

News and notes

PEOPLE IN THE NEWS

Editorial board member Professor Yvonne Carter has recently taken up a new post as Vice Dean of the Warwick Medical School, University of Warwick. She can now be contacted at yvonne.carter@warwick.ac.uk, tel: +44 (0)24 7657 3088, fax: +44 (0)24 7657 3079.

PATRICIA F WALLER ENDOWMENT FUND

Friends and colleagues of Dr Patricia Waller have established an endowment in the University of North Carolina Injury Prevention Research Center (IPRC) to honor her as the center's founding director. Dr Waller died on 15 August 2003 after a long illness. The Patricia F Waller Endowment Fund will be used to support an annual lecture in her honor to be overseen jointly by the IPRC, the UNC Highway Safety Research Center, the department of psychology and members of the Waller family. Additional gifts will accrue in the hope that the fund will support a professorship in the field of injury control, officials said. Gifts to the Patricia F Waller Endowment Fund can be made in care of UNC's Office of University Development, PO Box 309, Chapel Hill, NC 27514.

SPEED CAMERA MYTHS

The UK's Parliamentary Advisory Committee for Transport Safety (PACTS) and the Slower Speeds Initiative have published a research briefing in response to some of the claims circulating in the British press about speed cameras. The research briefing, *Speed Cameras: 10 Criticisms and Why They Are Flawed*, reviews the research evidence related to 10 arguments put forward by critics of speed cameras. The briefing, which can be downloaded from www.pacts.org.uk/speedcamerabriefing.pdf, concludes that, excessive and inappropriate speed is a major contributing factor to road crashes and casualties. A comprehensive approach to speed management remains central to the continuing drive to reduce death and injury on UK roads. It notes that speed cameras have proven to be an extremely successful element of an integrated speed management strategy, and studies have consistently shown that deaths and serious injuries have been reduced by over a third at speed camera sites. Rather than "punishing motorists", PACTS and the Slower Speed Initiative state that speed cameras may instead save the lives of motorists and other road users.

FURNITURE FLAMMABILITY

The US Consumer Product Safety Commission (CPSC) voted unanimously in October to develop a possible federal standard for upholstered furniture flammability performance. The action would address the risk of residential fires ignited by cigarettes as well as sources such as candles, lighters, and matches. The commission's vote to address both ignition sources (cigarettes and small open flames) follows a 1994 decision to start a standard-setting process to address small open flame sources only. Recently, the National Association of State Fire Marshals and some industry groups agreed upon the desirability of a federal standard to address both fire hazard scenarios. Most furniture fire losses (including 340 deaths in 1998) involve ignitions by smouldering cigarettes. Small open flame fires, which are typically started by young children playing with lighters or matches, killed 80 people in 1998. There already is an industry voluntary standard for cigarette ignition resistance with most upholstered furniture meeting the voluntary standard.

CANADIAN BABY WALKER BAN?

In September, Health Canada, the national health ministry, announced that it was seeking the views of Canadians on a proposal to ban baby walkers under the Hazardous Products Act. Health Canada concluded that the inherent nature of baby walkers poses significant and unnecessary risks to infants. Under the Act, the sale, import and advertisement of baby walkers would be banned in Canada. Safe Kids Canada and many of its local, regional, and national partners have urged such a ban. A call for this ban was a major part of this year's Safe Kids Week public awareness program *Wipe Out Walkers*. The Canadian Pediatric Society also supports the proposed ban.

EFFECTIVENESS OF FIREARMS LAWS

The October 3 issue of the CDC publication MMWR presented a report of the Task Force on Community Preventive Services, an independent non-federal task force, that had been undertaking a systematic review of scientific evidence on the effectiveness of firearms laws in preventing violence, including violent crimes, suicide, and unintentional injury. The following laws were evaluated: bans on specified firearms or ammunition, restrictions on firearm acquisition, waiting periods for firearm

acquisition, firearm registration and licensing of firearm owners, "shall issue" concealed weapon carry laws, child access prevention laws, zero tolerance laws for firearms in schools, and combinations of firearms laws. The task force found insufficient evidence to determine the effectiveness of any of the firearms laws or combinations of laws reviewed on violent outcomes. This report briefly describes how the reviews were conducted, summarizes the task force findings, and provides information regarding needs for future research (see www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a2.htm).

