Injury Prevention 1997; 3: 247 - 251

Policy and Management (FIPPM) of Flinders University of South Australia has been contracted to investigate various evaluation methods which have been or could be applied to injury prevention programs, and to prepare the bibliography.

In addition to searching the published literature by conventional methods, the researchers are also referring to injury prevention researchers, other practitioners, and people who make use of evaluation findings to direct them to compelling examples of evaluation, and to relevant literature. They summarise the work that you have done, or papers that have influenced your thinking or practice on the evaluation of injury prevention programs and interventions.

For further information or if you have any further ideas contact Dr Colin Sharp, FIPPM, GPO Box 2100, Adelaide, SA, Australia 5001, tel: +61 8 8201 2629, fax: +61 8 8201 2273, e-mail: colin.sharp@flinders.edu.au.

Airbags: benefits and risks

The July 1997 issue of Risk in Perspective from the Harvard Center for Risk Analysis presents a balanced overview of the arguments for and against airbags. The authors, John Graham and Maria Segui-Gomez, highlight the hazards that airbags present to children. They comment 'We are aware of no precedent in the history of preventive medicine where a mandatory measure was sustained with such a poor ratio of lifesaving benefit to fatal risk. Allowing children to bear the bulk of the risk is particularly questionable'. They report on a telephone survey of drivers which revealed that a majority (60%) harbour the misconception that airbags save more lives of children than they kill.

The paper concludes: ‘In summary, although the case for the passenger-side airbag remains fairly compelling, the case for the passenger-side airbag is less convincing. The benefits and risks of airbags to adult passengers are in urgent need of careful study. Even if passenger airbags prove to be as effective for adults as driver-side airbags are, the danger to children remains a problem. Unless children ride in the back seat or the technology becomes ‘child-friendly’, there will remain doubts about whether passenger-side airbags are an appropriate public health measure. These doubts are evident outside the USA where there is less interest in passenger-side airbags’.

Injury Control Resource Information Network (ICRIN)

That mine of injury prevention information has moved (again). Its new web address is now www.injurycontrol.com/icrin. ICRIN is sponsored by the Center for Violence And Injury Control (CVIC) at the Allegheny University of the Health Sciences.

Reducing fire related injuries: the ‘Let’s Get Alarmed! Initiative’

The Child Health Monitoring Unit at the Institute of Child Health in London has received major project grant funding from the Medical Research Council (MRC) for a randomised controlled trial evaluating the effectiveness and cost effectiveness of a smoke alarm giveaway programme in the deprived inner London boroughs of Camden and Islington. The programmes are characterised by substantial material deprivation, average proportions of single parent families and households in local authority housing, and marked ethnic and linguistic diversity. The prevalence of smoke alarms in these two boroughs is currently less than 50%, well below the UK national average of 79%.

The programme, entitled the ‘Let’s Get Alarmed! Initiative’, has been developed in collaboration with the Camden and Islington Accident Prevention Alliances, multisector working groups drawn from local organisations including the local and health authorities, the community health service trusts, health visitors, home care and health promotion services; and police, hospitals, primary care teams, universities, and voluntary agencies. The programme is coordinated by Suzanne Slater, accident prevention coordinator at the local health authority, and will be conducted from June to December 1997. The programme aims to distribute 25 000 free smoke alarms using a variety of distribution strategies. The programme is targeted to needy populations within the two boroughs.

Support for the programme comes from the Home Office, the Camden and Islington Health Authority and the two local authorities, the British Medical Association, the London Fire Brigade, Dicon Safety Products, and J Salisbury plc.

The MRC funded trial is being run by Drs Carolyn DiGuiseppi and Ian Roberts and will measure the effect of the programme on residential fires and fire related injuries and deaths, as well as on environmental function and maintenance, and fire safety knowledge and behaviour. The economic evaluation will take a societal perspective, costing the net resource implications of the programme, at the programme, community, and household level, and fire and health care provision, in relation to its effects, including fires, property damage, injuries and fatalities prevented, within the framework of a cost effectiveness analysis.

Further details from Carolyn DiGuiseppi, Institute of Child Health, 30 Guilford Street, London WC1N 1EH, UK, tel: +44 171 242 9789, e-mail: C.DiGuiseppi@ich.ucl.ac.uk.

