

NEWS AND NOTES

CDC awards

A number of prestigious awards were given out in May at the 27th Annual Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS) Conference held in Atlanta, Georgia.

Dr Etienne Krug, EIS officer in the Division of Violence Prevention at the National Center for Injury Prevention and Control, won the ultimate award—the Langmuir Prize, named after Alex Langmuir who started the EIS Program. This award is for the most outstanding manuscript in public health, and the first time the award has gone to a scientist doing work in violence prevention. Dr Krug won this award for the project he conducted to collect and analyze international comparison data on firearm injury mortality. It will be published in the *New England Journal of Medicine*. He also was awarded the Paul C Schnitker Award for the most substantial contribution of an EIS officer to important international work.

Boating licenses for Canadians

Canada will require motor boaters to have an operator's license for the first time beginning in 1999, with drivers under 16 years old the first target of the new regulations. Age groups will be phased in over the next decade, but eventually all drivers of motorcraft will have to pass a written test demonstrating basic knowledge of boat handling and minimum safety requirements. Children younger than 12 will be barred from operating any boat equipped with more than a 10 horsepower motor, and 12 to 16 year olds will be restricted to boats with a maximum of 40 horsepower. With Canada's huge expanse of waterways and vacation properties, a boating industry spokesman estimated that 150 000 young people are now operating boats for which they will need a license. Until now, Canada has had no age limits and no testing or licensing requirements for small craft operators anywhere in the country.

£1.7 million on research into inequalities in health

Health inequalities research projects totalling £1.7 million have been commissioned by the Department of Health in the UK and will focus particularly on children and young people. Other UK government bodies are also funding health inequalities research, including the Medical Research Council (MRC) and the Economic and Social Research Council (ESRC). The MRC is making a substantial contribution to the growing body of knowledge in this area via major longitudinal studies looking at a range of topics including the social patterns of health and illness; the relationship between past experiences and subsequent changes in health; and social influences on health, especially coronary heart disease and cancer. The ESRC is funding new work in this field and the first

phase includes 13 projects tracking the influence of material and social factors on health over the whole lifespan, within households, workplaces, regions, gender, and ethnic minorities.

Among the projects commissioned under the first phase of the Department of Health's research initiative is one lead by *Injury Prevention* editorial board member Ian Roberts of the Institute of Child Health in London. He will be studying the effect of out-of-home daycare on the health and welfare of socially disadvantaged families with children through a randomised controlled trial.

Safety in fashion

Injury Prevention News, the magazine from Alberta's Injury Prevention Centre, reported on what it claimed was a unique idea for selling safety to adolescents—an injury prevention fashion show. To cap an Injury Prevention Week focusing on sports and recreation safety, Sir George Simpson Junior High School in St Albert, Alberta, organized a "Wear the Gear" fashion show for a school-wide assembly. Students and staff modelled helmets and padding for sports they actually participate in, such as cycling, football, skateboarding, and in-line skating. School counsellor Diane Wolansky, who organized the event, said she hoped to create an environment "where kids know that it is cool to look after themselves". No formal evaluation was done, but the magazine reported that students felt the event was "fun, interesting, creative, and got the point across".

Editor's note: The safety fashion show idea, while novel and hopefully successful, is not quite as unique as one might think. Angie Lee, the bike helmet specialist from Reading, England, has been running such shows for some time.

Community safety survey in Belfast

Tullycarnet is a large housing estate on the outskirts of Belfast. The estate was built during the sixties and seventies and consists of 1186 dwellings with a population of 2747. Unemployment stands at over 20% with 70% of the unemployed being long term unemployed. Approximately 26% of households subsist on an income of less than £4000 per annum. Half of the adult population possess no formal education and qualification whatsoever, and 27.8% of the population is aged under 16 years.

Rosie Mercer, the Child Accident Prevention Trust's (CAPT) development officer in Northern Ireland, took the lead in planning a survey into accidents, risks, and hazards in the estate. The information collected would help the community, as well as the providers of services, to target future activity.

