Burden of injury world wide
A report on the global burden of disease (Lancet 1997; 349: 1269 - 76) has highlighted the importance of injury as a cause of death worldwide, accounting for 10% of total mortality. Injury is ranked third in order of frequency for both developed and developing countries, way ahead of death due to maternal and perinatal causes, nutritional deficiencies, and even respiratory infections.

US National Academy of Sciences to look at injury
The National Academy of Sciences’ Institute of Medicine (IOM) has formed a new 18 member committee on Injury Prevention and Control to undertake an 18 month study to review injury in America. The study is being sponsored by three foundations—W K Kellogg, John and Catherine T MacArthur, and Robert Wood Johnson. The expected completion date is summer 1998 and a short report will be issued.

In July 1997 a public meeting was held in Washington, DC to receive comments on the federal response to injury prevention and control and make suggestions for research and practice in the field. For further information contact Sandra Au, fax: +1 202 334 2939, e-mail: injury@nas.edu.

The task of the committee is to characterize the problem of injury in America including the patterns, causes, consequences, and costs of injuries. It will review the research accomplishments in the field of injury prevention and control and identify opportunities and barriers for research and practice. The committee will assess the current response by public and private agencies and consider the findings and recommendations from pertinent reports on injury, including intentional and unintentional injury, disability, and rehabilitation, especially IOM/National Research Council reports. Finally, the committee will make recommendations intended to further develop the field of injury prevention and control and to reduce the burden of injury in America.

Revised framework of E code groupings
There is a revised framework of E code groupings for presenting injury mortality and morbidity data on the National Center for Injury Prevention and Control (NCIPC) home page, http://www.cdc.gov/ncipc/ncipch.htm (then select ‘what’s new’ and scroll down). If you have any questions or concerns or if you can’t print the matrix, contact Lee Annest, Director, Office of Statistics and Plications, NCIPC, mail stop K59, 4770 Buford Hwy, NE, Atlanta, GA 30341-3724, USA, tel: +1 770 488 4804, fax: +1 770 488 1665, e-mail: jial1@cdc.gov who will fax a copy to you.

New secretary for British Standards Institution Consumer Policy Committee
Following several years of involvement in consumer safety matters at the Laboratory of the Government Chemist and more recently as a project manager for the British Standards Institution (BSI), Arnold Pindar has been appointed as the new Head of Consumer Policy and Secretary of BSI’s Consumer Policy Committee (CPC). Among other things, the CPC places consumer representatives on BSI, the European Committee for Standardization (CEN), the International Organization for Standardization (ISO), and the International Electrotechnical Commission (IEC) technical committees that have an interest in consumer product safety.

Pediatricians extend counselling on cycle helmet use
The American Academy of Pediatrics (AAP) reports in its AAP News April issue (AAP News April 1997: 17) on results of a periodic survey conducted among random sample of its members in 1994. Results show that pediatricians’ emphasis on bicycle helmet use has increased, both among their patients and in their personal lives. The proportion of pediatricians who said they always wear a helmet when cycling increased from 30% in 1990 to 48% in 1994. In 1990, 88% of pediatricians who counsel patients on injury prevention reported discussing helmet safety with patients under age 13 and their parents; in 1994, that proportion rose to 93%. The 1990 survey did not ask about counselling teens on helmet use. The 1994 survey found 79% of counselling pediatricians included bicycle helmet use in their messages. However, less than 50% of parents were aware that their teenagers always wear a helmet, themselves, and only 35% of their children always wear helmets. Pediatricians perceived an increase in the proportion of their patients who are helmet use increased from 28% before the survey to 36% (8 in 10) report treating bicycle injuries within their practices.

Call for ban on use of car phones
The Royal Society for the Prevention of Accidents (RoSPA) has called for new legislation in Britain to stop drivers from using hand-held and hands-free mobile phones. The call follows the death of an 11 year old boy by a driver who was on the phone to his wife. In another incident, a driver was convicted of causing death by dangerous driving after ploughing into a van, killing its driver while using his phone. Britain’s two largest motoring organisations, the AA and RAC, both oppose such a ban. The government, however, agreed that action was needed, although it has no immediate plans to increase penalties.

