



injury

P R E V E N T I O N

Journal of the International Society for Child and Adolescent Injury Prevention

VOLUME 1 · 1995

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An A to Z of accident prevention and injury control

	← ACCIDENT PREVENTION →			← INJURY CONTROL →		
	Primary prevention	Secondary prevention	Tertiary prevention	Rehabilitation	Post-traumatic stress	
The problems	Prevention of the accident	Prevention of severity of injury	Treatment and follow up, prevention of complications	Restoration to optimum health	Dealing with the aftermath	
General activity	Accident prevention (and safety) programmes	Immediate (emergency) care	Hospital E/R care	Hospital inpatient care	Community care and rehabilitation	Community care and support
Specific activity	Education Enforcement (legislation) Engineering Environment	Safety aids and equipment: airbags, seatbelts, helmets	Advanced Trauma Life Support	Surgical and medical treatment	Comprehensive rehabilitation programme, retraining, provision of aids	Counselling and support groups
The people involved	A wide range of professionals and volunteers	Paramedics, first aiders, doctors, nurses	Specialist doctors and nurses	Therapists, laboratory staff, scientists	Primary care team, therapists, nurses, psychologists	Counsellors, primary care team, spiritual practitioners, volunteers
		↑ ACCIDENT/INJURY		↑ DISABILITY	↑ DEATH	

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**Photo quiz contest**

The photo on the right is detail from orphreys on Italian dalmatic; English, late 14th century. It is depicting part of the orphreys at the Burrell Collection, in Glasgow, Scotland. Send your answers to the following questions to the editor. The first set of correct replies will receive a CD of an appropriate selection of classical music.

- What hazardous product is displayed?
- Who is the user?
- Who are the parents?
- What are their names?
- What preventive strategy would you recommend?

Reproduced with permission from the Burrell Collection. (Readers who submit suitable photos for future contests will also be appropriately rewarded.)



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Car seat: miracle or muck-up?

An intriguing story: a 2 year old was found in a car seat, skidding down the middle of an icy highway after her parents' car swung out of control and came to rest in the path of an approaching welding truck (lorry). It appears the car hit the truck and then went spinning down a steep, 7 metre embankment. The truck driver removed the child, still in her safety seat, from further harm from oncoming traffic. Apparently, the child was 'strapped into her tethered car seat' but none the less was thrown, along with her father who was also in the rear seat, through 'a gaping hole' behind the back seat. She sustained a broken leg, a bruised lung, and a cut to her head from broken glass; her father was described as 'dazed but unhurt . . . standing amid some of the twisted metal that had been torn from their car'.

What intrigues me are questions like: do people appreciate how marvellously effective car seats can be? Will they now understand how important it is for the child to be well secured in the car seat? Was this seat properly tethered? Why was there a gaping hole in the rear of the car to which the seat had presumably been attached? Was the father also restrained (as the law requires) and if so, did this save his life? Why were the road safety engineers satisfied to leave the verge of a potentially icy roadway unprotected?

Canadian Press, *Montreal Gazette*, 16 Nov 1994

computer based network. A formal evaluation demonstrated that Child Safety Week provides a desirable focus for local practitioners and increases the priority given to child safety work by managers.

in public debate. CAPT has these qualities and every endeavour will continue to be made to work nationally and at European and international level to save the lives of children.

Conclusion

CAPT seeks to change policy and practices that stand in the way of reducing accident and risk to children and young people. To do that requires the capability to carry out quality research and development, an expert staff, a viable organisation, and willingness to engage

Further reading

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Purchasing a bicycle helmet in New Zealand: the genesis of a research study

I recently went shopping in Dunedin to purchase a new bicycle helmet. My objectives were to replace my current ill fitting helmet and to purchase a helmet that (a) my 'head sat in' as opposed to one which 'sat on top of my head'; (b) fitted me well, that is, had no excess forward or backward or left to right movement; and (c) complied with the New Zealand safety standard or better.