The survey showed that the main hazards mentioned by residents were speeding traffic, rubbish and litter, derelict houses, no street lights, and dog mess. Other hazard included broken/uneven footpaths, vandalism, a disused railway line, overgrown areas, and on-road parking. Specific to the safety of their children, by far the biggest concern was road accidents, followed by drugs and bullying. Just over one quarter of the respondents said that there were safety items which they didn't currently have. These included items such as smoke alarms, lights at the front and back of

house, window locks, walls around gardens. Almost a quarter said that they didn't currently have these items due to the cost and a third said they would use the items if they could be supplied at low cost.

Only a small number of respondents (16%) could recall having received any safety information in the previous 12 months. This advice came primarily from doctors, health visitors, work health and safety, and from magazines. Other sources occasionally mentioned included the fire services, schools, leaflets through the door, police, and television.

The information showed that 60% of the household had a child who had previously attended hospital, and 16.5% of the households had a child who had been previously admitted to hospital due to an accidental injury. One mother commented "My child is always having accidents and is regularly at the A&E [accident and emergency department] at the Ulster hospital. An example of one accident was swinging on a rope tied to a tree which snapped—the result was a broken wrist. There is nowhere near for the children to play safely". Over two thirds (86%) expressed an interest in attending a first aid course. In cases of child injury 24% had received a follow up visit but 30% of those who didn't said that they would have liked a follow up.

Measures will now be set in place to improve the safety of those in the area as a result of the findings and the recommendations of the report.

The report is available (£3 in the UK, £4.50 overseas) from Rosie Mercer, Northern Ireland Development Officer, Child Accident Prevention Trust, c/o Southern Area Health Promotion Department, Hill Building, Loughall Road, Armagh, Northern Ireland BT61 7NQ, UK (tel/fax: +44 1861 412547, e-mail: rosimercer@aol.com).

Toronto dog attack death

An 8 year old girl was killed by a neighbor's bull mastiff near Toronto in April, prompting more public discussion on the dangers of keeping protective dogs as family pets. Interviewed by a local radio program, Dr Randall Williams of the US Humane Society compared the problem to "keeping a loaded handgun in your house". As with guns in homes, the probability that a large dog of an aggressive breed will harm an innocent person is much greater than that the dog will be needed to protect your belongings. Of 301 dog attacks which Dr Williams studied in the US, only one victim was a burglar. Children are especially vulnerable, he said, because dogs bred for protection may see children not simply as small people but as prey.

They might not "just get over it"

The Post Accident National Support Initiative currently running at CAPT is looking at ways of providing support for children and their families after an accident. Very little is known about the psychological and emotional effects of accidents on victims in general, and even less about the impact on children. What is becoming obvious, however, is that children do not necessarily just get over a traumatic experience with no ill effects. Some children do suffer extreme distress after an injury and adequate support

and advice is not always available. The effect of a psychologically or emotionally distressed child on the family can be enormous. Parents are often left to cope unaided with a confused, upset, and angry child at a time when they may be having difficulty coming to terms with their own emotions surrounding the accident.

Recent research has highlighted the need for increased awareness in professionals responsible for dealing with injured children and more information and advice for children and their families. Parents of children who have been involved in accidents have said they feel that more information about the changes they could expect in their child after the accident was needed.

When a child has an accident, parents and carers are often left feeling completely out of control of the situation. With little advice about how to help their child they can feel that there is nothing they can do to ease the situation and nothing that can make a difference. Literature developed by CAPT for families attempts to tackle this problem. By giving parents practical advice about things they can do with their children in the home it is hoped that parents and carers will feel better able to approach the problem of how to cope with a distressed child. Separate leaflets for children of different ages help children and young people to understand the way they are feeling and to overcome the tremendous fear that is often felt after a traumatic experience. All of the literature contains information about organisations and individuals that families can contact if they feel the problem is not getting better or if they simply need to talk to someone who will understand. To encourage practitioners to use the new materials and to raise the profile of the need to action, guidelines have also been produced for a wide range of people who have the opportunity to help minimise distress. Contact Alex Troyna at CAPT for further details (see CAPT address at the end of these News and Notes).