A study by Canadian researchers has concluded that the use of cellular telephones in motor vehicles is associated with a quadrupling of the risk of collision during a call (New England Journal of Medicine 1997; 336: 453; editorial in the same edition, pages 501 – 2).

New UK government acts on injury issues
The new Labour government in the UK announced in the Queen’s Speech that it will ban all privately owned handguns. This goes further than the current ban, introduced after the Dunblane killings in March 1996, that exempted .22 calibre pistols. The new ban is expected to remove a further 200 000 guns from circulation. It has also announced a phased ban on the manufacture, export, and development of landmines.

Childproofed handguns in Massachusetts
Massachusetts is poised to become the first state in the US to require childproofing (sic) and other safety devices on all handguns manufactured, sold, or purchased in the state. Acting in its capacity to ensure consumer protection, the Massachusetts Office of the Attorney General has announced revised regulations that require such devices as trigger locks and load indicators on all handguns. The regulations would also require tamper resistant serial numbers, prohibit the sale of handguns made from inferior materials, and require safety warnings to accompany all handguns sold. The Children’s Safety Network (CSN) has compiled a packet ‘A consumer protection approach to firearm safety’. This document contains sample testimony from both public health practitioners and firearms manufacturers, information of Project Lifeline and from the Johns Hopkins Center for Gun Policy and Research, and a bibliography of relevant resources. Copies are available from CSN, Education Development Center, 55 Chapel Street, Newton, MA 02158-1060, USA or e-mail to csn@edc.org.

Firearms injury prevention training program for pediatricians
The AAP has received funding from the Robert Wood Johnson Foundation to produce a set of video tapes and other contributions to develop a firearms injury prevention training program for pediatricians. This program will ultimately train 3000 pediatricians and other health care providers in the US. The first train-the-trainers conference will be held in spring of 1998.

Dangerous dogs debate in Australia
One of the key contributors to these News and Notes pages is Jan Shiel from the Child Safety Centre in Melbourne. Among her other contributions to this issue she sent the News and Notes editor a sheaf of newspaper cuttings about the death of a 12 year old boy who was mauled by a dog—a cross between a bull mastiff and a great dane. There is an element of déjà vu about this subject. In the UK, the Dangerous Dogs Act was introduced a few years ago after a series of similar attacks and the ensuing public outcry.

Among the clipping was an editorial from The Age, noting that five breeds—rottweilers, dobermans, german shepherds, heelers, and bull terriers—account for only 30% of the canine population but 75% of the dog attacks resulting in hospital admissions. The thoughtful leader, which draws comparisons between the ownership of dangerous dogs and handguns, concludes with the following paragraph: "Since these breeds are known to be dangerous, and indeed since some have been bred to fight and to attack humans or other animals, it is pertinent to ask: what are the psychological forces at play that cause some people to choose to keep them as companions and family pets? Whatever the reasons, the rights of even well-meaning people to own dogs that can maim and
kill should not override the rights of other members of the community to feel safe from them' (The Age (Melbourne), 18 April 1997).

US playground safety program
The National Program for Playground Safety (NPPS) has developed a national action plan for the prevention of playground injuries. Single copies are available from the program at NPPS, University of Northern Iowa, Cedar Falls, IA 50614-0161, USA or visit their website at http://www.uni.edu/playground/.

Farm safety guide
Guide to Communicating Farm Safety for Editors, Illustrators, Cinematographers, and Photographers available from Joan White, US Department of Agriculture, CSREES-PAAP, Stop 2226, Washington DC 20250-2226, USA or e-mail: jwhite@REUSDA.gov.

New websites
The CSN has updated and expanded its web site. It contains information on school injuries, traffic safety, E codes, and more. Take a look at http://www.edc.org/HHD/csni. The CSN Rural Injury Prevention Resource Center has opened its web site dedicated to rural childhood injury prevention: http://www.marshmed.org/rnrn/projects/csnrirc.htm.