HEALTH SURVEY FOR ENGLAND 2002

HSE 2002, published in December 2003, paid particular attention to the health of children (0-15 years) and young people (16-24 years), using an enlarged sample for these age groups. One of the topics covered in the large scale 2002 household survey was non-fatal accidents, with data from the 2001 and 2002 surveys being combined. Trends were examined by comparison with the 1995-97 data. Annual major accident rates per 100 persons were estimated to be 24 for boys, 19 for girls, 36 for young men, and 18 for young women. Annual minor accident rates per 100 persons were estimated to be 210 for boys, 159 for girls, 357 for young men, and 177 for young women. (A major accident was defined as one requiring a doctor to be consulted or a hospital visited; a minor accident was all others causing pain or discomfort for more than 24 hours.) There was some association between major accident rates and household income, with higher accident rates seen in households with the lowest incomes. The survey also illustrated that accident rates were associated with the number of adults living within the household. Children living in households with only one adult had significantly higher major accident rates than those living in households with two or more adults. Comparisons with HSE 1995-97 data showed a significant reduction in major accident rates in both boys and girls, with accident rates reduced from 31 to 26 per 100 boys, and from 22 to 19 per 100 girls. Significant reductions in major accident rates were also seen in young men and young women, from 42 to 36 per 100 young men and from 22 to 18 per 100 young women. Differences in minor accident rates between 1995-97 and 2001-02 were not significant. The sec-

tion of the HSE 2002 report dealing with children and young people can be found at www.official-documents.co.uk/document/deps/doh/survey02/hcyp/hcyp01.htm with chapter 6 covering accidental injuries.

CHILD RESISTANT PACKAGING FOR PHARMACEUTICALS

The draft European standard prEN 14375 *Child-resistant non-reclosable packaging for pharmaceutical products—Requirements and testing* almost failed the formal vote. It received 72% of YES votes, just 1% more than the required 71% necessary for adoption of a standard. Although the standard has been adopted, the voting results show that this standard is not at all based on a broad consensus and that there is a need for legislation in this area. ANEC, the European consumer voice in standardization, actively lobbied for a negative vote on this standard which allows up to eight units of pharmaceutical products to be opened by a child, irrespective of the toxicological effects of the pharmaceutical products. A study commissioned by ANEC in 2002 showed that less than eight ingested tablets of some pharmaceuticals can seriously damage the health of a child. In certain cases, even less than one pill can kill a child. ANEC will take further steps and ask for legislation in this area.

CLASSIFYING EXTERNAL CAUSES OF INJURIES

Traditionally, injury data have been represented using the external cause codes of the International Classification of Diseases (ICD). For more than two decades, experts have argued that the ICD codes lack the scope and specificity needed to effectively inform injury prevention and control activities. As a result of these debates, injury professionals around the world—under the auspices of the World Health Organization (WHO)—have worked to develop an improved tool for capturing injury data. This tool is the International Classification of External Causes of Injury (ICECI). During the meeting of WHO Collaborating Centres for the Family of International Classifications (WHO-FIC) in October 2003 ICECI was endorsed as “a member of the WHO Family of International Classifications as a related classification”. ICECI fulfilled the requirements for membership having demonstrated sufficient development and testing in a range of WHO member states and established processes for maintaining and updating the product. This formal acceptance by WHO is a very important step which acknowledges the voluntary efforts of many persons in many countries for

many years. These efforts have led to a world wide accepted classification that is already applied in a wide range of settings and regions. ICECI is based on best practices of injury surveillance and on international consensus about how external causes may be described, ICECI helps researchers and prevention practitioners to define more precisely the domain of injuries they are studying; answer questions on the circumstances of the injuries; and provide more detailed information about specific accident categories, like home and leisure accidents or traffic accidents. ICECI is a “pick and choose” multiaxial classification system. As such, it proposes a series of recommended data elements that can be used to collect information about a variety of external cause related topics at varying levels of detail. This means that the number of data elements and modules, as well as the level of detail to be recorded for each data element or module, can be selected to meet local needs and resources. There is hierarchy in the ICECI code sets, meaning that codes on a more detailed level can be aggregated to a lesser level of detail. This hierarchical structure, along with the multiaxial quality, ensures consistency of all applications at the basic level. ICECI can optimally be used as a companion to ICD-10, allowing for more detailed data capture in emergency departments, clinics, and inpatient hospital settings; in ad hoc studies and surveys; and possibly in mortality registration systems. In the summer of 2003 version 1.1a of ICECI was published on the website (www.iceci.org). It is expected that version 1.2 will be released in the spring of 2004, including an index. Several developments are foreseen, like development of additional modules, version developments, training applications, translations into French (partly available) and Spanish. More information: www.iceci.org, Mrs Saakje Mulder, Research Director, Consumer Safety Institute, email: s.mulder@consafe.nl.

