Australasian news

Pool fencing and drowning

New data are now available on the number of child deaths in the Australian State of Queensland after institution of compulsory pool fencing regulations for existing as well as new domestic pools. Dr Robert Pitt, a key researcher and major advocate for fencing, reports that child pool drowning deaths fell from 15 deaths per year in 1990 the year before the regulation to one death in 1993 the year after the regulation was in force. In 1994, the last completed data year, there were six deaths. Dr Pitt concludes that fencing legislation is only one part of a comprehensive package required to reduce deaths.

A regulation similar to that in Queensland will be fully in force for existing swimming pools in Victoria in mid-1997.

Launch of second phase of 'anti-bullying' program

A kit designed to help schools deal with violence and bullying has been launched in Victoria. The kit was developed by the Options Project, a mental health project funded by VicHealth, the body financed by a levy on tobacco sales, and is a collaboration of mental health and civil liberties groups.

A 1994 Options study interviewed teachers to determine aspects of the incidence and nature of violence and bullying in schools — finding out among other things that one in seven students are regularly bullied. A Stop Bullying book and video were developed from this work, the books discussed issues and strategies, the video uses role playing by students to develop discussion. The latest materials, Health Relationships: Healthy Schools and Promoting Personal Wellbeing and Human Rights: The Options Report are classroom resources and manuals designed to provide resources to assist schools in developing antibullying.

Publication of comprehensive death and injury data

The National Injury Surveillance Unit (NISU) has published comprehensive data for injury deaths in Australia. The material gives numbers and rates of injury death for each of the years 1989 through 1993 for major causes, by age, by sex, by state. Hospital admissions data is currently being examined with a view to publishing similar tables. Differences in rates between the states, thought to relate to differences in admission or treatment practices, are causing some discussion and will probably delay publication. Information is available on the NISU web site: http://www.nisu.flinders.edu.au/welcome.html.

Newsletter from Cape Town (May/June 1996)

A Khmer Rouge general once described the landmine as a perfect soldier: ‘Ever courageous, never sleeps, never misses’. A recent feature article in Newsweek highlighted the misery caused to innocent civilians by millions of landmines still lurking under African and Asian soil. Many ex-soldiers, among them General Norman Schwartzkopf have lent their voices to the lobbying urging a universal ban on the manufacture and use of landmines. In Angola and Mozambique alone, there are estimated to be enough yet uncovered landmines to destroy or maim every civilian in each country. In May the South African Government announced that the National Defence Force will no longer use landmines in any future military operation — following closely on a ban on export of landmines pronounced last February. Good news perhaps, but cold comfort to those living in conflict zones where approximately 800 people are still killed or maimed by landmines each month.

The Paraffin Safety Association of Southern Africa (PASASA)*, which have I mentioned previously, is about to launch a national media initiative in all 11 official languages which will spread messages relating to safe use of paraffin (kerosene). PASASA’s campaign is an excellent illustration of how much can be achieved when safety strategies are backed by industry (in this case, all the major petroleum companies operating in South Africa), both in principle and financially. There are 10 core safety messages in the campaign that cover storage, use of paraffin and paraffin appliances, and first aid. Called ‘safety in the home’, children’s baby safety kits in bottle tops will be distributed, these having been designed to fit a range of containers in which paraffin is known to be distributed and stored. One problem area in the North West Province (previously the Northern Transvaal) where the level of poverty is such that paraffin is collected and stored in cups, jugs and other kitchen utensils, simply because many people are too poor to afford cool drinks and other beverages that come in bottles. Could this be a unique case of a safety strategy being defeated simply by the degree of destitution in which a community finds itself? Can other readers offer similar examples?

Many distinguished researchers have documented the inverse relationship between poverty and safety. A report entitled Key Indicators of Poverty in South Africa* was published in October 1995 and sets out clearly what we are up against in striving for a healthy, egalitarian society. Interviews conducted among the poorest 40% of South Africans revealed that employment, piped water, housing, food aid, electricity, and schools were considered to be priorities requiring the government’s attention. This serves as a reminder to all of us involved with child safety what sort of issues we have to compete with when trying to promote personal safety within the communities most at risk.

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Australian directory of injury personnel is now on site

The NISU web page now holds the contents of the Directory of Injury Control Personnel in Australia. You can search the site by name or by area expertise. It contains e-mail addresses where they existed when the publication was completed mid 1995. Inquiries or updates to: <Pam. Albany@NISU.flinders.edu.au> Site address: <http://www.nisu.flinders.edu.au/welcome.html> Go to the navigation page and then to publications.