Bucket photo pulled by airline
Northwest Airlines agreed with a request from the Chairman of the US Consumer Product Safety Commission (CPSC) to pull an ad in US Today showing a child bending over with its head in a bucket. The airline agreed to pull the ad and mount a safety campaign after the CPSC advised it that at least two children die each month in the US by drowning in buckets.

'Northwest Airlines has been extremely cooperative' said CPSC chairman Ann Brown. 'It is in the same position as many parent—it simply didn’t know about this deadly hidden hazard. But it has agreed to act quickly, to pull the ad and mount a safety campaign to let more people know about the drowning danger to children posed by buckets'.

New publications from the CSN
The CSN National Injury and Violence Prevention Resource Center has three new publications of interest to injury prevention professionals:

Violence and Teen Pregnancy: A Resource Guide for MCH [Maternal and Child Health] Practitioners is designed to assist public health professionals who work with pregnant and parenting adolescents. Drawing from both research and practice settings, it synthesizes relevant literature on battering during pregnancy and presents practical measures that can be taken by state and local public health professionals. The guide also describes programs in a variety of settings including health clinics, Women, Infants and Children programs, state and local health departments, and health maintenance organizations working to protect pregnant women and girls from abuse. Available for $10 plus $3 shipping from CSN. E-mail to inquire about international shipping rates.

Injuries in the School Environment: A Resource Guide is a revised and redesigned edition of CSN’s popular resource guide on school injuries. It provides information on injury risks to students at school, including (1) an analysis of school injury data drawn from the National Pediatric Trauma Registry, (2) a discussion of the circumstances surrounding school injuries, using data from the Martinez School Health Study; and (3) descriptions of state and local programs addressing the issue, and (4) an annotated bibliography for further reading. Available on the CSN website at http://www.uni.edu/playground/.

Safe Work/Safe Workers is a new three hour curriculum for teaching high school students about occupational safety and health. The curriculum includes four learning activities designed to educate students about hazard in the workplace and to raise their awareness of their rights and responsibilities on the job. A 13 minute video, Teens: the Hazards We Face in the Workplace, helps introduce the basic concepts of occupational safety and health and facilitates group discussion. The video and learning activities were created with high school students, who helped them understand relevant, age-appropriate workplace safety and health materials for instructors on pertinent occupational health and safety topics are included, as are resource lists on helpful agencies and organizations. Safe Work/Safe Workers is designed to be developed jointly by the Massachusetts Department of Public Health’s Occupational Health Surveillance Program and the CSN. It is available for $30 plus $5 shipping. To order, make check payable to Education Development Center and mail to: Education Development Center, Inc, PO Box 1020, Sewickley, PA 15149-1020. To order by credit card, call +1 800 793 5076.

For more information about these publications, contact CSN +1 417 669 7100, ext 2207 or e-mail to: csn@edc.org.

Paracetamol sales being restricted
The British government has announced that it is restricting sales of the common analgesic, paracetamol, as a suicide prevention measure. At least 200 people die and over 30 000 people are admitted to hospital annually as a result of paracetamol poisoning. Non-prescription pharmacy outlets will only be allowed to sell 12 tablets and pharmacies will be restricted to 50 tablets (without a doctor’s prescription).

US Department of Labor report

Update on multipurpose helmets
Snell has a multipurpose helmet standard NF 94 which covers bikes, inline skates, skateboarders, and snowboarders. According to Snell’s web page five manufacturers have helmets which meet this standard. This helmet has more coverage in back and a multi-impact helmet.

The American Society for Testing and Materials has a standard (F-1751-96) for helmets used in recreational roller skating. It does not cover trick or freestyle skating where multiple impacts often occur. This standard includes coverage and performance requirements to their bike helmet standard, so it really isn’t a multipsport helmet.

