

## NEWS AND NOTES

### Rivara receives award!

At the last annual meeting of the American Academy of Pediatrics, the Section on Injury and Poison Prevention presented their Achievement Award to Dr Fred Rivara 'for his outstanding contributions to the field'. Dr Rivara was described as 'one of the leading pediatric injury researchers in the US'. Congratulations, Fred!

### Child power

A request by a group of grade 8 children in Metro Toronto to have the speed limit lowered from 50 to 40 km/hour on a neighbourhood street was approved by city council in a 16-11 vote. Staff opposed the plan because '50 km/hour speed limits are needed to keep busy commuter traffic flowing'. Of course; traffic flow is much more important than children's lives for some!

### Tenant power

After a young girl died falling from a balcony, the tenants in her 40 year old building went to the council to complain about the gaps in the balcony rails. Council has asked the province to carry out a safety audit and develop new standards for older balconies that do not meet current building code regulations.

### Child resistant containers — still an issue

A letter in the *BMJ* (from Anne-Marie Houlder) reminds readers that child resistant containers are not now required for herbal and veterinary preparations. Nor are they required for liquid medication! The writer recently treated a 2 year old who ingested a diuretic herbal medicine, requiring admission and electrolyte monitoring. She notes that some herbal medicines have been adulterated with heavy metals that can be toxic. Similarly, a paper in the *BMJ* by Binchy *et al* (1994; 308: 1335-6) notes that children continue to be poisoned by methadone, which is still exempt from the safe packaging requirement. The obvious recommendation is that childproof containers should be legally required both for herbal medicines and for methadone.

### Bean bag hazard

A reminder from the Health Department in Canada: bean bag chairs pose a hazard to young children. It is possible to crawl into the chairs through the zippered opening and then suffocate on the small pellets of foam that are used as filling. Five children in the US have died and there have been at least two non-fatal incidents reported in Canada.

### Gun control debate

The gun control debate still rages. Despite an impressive record on gun related violence in Canada, the Justice Minister introduced a new bill requiring registration of all weapons. This bill was approved in the House of Commons and now goes to the Senate, where a tough battle is predicted. Various procon-

trol groups are mobilizing. Recently, the Quebec Medical Association unanimously approved a motion requesting that members take action as soon as possible to express their concern to members of parliament about the threat to the safety of Canadians if the bill fails.

### Helmet legislation

With the election of a new government in Ontario (Canada), there has been a flurry of correspondence regarding impending compulsory bike helmet legislation. More on this later. For the moment, I wanted to remind readers, especially those caught up in the opinion-dissent debate in the June issue, of an interesting editorial published several years ago in the *New England Journal of Medicine*. It was written by Daniel Callahan, PhD, of the Hastings Center (a 'think-tank' with special interests in ethical issues). The editorial, 'Legislating Safety — How Far Should We Go?', was prompted by the publication of the pivotal study by Thompson *et al* showing the efficacy of bike helmets (*N Engl J Med* 1989; 320: 1361-7). Essentially, Callahan is opposed to helmet legislation, and although I sharply disagree, his reasoning is compelling and deserves consideration.

### Fire safety — a continuing problem

The death of an 18 month old child as a result of a 4 year old brother playing with a lighter, has prompted fire fighters in Montreal to redouble their efforts to educate parents about fire safety. It did so by demonstrating the destruction caused by a four minute fire in a baby's room. Apart from smoke detectors, the key to prevention in this instance is a proposed change to the federal law on dangerous goods that will change the mechanism on all lighters sold to make it more difficult for a child to start a fire.

### E-code threat

In the spring issue of *Traumagram*, the newsletter of the American Trauma Society, it is reported that the tobacco industry has asked a federal agency in the US to review a form in which a new E-code (E-869.4) for injury from second hand smoke is included. The agency, OMB, is entertaining comments on the usefulness of all E-codes. The tobacco lobby never does things by halves. . . .

In a response to the problem posed by the OMB requirement that the Public Health Service justify the statistical validity of E-code data reported voluntarily in an administrative record system, staff of CDC/NCHS have pointed to an implicit catch-22 in the requirement: how do you document the results of such data collection before its implementation?

### Falls for heights . . . (the tragedies continue)

An 11 month old child suffered only minor injuries after a fall from the second storey of an apartment building in a Montreal suburb. Both parents were present; the father was showering, but the mother was with the child and has been taken into custody to be arraigned on unspecified charges. It seems unlikely that these will include failure to install a window guard! Ironic, in view of the 'classics' in the fall issue.

