NEWS AND NOTES

NHTSA removes ‘accident’ from its vocabulary
In the first edition of Injury Prevention, there were articles concerning the use of the word. Now officialdom in the US has taken steps for its elimination within the traffic safety field. In November 1996, Ricardo Martinez, administrator of the US Department of Transportation’s National Highway Traffic Safety Administration (NHTSA), signed a letter of commitment to their safety partners to eliminate the word accident from the field of unintentional injury. The NHTSA believes that continuation of the use of this word, in lieu of ‘crash,’ works against a public perception on the preventability of injuries and fatalities. The policy has been operated since January. It removes the word from materials published and distributed by NHTSA, speeches or other public remarks, communications, written or oral, with the news media, and communications within the department or with individuals or groups in the public or private sector.

Editor’s note: without wishing to revisit this old chestnut in a big way, let me comment that at least within the traffic safety field an alternative, convenient word—crash—does exist. The debate in Injury Prevention did not take off, perhaps because it is an insoluble problem in other sectors. Any thoughts, other than ‘injury’, which does not describe the event?

European helmet standard developments
The Child Accident Prevention Trust’s newsletter, Child Safety Review, reports that at long last—the process has taken more than six years—a European standard for helmets for pedestrians, cyclists, skateboarders, and roller skaters has been approved. After a brief editing process, it will be published by CEN, the European standards’ organisation. Conflicting standards in countries in membership of CEN will be withdrawn and the new European standard adopted.

Formal approval has also been given for a European standard for helmets for young children. This standard was developed after the strangulation of some children in Scandinavia when their heads became jammed in playground equipment. The children were wearing cycle helmets which had strong chin straps to keep them in place in a crash, an essential requirement of such helmets. The new standard, which is not intended for use by cyclists in traffic, has a weak chin strap intended to separate when under load. There is also a new European standard for helmets for horse riders. The standard, EN 1384, appeared in 1996 and is now being published by CEN members.

A new traffic safety related publication has been developed as part of the US NHTSA’s ongoing effort to foster collaboration between public health and traffic safety professionals to reduce traffic related injuries and fatalities. Who’s Who in Traffic Safety: A Guide to Agencies and Organizations is a directory of 85 federal agencies and national organizations involved in traffic safety. Compiled by Education Development Center (EDC) and the University of Illinois at Chicago’s Department of Emergency Medicine, these listing detail each organization’s traffic safety related activities and available publications and other materials. Single copies of Who’s Who are available from Michelle Stober, EDC, 55 Chapel Street, Newton, MA 02158-1060; USA, or e-mail michelles@edc.org. Better yet, the entire document can be viewed and downloaded from the Children’s Safety Net web site at www.edc.org/HSN/csn/buildbridges/whoswho which provides active links to many of the agencies and organizations listed in the directory.

Working children in Canada
The Workers’ Compensation Board of British Columbia (Canada) has issued a WorkSafe focus report Protecting Young Workers. This report, which is based on the 1995 report entitled Reducing Childhood Injuries in the Workplace, has been produced with the cooperation of the Children’s Safety Network and the Occupational Health Surveillance Program of the Massachusetts Department of Public Health, examines employe health and occupational injuries in Canada. The report may be obtained through the EDC, EDC, 55 Chapel Street, Newton MA 02158-1060, USA; csn@edc.org. Copies are $8.00.

Childproofing handguns
The Attorney General of Massachusetts has proposed new regulations on handgun sale and design that would require such ‘childproofing’ devices as trigger locks (or other mechanisms to hinder operation by unauthorised users) and load indicators on all handguns manufactured, sold, or purchased in the state. The bill also requires that the tamper resistant serial numbers on all handguns, would prohibit the sale of handguns made from inferior materials (the so-called ‘Saturday night specials’), and would require that safety warnings accompany all handguns sold.

A number of public health professionals testified in favour of these regulations at public hearings last fall, including Stephen Teret of the Johns Hopkins Center for Gun Policy, Susan Gallagher of Children’s Safety Network, emergency room physicians, and the director of the American Association of Suicidology. The Attorney General’s office has received inquiries from numerous other states which are interested in adopting similar regulations or legislation. The proposed regulations will be promulgated in 1997 and will be the first of their kind in the nation.