Updated information is usually available on the Safety and Health Information Center (SHIC) Helmet Safety Institute (BHSI) http://www.bhsi.org or Snell http://www.smf.org. The BHSI site has multiple links. Snell’s standard can be downloaded at their site.

CPSC recall announcements and safety warnings
Lawn darts—After a serious injury caused by a lawn dart, the US CPSC has released a safety warning that lawn darts are banned and should be destroyed. Effective on 19 December 1988, the CPSC banned the sale of all lawn darts in the US. Pointed lawn darts intended for outdoor use have been responsible for the deaths of three children. The most recent injury occurred in Elkhart, Indiana, when a 7 year old suffered a brain injury after a lawn dart pierced his skull. The US CPSC banned lawn darts in 1988, but some of these dangerous products may still be in garages, basements, or second-hand stores’, said CPSC Chairman Ann Brown. ‘Parents should destroy their lawn darts immediately’. Before the 1988 ban, lawn darts were sold in sets that usually included four large darts and two targets. Lawn darts also were sold in packages with other sports equipment, and lawn darts typically have lightweight tips about 12 inches long with a heavy metal or weighted plastic tip on one end and three plastic fins or a rod at the other end. The darts are intended to be grasped by the rod and thrown underhand toward a target. Lawn darts can cause skull punctures and other serious injuries.

The CPSC urges customers to discard or destroy all lawn darts immediately. They should not be given away since they may be of interest to other children.

Baby cribs—In cooperation with the US CPSC, Coaster Company of America Inc of Santa Fe Springs, California, has recalled 1856 full size metal baby cribs. There are two models of cribs being recalled as they present entrapment or choking hazards to babies that could lead to serious injury or death. The CPSC and Coaster Company of America Inc are not aware of any injuries involving these cribs. This recall is being conducted to prevent the possibility of injury. Some of these cribs have slat spacing that could entrap babies’ heads. They also have scrols that could seriously injure or strangle babies if their clothing gets caught on them or if their
limbs get caught in the spaces around the scrolls. Finally, the plastic end caps covering the end of each scroll could separate, presenting a small parts choking hazard to babies.

**Pencils**—In cooperation with the US CPSC, Papel Freelance Inc of Cranbury, NJ, has recalled about 28,000 pencils that have miniature pacifiers where erasers are normally found. These miniature pacifiers detach very easily from the pencils, presenting a choking hazard to young children. The CPSC and Papel Freeland Inc are not aware of any injuries involving these pencils but the recall has been conducted to prevent the possibility of injury.

**Toy police cars**—the CPSC has announced that, although there have been no known injuries, Fisher-Price is voluntarily recalling 17,000 toy police cars as the back of some cars could crack and present a potential choking hazard.

**Necklaces**—High lead levels in almost 5000 metallic necklaces, presenting a risk of lead poisoning, has resulted in their recall in a cooperative exercise between manufacturers Charming Shoppes Inc and the CPSC.

### Whole school safety training resource

In 1992, the UK Government set targets for the reduction of deaths from various key causes, and accidents were identified for the first time as a health issue. Information, education, and collaboration were identified as ways forward in meeting those targets, rather than through regulations or legislation. The White Paper highlighted the opportunity for the development of a resource which would provide schools, and those working with them, with a process for gaining a clearer and broader understanding of safety and its relationship to health; to understand that, in fact, health and safety are inseparable. Things that are unsafe cannot be healthy, neither can things that are unhealthy be safe.

The emphasis for accident prevention/reduction in young people in the UK has tended to be one of protection—putting up barriers and guards, encouraging the wearing or use of protective items, or prohibiting the use of potentially dangerous things and areas through regulations and legislation. The reasons for this...it is easy to see that action is taking place, something visible is being done. It is also easier to measure the effectiveness of such strategies, and therefore justify expenditure and secure funding.