I had undertaken a similar task three or so years ago and was amazed at the ignorance of retailers and the misinformation frequently conveyed. Given all the publicity since then I had high expectations that the situation would have improved. I regret to say it had not. What follows is a summary of my casual observations after having visited six specialist bicycle shops.

There was only one retailer (shop A) who both measured my head circumference and then ensured the helmet met the fit guidelines of the Land Transport Safety authority. In two instances I was simply pointed in the direction of the helmets. No assistance was forthcoming.

A theme that emerged on several occasions was that by purchasing a very expensive helmet (for example over \$100) I was purchasing a great deal more protection and I owed myself that. Upon further inquiry it was apparent there was no basis for the claim other than 'dearer must be better'. There was one exception to this; a shop assistant pointed out that the helmet in question met a superior US safety standard (correct) and pointed to the markings to this effect. That helmet was offered to me on special for \$150. (I subsequently purchased the same model elsewhere for \$80!)

In one shop where I demonstrated the excessive movement of the helmet on my head I was advised: 'they all do that!'

After visiting the sixth shop I purchased a helmet from shop A. I was however, not completely happy with my purchase. Although the helmet met the standard, and my 'head sat in it', I was unable to adjust its fiddly straps to reduce to an acceptable level the forward and rearward movement. I reasoned that some 'fiddling' at home would sort it out. No so! Despite repeated attempts I have been unable to get the helmet to fit correctly. If someone with my persistence and knowledge cannot get a helmet to fit, what hope has a child?

If my experience is typical, it might help explain why many cyclists in New Zealand are not wearing their helmets correctly. What this experience demonstrates is that injury interventions may not be realising their full potential simply because insufficient thought has been given to the barriers to their proper adoption.

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This is not a book to be purchased by everyone working in the field of childhood injury prevention, though all would benefit from reading the first part in particular. It is of most relevance to those who work to bring about change in the social or political spheres. The reality is that a great impact could be made on the problem of childhood injury if the available knowledge about prevention strategies was put into practice. A consideration of the issue of children's rights might be a stimulus for new approaches.

DC GEDDIS
Dunedin

CALENDAR AND NOTICES

The Eleventh International Congress of the International Society for Prevention of Child Abuse and Neglect will be held in Dublin, Ireland on 18–21 August, 1996. The call for abstracts is January 1995. For information: The Secretariat, ISPCAN 11th International Congress, Clifton House, Fitzwilliam Street Lower, Dublin 2, Ireland.

The Navajo Safe Community Initiative, in association with the World Health Organization (WHO) Accident Prevention Program and the Karolinska WHO Collaborating Centre on Safe Communities, is sponsoring the Fifth WHO Travelling Seminar on Safe Communities for the Navajo Nation during the last two weeks of May 1995. For further information contact Pat Bohan or Nancy Bill, Navajo Area Indian Health Service, Box 9020, Window Rock, AZ 86515, USA.

SAFE KIDS (USA) will sponsor National SAFE KIDS Week 6–13 May 1995. The theme is SAFE KIDS Check / America—a description of 'the top 10 steps families should take to keep their children safe from

unintentional injury'. The aim is to distribute the safety check to more than 12 million people through state and local SAFE KIDS coalitions. For more information contact Wendy Richman Levinson, Media Relations Manager, National Safe Kids Campaign, 111 Michigan Ave NW, Washington DC, 20010-2970, USA.

Child Safety News, the excellent publication prepared by Jan Shield for the Child Safety Centre at Royal Children's Hospital in Melbourne, Australia is available for \$A32 for the 1995 subscription. Send cheque or money order to Jan Shield, Editor, Child Safety Centre, Royal Children's Hospital, Flemington Road, Parkville 3052, Victoria, Australia.

The First National Conference on Injury Prevention and Control was held 27–28 February 1995 at Hotel Nikko, Darling Harbour, Sydney, Australia. Contact Ian Scott or Peter Vulcan of our editorial board for information about what transpired. The program was comprehensive and included a special session on child falls.

