**NEWS AND NOTES**

**US pediatricians urge recall, ban on baby walkers**

Chicago—Following a Canadian lead, the American Academy of Pediatrics (AAP) has belatedly called for a US ban on the manufacture and sale of baby walkers. Because of the ‘considerable’ lifespan of the devices, the AAP said, they will be taken to recall and destroy walkers currently in the community.

In 1993 alone 25 000 US children between the ages of 5–15 months were treated in hospital emergency rooms for injuries associated with the use of baby walkers, at an estimated cost of $90 million (US), said the AAP, citing figures from the US Consumer Product Safety Commission.

There may have been 10 times more injuries that are sufficiently minor to be treated in physicians’ offices or not needing medical attention, added the new policy statement from the AAP committee on injury and poison prevention, published recently in *Pediatrics*. The US also recorded 11 walker-related deaths from 1989 through 1993. The chief risk of the walkers is head injury when a child propels the walker down a flight of stairs. Several studies show that many parents aren’t deterred by an injury from reusing the walkers for either the injured child or subsequent children, the AAP said.

Baby walkers have not been sold in Canada since 1989, although some have been available in Canada as hand-me-downs, sold in garage sales, or bought new in the US. Consequently, walker injuries have continued in Canada as well. This has prompted Dr Milton Tenenbein, head of the emergency department at Winnipeg’s Children’s Hospital (and a member of the AAP committee), to call for a national recall of all remaining baby walkers in Canada.

TERRY MURRAY

**Editors note:** This problem is so very frustrating because at first it seemed that all that was needed was enlightened standard-setting along the Canadian lines. Now it appears that even this step will be difficult to follow in the US (and undoubtedly elsewhere as well), and that in any case standard-setting alone is not enough. Any suggestions?

**Safe Start — injury prevention designed for high risk groups**

The Safe Start Injury Prevention Program uses a targeted approach to address a high rate of child injuries among families in British Columbia, Canada. Safe Start, based at BC’s Children’s Hospital in Vancouver, researched characteristics of families living in circumstances associated with a higher than average risk of injury. In its major project to date, Safe Start then designed a resource package to meet the specific needs of that population. Increased injury risks were identified among very young parents, low income families, aboriginal (Native Indian) families, some recent immigrant groups, and parents with limited literacy.

A videotape portrays dramatic re-enactments of common childhood injuries and interviews with parents of children treated in the hospital’s emergency department. Practical prevention tips cover topics such as scalds, falls, and poisonings. The resource package also includes a safety oriented growth chart, an illustrated booklet for parents with limited reading skills, and an information kit for teachers and health professionals. Translations were produced in Chinese, Vietnamese, Spanish and Punjabi, the languages of BC’s major immigrant groups.

Safe Start developed a resource distribution system within the public health system and social service agencies to reach families within the defined target group. The resources are in use throughout the province by public health nurses, facilitators of prenatal and parent skills classes, and immigrant service groups. A research evaluation is underway to assess the resources’ effectiveness in raising awareness of injury issues and motivating parents to adopt and maintain safety practices.

Other Safe Start program activities include:

- safety updates on child injury issues distributed by the provincial Ministry of Health
- a mobile unit equipped with household safety features, for display at health fairs and other community events
- support for injury prevention programs in aboriginal communities
- sponsorship and participation in conferences on child injury prevention

The Safe Start program was initiated in 1992 with a donation from a corporate sponsor, Royal Bank. Additional funds have been obtained from the BC and Canadian governments and other agencies with an interest in injury prevention.

For more information contact: Safe Start, 4480 Oak St, Vancouver, BC, V6H 3VA, Canada. Tel: +1 604 875 3273; Fax: +1 604 875 2921.

**CPSC says snowboarding boom leads to more injuries**

Washington, DC — The US Consumer Product Safety Commission (CPSC) released statistics showing a 42% increase in snowboard-related injuries from 1993–1994. CPSC Chairman Ann Brown said, ‘Snowboarding is one of the hottest new sports on the slopes and a great way to enjoy the winter outdoors. We all know that falling or ‘wiping out’ is inevitable. Snowboarders should take lessons to help them enjoy the sport and reduce the risk of injuries.’

An estimated 27 000 snowboarding injuries were treated in hospital emergency rooms in 1994, up from about 19 000 for 1993. Unlike skiing, where the largest number of injuries involve the knee, the greatest number of snowboarding injuries involve the wrist or arm.