But there is a limit to the amount of protection we can provide, for however hard we try to create a completely safe environment, no environment can ever be totally safe, and human beings seem to have an innate desire to take risks. All of us in one way or another take risks in our lives. People enjoy the thrill of being UNSAFE sometimes, of having the opportunity to CHOOSE to take risks in one way or another. But everyone's perception of risk varies. What one person might regard as risky, another would not. So perhaps the emphasis should be on enabling people to understand risk in order to manage it. And the skills and strategies needed for managing risk in one setting are transferable to other contexts.

With funding from the Departments of Health, Education and Employment, Transport, Health and Safety Executive, and the Scottish Office a training resource has been developed for schools, and those working with them, which provides processes and activities to teach fundamental skills and strategies for keeping safe and healthy. Consultation took place with key organisations and agencies throughout the UK.

The key concepts around which the resource has been developed are:

**Risk**—Understanding and managing risk is central. Understanding the range of different perceptions of risk and the factors that contribute to level of risk, for example lack of experience, complacency through much experience, tiredness, alcohol, drugs, stress, tiredness, and self image are fundamental.

**Self image**—If we value ourselves we are more likely to care about our safety and our health. As self image is very much a reflection of the way others see us, all those who have an input into young people's lives have a responsibility for the way young people view themselves.

**Collaboration and consultation**—Valuing and utilising expertise is central to the philosophy of the resource, ensuring a consistent and unified approach and obviating the potential for mixed messages.

Recent events that have breached school security and the safety of children have highlighted implications for the development and management of schools' health and safety, and the importance of having relevant policies, procedures, and learning opportunities in place.

The resource Together Safety—Developing a Whole School Approach to Health and Safety was launched at the end of last year and an evaluation of its take-up and use is about to be undertaken. For further details of this resource, its availability and the training that supports its use, contact Sue Aucott, Curriculum Development Manager, RoSPA, Edgbaston Park, 353 Bristol Road, Birmingham B5 7ST, UK, tel: +44 121 248 2000; fax: +44 121 249 2001.

**IM-PACT annual report**

Injuries Manitoba—prevention of Adolescent and Childhood Trauma, a program of the Children's Hospital in Winnipeg, is two years old. Its newspaper style 1996 annual report outlines the breadth of IM-PACT's initiatives,
Baby walkers flood in:

Despite frantic preparations for unprecedented spring flooding, dozens of families in Winnipeg, Canada, responded to an incentive-driven recall campaign to get rid of baby walkers. A project called Babies Don’t Bounce! collected 168 walkers in a one-day blitz in April. A chain of hardware/houseware stores (Canadian Tire) assisted by thanking responders with a $5 gift certificate and by providing publicity and collection points.

“We are overwhelmed with the success of this event, especially considering the extreme conditions in the city the week before the flood’s crest,” said Dr. Michael Moffatt, director of IM-PACT. The injury prevention centre at Children’s Hospital, together with the city’s Fire Department, launched the project after research using local Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) data showed the emergency department continues to see several infants each month with walker-related injuries. CHIRPP collects data on injury related emergency room visits at 15 Canadian hospitals including Winnipeg Children’s Hospital.

A voluntary standards change in June 1989 produced a de facto ban on wheeled walkers in Canada, but the injuries continue as families pass on their old walkers, buy them secondhand or purchase them across the border in the USA where they are still available new. Changes in product standards do not address the problem of longevity in hazardous products. Several of the walkers recalled were more than 30 years old and in good condition.

“The success in Winnipeg shows that, even under adverse conditions, people will respond to an incentive driven recall program,” said Dash Miltion Tenenbein, director of the emergency department at Winnipeg Children’s Hospital and an author of the Winnipeg study. “We hope other communities will follow this example of putting research into action.” An inspection of city-centre collected 168 walkers in a one-day collection event. The community clinic paid $10 cash for each walker brought in over a one month period. As part of their efforts to provide neighbourhood injury prevention centres, the city fire department has also agreed to be a drop-off point for baby walker. All walkers collected will be destroyed.