More on drawstrings
In the Canadian Medical Association Journal (November 1996), physicians are urged to advise patients to remove drawstrings from children’s clothing after two children, aged 2.5 and 6 years, drowned in similar incidents just four months apart when their drawstrings became entangled in playground equipment. In both cases, the girls’ clothing was caught in a gap at the top of a slide on a public playground, and neither girl survived despite attempts at resuscitation. Improved playground design and maintenance, the need for education, and firmer intervention with cardiopulmonary resuscitation are also noted as strategies necessary to prevent further playground injury and death.


Health Canada has recently published a flyerm giving tips on playground safety to avoid strangulation, advising children to zip up jackets, remove drawstrings from hoods, hats and jackets, wear a neckwarmer instead of a scarf and not to tie ropes and slipknots around to swings and slides. Between 1982 and 1992, 10 children aged 2 to 10 died in Canada when, their clothing or drawstrings got caught on playground equipment or fences.

Firearms Injury Prevention Training Program for pediatricians
The American Academy of Pediatrics (AAP) has received two years of funding from the Robert Wood Johnson Foundation and the Joyce Foundation to develop a Firearms Injury Prevention Training Program for pediatricians and other health care providers in the US. Project activities include development of a firearms injury prevention curriculum for 125 pediatricians and other health care providers in the US. Project activities include development of a firearms injury prevention curriculum, and the creation of a database of local firearms injury prevention programs. For more information, contact Lor Lovett, AAP project specialist, PO Box 917, Elk Grove Village, IL 60069-0927, USA.

Reducing handgun injury
Health professionals and associations in the US have also become active in Project LifeLine, a national public awareness campaign to reduce handgun injury and death. Cosponsored by the Center to Prevent Handgun Violence (CPHV) and the American Academy or Pediatrics’ National Network for the Elimination of Handgun Related Injury (HELP) Network, and Physicians for Social Responsibility, Project Lifeline will address gun related homicide, suicide, and unintentional injury through a series of print and radio public service announcements (PSAs) to raise awareness of handgun related deaths and injuries and the importance of prevention; development of speakers’ materials, training opportunities, and media and community outreach tools for use by health professionals and others; partnerships with 40 national health professional organizations who have agreed to inform their members of campaign activities and resources. All health professionals are encouraged to contact Project Lifeline. Partners will receive free campaign materials, including Project Lifeline News and the PSAs. For more information or to become a partner, contact Angelic Pless, Project Lifeline Program Coordinator, Project Lifeline 1225 Eye Street NW, Suite 1100, Washington, DC 20005, USA; +1 202 289 5798.

Boating restrictions for young Canadians
The Canadian Coast Guard is expected to introduce stricter licensing requirements for small boat operators of less than 26 feet in length. Children aged 12 and under may be prohibited from operating vessels of greater than 40 horsepower, which would effectively keep them away from personal watercraft. With
From the Haboview Injury Prevention Center; WA State Prevention Program.

Headlines

As ISCAPINET readers will have spotted, Headlines, the newsletter from the World Health Organization (WHO) Helmet Initiative based at Emory University, Atlanta, is now accessible (in text and Adobe Acrobat formats) via the web. The address is http://www.emory.edu/WHI/Headlines/headlines.html. A hard copy version of this worthwhile publication is now available only on a subscription basis, $25.00 for one year (four issues) for an individual and $80.00 for an institution, payable to Emory University and sent to Dr Phil Graitcer, Chair, Center for Injury Control, Rollins School of Public Health, Emory University, 1518 Clifton Road NE, Atlanta, GA 30322, USA; fax +1 404 727 8744, e-mail graitcer@sphealth.emory.edu.

One of the many features in the winter edition of Headlines describes the expanding network of helmet promotion centres of excellence chosen by the WHO Helmet Initiative in recognition for their efforts to promote helmets and their ability to serve others as a resource for information on helmet promotion. To date there are Co-operating Helmet Initiative Programmes (CHIPS), in Sweden, UK, and USA. They are run by Robert Ekmam and Mr Glenn Walender, Sweden National Helmet Initiative, Centrumhuset, S-53390 Gotene, Sweden, tel +46 511 46067, fax +46 511 59792, e-mail Robert.Ekmam@phs.ki.se; Ms Angela Lee, Childhood Injury Prevention, Royal Berkshire, Hospital Trust, Reading, Berkshire RG1 5AN, UK, tel +44 1734 878747, fax +44 1734 878746; or Ms Beth Strickland, Georgia Safe Kids, 1405 Clifton Road NE, Atlanta, GA 30322-1101, USA, tel +1 404 315 2085, fax +1 404 315 2017.

