

### Is this helpful advice?

Canada's Product Safety Branch have advised consumers to 'throw out a toy animal sound maker that can easily release button size batteries' if swallowed . . . The sound maker is a pink plastic cylinder 3.5 cm long, encircled with a colourful band showing zoo or farm animals'. The search for the sound maker is on . . .

## OTHER REPORTS

**Hazard** (Edition 19, June 1994) is a publication of the Victorian Injury Surveillance System and Monash University Accident Research Centre. This issue focuses on injuries among older people, but most include something of interest and value for our readers.

**Inroads** is a quarterly bulletin published by the Association for the Advancement of Automotive Medicine. The summer 1995 issue includes an item suggesting that rear end crash reductions in cars using center brake lights, although fewer, are much less than predicted from earlier studies — about 5%. Nevertheless, these brakelights have been required by law since 1985.

**The Prevention of Sports Injuries** has been published by the Norwegian Safety Forum. It is a report based on a seminar held in November 1994. The summary, conclusion, and recommendations are in English. Suggestions for further action include better training on prevention for sports federations and coaching staff, and studies to determine whether sports injuries can be prevented by better equipment, facilities, or changes in rules. Contact K Tanbark Lag, Special Coordinator for Children's Safety Issues, Norwegian Safety Forum, PO Box 2473 Sole, N-0202 Oslo, Norway.

### Children's Safety Network Rural Injury Prevention Resource Center

This center is a program of the National Farm Medicine Center, a division of Marshfield Clinic. It provides technical assistance, has a resource and referral center for educational materials, provides training for program leaders, compiles statistics, considers public policy initiatives, and develops new educational resources. For more information: National Farm Medicine Center, 1000 North Oak Ave, Marshfield, WI 54449 or Internet nikolaic@dgabby.mfldclin.edu.

**Campaign Update** (National SAFE KIDS Campaign, US, Vol 8, No 4) describes the birth of a new coalition in Wyoming, that is a milestone in the campaign's history because it means that its national coverage is now complete. The report also includes a summary of the success of this year's National SAFE KIDS Week 'tops all records' with more than 20 million family safety checks. An interesting strategy being tried is to link visits for booster shots with education on proper booster seat use. One page is devoted to public policy progress, describing attempts to save the National Centers for Injury Prevention and Control from budget cuts (or possible elimination); similar efforts on behalf of Consumer Product Safety Commission; the possible repeal of 55 mph speed limits on urban

highways and mandatory seat belt and motorcycle helmet use. (*Editor's note:* it is also of interest, to me at least, that this organization has consistently succeeded in getting high profile persons in prominent positions; Vice President A Gore and his wife are honorary chairs.)

**Injury Control Bulletin** (Injury Prevention Research Centre, Department of Community Health, University of Auckland, Private Bag 92019, Auckland, NZ). Of special interest in this, the spring 1995 issue, is a report on a trampoline study carried out by children at a primary school (West Gore) by the students themselves to counter what they believed to be inaccurate information about these injuries. Their final report, sent to David Chalmers, is reproduced below, and concludes that 'most of us soon changed our minds' after examining the results. (Would that it were always that easy!) There is also a description of plans to add 19 000 speed camera hours (a 35% increase) and a variety of other measures to ensure that the downward trend in deaths on NZ roads continues. Other items focus on firearms; rugby injuries; intentional injuries; and the perpetual problem of drowning.



### West Gore School Kitchener Street, Gore

Dear Dr Chalmers,

Most of our class disagreed with a Southland Times article (31.1.95) about trampoline injuries. We then did our own study, and most of us soon changed our minds!

3 of us still disagreed...but this was because they believed they would get bored if the trampolines were supervised.

Here is the information we gathered:

20 people in our class have trampolines  
30 children have used a trampoline (all of us)  
24 have been injured.....  
12 fell off  
17 hit the edge  
1 went to hospital  
1 went to the doctor

Injuries: Facial: 4  
Head: 5  
Neck: 1  
Back: 3  
Scratches/cuts: 6  
Leg/foot bruised: 6  
Ankle sprain: 2

Is your study interesting too? Please write back to let us know what you find out.

Yours  
sincerely,

Room 13



**IPRC News** (The University of North Carolina Injury Prevention Research Center) (Vol 7, No 3; Fall, 1995). Of special interest for readers is an encouraging description of projects addressing youth violence (SAGE — supporting adolescents with guidance and employment). The positive note arises from focus groups discussions and telephone interviews with parents of the first 130 youths who entered the program in 1993. A more diffuse, similarly conceived, and highly regarded program — RAMP (reaching adolescent, parents, and peers), with a focus on very broadly defined risk taking — was 'one of the most highly rated of 70 proposals screened by NHI's minority health program initiative and will receive \$900 000 a year funding. Finally, the issue includes a description of a manual (*Safe Babies and Effective Parents*) that teaches ways to make injury prevention an integral part of home visiting programs.