The project also demonstrated that, despite growing awareness, baby walkers are still controversial. Numerous shoppers wanted to know if the walkers piling up at collection points were for sale; they expressed frustration at their inability to find them anywhere. One young father demanded to know, “how children were going to learn to walk” if walkers were not available any longer. In a letter to the editor, the woman who told her personal story of injury story at IM-PACT’s press conference was criticised for not doing a better job of blocking the stairs.

Only a repeat of the campaign in Winnipeg or a similar community may prove effective; the flood emergency helped, but hurt the effort. A media conference to announce the project was poorly attended because the provincial government had declared a state of emergency that very morning. On the other hand, warnings from civic officials that basements might soon be flooded by overlogged sewers sent many residents to move their belongings higher. It is possible that families who have uncovered more old walkers than would otherwise have appeared for the one day event.

Shopping cart safety program:

To help parents and caregivers prevent unintentional childhood injuries associated with falls from shopping carts, the US CPSC, the National Safe Kids Campaign, The Canadian Marketing Institute, Johnson and Johnson, and Safe Strap Company Inc announced a national shopping cart safety program.

According to the CPSC, from 1985 to 1995, an average of 276 children aged 5 and under were treated in US hospital emergency rooms for falls from shopping carts. In fact, fall related injuries significantly increased during that period, rising from 7800 in 1985 to more than 16,000 in 1996. The CPSC data also show that during 1995 and 1996 two thirds of the fall victims were treated in hospital emergency rooms for head injuries, and more than half of the head injury victims suffered severe injuries such as concussions and fractures.

This nationwide effort aimed to provide families with the information and the safety gear necessary to reduce the number of falls from shopping carts. The program’s components included educational materials and a shopping cart seat belt discount program.

Neuseewick recall:

In May Neuseewick magazine recalled a special edition on children because it recommended that parents allow babies as young as 5 months to eat foods that could cause choking. It suggested, incorrectly, that infants of 5 months can eat raw carrot chunks and zwieback toast.

Home accidents in the UK cost £2.5 billion a year:

Drawing on previous work on the costs of non-fatal road casualties, the Transport Research Laboratory (TRL) has estimated that the total cost of home accidents in the UK exceeds £2.5 billion per annum. It also demonstrated that the total value of avoidance per seriously injured casualty is about one third of that for road accidents. Further details are in TRL report 225: Evaluation of Home Accidents by Jean M Hopkins and Helen F Simpson. Contact TRL library e-mail at sandraoj@trl.trl.co.uk.

Hockey helmets standard:

A new European standard, EN 967: 1997 Head protectors for Ice Hockey Players has been published by the BSI.

Product safety in Portugal:

For several years, Portugal has had a commission, coordinated by the Consumer Institute, to assess the risk of products and services brought to them by consumers’ organisations. Recently, this commission asked the Minister of the Environment for a list of products. The Department of Consumer Affairs recommended the production of legislation to control food products containing inedibles. There have been problems with these all over Europe. In Portugal a 3 year old child died after choking on a ‘pea’ that came in a cereal packet.

In 1996 and early 1997, the commission took action by recommending withdrawals and recalls of specific products.

Two brands of candies that were sold in packages similar to the ones used to sell medicines (blister packs and plastic flasks) that were considered to be dangerous imitations for children, presenting the risk of choking not only because they could be mistaken for food, but also because they fitted in the test cylinder for European legislation, were withdrawn. The recommendation is that the Child Institute should examine this case and other similar ones and take the proper action, because there is no specific legislation for this type of situation where it is not possible to say that the product itself is dangerous.

Two brands of air fresheners: the first brand looked and smelled like small pieces of fruit, while the other looked like toy cars. Both were considered to be dangerous imitations for children, presenting the risk of choking not only because they could be mistaken for food, but also because they fitted in the test cylinder for European legislation, were withdrawn.

It was considered as a dangerous imitation not only because it could be mistaken for food, but also because of the possibility that it was toxic! The General Inspectorate for Economic Activities was informed and seized the products already on the market.