New Australian and New Zealand injury organisation

Those interested in injury prevention took the opportunity afforded by the international conference in Melbourne in February to meet and further the development of an out of government professional association for those interested in injury prevention. The organisation, to be known as The Australian Injury Prevention Network has now been established.

Among its aims is support for the building of effective communications between practitioners and researchers in all sectors and disciplines and the building of a coherent political lobby for injury control. Membership is open to individuals or organisations in the Australian region with an interest in injury control. A steering committee is currently developing organisation and administrative details.

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Report of ‘Safety belts, airbags, and passenger safety: a call to action’ (Washington, DC, USA)

On 16–17 January 1996, a group of 200 representatives from medicine, government, industry, and safety advocacy attended a meeting to discuss and formulate a response to a recent series of airbag related deaths of young children in low speed motor vehicle crashes (MVCS). The meeting was held in Washington, DC, and was sponsored by the National Highway Traffic Safety Administration (NHTSA) and the National Safety Council (NSC).

The recent US airbag related deaths were determined to be related to two basic factors. In several infant deaths, rear facing car seats were used in the front seat of cars equipped with passenger-side airbags, in violation of the manufacturers’ recommendations. Airbag deployment resulted in tremendous energy transfer to the heads of the children, causing severe and sometimes fatal head and neck injuries. A second group of deaths, older children were unrestrained and/or out of position in the passenger seat of cars with passenger-side airbags. The children were thus very close to the airbags during deployment in relatively low speed MVCS. Deployment at close range transferred large amounts of energy to the victims, particularly to their heads, resulting in preventable deaths.

These events prompted concern that the public was not sufficiently aware of the dangers of airbags for unrestrained and out-of-position occupants. Thus, the NISC and NHTSA called this meeting to discuss the issue and methods for rapidly disseminating information to the public. As seatbelt use rates are intimately involved in this matter, the entire issue of seatbelt use became another focus of the meeting.

Ricardo Martinez, MD, of NHTSA, General Scannell of NSC, and Jim Hall of the National Transportation Safety Board (NTSB) opened the meeting with a general overview of the problem of airbag safety and seatbelt use. These and subsequent speakers emphasized some important facts. Only 10 of the 50 states have primary seatbelt laws, allowing police to cite drivers for passenger
restraint violations without observing other violations. Seatbelt use is 15% higher in states with primary laws than in other states, with North Dakota being one of the best examples of a state with an active enforcement program.

Airbag technology and safety is increasing in importance. There are currently 12 million cars on US highways with passenger-side airbags. Because of cost, these cars are likely in the hands of drivers of higher socioeconomic levels, the group most likely to benefit from the public information campaign. By the year 2000, there will be 70 million cars on US road with passenger-side airbags. By this time, many of these cars will be second and third hand, placing hard-to-reach populations at risk if passenger restraints are not used properly.

The Insurance Institute for Highway Safety presented a survey assessing public knowledge about car seats and passenger restraints. Among the findings were that the most common source of information about rear facing infant seat position was the media, with healthcare providers trailing far behind. The final four items at the meeting were discussion of issues and action plans. Conference participants were divided into two groups, a Legislation and Enforcement Group and a Public Information and Outreach Group. The three major messages to result from these discussions were:

1. The safest place for any child in a car is in the back seat.
2. Any child less than 20 pounds should face the rear in a proper car seat.
3. Any improperly restrained occupant is at risk.

Conferences agree that public education must be combined with strengthened statutes and improved enforcement to improve child passenger safety. These statutes should include improved child restraint laws and primary seatbelt laws. The organizations represented will work to form a coordinated response of public education and legislative action. For more information about this issue contact the NHTSA or the author.

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LETTERS TO THE EDITOR

Hand searching Injury Prevention

EDITOR.—Until Injury Prevention is indexed in the US National Library of Medicine's database MEDLINE, access to research reports published in the journal is largely limited to subscribing individuals and organisations. However, a recent initiative by the Cochrane Collaboration will ensure that all randomised controlled trials (RCTs) and controlled clinical trials (CCTs) of injury prevention interventions published in the journal will be disseminated widely.