**EMSC News** (Emergency Medical Services for Children Newsletter, Vol 8, No 3, Fall, 1993) includes a report on a new booklet issued by the Children's Safety Network, *Protecting Working Teens: A Public Health Resource Guide*. For more information: Chris Mara, Children's Safety Network, 55 Chapel Street, Newton, MA 02158, USA.

**Australian Injury Prevention Bulletin** is a product of the National Injury Surveillance Unit (NISU) which is supported by the Australian Institute of Health and Welfare. In the August 1995 issue James Harrison and John Dolinis summarize injury mortality statistics for 1993 and in so doing provide a superb example of the value of surveillance data (although in this instance the data are vital statistics, not surveillance, *per se*). They note that 1993 had the lowest injury death rate on record but that drowning remains concentrated in early childhood just as transport accounts for a large proportion of injury deaths in adolescence. Have a good look at this report if you want to see how, in my opinion, these data can be displayed to their best advantage (John Dolinis, Editor, NISU, Mark Oliphant Building, Laffer Drive, Bedford Park, South Australia, 5042).

**Safe North Ayr** This small community in south west Scotland has prepared an excellent publication *Helping to Provide a Safe Future Now — Community Safety Strategy, 1995-98*. The work was done under the auspices of Safe North Ayr, one of many such groups springing up in many places around the world. It is sponsored by local police, fire brigade, women's aid, and government groups. The major programmes targeting injury prevention objectives include a junior cycle club, experiential learning, traffic calming, and a child safety group.

**A Call to Action: The Institute of Medicine Report on Emergency Services for Children** was published as a supplement to the July 1995 issue of *Pediatrics* 96: (1).

**Injury Issues Monitor** (National Injury Surveillance Unit) (No 7, August 1995). In this issue Australia's national health goals and targets are described, along with a sobering piece on landmines. The goals exercise is one that should be emulated by every country. It provides a measure of subsequent successes and failures. It also includes a piece on preventing scalds by Pam Albany which incorporates an impressive overview of state and territory initiatives to reduce the incidence and severity of scalds.

**The Years Work** is a publication of the Insurance Institute for Highway Safety. It features articles on people saved by airbags, promising ways to reduce 16 year old's crashes, reaping the rewards of safer cars, the adverse effects of devices that help speeders, signal light timing, red light violators, the relationship between increased speed limits and crash deaths, and helping young drivers.

**Status Report** is the regular, monthly publication of the Insurance Institute for Highway Safety. In the August, 1995 report there is a report entitled 'European Union moves toward new safety standards with dynamic tests' and a summary of fatality facts for the US. One snippet of interest is that six states account for about half of all bicyclist deaths. Apart from these being among the most populous states, there may be other clues in this observation that will challenge epidemiologists.

The September issue focuses on whiplash injuries and, not surprisingly, notes that the best head restraints are found in Volvos. The bad news is that restraints in 117 of 164 cars were rated 'poor' based on geometric measures.

**Snapshots** is a quarterly newsletter from SAFE KIDS Canada. The third issue features 'exciting partnerships in the Quebec Region' (which includes a photo of your editor demonstrating the Montreal Children's Hospital's temporarily (I hope) defunct interactive safety display, as well as a more upbeat report by the new Director of Development, Jane Rogers, on fundraising.

**Building Bridges**, a publication of the Education Development Center (Vol II, No 3) is devoted to collaborations to prevent impaired driving, including a report on a special effort to develop a model program to reduce juvenile impaired driving. It also has a feature on National Organizations for Youth Safety and another describing Connecticut's moves toward zero tolerance.

**Prosafe News** is a new journal, funded by the European Commission to encourage liaison between enforcement officers in different states to foster consumer safety. It contains a wide range of news about consumer safety, personalities, and future proposals. For more information: *Prosafe News*, Trading Headquarters, Old Budbrooke Road, Warwick CV35 7DP, UK (fax +44 1926 414014).

## LETTERS TO THE EDITOR

### Limitations of NEISS child injury data

EDITOR,—As the Director of the National Electronic Injury Surveillance System (NEISS) at the Consumer Product Safety Commission (CPSC), I have read and discussed with Mr Weiss several drafts of his article. There are several statements made in the article that require further comment. First, he claims 'For trend analysis of product related injuries at the level of occurrence studied for baby walkers, NEISS suffers from poor sensitivity due to relatively large sampling error'. The NEISS sample was designed as a stratified probability sample of

all hospitals in the US and its territories having at least six beds and an emergency department open for business 24 hours a day. The sample design provides a balance between three factors most important to the CPSC (fixed costs, case finding, and minimum sampling errors).