After a notification through the Rapex system—a system that links product safety information with enforcement officers throughout the European Union—eight soother holders (from China, Italy, Spain, France, and Portugal) were seized by Portuguese authorities.

The commission recommended an immediate recall of all these products.

On the 27 May, a new commission came into being, resulting from the transposition of a European directive into Portuguese law. The new commission has enlarged and strengthened powers, notably its ability to assess regulated products. The old commission could only analyse unregulated products.

Child restraint campaign in Portugal:

Portugal has a good rate of seat belt usage in the front seat, in urban and suburban areas 85% of drivers and front seat passengers use seat belts but only 11% do so in the back seat. However, when it comes to children under 12, only 15% are properly restrained, either in the front or back seat. For children under 3 years, 26% are properly restrained while for 4 to 13 years old the rate is only 9%.

This may be a reason why one in every four passengers killed is a child or teenager, although children travel much less by car than adults.

APSI—the Portuguese association for children and adolescent injury prevention—has launched a national campaign with the traffic police to promote the use of child seats and seat belts by all children. The campaign asked the Ministry of the Environment for more resources to get the campaign going. The campaign will be distributed through the National Health...
Services network, crèches, kindergartens, schools, and other means. Posters appeared in police stations, on buses, outdoors, and at health centres, kindergartens, mobile information centres, and check points. The campaign was launched at a press conference where influential Portuguese authorities were represented. The launch was transmitted online to Barcelona, Athens, and Israel through the Medsalus project.

EuroNCAP
The European New Car Assessment Programme went public for the first time in February. The programme includes a frontal crash test at 40 mph into a partial overlap, deformable barrier, a side impact and child and adult pedestrian dummy impacts on the front structures. The cars were all fitted with child restraints recommended by the car manufacturers containing 3 year old dummies. The first series of tests were to seven popular small cars on sale in Europe. The investigators report that generally the dummies in the child restraints exhibited considerable movement, especially in the side impacts. A 10 minute video Only time will tell... has been produced by one of the sponsors of the test programme, International Testing. Contact Peter Sand, International Testing, 63 New Cavendish Street, London W1M 8AX, UK, tel: +44 171 436 0657, fax: +44 171 436 0944.

Mandatory smoke alarms in homes in Victoria, Australia
Brian Welch, of the Master Builders Association of Australia, writing in the Melbourne newspaper, The Age, reminds all Victorians that from February this year it became mandatory to have a smoke alarm in all Victorian homes. The new requirement extends the law beyond that previously in force, which applied only to new dwellings. While the regulations allow up to two years' grace, any property being sold much be fitted with an alarm within 30 days of settlement.

Toothbrush injuries
Two case reports of intraoral injuries to young children from falls while having a toothbrush in the mouth were reported in a paper in the BMJ (1997; 314: 50-1, 4 Jan). The authors have asked the toothbrush manufacturers to place a warning on their packaging and report that the market leaders will be acting on this recommendation.

Adolescent and Student Health Monitor
A four page newsletter crossed my desk that may be interest to those of you working among adolescents. The Adolescent and Student Health Monitor is published by the National Adolescent and Student Health Unit, PO Box 777, Oxford OX3 7LF, UK, fax: +44 1865 226773. It will differ slightly from the related review that appears in Ambulatory Child Health, focusing more strongly on UK issues. The winter edition contains abstracts of several papers that relate to injury or to research into techniques for reaching adolescents. Dr Aidan Macfarlane, the monitor's editor, would welcome contributions in the form of abstracts of interest plus any comments on the article that you may wish to make.

Contributors to these pages include Anara Guard, Diane Thompson, Rosie Mercer, Barry Pless, Amy Zierler, Jan Shield, Sue Aucott, Ian Scott, Susan Gallagher, and David Stone. Contributions have been edited by Michael Hayes. Contributions for future issues should be sent to Michael Hayes at the Child Accident Prevention Trust, 18-20 Farringdon Lane, London EC1R 3AU, UK, fax: +44 171 608 3674, e-mail: mh@captr.demon.co.uk.