in the hands of each state and territory. To date only Queensland and Victoria have enacted provisions that address all pools. Both states introduced regulation for new pools and lesser requirements for existing pools with time to comply. In both countries, local councils or authorities are the bodies responsible for practical implementation of the code and any laws through the building approval and inspection processes.

The general approach under building codes is to stipulate performance requirements and the form of words is: ‘barriers to access young children to the pool and the immediate pool area’. What constitutes such barriers can be clarified by reference to standards or guidelines issued by relevant government departments. In New Zealand such barriers must be restricted children under 6, in Australia it is children under 5.

How well are these requirements working?

The Injury Prevention Research Unit was recently commissioned by the New Zealand Water Safety Council to undertake a survey to check on the current state of compliance and enforcement of the pool fencing requirements. A postal survey was responded by 60 out of 74 territorial authorities and follow up interviews were conducted with 12. Around half (46%) of the pools identified by the authorities were known to comply, 18% were known NOT to comply, and the status of the rest (36%) was unknown. Few authorities had procedures for locating and inspecting pools, apart from existing pools were required to be fenced. Two thirds did not have reinspection programs to ensure on going compliance.

In New Zealand, according to the New Zealand Water Safety Council figures, pool deaths of children under 5 aged eight years before the Swimming Pools Act was introduced and four per year in the period since its introduction.

The Australian State of Queensland was the first jurisdiction to require fencing of all pools; existing pools were subject to lower requirements and an extended period within which to comply. There was a substantial fall in the number of child drownings in pools around the time existing pools were required to be fenced. In absolute terms the numbers of deaths fell from around 13 per year before the legislation (1991) to one in the first year after full compliance was required. Initially this was regarded as evidence of both compliance and effectiveness but subsequent increases in the number of deaths (to around five per year) has resulted in some rethinking. The debate over the introduction of fence regulations was acrimonious and inescapable and undoubtedly had an educative effect which has reduced over time. The degree of compliance with the legislation is being investigated.

IAN SCOTT
Registrar, Australian Institute of Radiology, 10th Floor, 123 Queen Street, Melbourne, Victoria 3000, Australia.
fax: + 61 3 670 7616
e-mail: ian.scott@aiorad.com.au

DAVID CHALMERS
Injury Prevention Research Unit, University of Otago, Dunedin, New Zealand.
e-mail: dchalmers@gandalf.otago.ac.nz

Further reading

OFFICE OF THE COMMISSIONER FOR CHILDREN


Malaysia

Making Vellore roads safe

While on sabbatical leave in Vellore, South India, Regional Editor Dr R Krishnan organised the workshop described in the attached report taken from The Hindu newspaper.

Shifting of the bus stand the wholesale business and automobile workshops to the outskirts of Vellore, shifting of the PATC depot in Krishna Nagar to a different location, introduction of the spot fine system to enforce traffic discipline, staggering of school working hours and introduction of the shift system in schools in order to reduce peak hour traffic congestion, improvement of the roads, removal of all encroachments, and making helmets for two wheeler riders compulsory were some of the steps that were recommended in order to ensure road safety and prevent road accidents at a one day workshop on ‘Traffic—in and around Vellore town’ organised by the North Arcot Ambedkar district administration at the CHAD hospital campus. The workshop was divided into four groups: policy and administration, enforcement, education and engineering.

Dr R Krishnan, a paediatrician from Malaysia, who had done research on traffic in Malaysia highlighted the need for engineering and architectural changes and innovative methods in order to reduce the incidence of deaths and injuries due to accidents. Stressing the principle that ‘accidents do not happen, but are caused’, he said the condition of roads and the condition of vehicles needed to be given adequate importance in order to prevent accidents caused by bad roads and ill maintained vehicles. He wanted the use of helmets for two wheeler riders to be made compulsory in order to reduce the severity of injuries during accidents and to prevent fatal injuries.

The workshop had been organised in order to prepare an action plan to ensure traffic safety and prevent accidents. Dr VI Mafhan, Director, CMC Hospital welcomed the gathering.

R KRISHNAN
Department of Primary Care, Faculty of Medicine, University of Malaysia, 50603 Kuala Lumpur, Malaysia.
fax: +60 3 757 7941
e-mail: rajakumar@medicine.med.unm.edu.my

LETTERS TO THE EDITOR

THINK FIRST program

EDITOR,—In your June 1997 issue, a notice was published announcing the expansion of the THINK FIRST program into Mexico and Russia (p 83). You included an editorial comment citing a 1995 study which questioned the efficacy of the THINK FIRST high school program, and implied that the expansion was ill advised in light of that report.

It is important to note that the paper you cited as being critical of THINK FIRST actually was initiated through our own Foundation. Our Board of Directors realized, early on, that it was important to evaluate this program objectively in order to make modifications that would improve efficacy. THINK FIRST underwent dramatic changes, based in large part on the information gleaned from this and other studies.2

Most significant was our shift in emphasis from the high school students to elementary grade children. In 1996, we premiered the THINK FIRST For KIDS program which is directed towards first, second, and third graders. The program is delivered over six weeks and encompasses basic anatomy, as well as prevention strategies in five distinct areas including: vehicular safety, water safety, sports and recreation safety, bicycle safety, and violence (weapons avoidance and conflict resolution). The program is implemented online with a live demonstration using animated videos, classroom posters, color and black and white comics, an extensive curriculum manual for teachers with reproducible worksheets, and an online THINK FIRST web site (www.thinkfirst.org). Extensive reinforcement activities throughout the community are also included.

In response to the findings of the efficacy studies on the teen program, we developed new videos, modified the existing presentation, moved toward a more intimate classroom format, rather than large assemblies, and included innovative year long reinforcement activities. Efficacy studies are currently underway to gauge the effects of these modifications, as well as to evaluate the new THINK FIRST For KIDS program.

Few, if any, programs associated with injury prevention have been self scrutinizing and concerned with efficacy as THINK FIRST. This no doubt reflects the fact that the foundation was created by organized neurosurgery and the program is under the auspices of their board of directors. With our collective scientific backgrounds, we feel compelled to continue to prove that what we are doing works.

It seems only fair that the THINK FIRST Foundation should be lauded for its commitment to efficacy and its willingness to modify its approach, rather than be derided on the basis of a single paper published in your journal in the past. Our mission is to prevent injuries and, thus, save lives, and we will continue to pursue that goal undaunted.

JEFFREY M. LOBOSKY
Medical Director, THINK FIRST Foundation, American Association of Neurological Surgeons, 22 South Washington Street, Park Ridge, IL 60068-4287, USA.


THINK FIRST program.

J. M. Lobosky

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Updated information and services can be found at:
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