Over half the snowboarding injuries in 1994 occurred to persons age 15–24. Although the sport has traditionally been popular among young men, snowboarding is quickly catching on as a family sport and is attracting more women each year.

Most snowboarders have injured a wrist or arm result from falling. Relatively few of the reported injuries involved collisions with trees, other snowboarders, or skiers. Factors contributing to injuries include a lack of skill or instruction for novices and high risk behaviour.

Since 1991, CPSC has received reports of five deaths from snowboarding, all involving males between the ages of 15 and 28. Most of the fatalities resulted from suffocation in deep snow.

As the number of snowboarding participants surpasses 2 million, many ski resorts and facilities are offering lessons and providing guidance on snowboarding etiquette to help prevent injury.

**Editors note:** But what about protective equipment, such as helmets? Or considering poor ‘etiquette’ as grounds for barring someone from using the hill to protect others? (Excerpted from a report on the Injury-List.)

**Other organizations:** Japan Consumer Information Center

The Japan Consumer Information Center (JCIC) is a governmental organization for consumer protection. It provides research, consultancy, and product testing. It maintains an information system based on NEISS of CPSC in the USA and publishes a monthly leaflet on the Hazards of Daily Living (in Japanese), which often deals with child safety. The quarterly newsletter JCIC News is in English. Recent issues deal with a consumer awareness survey and product testing of items from diapers to diet pills. The February issue reported the Hanshin earthquake, a dangerous highchair design which amputated a child’s toe, and the local issue of blending of locally grown with imported rice.

For more details contact: No Yumi Senbo, JCIC, 3-13-22, Takanawa, Minato-ku, Tokyo 106, Tel: +81 3 3443 8623; Fax: +81 3 3443 8624.

**News from CAPT**

**NEW DIRECTOR**

Louise Pankhurst, Director of the UK’s Child Accident Prevention Trust (CAPT) for the past eight years, leaves the organisation in September. She is taking up the position as Director of the Child Psychotherapy Trust, a London based charity that promotes, researches, and supports psychological counselling for children and adolescents, and the training of psychotherapists. CAPT will be developed considerably during Louise’s period as Director, expanding from four staff to its present complement of 14. Under her leadership, it has also embarked on the provision of training and consultancy on a commercial basis to offset the decline of its core grant, established the major annual project Child Safety Week, set up an office in Northern Ireland, and moved twice. Her replacement is not likely to be in post until 1996. In the meantime, her deputy, CAPT’s Projects Director Michael Hayes, will take over her responsibilities.

**CHILD SAFETY WEEK 1995**

Another hugely successful national Child Safety Week has run in the UK from 3–9 July. Organised by CAPT, based in London, the Week acts as a focus for local accident prevention activities throughout England, Wales, Scotland, and Northern Ireland.

CAPT encourages all those with an interest in child safety to get involved. CAPT has a resource pack of materials to get participants started. Activities range from relatively small events such as a poster display by a student health visitor to large multiagency events which
span the whole of the week. CAPT aims to stimulate alliance working by networking practitioners together via its database and also conducts a national media campaign.

In just a week, over one million leaflets giving child safety advice have been distributed to the public and thousands of events have taken place. Media coverage has been excellent with many national and regional papers, TV and radio stations, and consumer and professional journals covering the week from a variety of angles.

CAPT has established a core of seven commercial companies who sponsor the week, backed up by four government departments. Regular meetings between CAPT and its sponsors are held during the planning stages of the week to foster a spirit of partnership. CAPT is hopeful that the funding relationships it has built up since the week began back in 1993 will continue for many years to come.

Plans for Child Safety Week 1996 to run from 24 to 30 June are under way with the broad theme of 'summer holiday safety'. A full scale evaluation will take place next year to ensure the aims and objectives of the week and the Trust are being met.

For further information, contact Lesley Corner, Project Manager, Child Safety Week, Child Accident Prevention Trust, 18–20 Farrington Lane, London EC1R 3AU, UK.

ASSESSMENT OF OPPORTUNITIES AND NEEDS OF PRIMARY HEALTH CARE TEAMS IN LONDON TO UNDERTAKE CHILD ACCIDENT PREVENTION WORK

The CAPT has just completed a small qualitative study to explore this topic. General practitioner Dr CGA Philpatt had visited eight practices in south London, which offered a mix of practice teams and population base. Different members of the practice teams, from senior doctors to secretaries, were interviewed with a structured questionnaire. All team members identified child accident prevention work as important but there was little actual activity taking place. Only one practice felt that this would form part of their routine work, and were actually helping parents with child safety. It may be more useful for general practitioners to learn how to motivate and support the nursery staff with them than for them to take on child accident prevention work themselves.