The Association for the Advancement of Automotive Medicine (AAAM) sponsored a special session on Children in Traffic: Exploring Their Special Needs as Occupants, Pedestrians and Bicyclists, 8–9 December 1994 in Washington and held a specialized course on Injury Scaling: Issues and Techniques, also last December. Another session on Children in Traffic will be held in Washington 23–24 March 1995 and its Annual Meeting will be held in Chicago 16–18 October 1995. For more information about any of these events write to AAAM, 2340 Des Plaines Avenue, Suite 106, Des Plaines, IL 60018, USA.

A call for abstracts has been issued for the Third International Conference on Injury Prevention and Control to be held in Melbourne, Australia 18–22 February 1996. Although the deadline will have passed for abstracts for oral papers and posters by the time this issue of *Injury Prevention* appears, there is still time to begin making plans to attend this major meeting at which ISCAIP

will organize a special session for those concerned with child and adolescent injuries.

The Fourth International Conference on Safe Communities, being organized jointly by the private sector of Fort McMurray, the city, the WHO Collaborating Centre at the Karolinska Institute, and the International Healthy Cities Foundation, will be held 6–8 June 1995 in Fort McMurray, Alberta, Canada. The call for abstracts has passed but for registration materials you may contact Fourth International Conference on Safe Communities, City of Fort McMurray, 9909 Franklin Ave, Fort McMurray, Alberta, Canada T9H 2K4.

The 2nd International Paediatric Trauma Symposium is being staged by Lewisham Children's Hospital in London on 3–4 July 1995, coinciding with the launch of the Child Accident Prevention Trust's Child Safety Week. The programme will include a comprehensive update of clinical aspects of trauma care, rehabilitation, and injury prevention. Speakers will be drawn from the UK and North America, including the Children's National Medical Center, Washington DC and the Child Accident Prevention Trust. Further information from Dr Evelyn Dykes, The Children's Hospital, Lewisham Hospital, Lewisham High Street, London SE13 6LH, UK, tel 0181 690 4311, fax 0181 690 1963.

Prevention 95, the 12th annual national preventive medicine meeting, will be sponsored by the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine in collaboration with the Centers for Disease Control and other national health agencies in New Orleans, 30 March–2 April 1995. The conference will address AIDS, preventive medicine education, prevention of injury and violence, clinical practice guidelines, infectious diseases, national health objectives for the year 2000, and worksite injury prevention and health promotion programs. Registration information is available from the Meetings Manager, Prevention 95, P.O. Box 65686, Washington DC, 20035-5686, USA; tel (202) 789-0006.



Dog attacks on the increase

The number of children needing surgery for dog bites has jumped 56% over the last three years at the Hospital for Sick Children, Toronto, a study reveals. All of the bites so far this year have been to the head and face.

Toronto Mayor June Rowlands has said she wants to introduce a bylaw that would require the owners of pit bulls to muzzle them when they are in public.

Canadian Press, *Montreal Gazette*, 2 Oct 1994

JOURNAL CITATIONS

Editor's note: Not an easy task! This exercise is much more an art than a science. In our desire to be comprehensive, with the generous assistance of Jane Rowlands at the BMA library, the following databases were searched for approximately the first six months of 1994: Index Medicus, EMBASE, PSYCH, HSLI, SSCI, INSP, ASSI, SPORT. Subsequently, we added Ergonomics Abstracts, and although none were up to date, they have been included.

The challenge for database searchers is to formulate a strategy that is neither overly inclusive nor likely to miss important papers. It is the epidemiologic equivalent of striking a balance between false positives and false negatives. Despite aggressive culling, what is presented here is lengthy, in part because unlike future listings, this covers a six month period, not just one quarter. In spite of its length I trust it will be of value to many readers despite having excluded the abstracts. We simply could not spare the space to do so.

Your comments are welcome, as well as suggestions about other databases of interest.

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