A further irony is that two days after the *Boston Globe* published an article entitled 'City touts window-fall prevention efforts'

(6/28/95), another appeared, '3-year-old, left alone, falls from window'. Earlier that same month the same paper published a report 'Dorchester boy, 3, falls from 2nd floor'.

### Defective child car seats

After tests by *Consumer Reports*, several popular car safety seats marketed in North America have been found to be unsafe or fail to conform to established norms. Sadly, the discovery of the problem was left to the magazine, and the request that corrective measures be taken has fallen to the Canadian Automobile Association. This leads me to wonder about the role of the government bodies who have responsibilities for such matters?

### Special interest groups (SIGs)

Although the phrase 'special interest groups' occasionally has some unpleasant connotations, in this instance it refers to groups within various professional bodies with a particular interest in specific subjects such as injury prevention. One of the most active is the injury control SIG of the Ambulatory Pediatric Association (APA). This SIG has a membership of more than 100 persons, mostly pediatricians and nurses. At this year's annual meeting in San Diego the group received a report on work related injuries (a much more extensive problem than most realize), and another on violence.

### Highlights from our 'big sister'

In a recent issue of *Accident Analysis and Prevention* (Vol 27, No 4), there are several papers of interest to our readers. One deals with non-fatal farm injuries in Ontario (Pickett *et al*) and shows a rate of 4.1 injuries/100 persons/year for those under age 20. In the 10-19 year age group, 40% do more than 20 hours of farm work per week! Another report (McKnight and McKnight) concludes that 'the effects of [motorcycle] helmets on the ability to see and hear are, at most, far too small to compromise the safety benefits offered. . .'. A paper by Noland concludes that 'bicycle safety improvements attract proportionately more people to bicycle commuting'. Finally, there is a report of a survey regarding automated speed enforcement (ASED) (Streff and Molnar) that reveals that most respondents favour having ASED in school zones. Predictably, support is somewhat less among those who have received more than one speeding ticket.

The June issue includes an interesting paper by Schofer *et al* proposing a taxonomy for child pedestrian injuries based on visibility and action. The results show that 'events in the categories in this new taxonomy are distinctly different from each other' so that the structure may be used to identify and organize interventions. Another report, by Gabella *et al*, estimated differences in risk of head injury of motorcyclists based on helmet use and found that those not wearing helmets were 2.4 times more likely to have a head injury than those who were protected. Not surprising, but it seems the basic message bears repetition for the disbelievers.

### The National Resource Center for Family Centered Practice's Prevention Report

The spring report is devoted to domestic violence and highlights the importance of collaboration between child welfare and domestic violence constituencies.

### **Injury Prevention Network Newsletter**

This newsletter originates from one of the federally funded injury prevention centers — the Trauma Foundation — in San Francisco. The issue also focuses on violence — domestic and firearm — in the lives of women. It notes that between 1985 and 1993, fatal assaults against girls and women rose 13% in California. Firearm homicides were the largest contributor to this increase, increasing by 57%! Despite these and other, similarly distressing, statistics the gun lobby continues its efforts 'to overturn even the moderate and limited gun control measures passed to date', as the editorial states.

### **Elmer the Safety Elephant**

When I was a child growing up in Toronto, I was constantly being reminded of traffic dangers and the 'seven safety rules' by Elmer the Elephant. Elmer was the clever logo conceived for a traffic safety program initiated by a police inspector in 1947, and promoted by a prominent newspaper. Astoundingly, *Safety Canada*, a Canada Safety Council (CSC) publication, reports that in the first year of the program 'traffic mishaps among Toronto schoolchildren dropped 44%, while vehicle registration increased by more than 10%'. The trademark now belongs to the CSC who have laid to rest false rumours that Elmer is being put out to pasture (or wherever it is that elephants go when they are forced into retirement).

### **Self extinguishing cigarettes — again**

'It would be neither difficult nor expensive to make self extinguishing cigarettes. The technology is available and proven'. In light of this, one cannot help but wonder why this major cause of fatal house fires is still not controlled by legislation or regulation? Could it possibly be that the tobacco lobby is again flexing its muscles, and if so, what are their motives? Or am I being naive?