GLOUCESTER SAFER CITY REPORT

The Gloucester Safer City project was a major road safety initiative carried out with funding from England's Department for Transport in the City of Gloucester. The purpose was to demonstrate to highways authorities that road accidents and casualties in urban areas could be substantially reduced if significant funds were made available and towns were treated in a strategic manner. The project has ended and the main evaluation report, *Gloucester safer city: final report. Report No TRL589* published by TRL Ltd, is available. The authors conclude that the project was largely

successful, with reductions in accidents, a considerable reduction in traffic speed where engineering measures were put in place, and a positive response from residents and businesses. A summary of the evaluation report and details of how to purchase the full version can be found at www.trl.co.uk/abstracts/589summary.pdf.

DOG CONTROL IN NEW ZEALAND

The new Dog Control Amendment Act is intended to make New Zealand a safer place for children. The Act was passed in November 2003 and will come into force progressively, adding a range of safety measures to the controls on dogs already in place. The Act lays out a new inventory of tools for local councils to use to crack down on unregistered dogs, roaming dogs, and irresponsible owners. Fines and penalties have been increased for erring owners, and sensible steps have been taken to enable councils to take a more preventative approach to keeping children clear of uncontrolled dogs in public spaces. The Act also controls particular breeds of dangerous dogs and provides for micro-chipping new puppies after 2006. Visit www.dogsafety.govt.nz for practical information for children and grown-ups about being safe around dogs. Details of the Act can be found via www.dia.govt.nz/diawebsite.nsf (click on dog control).

SYSTEMATIC REVIEW OF PEDIATRIC FARM INJURY PREVENTION

The results of a recent systematic review of research on the prevention of farm related injuries to young children is available from Safe Kids Canada. The review was conducted by teams from Queen's University and the University of Alberta, and focused on two aspects of pediatric farm injury: (1) evidence on the effect of the *North American Guidelines for Children's Agricultural Tasks (NAGCAT)* in minimizing the occurrence of injuries, and methods surrounding their dissemination and application to prevention; and (2) the general body of evidence surrounding the effectiveness of strategies for the prevention of pediatric agricultural injuries. Particular emphasis was placed on injuries to children age 6 and younger, as toddlers and preschoolers are disproportionately represented in both fatal and non-fatal injuries among farm children. The review revealed that most of the prevention literature is aimed at children working on farms, and does not address leading injury patterns (such as being runover by equipment, drownings, machinery entanglements, falls, and animal related trauma).

Furthermore, most prevention programs are directed at educating children, rather than ensuring they are separated from the workplace hazards which are part of their home environment. The emerging literature about the efficacy of NAGCAT and other novel prevention programs is also discussed, as is the lack of evaluative literature examining regulatory approaches to farm injury control. The report is available at www.safekidscanada.ca. For more information, contact Pamela Fuselli, Safe Kids Canada, the national injury prevention of Toronto's Hospital for Sick Children (pamela.fuselli@sickkids.ca).