The Cochrane Collaboration is an international network of individuals and organisations that has evolved to prepare systematic, periodically updated reviews of randomised controlled trials and of observational evidence when this is appropriate. A necessary starting point for conducting systematic reviews is the identification of the maximum number of relevant trials. Unfortunately, even for journals indexed in MEDLINE there are problems in retrieving RCTs. Research has shown that electronic search strategies for clinical trials using MEDLINE results in the retrieval of only half the relevant trials. Because of this problem, the Cochrane Collaboration has devoted considerable time and effort in creating an international register of RCTs. In establishing and maintaining this register the collaboration relies heavily on the use of full text searches of specialist journals by the collaborators. Full text searching, also known as hand searching, involves a page by page search of the entire text of a journal, including articles, abstracts, news columns, editorials, letters and other text, to ensure that all RCTs and CCTs are identified. For journals that are not indexed in MEDLINE prospective full text searching is required indefinitely, to ensure that all new trial reports published in these journals are added to the register. From April 1996 the register, known as the Cochrane Controlled Trials Register (CCCTR), will be published with the Cochrane Database of Systematic Reviews in a new monthly edition called JOLLY.

The Cochrane Brain and Spinal Cord Injury Network is a group of individuals internationally who have expressed an interest in the collaboration in conducting systematic reviews in the prevention, treatment, and rehabilitation of brain and spinal cord injury. It is hoped that the network will eventually become formally established as a Collaborative Review Group within the collaboration. To facilitate the work of the group, the Brain and Spinal Cord Injury Network is establishing a specialised register of trials relevant to the needs of the group. Because reports of RCTs published in Injury Prevention are of direct interest, both retrospective and prospective full text searching of Injury Prevention will be carried out and all identified RCTs and CCTs will be forwarded to the Baltimore Cochrane Centre for inclusion in the Cochrane Controlled Trials Register.

Finding out what works in injury prevention is clearly an important task. The Cochrane Collaboration provides an effective way of achieving this. Recently, the International Society for Child and Adolescent Injury Prevention embarked on a project within the Cochrane Collaboration to systematically review trials of child injury prevention interventions.2 So an investigator wants to ensure that their controlled trial of a child injury prevention intervention is disseminated widely and incorporated into the proposed systematic reviews, they should think about submitting it to Injury Prevention.

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References

Editor's note: After reading the report of the editorial board meeting in Melbourne, David Bass wrote the following letter.

Africa and Injury Prevention

EDITOR,—I felt more sad than embarrassed to see how little had been submitted to the journal from the African continent. As regional editor I feel it's like an ambassador, without a mother country and a solution to this dilemma still evades me. When I put together the talk on child safety in Africa for the ISCAIP meeting, I did my best to garner information from sources known to us and draw a total blank. By sheer luck, I ran into Phil Graiter in January and was able to tap into his knowledge of the situation in Egypt. For the rest, I resorted to Time magazine, Reuters, and National Geographic, happy to trust the copy of freelance journalists than to have nothing at all to work with. Reading through the completed talk I still felt disappointed, but decided that it was more important to represent Africa in some way than simply to bail out because of my own neuroses.

At the meeting, Sue Gallagher expressed the desire for more 'news and notes' from Africa, Asia, and the Middle East. I couldn't agree more, but I would caution her against becoming too optimistic. It is virtually impossible to make phone calls from Cape Town to Bulawayo during working hours and the South African postal service is in a state of chaos—hence my virtual reliance on e-mail. There is news, I'm sure, but communicating in it Africa is a frustrating exercise at the best of times. Even seasoned, well-known to us and streets of Monrovia cannot tell you exactly what is going on around them.

Ian Scott also voiced disappointment in the quality of regional reports, perhaps I, and a degree of tolerance for those editors who are doing their best to define the indefinite. Perhaps we really need to look at Africa as an appropriate venue for the next international meeting so that our Western colleagues can enjoy first hand experience of what African children and the health care professionals are up against, both in terms of the continental injury epidemic, and lack of support for our efforts. As they say, 'It's all in the family'—not least of all those who govern!

I think the journal must encourage representation from as many regions as possible and that reporters from undeveloped and developing countries should not necessarily feel obliged to aspire to a particular level of sophistication. I challenge that such an approach will in no way compromise either the standards or the diversity of the journal, and would rather enhance its international appeal.

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Misleading airbag alarms

EDITOR.—Recently an alarmist news article highlighted the deaths of 22 children killed since 1993 when airbags were deployed in crashes, many at low speeds.1 Its headline, 'Deadly airbags', conveys the unfortunate emphasis of the three page feature, which blamed the deaths on airbags, despite the fact that passenger-side airbags were implemented prematurely.

Virtually ignored were the thousands of deaths and injuries that have been prevented by airbags and the fact that in none of the cases that have thus far been thoroughly researched and reconstructed was a properly restrained child killed: most were unbelted, others were not wearing the shoulder restraint, or were infants in rear facing seats.2 At least one child was sitting on the lap of a teenager.

Placing the blame on airbags, rather than focusing on the need to have children properly restrained, is inappropriate. In 1995,