### **One downside to safety: lack of organs**

'Safer highways and better treatment for brain injuries are cutting off growth in organ transplants. Campaigns promoting seat belt use and discouraging drunk driving seem to have caused a decline in the numbers of brain-dead accident victims suitable for organ retrieval, transplant specialists say'. (*Globe and Mail*, 4/4/95). Although observations like this have appeared worldwide, we hope no one is suggesting that safety measures should be relaxed in order to increase the supply of organs. Clearly, the best solution is to change the legal requirements for consent to use organs.

### **Operation Baby Buckle**

Although many prevention groups have been concerned about the continued failure to secure all infant car passengers safely, it is unusual — perhaps unique — to find an initiative in this area led by a private company. Primerica Financial Services, a subsidiary of Travelers Inc, a large direct marketing company, is sponsoring Operation Baby Buckle, a nationwide car seat giveaway and educational campaign, directed at families who cannot afford to purchase seats. In 1994, using the volunteer services of PFS agents, over \$600 000 was raised for this program. (*Building Bridges: Between Traffic Safety and Public Health*, Vol II, No 2 — a

publication of the Education Development Center.)

Another article in this issue of *Building Bridges* deal describes the release by CDC of its 'injury-control recommendations: bicycle helmets', and the Consumer Product Safety Commission's interim mandatory standards for bicycle helmets sold in the US.

### **From Status Report (Insurance Institute for Highway Safety)**

Safety belt use rates have increase substantially in California after the passage of a primary belt law (primary laws permit police to stop motorists for belt violations alone. Such laws exist in only nine states!). Despite this good news, there is no mention of the effect of the law on child restraint use, and my hunch is that in spite of the provisions, police are not inclined to enforce child belt violations (May 1995).

Nationally, however, the belt use target of '70%' by 1992' was established by NHTSA; an optimistic estimate for 1995 is 67%. (Compare this with the 95% average figure for Canadians, where success is attributed to promotion and enforcement, with fines up to \$1000 and demerit points in seven provinces.) The good news is that in this instance, the NHTSA survey reports child restraint use: 88% of infants; 61% of 1-4 year olds; and the continuing problem of improper use (July 1995).

The July issue also reports on the large variations in teenage licensing — typically a year or two younger than most other countries and 21 states do not require a driver to obtain a learner's permit before applying for a full license.

### **Alcohol related traffic fatalities drop sharply**

A report in *The Nation's Health* (a publication of the American Public Health Association) states that there has been a 31% decline in alcohol related traffic fatalities between 1992 and 1993. The question that remains is why? CDC epidemiologists are uncertain about the role of public pressure, but do assume that the more stringent drunken driving laws have had an impact. As well, there is an increasing intolerance for drinking and driving, lower legal blood alcohol levels, and more sobriety checkpoints. Despite the success the report calls for stronger sanctions for repeat offenses to sustain the decline. NHTSA's 'Safe and Sober' campaign has a goal to reduce these deaths to 43% of the total (*The Nation's Health*, February 1995).

### **Dangerous animals**

A 17 month old girl was fatally attacked by the family dog. Dog experts stated that the child should not have been left alone with the animal. 'My advice is dogs and children under 5 years old should never be left alone together, certainly not any dog over 50 pounds'. The dog is a Maremmas, an uncommon breed of Italian guardian dog (*Gazette*, September 24).

### **Dangerous drivers v animals**

A driver of an overloaded tractor-trailer that killed two people, and critically injured two others, was driving without a licence (it had been suspended at least five times in the past five years). The licensing authority does not notify transport companies when their drivers' permits are suspended... unless they

have the driver's permission! In another incident, an 80 year old man whose car went through a red light injuring three people was fined \$115.

In dramatic contrast, a 16 year old boy in the same civilized country, convicted of killing a dog by locking it in a freezer during a break-in, was sentenced to one year of secure custody. The judges comment is revealing: 'Besides the horrendous property damage you caused, what I find the most appalling is your treatment of that animal'. (*Editors note: our society has interesting values.*)

### **Child work related injuries**

The American Public Health Association has joined the Child Labour Coalition to promote the health and safety of working minors. A particular goal is to work towards regulations forbidding the employment of children in hazardous occupations. But the issues involving working children are much broader, including working hours and time standards.

### **Bunk bed dangers**

Health Canada has reminded parents that certain wooden bunk beds can be hazardous for young children and might require retrofitting to make them safer. There have been nine deaths since 1985 involving children under 6 using the upper bunk, mostly due to slipping feet first between the guardrail and the mattress and then suffocating. Regrettably, all the responsibility to put the matter right is left with the consumers, that is, parents, because the standards are voluntary.