For full details of this work, contact Dr Sara Levene at CAPT (address above).

INJURIES TO CHILDREN AT WORK AND IN THE WORKPLACE

Funding from the European Commission, the Gulbenkian Foundation, Northern Ireland's Health and Safety Agency, and one of the Thames family trusts has enabled the CAPT to commence research on the safety of children at work and in the workplace. The programme aims to establish the scale and nature of the work that children and young people undertake and the injuries that they suffer in the UK, examine the attitudes to and knowledge of parents, children, employers, and teachers about the practice and, if needed, improving ways of working. The project does not set out to stop children working, insists CAPT's Projects Director Michael Hayes. Work may be an important part of the development of young people but it is essential that workers are reasonably safe from injury and that employers understand children's capabilities and are able to implement appropriate safety strategies.

SARA LEVENE MIKE HAYES

Consumer products guide

Robin Hope represented BS1 on the ISO Consumer Policy Committee working group responsible for updating the 1983 ISO/IEC Guide 37 (Consumer products: Introduction to consumer interest) in 1995. Here he takes consumer goods manufacturers to task over their product instructions and highlights features of the new Guide, which will help to improve the quality of instructions.

Obscure, indecipherable, incomplete, illogical, contradictory, ill translated, inconveniently placed, perishable - these are all adjectives that could describe some of the instructions that come with consumer goods.

We heard about a man who recently bought a self assembly cot for his young daughter. Assembling instructions included that four sides and four screws, should have been a 10 minute job, but it took him two hours. The reason was that the instructions were completely unintelligible.

The ISO consumer policy committee has recognized the need for clear, useable instructions to accompany all consumer products and has produced a new edition of the ISO/IEC Guide 37 which updates this topic.

The guide explains how to produce good instructions. It is aimed at standard makers and product designers, manufacturers, technical writers and other people who conceive and draft instructions. Ideally, every producer of consumer goods throughout the world should own, study and follow the guide. It is short, clear and cheap. Instructions can take many forms. They can be on the product, this would include dials, switches and labels, in the product, software for instance, on the packaging, or detached, such as leaflets. The general principles stated in the guide include the need for instructions to be an integral part of the product, not made up of disjointed paragraphs, afterthought; the dominant importance of safety; and the requirement to design instructions from the point of view of product users.

The guide also explains how instructions for use should be translated from one language to others. It covers all steps in the process, including checking and proof-reading by competent linguists. A blinding glimpse of the obvious? Yes, but since many manufacturers evidently don't know it, it must be stated.

Can automobile manufacturers honestly state that whenever they modify the model, the handbook is also modified as necessary? or that they avoid confusing the user with information about other models or optional extras which she or he has not got? The guide recommends that text and illustrations which need to be read and seen together should be adjacent. It also states that, where needed, illustrations should be reproduced in each language text, and that captions to illustrations should be written only in the language of the adjacent text.

The guide deals with matters on which instructions are often defective or silent, such as logical formulations and design of warning notices; the role of colour; functional rather than decorative, and remembering people with colour deficient vision; availability at point-of-sale of instructions needed for informed purchasing decisions; consistency of instructions and advertising; energy conservation; and environmentally responsible disposal of wastes.

Legibility and durability of instructions are essential if they are to do their job. Yet all consumers have experienced of impossibly small print; care labels on clothing that disappear after a few washes; or finding that, in opening the pack of adhesive, the instructions have been torn in half. These and many similar points are specifically dealt with in the guide, including an absolute minimum size of print.

In this field, as in so many others, the increasing complexity of everyday goods makes the manufacturer's job more difficult. Some progressive firms now recognize that preparation of instructions for use is a function of its own right, and no longer see it as something that design or production or, worse, marketing staff can undertake in addition to their normal jobs. The new Guide 37 aims to correct that error.

Reproduced from BS1 News, November 1994. ISO/IEC Guide 37 can be obtained in the UK from BS1 customer services at 389 Chiswick High Road, London W4 4AL (fax +44 (0)181-900-7001). It can also be obtained from the national standards body in your country and also by world membership and from their central offices; ISO; International Organization for Standardization, 1 Rue de Varembe, Case Postale 56, CH-1211 Geneva 20 (fax +41 22 733 34 30) and IEC/International Electrotechnical Commission, 3 Rue de Varembe, Case Postale 131, CH-1211 Geneva 20, Switzerland (fax +41 22 919 03 00).