Headlines is the only output of the WHO’s Helmet Initiative programme. If you need information on helmet standards, preparing testimony on helmet legislation, ideas about how to start a helmet promotion program in your community, or simply want to know more about helmets for skiing or mountain climbing, the Helmet Resource Center is the place to go. Supported by Emory University’s Center for Injury Control and by the Eglenton Children’s Health Care System, the Helmet Resource Center is your one stop place for helmet information. It is on the web (http://www.emory.edu/WHI/HRC) and aims to be available by telephone and fax to provide the answers to questions about all kinds of helmets. The center is cataloguing its extensive collection of helmet research papers and helmet promotion videos and brochures. Eventually, the bibliography will be available for searching on the web. The center will continue to review articles about the latest helmet developments and provide analysis of their significance.

Think First National Brain and Spinal Cord Injury Prevention Program

Think First of Mexico (Piensa Primero) has been actively translating the Think First for Kids and high school instruction manual materials into Spanish to reach a greater proportion of students in Mexico. The Think First For Kids program was scheduled to kick off in January 1997. The high school message has been active in Mexico City and within several states since March 1996. For more information contact Senior Jorge Font Ramírez at +91 (5) 2308000 in Consultorio, Mexico. Think First has also been presented recently in Vladivostok, Russia, hosted by the American International Health Alliance. The Hennepin County (Minnesota) Medical Center has also been working with Moldova to establish an emergency medical service system.

Editor’s note: We cannot help but wonder how many of the sponsors read and took seriously the somewhat discouraging evaluation of Think First published in Injury Prevention (1995; 1: 81–85).

ISO/IEC guides under revision

The revision of ISO/IEC Guide 51 Guidelines for the inclusion of safety aspects in standards is close to completion. The working group, which is being led by Willem van Wepener of the Dutch Consumer Safety Institute, has finalised the drafting process and expects to conclude the exercise during the autumn of 1997. An inquiry procedure is underway at present. Closely linked to this is the revision of ISO/IEC Guide 50 which concentrates on the special problems of incorporating child safety into product standards. The international group reviewing Guide 50 is being chaired by Dirk van Aken. Both chairmen can be contacted at Consumer Safety Institute, PO Box 75169, NL-1070 AD Amsterdam, Netherlands, tel +31 20 511 4584, fax +31 20 511 4510, e-mail scvl@xs4all.nl.

Child pedestrian training resource

Stop Forward—Teaching Children to be Safer Pedestrians, a video resource, has been developed by the Royal Society for the Prevention of Accidents (RoSPA) with joint funding from the UK’s Departments of Health and Transport. It aims to encourage further developments of practical child pedestrian roadside training programmes as part of the National Child Pedestrian Strategy. The video shows existing schemes, with four case studies, each one portraying the differing experiences of those involved—the coordinators, the head-teachers, the volunteers, and the children. It aims to help potential coordinators to develop and run their own schemes and encourage volunteer involvement. Guidelines are included in the package, providing guidance on setting up practical child pedestrian training approaches and giving an overview of existing schemes. Free copies of the pack have been sent to relevant local authority road safety units and will also be made available, on request to the Department of Health, to health promotion officers. For further information, contact RoSPA, Edgbaston Park, 535 Broad Road, Birmingham B5 7ST, UK, tel +44 121 248 2000, fax +44 121 248 2001.

Produced by Health Canada.

US announcement on child restraint fitting

A radio address to the nation was used by President Clinton to announce that the US Department of Transportation’s new Child Restraint System Standards would introduce a rule requiring cars to be fitted with two flexible lower anchorages and a top tether to which child restraints could be attached. This proposal, advocated by the major US car manufacturers, is out of line with the system which performed best in user trials used rigid lower attachments.

Editor’s note: more about this topic on page 85. Whether or not one agrees with the content of the President’s message, it has to be regarded as positive that he took time to talk about child safety in a broadcast.

