International Society for Child and Adolescent Injury Prevention

We invite you to join the International Society for Child and Adolescent Injury Prevention (ISCAIP). ISCAIP was created in 1993 for injury professionals around the world. The goal of ISCAIP is to reduce the number and severity of injuries to children and adolescents through international collaboration.

**Membership fee**
The annual membership fee for ISCAIP, including a subscription to *Injury Prevention*, is:
- £85 for individuals
- £125 for non-profit or charity institutions
- £250 for corporate institutions

If you would like to receive a brochure describing ISCAIP in greater detail, please write to the address below.

**How to join**
Please complete this form and return it to ISCAIP, c/o CAPT, 18-20 Farringdon Lane, London EC1R 3AU, UK

Name (Mr/Mrs/Ms/Miss/Dr):
Title/position:
Institution:
Address (plus postal/zip code)
Telephone/fax/e-mail
Type of membership (ring one)
Individual/non-profit charity/corporate

Visa/Mastercard number*

Expiry date
Name as it appears on the card
Card billing address (if different from above)
Amount to be charged
Signature of cardholder

*When paying by credit card, the account will be charged in pounds sterling and converted accordingly (we much prefer this method of payment).
with the necessary expertise and interest to make protective products, health care and been recommenda-
tions.

- Track efforts or lack thereof: ISCAIP should track international trends in injury mortality among children and adolescents, and efforts in each country to reduce the toll from injuries. Comparisons of infant mortality have been used as markers of a nation's maternal and child health care and have spurred efforts to improve such care. Might we accomplish the same for injury control through tracking and publication of international comparisons of injury mortality rates?

ISCAIP is an organization founded to serve its members’ needs and to reflect its members’ goals. Advocacy is one potential way for the society to serve these needs. I’ve outlined here a modest proposal for an advocacy agenda which I hope will start a dialogue about its merits and details in these pages, on ISCAIPNET, and at the 4th World Conference on Injury Prevention and Control in Amsterdam in May 1998. Speak up and be heard; we’re listening!

FREDERICK P RIVARA
Chair, ISCAIP

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**Editorial Board Member: brief biography**

JAN SHIELD

Jan Shield, BA, Dip Ed, Grad Dip Information Services, of the Royal Children’s Hospital Safety Centre, Melbourne, was involved in the organisation of the Third International Conference on Injury Prevention and Control. The Safety Centre, the first of its kind in the world, was one of the most popular site visits for the conference. Most of you will know her, however, as the editor of the ‘Splinters & Fragments’ page in this journal. She brings to this role long experience at reviewing and abstracting injury prevention literature for the current awareness bulletin, Child Safety News, which she has edited since 1989.

Her work as a safety consultant involves such diverse activities as health education, development of resources for use with parents, health professionals and childcare providers, editing other publications, lecturing students, running workshops for parents and professionals, and participating in professional injury control bodies, including the Victorian Community Council Against Violence and the Victorian Injury Control Forum.

Jan’s professional interests are in the areas of child and adolescent injury prevention, increasingly focused towards the prevention of intentional injury, violence, and self harm. She is particularly interested in interpreting the results of research into a form easily understood by the general community, and in ensuring that appropriate interventions are promoted for the community. Although her background is in the social sciences, she is currently studying for an MPH degree at Monash University. The topic for her thesis is an injury related public health issue: youth suicide by gunshot.
News and Notes

Services network, créches, 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.

EuoNCAP
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 must 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@capt.demon.co.uk.
Injury prevention programmes in primary care


THE BOOK OF ACCIDENTS;

DESIGNED

FOR YOUNG CHILDREN.

NEW HAVEN:
L. BARCOCK, PUBLISHER, CHURCH- STREET.
CHARLESTON—L. BARCOCK & CO.
Sidney’s Press—1830.