There are a variety of statistical models and tests than can be applied to analyze trends in these data. Mr Weiss claims the system suffers from poor sensitivity because there can be relatively large differences between estimates for different years with overlapping confidence intervals around these estimates. However, there can still be statistically significant differences among estimates with overlapping confidence intervals. In the paper cited by Mr Weiss, a regression test is used to show a significant increase in the baby walker injury estimates for the period 1984–91. In a 1994 CPSC paper on baby walker injuries, a non-parametric rank test applied to the injury rates for an extended period also showed a significant increase.

Mr Weiss concludes that the NEISS data at the 'frequency' of baby walkers have 'poor sensitivity' because of the failure of a weak test on one set of data to show a significant difference. In fact, the 'poor sensitivity' is a function of the statistical test (requiring disjoint confidence intervals) rather than the sample design.

Second, Mr Weiss claims, 'NEISS . . . reflects a random geographic imbalance . . . because one north eastern state contributes both of the reporting children's hospitals'. As mentioned above, the NEISS sample is a probability sample designed to give unbiased estimates of the numbers of injuries treated in hospital emergency departments throughout the country. Hospitals in the sampling frame were stratified by size and geographic area. Sample hospital selections were made from each of the geographic substrata within each of four different size strata. Selection of multiple hospitals from large states such as Pennsylvania was a result of the large number of hospitals in these states and not a deficiency in the design.

Children's hospitals were included in the frame under the same conditions as any other hospital in the country. The current NEISS sample provides unbiased estimates because it represents a carefully drawn probability sample of all hospitals in the frame. Selection of two children's hospitals in Pennsylvania is a perfectly acceptable result of the random sampling process.

And third, Mr Weiss asserts, 'It was obvious that the number of child injuries from a certain size sample hospital serving only children must be considerably higher than a similar size non-children's hospital. Yet CPSC has not performed any special accounting in the NEISS . . .'. Children's hospitals in this country treat relatively few of the total number of children's emergency room visits. In 1995, the CPSC has been collecting injury reports from a total of 11 children's hospitals. Preliminary data from these hospitals indicate that children's hospitals treat less than 5% of the product related children's injuries treated in hospital emergency departments.

There will always be some uncertainty accompanying use of estimates from a probability sample and room for different interpretations of their value. I appreciate the opportunity to review Mr Weiss' article and to express my comments in the same issue of the journal.

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and Injury Data Systems,  
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### Injury prevention education at school

EDITOR,—In response to your recent question, 'Are you involved in injury prevention?', the answer is yes. I am a home economics teacher at a high school. I mentioned your publication to my S5-S6 class who have recently completed a Scotvec module entitled 'Safety in the Home' in conjunction with this. They also took a very active part in the 1994 Child Safety Week: (1) wrote 'a letter to parents' which was published in the local paper, *The Galloway Gazette*; (2) put up an extensive three window display in the middle of the town centre for six months; and (3) placed leaflets on firework safety in every village and town in school catchment area. They also completed the St John Ambulance Three Cross Award.

Here are some of their comments on injury in the young: 'I think every pupil should do a first aid course in school as part of their education — with exams and certificates at the end'. 'I have more confidence in myself because I know that I could react in an emergency'.

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## BOOK REVIEW

**Adolescent Injuries: Epidemiology and Prevention.** Edited by KK Christoffel and CW Runyan. (Pp 292; \$33 (in US), \$36 (outside US) hardback). Hanley and Belfus Inc, 1995. ISBN 1-56053-190-8. (Can be ordered directly from Hanley and Belfus Inc, 210 South 13th Street, Philadelphia, PA 19107, USA; fax for orders +1 215 790 9330.)

Adolescent injuries are a tremendously important problem. Intentional and unintentional trauma are far and away the leading cause of death in this age group in all countries of the world, industrialized or non-industrialized alike. In the US motor vehicle injuries alone are the single largest cause of all deaths during adolescence, not just injury deaths. Any effort to address the causes and suggest prevention strategies for these problems is both much needed and welcome.

This volume represents a helpful addition to the field. Edited by two respected injury investigators, KK Christoffel and CW Runyan, the 10 chapters contributed by 24 different individuals cover a broad range of topics. The format of the chapters, while not totally uniform, includes information on the magnitude of the problem, the descriptive epidemiology, and potential interventions. Some chapters offer a more comprehensive literature review than others, for example, the chapter on post-traumatic stress disorder by L Amaya-Jackson and JS March. All chapters offer something for both the scientist trying to discern new areas for investigation and the injury control practitioner deciding which interventions to implement in a community. For example, the chapter on injury prevention in primary care by J Paulson and C DiGuseppi offers helpful, hands-on suggestions for the primary care practitioner.

I was also impressed by the critical nature of the reviews of the literature in many chapters.