Speed reduction measures lead to fall in casualties

The UK’s Transport Research Laboratory (TRL) has completed a five year study of the Department of Transport’s 20 mph initiative which was announced in December 1990. This initiative allowed local authorities to apply to the Department of Transport for authorisation of 20 mph zones. Initially, these were to be tried out for a period of 12 months to allow time for building the measures and ensuring that the average speeds were at or below 20 mph. If the speed criteria was achieved, then permanent 20 mph zone status was normally granted by the department. There was an average of 29 calming measures per scheme, including road humps, raised road junctions, speed cushions, narrowings, and chicanes. The TRL report gives details of the monitoring carried out, showing that 20 mph zones are, according to John Bowis, Minister for Local Transport and Road Safety, ‘a resounding success’. The monitoring revealed that overall accidents were reduced by 60%, child pedestrian accidents were reduced by 70%, child cyclist accidents by 48%, and all cycle accidents by 29%, while average vehicle speeds fell by 9.3 mph. Residents were found to be generally in favour of the schemes in the zones where public acceptability was surveyed. Accident migration to the surrounding roads was not found to be a problem, providing care was taken to avoid traffic transferring to unsuitable routes. Over 200 schemes have now been installed in the UK, over 100 of which have been granted permanent status.
Copies of the report are available from the TRL, Old Wokingham Road, Crowthorne, Berks RG4 6AJ, UK, tel +44 1344 770784, fax +44 1344 770193, e-mail sandra@ibl.trl.co.uk. There is a charge for the report.

Seat belts in minibuses and coaches

The Department of Transport in Britain has published two documents relating to minibus and coach safety. Advice to Users and Operators of Minibuses and Coaches Carrying Children answers some of the most commonly asked questions such as "What type and standard of seat belt should be fitted?" and "How do I get my vehicle fitted with seat belts?". The other document, Advice on Retrospecting Seat Belts to Minibuses and Coaches, looks at subjects such as vehicle classification, seat belt types, and vehicle construction. Both documents are available from the Department of Transport, Zone 2/04, Great Minster House, 76 Marsh Street, London SW1P 4DR, UK. The department has made the documents available via their web site (http://www.open.gov.-uk/impact/communications/seat_belts.htm).

Experts warn that problems can arise because most minibuses are converted vans with floors above one millimetre thick, not strong enough to take crash loads without significant reinforcement. Another criticism of the requirements is that there is no licensing of the companies that will be fitting the seat belts. There are about 9000 minibuses in Britain, many used to ferry children to school or on trips.

Albertan centre becomes first affiliated Safe Community Support Centre

Writing in Safe Community News (No 4, 96), Anna Lovaasik reports that at the sixth annual injury prevention conference held in Kana-naskis, Alberta, the Injury Prevention Centre (Edmonton, Canada) was designated as an affiliate Safe Community Support Centre. Leif Svanström officially bestowed this title on the Injury Prevention Centre, making it an affiliate of the Safe Community Network, a Canadian initiative of the WHO Collaborating Centre on Community Safety Promotion. In attendance at the ceremony were 220 injury prevention colleagues from Alberta and throughout Canada. Svanström said the purpose of the site is a pedestrian resource for injury prevention in Alberta. It serves provincial and local agencies, non-profit organizations, and academic institutions in the following five key services areas: monitoring the injury problem, providing leadership and support, providing educational and consulting services, conducting and supporting research, and program evaluation and design. To make information readily available, to bring people and organizations together, to increase skill levels of community workers, to create user friendly information and 'how to' tools, and to support people with a commitment to a safer Alberta. By becoming an affiliate Safe Community Support Centre, it will be better connected to Safe Community globally, and will serve the interests of communities in Alberta and Canada by channelling their concerns to the global network.

Safety comes first in Derbyshire

Work does not have to be undertaken in academic institutions to be reported in Injury Prevention. The Report of the Development, Implementation, and Evaluation of a Child Safety Education and Equipment Scheme describes a project carried out by Jo Kirk, a health promotion worker in North Derbyshire, UK. The project, Safety First, aims to help reduce home accidents involving children under 5 in the homes of the main targeted areas. Two main activities undertaken are provision of home safety equipment, safety advice and education, and monitoring of local accident data.

Data were collected from four sources: accident and emergency returns for all children under 5 in the north of the locality, January-December 1991 and January-December 1994; a survey of parents bringing their children to a paediatrician for a first aid assessment (DPA) during February-July 1994; analysis of the administrative records of the home safety equipment scheme, to show referral patterns by a number of children who used the scheme in its first year. The safety equipment scheme met its annual target for provision of safety equipment, having supplied around 650 homes to date, at a cost of about £25 per household.

The three year DPA survey showed that most injuries occurring at home did not require treatment, and most of those which did received only first aid. Parents surveyed were requested to give advice to their friends to enable them to deal with such emergencies.