Transportation statistics

The US Bureau of Transportation Statistics (BTS) has released a CD-ROM that contains 20 years (1975 - 94) of the Federal Accident Reporting System and seven years (1988 - 94) of General Estimates Data. To order a free copy contact BTS at 800-266-DATA or through the internet at www.bts.gov.

Injury related courses web site

Dr Chester Jones tells me that he has developed a web site that contains a collection of injury related course syllabi from universities across the US. He has found many researchers and teachers interested in developing a course at their institutions and this list helped them get started. The website can be found at comp.uark.edu/~csjones/injury.html. Further information from Chester S Jones, PhD, Assistant Professor of Health Science, University of Arkansas, Room 208 HPER, Fayetteville, AR 72701, USA, tel: +1 501 575 4009, fax: +1 501 575 5778, e-mail: csjones@comp.uark.edu.

CPSC stops Kinder Eggs but approves Nestle chocolate ball

The US Consumer Product Safety Commission (CPSC) announced in August that the Nestle Magic chocolate covered ball, contain-
Dogs 'n' Kids resource kit—promoting responsible dog ownership and dog bite prevention

'Owning a dog can be great fun for a child', writes Lynda Hannah, manager of Melbourne's Safety Centre. Dogs provide companionship, opportunities to care for others, friendships, and establish exercise routines. While dog ownership has many benefits, it also carried with it responsibilities and the risk of dog bites. In Victoria each year around 100 children under the age of 4 will be admitted to hospital with serious dog bite injuries, around 400 will require emergency department attention.

The Dogs 'n' Kids resource kit for maternal and child health nurses has been produced by the Royal Children's Hospital Safety Centre and the Petcare Information and Advisory Service and is designed to reduce the incidence of dog bites by encouraging responsible dog ownership. The kit contains an information book for maternal and child health nurses, a colourful poster highlighting the main strategies to avoid dog bites, a leaflet detailing Victorian laws on dog ownership, and a starter pack of 10 Dogs 'n' Kids brochures to distribute to parents.

The kit has been developed as part of Victoria's Children's Injury Prevention Strategy and is just one of the strategies identified to reduce these injuries. The kit has been distributed free of charge to maternal and child health centres with funding provided by the Petcare Information and Advisory Service.

Dogs 'n' Kids: Brochures to children under 5, and requires recalls when toys violate the law or present a serious risk. The commission had earlier issued a recall of Ferrero's Kinder chocolate eggs brought into the US by Ferrero USA Inc. It was determined that each egg contains a toy with small parts that pose a choking hazard. Based on the size and shape of the Nestle product, CPSC concluded that the toys do not pose a choking hazard. CPSC examined all 24 toy figures found inside the Nestle chocolate covered balls. It was determined none of the figures violates the CPSC small parts regulation. This regulation prevents the sale of items that pose a choking hazard to young children. CPSC tests on the Nestle product included an evaluation of sharp point hazards and simulation of the use and abuse to which toys are likely to be subjected. No violations were found. Kinder chocolate eggs are widely sold in Europe.

Some recent EMSC publications

Reaching Out: A Guide to Effective Coalition Building. Contact Ken Williams, tel: +1 301 650 8092, e-mail: kwilliams@emscncr.com.

Preventing Childhood Emergencies: A Guide to Developing Effective Injury Prevention Initiatives. Contact Ken Allee, tel: +1 301 650 8043, e-mail: kallee@emscncr.com.

New European standard on child resistant packaging

EN 862: 1997, Packaging—Child resistant packaging—Requirements and testing procedures for non-reclosable packages for non-pharmaceutical products, has been published by CEN, the European standardization body. It complements EN 28317: 1993 for child resistant reclosable packaging. Conflicting national standards among CEN members had to be withdrawn by September 1997. The standard includes details of the adult and child test panels that are used to check the ease of opening and the child resistance of the package. The child panel comprises 200 children with an even distribution of sex and ages between 24 and 51 months. To comply, packaging must resist the attempts of 85% of the child panel for three minutes without a demonstration and 80% for a further three minutes after a demonstration. Ninety per cent of adults must be able to open the packaging within five minutes without a demonstration. The English language version has been published by the British Standards Institution as BS EN 862: 1997.