NEW ZEALAND COURTS REJECT CLAIM THAT BIKE HELMETS INEFFECTIVE

The Wellington District Court has dismissed a claim that bicycle helmets are ineffective. The claim was made as part of an appeal from an antihelmet lobbyist who was seeking an exemption from use, using the argument that the helmets were in fact ineffective. The judge dismissed the appeal by a member of the antihelmet group "Cycle Health" on the basis that he had no reasonable grounds for an exemption. The appellant presented evidence from Christchurch academic Dr Nigel Perry which purported to show that helmets were ineffective and could in fact increase the risk of injury. The judge considered Dr Perry's evidence and an affidavit from LTSA Research and Statistics Manager Bill Firth rebutting Dr Perry's arguments. The judge accepted Firth's argument that "Dr Perry never argues that cycle helmets are harmful. He makes his case by selecting literature that he is aware of that shows cycle helmets are effective and claiming this literature is flawed. This approach lacks credibility, given that helmets are professionally designed to protect the cyclist, and with the literate overwhelmingly favouring their effectiveness". The judge's decision was based on acceptance of the rebuttal of the arguments on lack of safety of helmets and the intent of the legislation.

VIOLENCE PREVENTION GRANT FOR UNC

The Injury Prevention Research Center at the University of North Carolina has been awarded a grant of approaching \$1 million a year for four years to host the development of the NAICRC-STIPDA national training program in violence

prevention—an extension of work with the national training initiative that Carol Runyan has been chairing for three years.

PASSPORT TO SAFETY

A new online learning tool was launched at the Canadian Injury Prevention and Safety Promotion Conference in November. Passport to Safety is designed to engage young workers (teens and young adults) in workplace health and safety education, through web based learning supplemented by community programs. Successful participants are awarded a "transcript" that can be attached to their resumes to demonstrate their basic awareness of health and safety. Participants are then encouraged to add more credits for other courses that help people manage risk, such as first aid, babysitting, water safety, snowmobile safety, and literally hundreds of others. The idea is that young people become more knowledgeable about workplace safety, and this makes them more attractive to potential employers. The program also intends to engage employers—in order to make health and safety training credentials a more highly valued part of the hiring process. For more information, see www.passporttosafety.com. The project grew out of the work of Canada's Safe Communities Foundation and is supported by the workers compensation program of several provinces and a number of major corporations.

NEW ZEALAND INJURY STRATEGY AND IMPLEMENTATION PLAN

The New Zealand Injury Prevention Strategy (NZIPS) was released in June 2003 and provides a framework for the injury prevention activities of government agencies, local government, non-government organisations, communities, and individuals. The strategy sets out the government's vision for a New Zealand where more people can live free of injury while continuing to lead active and challenging lives. The Minister responsible for the New Zealand Accident Compensation Commission released the 2004/5 Implementation Plan for the of the Strategy in October 2003. This outlines the key activities that government agencies will undertake, in partnership with non-government organisations and community groups, to make the strategy a reality.

The documents can be found at www.nzips.govt.nz.

CANADA NATIONAL STRATEGY CONSULTATION

A three pronged initiative to develop a national injury prevention strategy has been making progress in Canada. Surveillance, research, and prevention programming are each highlighted. The effort has been spearheaded by non-profit organizations—particularly Smartrisk—and the country's major health research funding body (the Canadian Institutes for Health Research) with participation from other key government agencies. A number of regional and national consultation meetings were held with funding from the Insurance Bureau of Canada. The hope is that Canada will finally develop a national blueprint for research, reduction targets, and collaboration on reaching such goals—with major government commitment and support a vital part. Hopes have been laid on linking injury prevention goals with the "healthy, active living" agenda, which has much political and public health currency. However, with a new prime minister installed in December and a federal election likely in the spring, the challenge will be to keep up the momentum and ensure a place for injury prevention on the political agenda. Background papers prepared for the national consultations and progress reports are available at www.injurypreventionstrategy.ca.

AWARD FOR WHO WORLD REPORT ON VIOLENCE AND HEALTH

In September, the World Report on Violence and Health was awarded the British Medical Association's "Highly Commended Certificate" in the public health category of the 2003 competition.

A fuller version of these News and Notes is available on the journal's website (www.injuryprevention.com).

Contributors to these News and Notes include Anna Cronin de Chavez, Anara Guard, Peter Jacobsen, Saakje Mulder, Barry Pless, Carol Runyan, Ian Scott, Laveena Sethia, David Sleet, and Amy Zierler. Michael Hayes has edited the contributions. Items for future issues, including calendar entries, should be sent to Michael Hayes at the Child Accident Prevention Trust, 18–20 Farringdon Lane, London EC1R 3HA, UK, fax: +44 (0)20 7608 3674, email: mh@capt.org.uk as soon as possible.