Book of Accidents
This issue includes the first in a series of illustrations from The Book of Accidents; Designed for Young Children published in New Haven in 1830. Neither the writer nor illustrator is known. I discovered these pictures when Dr T E Cone (now of Massachusetts) arranged for their publication in Pediatrics in 1981. I am grateful to Dr Cone and to Pediatrics for allowing us to reproduce them. Apart from the delightful drawings, I wanted to share them with our readers because both the somewhat unfortunate title and the admonitory text accompanying most of the illustrations, so clearly reveal what was believed about injuries and their prevention a century ago. As you will discover, the onus is placed squarely and exclusively on the child or parents, and it is clearly ‘accidents’ that these, largely middle and upper class families, are depicted as trying to prevent, mostly by giving advice to their children. I wonder how much of society’s attitudes have changed since then.

I B PLESS
Editor


26 Consumer Affairs (Product Safety) (Children's toys) Regulations 1987. (Australia.)


$35 million for ATV injuries

A jury in Alabama issued a judgment against Yamaha Motor Co for compensatory damages of $35 million. The award is to a 20-year-old woman who suffered severe brain damage after the four-wheeler all-terrain vehicle he was driving overturned on a dirt road (Baltimore Sun, 1 June 1996).

Boy kills brother with revolver

A 15-year-old shot and killed his 2-year-old brother with a revolver; he has pleaded guilty to delinquent behaviour. The youth was smoking marijuana and drinking beer when the incident occurred (D Martelli, Boston Globe, 6 June 1996).

Another dog versus child paradox

In New Hampshire (whose motto is ‘Live Free or Die!’) it is now illegal to transport dogs in the back of a pickup truck unless they are safely restrained. This law does not apply to children!

Helmet damages pick-up truck

An 8-year-old bicyclist in Lancaster, MA, who was struck by a truck that had skidded more than 75 feet, survived because of his helmet. ‘The impact from the helmet put a hole in the grille of the pick-up truck,’ police observed. The child’s own comment: ‘Better wear a helmet. It hurts a lot if you don’t!’ (A Brockelman, Fitchburg Sentinel Enterprise, 31 May 1996).
injuries treated in physicians’ offices. Pickett et al estimated that approximately 68% of farm injuries receive medical care and only 28% receive care in the emergency department. Thus, the data presented here represent only a portion of the actual farm injury problem.

Implications for prevention
Prevention of farm injuries to children and adolescents is possible with a multifaceted approach such as that put forward by the NCCAIP. This proposed national action plan calls for: the establishment of a national surveillance system to detect and track injury rates; to establish a national database on agricultural injuries; guidelines for children’s and adolescents’ work in agriculture; uniform standards to protect young workers from agricultural hazards, with appropriate enforcement of regulations; the development and evaluation of intervention programs to educate parents, owners, operators, and youth themselves on safe farm practices; and adequate support from the public and private sector. As with other injury problems, farm related injuries to children and adolescents should be viewed as preventable and not accepted as the cost of a hazardous environment.

This study was supported by a grant from Farm Safety 4 Just Kids and from the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Thanks to Marilyn Adams, founder and President of Farm Safety 4 Just Kids, for commissioning this study and for comments on it, to Art McDonald and Tom Schroder of the CPSC for providing the NEISS data, to Bob Soderberg for computer programming, and to Barbara Lee for her helpful review of the manuscript. Presented in part at the 10 Year Anniversary Meeting of Farm Safety 4 Just Kids, February 1997.


Soft landing
A boy aged 3 who toppled from a first floor window at his home in Leicester fell safely onto the family dog, which was dozing on the patio. Michael suffered only scratches and a bumped head while Duke, a mongrel, walked away unhurt (The Times, 25 June 1997).

Editor’s note: at least the television news coverage of this story noted that the parents thought that they should now fit locks on the window. For non-British readers, I should point out that the first floor is the one above the ground floor, so the fall would have been from about 3 metres.


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**Does your child know how to use the emergency services?**

A report in Newcastle’s *Evening Chronicle* tells how a 5 year old saved his parents and 2 week old brother in a fire. The toddler woke at 5 am to find his home filled with smoke and dialled the emergency number, 999, himself before leading his family to safety.