Canadian pioneer of child resistant packaging dies

The Globe and Mail has reported the death of Bill Wilson, who in 1963, at the urging of an old friend, took up the problem of child poisoning from drugs and household products. He developed a contest for a commercial prototype for a child resistant cap. Peter Hedgewick, a Windsor industrialist, created one, named by Bill as the Palm 'N Turn. Bill then devoted his energies to lobbying and promoting child resistant caps for North American use. The result is all around us today: most drugs, and many household products, are now child proofed. What was a phenomenon 30 years ago is now a matter of industrial practice all over North America.

Vice President Al Gore launches free MEDLINE access

The National Library of Medicine (NLM), a part of the US National Institutes of Health, has launched a new service to provide free access to MEDLINE, the world's most extensive collection of published medical information, over the world wide web (WWW). Before this announcement, users had to register and pay to search MEDLINE and other NLM databases. This free service was demonstrated by Vice President Gore at a press briefing in June 1997.

In announcing the new free service, Health and Human Services Secretary Donna Shalala said, 'American citizens now have at their fingertips the research studies gathered by the National Library of Medicine as represented in MEDLINE, and the extensive consumer health information in Healthfinder, the service for the public that we introduced in April. We are committed to using the new technology, including the worldwide web and the internet, to provide health information to the public.'
other fields. At the conclusion of the study, a prioritized list of recommendations for action in the above areas will be produced and disseminated. Results of the analysis will be used to generate recommendations for action and for educational materials to be developed by the State Farm Insurance Companies.

For more information, contact Esha Bhat-

New NOMESCO Classification of External Cause of Injury

The 148 page third revised edition of NO-

New Pennsylvania Center for Violence and Injury Control

To reduce the incidence and societal burden of violence and unintentional injury in the Commonwealth of Pennsylvania, Allegheny Health, Education and Research Foundation has established a statewide CVIC. Under the direction of injury control specialist, Jeffrey Cohen, MD, CVIC is a joint program of Allegheny University of the Health Sciences' (AHUS) School of Public Health and School of Medicine. CVIC will be based in the Department of Emergency Medicine at the Allegheny Campus of AHUS, located at Pittsburgh's Allegheny General Hospital.

Health, United States, 1996–97 and In-

First Public Health Minister for the UK

Tessa Jowell MP has been appointed as the First Minister for Public Health in Britain's new Labour government. The creation of this post is widely welcomed as recognition of the importance of public health within the De-

Chrysler integrated child restraint prob-

The Fort Worth Star-Telegram (9 August 1997) reported that some popular integrated child safety seats are generating complaints from concerned parents. The agency is undertaking an investigation by the federal agency responsible for highway safety. Since January, the US National Highway Traffic Safety Administration (NHTSA) has been investigating built-in child safety seats in 1995–97 Chrysler minivans, based on complaints from at least 166 owners that their children were trapped in the seats because of malfunctioning belt retractors and release mechanisms.

Chrysler introduced the child seats, which are designed to fold up into the back of the regular van seats when not in use, in 1991 as a time saver for people with small children. More than a million of these seats have been sold among various Chrysler vehicles, and several other manufacturers have since developed their own versions of the integrated seats. Some parents whose Chrysler minivans are equipped with the seats have switched to rear-facing seats. 

In the meantime, Chrysler has sent out a 12 minute videotape to more than 150,000 minivan owners, explaining the proper way to clean the latch mechanisms to keep food and other materials from gumming them up. 'We expect the investigation to close without a recall,' a Chrysler spokesman said. ‘We worked with NHTSA when it first became evident there were some owner concerns, and we concluded what we needed to do was provide a video to show owners how to check the latches to owners of the affected minivans last month'. The tape covers information in the seat owner's manual, 'but it does visually'. It shows the two red latches in addition to the one that might get jammed by a crayon or cookie or other junk. 'We found in most cases that was the problem, and that a number of parents were not aware of the two auxiliary releases, which are spring clips on each side of the seat. There's no defect in the seats', it added. 'It's more a case of people not understanding how they function. We believe the tape will make sure they do this. It is a case where if someone is aware of how the seat behaves, it prevents owners from taking the latches off the seats'

Chrysler already had recalled 5424 of the first built 1996 minivans with integrated child seats so those seats could be replaced with ones that had an improved belt retractor system.

In the federal notice of that recall, posted on the safety agency's internet site, the government said the action was 'not a safety recall', but rather a 'safety improvement campaign'. But the government's statement that 'In an emergency, it would be difficult to remove a child from the seat'. The revised
seats, the notice said, 'will also increase child comfort by incorporating protective seat belt wraps to prevent belt chafe'.