The survey of parents revealed that the number of homes where safety equipment is used and installed had risen which, in turn, had raised the ability of the parents to maintain a safe home environment for their children. Referral patterns reflected local areas of deprivation. Those parents who had received advice were more likely to use a health visitor who reported that they generally found the information and advice useful, leading to their making changes in their home. However, the survey revealed one shortcoming of the scheme—most of the did not recall a discussion about safety or receiving safety literature.

Key recommendations included continued provision of schemes similar to Safety First; improvement in the collection and dissemination of accident data, in particular making it more user friendly; improving the support (training and resources) to community nurses for their accident prevention role; and developing more co-ordinated approaches to home safety, by working with parents in their development. A first aid and safety training package to be delivered by health visitors and others to targeted groups and areas of the locality is also being developed.

For further information, and a copy of the report (£20 UK; overseas purchasers inquire about price), contact Ms Jo Kirk, North Derbyshire Health, Bolsover Local Hospital, Welbeck Road, Bolsover, Chesterfield, Derb-shire S44 6DH, UK, tel +44 1246 827901 ext 136, fax +44 1246 240373.

Injury Control Resource Information Network (ICRN) upgraded

Hank Weiss and Jeffrey Coben have written to let us know that to improve the service to the injury control community, the Center for Injury Research and Control at the University of Pittsburgh has undertaken a major upgrade to ICRIN, the current method of linking users with the injury control related internet resources. To take advantage of newer technologies, ICRIN has moved to a new WWW server and has a new URL (that is web address), http://www.upmc.edu/icrin. The site now incorporates a local site search engine, offering full text, Boolean logic based, indexed (fast search capabilities across the ICRIN site). Multithreaded discussion groups and BBS-like capabilities and a Guest Book are some of the other improvements! Numerous other minor enhancements to improve site navigation, look and feel, and improve the quality of the browsing experience (streamlined graphics, consistent headers and footers, and smaller page sizes, selected use of audio capabilities, and more) have also been made.

Editor's note: if all this sounds like incomprehensible computer-speak to you, my advice is to read a 12 year old, old and browse. It really is well worth the effort, it represents an excellent starting point for exploring the safety field.

Christmas road toll

Regular provider of titbits for these columns, added a news item from the BBC radio in January reporting that while Aus-tralia's national road toll (population 18 million) was 78, South Africa's (population 30 million) was 100! She confirmed the information with Injury Prevention regional editor David Bass in Cape Town and here is his reply:

"SA's population sits at around 30 million souls, a car-crazy nation if ever there was one. Our roads are among the best in the world and the media extol us to "burn rubber" and to drink prodigious amounts of alcohol. Traffic law enforcement has been severely compromised by low pay, low morale, and a dangerous, albeit small, chance of stopping a bully! Does that sound like the Wild West to you? Well, it is. Our Transport Ministry moulded the usual platitudes as the Christmas death toll exceeded 1000 casualties, heads nodded gravely and a chorus of 'something must be done' swelled—and dissipated in the corridors of power—same old story. I believe that the real power here lies in the hands of the liquor industry, the tobacco industry, the leisure industry—all of whom favour the status quo.

The only ray of hope that cut through the gloom this last festive season was a court hearing in a small country town in Natal to determine the method of a traffic ticket (or six months' state accommodation with free pajamas) for speeding through the town centre—the magistrate became an instant hero and a healthy precedent was set. Well, Big Sticks!"

Jan Shield comments that the irony of the figures stems from a News and Notes item on page 255 of the December 1996 issue of Injury Prevention in which a South African author quoted an article in which "We need to educate, and employ our people meaningfully and have an effective driving licence system, forget about the Victorian (Australia) road safety platitudes. It is not the way to go!"". He adds, "Government statistics show 1000 road deaths in a few weeks, they are quickly reducing the numbers requiring food, clothing, education, and employment. With such prevailing attitudes, it's no wonder the road toll is so high."

Contributors to these pages: David Bass, Anne Guard, Hugh Jackson, Rosie Mercer, Barry Plees, Jo Kirk, Jan Shield, and many colleagues at the Scottish Community Safety Research Unit. A special thanks to Michael Hayes. If you have anything for inclusion in these Notes and pages, please send them to Michael Hayes, fax +44 (0)171 668 2374, e-mail imh@capt.de-mon.co.uk.