### **Rollerblades and helmets**

A photo of an emergency physician who is an in-line skater, accompanying a story about skating injuries and touting the importance of protective gear, shows him without a helmet! From a related description of a paper presented at a recent pediatric society meeting, it is evident that most injuries to these skaters involve the upper extremities. Nevertheless, head injuries can be the most serious. No excuses, doc!

### **Injury and Poison Prevention (AAP) Newsletter**

The April issue of the newsletter features 'Highlights from the United States Consumer Product Safety Commission'. Items include gas water heaters (a voluntary standard is being considered); look-alike guns (an agreement by several major toy retailers that they would no longer sell real looking guns); smoker detectors (a challenge to manufacturers to re-examine the sensitivity of detectors to avoid annoying 'false alarms'); window covering pull cords (that typically entangle or wrap children, whose lives could be saved by eliminating the loop in such cords); carbon monoxide detectors; baby walkers (a mandatory safety standard is being initiated); child resistant packaging for mouthwashes containing alcohol; Camel Metal Match cigarette lighters (being recalled by RJ Reynolds); five gallon buckets (decided against taking action); safety seat misuse (described as an ongoing problem and pointing to anchor points that need to be modified).

Also included in the issue is a detailed report on ISCAIP, submitted by Fred Rivara. This AAP section is chaired by Dr Joel Bass, a stalwart reviewer and contributor to a previous issue of *Injury Prevention*.

### Irresponsible beers and beer ads

A Canadian newspaper report by Marina Strauss alleges that Labatt Breweries has targeted young male drinkers when it created its new brand, Ice Beer. It did so by increasing the alcohol content but not the price — trying to help young men get a 'buzz' at a relatively cheap price. The marketing strategy was based on insights gleaned by researchers hanging out at bars. They discovered that for young men, 'a bar drinking experience requires drinking several beers in one sitting', but that doing so at a bar is expensive. Antidrink-driving advocates have hotly criticized both Labatt and Molson for adopting this practice.

In a related vein, Budweiser beer in the US has a TV commercial featuring a group of muscle bound bikers descending a steep rocky slope. Although all are decked out in cool biker clothes, none are shown wearing any protective gear. This is another ad targeting a very high risk population in a highly irresponsible way, committing two sins, not just one: suggesting that high risk is better with alcohol and that mountain biking does not require safety equipment.

### Car restraints for prematures

A question on the CCSN Online service asks about safety restraints for very small babies.

It appears that two US brands (Century and Dream Ride) are appropriate, but are not available in Canada. What do other countries do?

### Tap water scalds

The Hospital for Sick Children (HSC) in Toronto, with the local gas and fire departments, has launched a campaign to raise awareness about the prevalence and preventability of scald burns in children. It is 120 years ago since HSC admitted their first severely scalded child. Three quarters of the burn cases seen at the hospital are due to scalds.



### Editorial Board Member: brief biography

SUSAN S GALLAGHER



Ms Gallagher, MPH, is an internationally recognized leader in child and adolescent injuries and their prevention. She has had 15 years' experience directing the development, implementation, and evaluation of injury prevention programs, research, surveillance methods, and training initiatives at the national, state, and local levels. She has coauthored more than 25 publications related to the epidemiology or prevention of injuries and numerous technical assistance products for practitioners in residential, school, health, day care settings, staff in state public health agencies, and professional organizations.

Currently she is a Senior Scientist and Director of the Children's Safety Network (CSN) Education Development Center Inc in Newton, Massachusetts. CSN is a national resource for child and adolescent injury and violence prevention. It fosters the inclusion of injury prevention strategies into maternal and child services. Ms Gallagher serves on many state and national advisory groups; she is a former Chair of the American Public Health Association Injury Control Section; a member of the Technical Advisory Board of the National SAFE KIDS Campaign; and has been appointed to the Injury Research Grant Review Committee for Centers for Disease Control. She is also a founding officer of the International Society for Child and Adolescent Injury Prevention, and serves as an associate editor of *Injury Prevention*.

Her interests include integrating injury prevention into the training of public health and medical professionals; bridging the gap between research and practice; improving the availability, quality, and use of non-fatal injury data for program and policy planning; work related injuries in adolescence; and injuries in the school environment.

Ms Gallagher was formerly Director of the Statewide Childhood Injury Prevention Program at the Massachusetts Department of Public Health and Director of the Childhood Injury Prevention Resource Center in the Maternal and Child Health Department at the Harvard University School of Public Health.