**Fatal ‘surfing’ on a fire engine**

Andrew Chapman, writing in the *Daily Mail* (15 December 1996), tells the story of an 8 year old who was killed, trying to ‘surf’ on a moving fire engine in Burnley, Lancashire. He fell off the vehicle and was crushed under its wheels as it moved slowly. The death came a month after police and fire chiefs warned youngsters that the craze of jumping on appliances would end in tragedy. Several children, including some as young as 7, had recently been found clinging to the ladders on fire engines and a girl had been thrown off as the vehicle rounded a corner at speed. The police recognised that fire engines have a fascination for children but called on parents to warn their children of the perils.
currently partly supported by grant number R49/CCR310285-01A1 from the Centers for Disease Control and Prevention. The contents are, however, the sole responsibility of the authors and do not necessarily represent the official views of the funding bodies.

The authors wish to acknowledge the assistance from the Department of Community Health at the University of Science and Technology School of Medical Sciences, Kumasi, Ghana. This research formed part of Dr Forjuoh's doctoral dissertation research at the Johns Hopkins University. It was presented, in part, at the 123rd Annual Meeting of the American Public Health Association, October-November 1995, San Diego, CA, USA.


In-line skater injured

A teen in-line skater was seriously injured after taking a midnight ride on a bus bumper. The 15 year old who was not wearing any protective gear, suffered multiple fractures when he crashed head-on with another bus travelling in the opposite direction (E Collister, Gazette, 1 August 1996).

A litany of fatal or near fatal injuries

- 16 year old drowning in a hot tub has prompted consideration of laws requiring emergency shut-off switches
- Fall into family swimming pool results in severe brain injury to 3 year old
- 14 year old drowned after falling off a makeshift raft
- Child left in hot car prompts a bill in Massachusetts to make this a crime (it is a criminal offense to leave a dog in a hot car)
- A Rottweiler mauled an 11 year old so badly she required 100 stitches. Her mother blames the dog, not its owners
- Another child was mauled to death, also by a Rottweiler, after the chained dog grabbed the infant from a woman’s arms
- Playing ‘chicken’ (sitting on the tracks) a teenager was killed by a commuter train travelling at 50 mph
- A 10 year old died after being run over by the family car. It appears he tried to move the car from the garage so he could play inside and was crushed under it as it rolled down the driveway
- Tot dies after fall in 5 gallon bucket filled with cleaning solution.
Recommendation

Most injuries can be prevented by developing strategies to substantially increase the profile of health education to parents and children, to educate policy makers and health professionals, and by environmental modification, legislation, and enforcement. The UAE government can play an important part by establishing and supporting an injury prevention program.


Call for ban on lethal child’s toy

A tiny child’s toy was described as lethal by doctors yesterday after a 6 month old baby died and a 7 year old girl was left on a life support machine. The children accidentally swallowed the water bomb, a 2.5” rubber balloon available for few pence at scores of corner shops nationwide. They are intended to be filled with water then thrown.

Doctors at Bradford Royal Infirmary decided to speak out after dealing with two incidents in the past fortnight. In the first, on October 30, a 6 month old girl died after stuffing the balloon in her mouth at her home in Bradford. A verdict of accidental death was recorded at her inquest. Her father has called for the toy to be banned from sale.

In the second incident, last Sunday, the 7 year old girl inhaled the balloon after apparently trying to blow it up. She is critically ill in the hospital’s intensive care unit.

The head of the accident and emergency department said: ‘If these water bombs are accidentally inhaled, they are exactly then the right size to “sit” on a child’s vocal chords and obstruct the windpipe. They have the shape, look, and texture of a miniballoon’.

West Yorkshire’s Trading Standards Service has begun an investigation. Its head of fair trading and safety said the product was widely available. Packs of 20 sold for as little as 25p. He declined to identify the water bomb importers as the inquiry had just been launched and, so far, only one importer had been traced (The Times, November 1996).
various organisations, and acquiring what accident data are available are ongoing tasks. These satisfy most of the requests for information that I receive from students, healthcare workers, and schoolchildren. A presence for CAPT on the Internet is planned and web pages are under construction.