Pool barriers required in Victoria
Since 1 July 1997, Victorian law has required the all public swimming pools and spas have safety barriers to prevent a young child's unsupervised access. A barrier refers to a fence, wall, gate or screen as well as locks, latches or other devices to doors, gates, and windows.

While all pools and spas built since April 1991 already had to meet these minimum requirements, from July they also apply to pools built prior to 1991 — and penalties apply for non-compliance.

The SafePool Brochure, 1996, from the Building Control Commission and Kidsafe, Victoria, notes that to ensure correct barriers are in place pool owners must either
- Install a fence in accordance with Australian Standard 2622:1999 covering access by and I feel particularly children to the swimming pool or spa; or ensure that
- The allomen fence on the property boundary or other fence surrounding the pool area is not less than 1.3 m in height and in one state of good repair; and
- Gates and doors providing access to the pool are fitted with self locking or self latching devices not less than 1.3 m above the ground; and
- Openable windows which open directly onto the pool area are securely fitted with fly wire screens. Otherwise they must be fitted with self locking or self latching devices at least 1.3 m above floor level.

A recent newspaper reported that some councils planned to use aerial mapping and computerised imagery to identify homes owners with unfenced swimming pools once fencing became mandatory. Non-compliance with the legislation is an offence and is liable to result in a fine of up to $500.

While some estate agents are informing clients about the regulations, widespread advertising in the property sections of newspapers elsewhere still features unfenced pools. Clearly, a property ad featuring unfenced pools could lead to prosecution of the owners after 1 July 1997.

Evenflo play yards recalled
Over 1 million owners of portable play yards from Evenflo Company Inc are being offered free hinge cover kits to prevent the risk of children becoming trapped in the V formed by the foldable top rail. Evenflo and the US CPSC are aware of three deaths involving the play yards. In two incidents, the hinges collapsed and entrapped the child and in one incident an infant was placed into a broken play yard. Evenflo has received 10 reports of children receiving cuts and bruises from broken hinges.

Crash brings message home for Clara
As if Olympic cyclist Clara Hughes needed to be convinced of the value of cycling helmets, a spectacular crash three months ago left her with the issue a little too close to home. The Winnipeg born medallist had already agreed to champion a cycling safety campaign for Manitoba when her own helmet saved her from serious head injury, possibly death. How, they ask, long distance race in New Zealand, Clara rounded a corner and came upon a pile of mangled bikes. And she flew head first over them and cracked her helmet wide open. Her groggy broke and gave her a gash just below her eye, but without helmet, she would be dead.

The 'Helmets on ... a Heads-up Decision' campaign is a project of IMPACT (Injuries Manitoba—Prevention of Adolescent and Childhood Trauma) and the Cycling Health and Safety Committee of Manitoba. IMPACT is a province wide injury prevention centre based at Children's Hospital.

With her success and fame, Clara, who was Manitoba's 1996 Female Athlete of the Year, is eager to promote bicycle safety. 'I'm so lucky to be able to train and race full time now, and I feel I have a responsibility to be a role model, especially for young people', says the 24 year old member of the Saturn Cycling Team. 'I don't just wear my helmet when I'm racing. I wear it every time I ride'.

In four radio spots which were aired across Manitoba in May and June, Clara urged children, teenagers, and parents to use bike helmets and to cycle safely. Clara also featured on colourful billboards and posters promoting 'Helmets on ... a Heads-up Decision'. Every school in the province received a poster and a cycling safety information kit. The campaign included giveaways of cycling helmets donated by local businesses.

CPSLIST
There is an electronic child restraint forum called CPSLIST. Messages of interest (news items, questions, answers to problems, etc) are sent to a central server and distributed automatically to 'subscribers'. The service is free, and you can add your name by sending a message to listserv@wildhack.com, leaving the subject field blank. In the body of the message type: subscribe CPSLIST [your name]. You will receive a welcome message to verify that you are subscribed to the list (and instructions on how to unsubscribe).

Although the emphasis is on North American child restraint issues, it is also relevant to those interested in child restraint issues elsewhere.

Children's emotional recovery from accidents
The CAPT has been funded for one year by BBC Children in Need to develop materials and services to support children's emotional recovery from accidents. The project is part of the Post-Accident National Support Initiative (PANSI).

