given the issue a little too close to home. The Winnipeg born medalist had already agreed to champion a cycling safety campaign for Manitoba when her own helmet saved her from serious head injury, possibly death. High way through a long distance race in New Zealand, Clara rounded a corner and came upon a pile of mangled bikes and bodies. She flew head first over them and cracked her helmet wide open. Her goggles broke and gave her a gash just below her eye, but without that helmet, she would be dead.

The Helmets on . . . A Heads-up Decision' campaign is a project of IMPACT (Injuries Manitoba—Prevention of Adolescent and Childhood Trauma) and the Cycling Health and Safety Committee of Manitoba. IMFACT is a province wide injury prevention centre based at Children's Hospital.

With her success and fame, Clara, who was Manitoba's 1996 Female Athlete of the Year, is eager to promote bicycle safety. 'I'm so lucky to be able to train and race full time now, and I feel I have a responsibility to be a role model, especially for young people', says the 24 year old member of the Saturn Cycling Team. 'I don't just wear my helmet when I'm racing. I wear it every time I ride'.

In four radio spots which were aired across Manitoba in May and June, Clara urged children, teenagers, and parents to use bike helmets and to cycle safely. Clara also featured on colourful billboards and posters promoting 'Helmets on . . . A Heads-up Decision'. Every school in the province received a poster and a cycling safety information kit. The campaign included giveaways of cycling helmets donated by local businesses.

CPSLIST

There is an electronic child restraint forum called CPSLIST. Messages of interest (news items, questions, answers to problems, etc) are sent to a central server and distributed automatically to 'subscribers'. The service is free, and you can add your name by sending a message to listserver@wildhack.com, leaving the subject field blank. In the body of the message type: subscribe CPSLIST [your name]. You will receive a welcome message to verify that you are subscribed to the list (and instructions on how to unsubscribe). Although the emphasis is on North American child restraint issues, it is also relevant to those interested in child restraint issues elsewhere.

Children's emotional recovery from accidents

The CAPT has been funded for one year by BBC Children in Need to develop materials and services to support children's emotional recovery from accidents. The project is part of the Post Accident National Support Initiative (PANSI).

The initial phase of the project identified the need for better emotional support for children who had been involved in accidents and for their parents and carers, and for greater awareness among professionals that effects accidents may have on these children. Recommendations that were made included: adequate training of all individuals involved with children recovering from accidents; especially those who may have contact immediately after the incident. The aims of the current phase of the project are to assess children's awareness of and understand emotional distress after an accident and to develop materials and resources to aid their recovery. A variety of materials will be investigated as to their appropriateness for different age groups, mainly through interviews with groups of children in schools. Parents and teachers will be consulted about their experiences of emotional support received after an accident involving their child as well as additional support that they feel is lacking and required. Leaflets and materials for children and adults will be developed as well as a guide to good practice in ways of meeting the emotional needs of children recovering from accidents. The project will involve members of organisations from a variety of backgrounds including medical, educational and voluntary sectors all of whom are active in the field of emotional support of children. Further details: Alexandra Troyna, CAPT, 18-20 Partridge Lane, London, London SW20 8DU, phone: +44 171 663 3674, e-mail: alex@capt.demon.co.uk.

General Motors offers free top tether fitting

General Motors (GM) announced in August that it is offering free retrofit top tether anchorage kits at GM dealers in the US for second row seating positions in most 1996 and later GM vehicles. The anchors attach to the vehicle and are used to secure a forward facing child restraint equipped with a top strap or top tether.

The top tether anchorage kits work with forward facing child seats. All such seats currently sold in Canada have top straps. Some child seat manufacturers have announced they will soon provide top straps in the US, and virtually all forward facing seats have provisions for them. Top straps can make a forward facing restraint easier to install securely, however, the top tethers need to be properly anchored to the vehicle.

GM has also created a national information program aimed at promoting the proper use of safety belts and child seats, and the proper ways to protect children from the force of an accident. Accident National Support Initiative (PANSI). The emphasis is on North American child restraint issues, it is also relevant to those interested in child restraint issues elsewhere.

Ontario drinking and driving down

A recent report by the Addiction Research Foundation, Alcohol and Alcoholism, drinking among young people has dropped significantly, especially among males. The report attributed the drop to the zero tolerance limits.
policy of graduated licensing, which has been in place in the province for two years.

New injury appointments at Centers for Disease Control

New appointments at the Centers for Disease Control National Center for Injury Prevention and Control, Atlanta, Georgia include the following. Chris Branch, PhD, has been appointed as Director, Division of Unintentional Injury Prevention. The Division focuses on injuries related to motor vehicle crashes and home and leisure activities. Dr Branch was the Team Leader within the Division for Home and Leisure Injury Prevention. Her background as an injury epidemiologist includes research on drowning, spinal cord injuries from water recreation, falls among the elderly, occupational injuries, and injuries among minorities. Former Acting Director, Dr David Sleet, has been appointed Associate Director for Science. Rodney Hammond, PhD has been appointed as Director, Division of Violence Prevention. The division focuses on youth violence, suicide, and family and intimate violence. He was director of the Center for Child and Adolescent Violence Prevention in Dayton, Ohio and an Associate Professor of Psychology at Wright State University. Dr Hammond’s academic work has focused on prevention of youth homicide and suicide, and community based violence prevention programs. Former Acting Director, Dr Jim Mercy, has been appointed Associate Director for Science.

Cigarette lighters recalled

Five US importers have recalled about 845 000 novelty and disposable cigarette lighters, according to a CPSC press release. The lighters either do not have child resistant mechanisms to prevent young children from igniting them or have defective mechanisms in violation of the Consumer Product Safety Act. The press release notes that one importer of lighters of Chinese manufacture is recalling 790 000 units which retail at about 25 cents each.

Contributors to these News and Notes:

Anara Guard, Barry Pless, Susan Gallagher, Rosie Mercer, Esha Bhatia, Jeff Cohen, Amy Zierler and David Sleet. Contributions have been edited by Michael Hayes. Items for the next issue should be sent to Michael Hayes at the Child Accident Prevention Trust, 18-20 Farrington Lane, London EC1R 3AU, UK, fax: +44 171 608 3828, e-mail: mh@capt.demon.co.uk. by 1 March 1998.

International Society for Child and Adolescent Injury Prevention

We invite you to join the International Society for Child and Adolescent Injury Prevention (ISCAIP). ISCAIP was created in 1993 for injury professionals around the world. The goal of ISCAIP is to reduce the number and severity of injuries to children and adolescents through international collaboration.

Membership fee

The annual membership fee for ISCAIP, including a subscription to Injury Prevention, is:

- £85 (US$ 155) for individuals
- £125 (US$ 230) for non-profit or charity institutions
- £250 (US$ 435) for corporate institutions

If you would like to receive a brochure describing ISCAIP in greater detail, please write to the address below.

How to join

Please complete this form and return it to ISCAIP, c/o CAPT, 18-20 Farrington Lane, London EC1R 3AU, UK

Name (Mr/Mrs/Ms/Miss/Dr):
Title/position:
Institution:
Address (plus postal/zip code):
Telephone/fax/e-mail:
Type of membership (ring one)
Individual/non-profit charity/corporate
Visa/Mastercard number*
Expiry date
Name as it appears on the card
Card billing address (if different from above)
Amount to be charged
Signature of cardholder

*When paying by credit card, the account will be charged in pounds sterling and converted accordingly (We much prefer this method of payment).