As our core funding is never long term I have had to spend quite a lot of my time developing project proposals and applying for funding—you will all be familiar with this. One which paid off with a small grant from the Rural Development Council will be developing farm safety checklists.

**Highlights to date**

Piggybacking on the launch of *Injury Prevention* in London in March 1995, we cajoled Barry Pless, Terry Nolan, and Sue Gallagher to travel to NI to speak on the themes of data collection and effective interventions. It proved to be a very successful conference attracting a number of delegates from the Republic of Ireland, links which have since developed into a national accident forum.

In February 1996 I attended the Third International Conference on Injury Prevention and Control in Melbourne. Funded by the DHSS(NI) it is proof that begging letters can work—as long as there is justification for what you are begging and you have good timing.

I was successful in my application for a Winston Churchill Travelling Fellowship in 1996, enabling me to return to Australia for an extended visit to look at injury surveillance systems and accident prevention programmes. A once in a lifetime opportunity, so it is worthwhile applying for such schemes.

The allocation of further grants from the DHSS(NI) has been very encouraging for us—we consider it to be tacit approval for our work and future plans.

**Future aspirations**

'If I had a dream...' it would be a child safety centre for Belfast. With facilities and services based on those which I visited in Australia, I believe that such a facility would become a focal point for a number of agencies, providing a high profile face for accident prevention. I feel that the following statement from one of the speakers at the Melbourne Conference sums up what we've been trying to do:

- Get a committed individual and a home
- Spend time listening and watching what is happening
- Start small and build up a good track record of work
- Develop your network
- Be competent and appear competent
- Get noticed—both publicly and professionally.

What will 1997 bring?

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**Editorial Board Member: brief biography**

**PETER WRIGHT**

Peter Wright graduated from the University in Oxford in 1964 after taking moderations in biochemistry and finals in philosophy, physiology, and psychology. He went to Yale University as a Fulbright scholar and held a US Public Health Service predoctoral fellowship with Dr Irving Janis returning to Oxford and completing his doctorate in 1969. He was lecturer in psychology at Oriel College, Oxford before appointment as a lecturer and now senior lecturer in psychology at the University of Edinburgh. After working for some years on problems of physiological psychology, he became interested in developmental psychology, especially in the development of feeding in early infancy. In recent years he has been especially interested in applied issues in child development, and was a founder member of the Edinburgh Centre for Research in Child Development. He is a chartered psychologist and Fellow of the British Psychological Society.
CALENDAR

Eleventh Annual California Conference on Childhood Injury Control is to be held at the Marriott Mission Valley in San Diego, California on 6–8 October 1997. The conference is designed to update physicians, public health professionals, and injury prevention advocates on current issues and future directions in injury epidemiology, public policy, and injury prevention strategies. Further details: California Center for Childhood Injury Prevention of the Graduate School of Public Health, San Diego State University, 6505 Alvarado Road, Suite 208, San Diego, CA 92120, USA (phone: +1 619 594 3991; fax: +1 619 594 1995).

* The 4th World Conference on Injury Prevention and Control will take place in Amsterdam, The Netherlands, 17–20 May 1998. Further details: Van Namen and Westerlaken Organization Services, PO Box 1558, 6501 BN Nijmegen, The Netherlands (phone: +31 24 323 4471; fax: +31 24 360 1159; e-mail: reg.fowoco.nw@prompt.nl).

JOURNAL CITATIONS

Methods


General


Carter VH, Bannon MJ. Mothers' attitudes to and experience of pre-school child health services—a comparative study in two districts in the West Midlands. Public Health 1997; 111: 23–8.


Traffic


Burns and scalds


Poisoning


Drowning


Recreation

Albanese CT, Gardner MJ, Atkins MA, Schall L, Lynch JM. Single rope tree


**Occupational**


**Violence and suicide**