The initial phase of the project identified the need for better emotional support for children who had been involved in accidents and for their parents and carers, and for greater awareness among medical professionals of the long term effects accidents may have on children. Recommendations that were made include adequate training of all individuals involved with children recovering from accidents, especially those who may have contact immediately after the incident. The aims of the current phase of the project are to assess children's awareness and understanding of emotional distress after an accident and to develop materials and resources to aid recovery. A variety of materials will be investigated as to their appropriateness for different age groups, mainly through interviews with groups of children in schools. Parents and carers will be consulted about their experiences of emotional support received after an accident involving their child, as well as additional support that they feel they are both lacking and required. Leaflets and materials for children and adults will be developed as well as a guide to good practice in ways of meeting the emotional needs of children recovering from accidents. The project will involve members of organisations from a variety of backgrounds including medical, educational and voluntary sectors all of whom are active in the field of emotional support of children. Further details: Alexandra Troya, CAPT, 18-20 Farrington Lane, London. Fax: +44 171 660 3674, e-mail: alex@capt.demnon.co.uk.

General Motors offers free top tether fitting
General Motors (GM) announced in August that it is offering free retrofit top tether anchorages at GM dealers in the US for second row seating positions in most 1998 and later GM vehicles. The anchors attach to the vehicle and are used to secure a forward facing child restraint equipped with a top strap or top tether.

The top tether anchorages work with forward facing child seats. All such seats currently sold in Canada have top straps. Some child seat manufacturers have announced they will soon provide top straps for the US, and virtually all forward facing seats have provisions for them. Top straps can make a forward facing restraint easier to install securely, however, the top tethers need to be properly anchored to the vehicle.

GM has also created a national information program aimed at promoting the proper use of safety belts and child seats, and the proper ways to protect children from the force of impact. The program, called CIOUS CARGO—PROTECTING THE CHILDREN WHO RIDE WITH YOU, features a 32 page booklet and a 16 minute videotape. The educational materials are available for free in the public display at GM dealerships across the country. GM has distributed more than one million booklets in only three months.

Ontario drinking and driving down
A recent report by the Addiction Research Foundation of Ontario, found drinking among young people has dropped significantly, especially among males. The report attributed the drop to the zero tolerance...
policy of graduated licensing, which has been in place in the province for two years.

New injury appointments at Centers for Disease Control

New appointments at the Centers for Disease Control National Center for Injury Prevention and Control, Atlanta, Georgia include the following. Chris Branch, PhD, has been appointed as Director, Division of Unintentional Injury Prevention. The division focuses on injuries related to motor vehicle crashes and home and leisure activities. Dr Branch was the Team Leader within the Division for Home and Leisure Injury Prevention. Her background as an injury epidemiologist includes research on drowning, spinal cord injuries from water recreation, falls among the elderly, occupational injuries, and injuries among minorities. Former Acting Director, Dr David Sleet, has been appointed Associate Director for Science. Rodney Hammond, PhD has been appointed as Director, Division of Violence Prevention. The division focuses on youth violence, suicide, and family and intimate violence. He was director of the Center for Child and Adolescent Violence Prevention in Dayton, Ohio and an Associate Professor of Psychology at Wright State University. Dr Hammond’s academic work has focused on prevention of youth homicide and suicide, and community based violence prevention programs. Former Acting Director, Dr Jim Mercy, has been appointed Associate Director for Science.

Cigarette lighters recalled

Five US importers have recalled about 845,000 novelty and disposable cigarette lighters, according to a CPSC press release. The lighters either do not have child resistant mechanisms to prevent young children from igniting them or have defective mechanisms in violation of the Consumer Product Safety Act. The press release notes that one importer of lighters of Chinese manufacture is recalling 790,000 units which retail at about 25 cents each.

Contributors to these News and Notes:

Anara Guard, Barry Pless, Susan Gallagher, Rosie Mercer, Esha Bhatia, Jeff Cohen, Amy Zierler and David Sleet. Contributions have been edited by Michael Hayes. Items for the next issue should be sent to Michael Hayes at the Child Accident Prevention Trust, 18–20 Farrington Lane, London EC1R 3AU, UK, fax: +44 171 608 3828, e-mail: mh@capt.demon.co.uk by 1 March 1998.

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 (US$ 155) for individuals
- £125 (US$ 230) for non-profit or charity institutions
- £250 (US$ 435) 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 Farrington 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).