New national society for injury prevention in the Lebanon

A new society is being established in the Lebanon, following a national campaign on injury prevention and a medical conference in trauma. A working party under the direction of the local Red Cross has been established to take the proposal forward. For further information, contact Imam Nuwayhid, Foundation for Languages and Learning, Sciences, American University of Beirut, 850 Third Avenue, 18th floor, New York, NY 10022, fax +1 212 478 1995, e-mail nuwayhid@layla.aub.ac.lb

* The 1994 report of the Swiss office for the prevention of accidents has been published. This body carries out research, education, training, public campaigns and advice, and promotes legislative changes, in order to improve the safety of the public. There were a number of public safety campaigns, and 25,000 cyclists received a 20F refund when they bought an approved safety helmet. This year research has been completed on travel to school, recommending interdisciplinary solutions which focus on the child. Legisla-
Regional reports

Regional reports

REGIONAL REPORTS

Newsletter from Kuala Lumpur

Injuries are the third leading causes of death and disability in Malaysia. The annual incidence of road injuries per 100 000 population has increased from 16.9 in 1971 to 24.5 in 1993 and of these, motorcytle fatalities constituted 52%. In that year police data revealed that head and ‘multiple’ injuries were present in 39% and 50%, respectively, of motorcycle fatalities. ‘Multiple injuries’ in this context probably include ‘head’ injuries.

The study yielding these figures included two different parts: nature of helmet use and pattern of injuries among motorcycle fatalities. With the cooperation of the traffic police, we studied 1401 motorcyclists in an urban and a rural area. The type of helmet used, nature and looseness of strapping were observed. Consecutive motorcyclists were stopped by a police road block and examined by research assistants. Helmets were classified as full face, half face, or other and strap looseness was then determined. If two or more fingers could be admitted, it was considered too loose. Leaflets pertaining to correct helmet use were distributed after the evaluation. Motorcyclists were also checked for other traffic offences, for example possession of valid licence. Of the 1401 motorcyclists studied, 400 (39%) of and 101 (7%) of all motorcycle crashes occurred in the rural area, whereas victims from this area accounted for 64.4% of all fatalities. Accordingly, the fatality rate in the rural area was nearly twice that in the urban area. Higher need of travel, failure to wear helmets, improper wearing, or inaccessibility to medical care may be important contributing factors.

We concluded that motorcyclists in Malaysia need to be educated to wear helmets and to do so in the correct manner.

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The Child Accident Prevention Foundation of Southern Africa: newsletter from Cape Town, June 1995

As I write, the mind of the average South African is totally preoccupied with the forthcoming final play-off of the Rugby World Cup between South Africa and New Zealand. Rugby news covers the front pages of all daily newspapers and obscures many events and social issues which will be of consequence long after the sports stands have emptied and gone silent.

Two recent official pronouncements will unquestionably influence the future safety of South Africans, young and old alike; the first has been the decision by the Constitutional Court to abolish capital punishment. This brings South Africa in line with a prevailing first world trend, but arguably, removes an important deterrent in a country with the highest incidence of serious crime in the world! On the medical side, we have seen an alarming increase in the incidence of children’s injuries resulting both directly and indirectly from violent crime, while on the judicial side there is a marked softening of attitudes towards sentencing, terms of imprisonment, parole conditions, etc. The ‘system’ at present clearly favours the perpetrator and expects the victim to simply bite the bullet. What price human dignity? The second ruling of note has been the abolition of corporal punishment for criminal offences committed by children and adolescents, and most of us would I’m sure, support this move.

On a more familiar note, the battle against paraffin poisoning has been given a boost by a licensing of the ‘Argus Lok’ child-resistant closure for use in South Africa. At least one major oil company has pledged to promote the use of this device in its paraffin marketing campaigns.

Apart from Child Injury Prevention Week which falls in mid-August, CAPFSA will be fairly restrained in its activities over the next six months due to the imminent arrival of firstborn children to both Nelmarie du Toit and Shehaam Hendrick’s, our two senior staff members.

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PS. Back to the rugby theme, the seminal between France and South Africa was a rain soaked affair, and certainly the first time I have heard of a vital match being called off due to risk of players drowning on the pitch!