Child and Adolescent Emergency Department Visit Databook

The Center for Violence and Injury Control at the Allegheny University of the Health Sciences, has released a new publication and web site describing characteristics of child and adolescent emergency department visits in the United States. This project was sponsored by the Maternal and Child Health Bureau Emergency Medical Services for Children (EMSC) Program. The publication and web site (www.pgh.auhs.edu/childed) is a compilation of highlights and detailed findings from the 1992–94 CDC/National Center for Health Statistics National Hospital Ambulatory Medical Care Emergency Department Survey focusing on children and adolescents. The goals of this project were to describe on a nationally representative basis the incidence, characteristics, and payments of emergency department visits, involving children and adolescents in narrow age groupings. Chapters focus on comparisons with adults, injuries, medical visits, and medications.

This is the first time the incidence, characteristics, and payments of child and adolescent emergency department visits have been reported using nationally representative data with such narrow age group analyses. The databook contains 30 graphs and more than

85 detailed tables. This information will be valuable for practitioners, planners, administrators, researchers, and public health officials.

Some of the injury data highlights include:

- 13 562 000 child and adolescent visits per year were injury related (17.8/100).
- Children under 3 years comprised the largest proportion of both injury related and medically related visits.
- Falls were the leading injury mechanism in child and adolescent visits.
- 44% of child and adolescent injuries treated in the emergency department occurred at home.
- Work related injuries accounted for 15% of injury related emergency department visits in 18–20 year olds.
- \$4.0 billion per year in emergency department costs was paid for injury related child and adolescent visits.

Highlights and Adobe Acrobat copies may be downloaded from the companion web site at www.pgh.auhs.edu/childed. To obtain free printed copies contact EMSC Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536, USA (tel: +1 703 821 8955, fax: +1 703 821 2098, e-mail: nmchc@circsol.com).

CPSC announces recall round-up to get hazardous products out of consumers' homes

For the second year in a row, the US Consumer Product Safety Commission (CPSC) has conducted a recall round-up to get hazardous products out of people's homes. Despite recall notices and public warnings, CPSC has found that many products with the potential to seriously injure or kill are still being used by consumers. CPSC enlisted the help of state and local officials, as well as national and state health and safety organizations. Governors, state health officials, and grassroots groups helped publicize the safety campaign and distributed information on the hazardous products. In some states, recalled products were rounded up and brought to central locations for disposal. "People should do some spring cleaning and check their attics and other storage areas for old products that could be hazardous", said CPSC chairman Ann Brown. "We can get dangerous products off store shelves, but the real challenge is to get them out of families' homes". The CPSC launched the recall round-up by broadcasting a video to television stations across the country. The video included examples of hazardous child related products that might be in consumers' homes, such as the following:

- Playpens that can collapse and entrap a child in the folded top rails because they have a hinge in the center of the top rails that must be turned to set up the playpen. CPSC is aware of 11 deaths to children when the top rails of playpens collapsed. A new voluntary standard requires that the top rails of these playpens automatically lock into place when the playpen is fully set up.
- Bunk beds that can strangle young children. Since 1990, CPSC has received reports of 54 children who died after becoming entrapped in bunk beds. Since 1994, CPSC has obtained the recall of more than half a million hazardous bunk beds. In January 1998, CPSC voted to begin the process of developing a mandatory standard to address the hazard of children's entrapment in bunk beds.

- Lawn darts were banned by CPSC in 1988. These large pointed metal darts, intended for use in outdoor games, have been responsible for the deaths of three children. A recent injury occurred when a 7 year old boy in Elkhart, IN, suffered a brain injury after a lawn dart pierced his skull. CPSC advise that parents should destroy these banned lawn darts immediately.

Canadian web sites worth a visit

The spring 1998 edition of *Manitoba Child Injury Prevention News*, a publication of Injuries Manitoba-Prevention of Adolescent and Childhood Trauma (IM-PACT), highlights a number of web sites worth visiting—and will be adding information on new sites in future editions.

The Canadian Safe Communities web site, www.safecommunities.ca, details program efforts in partner towns in Ontario and Alberta where the Safe Communities Foundation has concentrated thus far. It also provides an online version of their "Creating a Safe Community" guide, and safety tip sheets on cycling, medications, fire, seniors and falls, and a range of other topics.

The Injury Prevention Centre (IPC), located in Edmonton, is one of Canada's premiere injury awareness organizations, providing community program support, research tools, and networking opportunities to all parts of Alberta and the rest of Canada as well. The IPC web site, www.inj-prev.ab.ca, has excellent links to Canadian and international resources on a wide range of topics.

Health Canada calls its web site *The Canadian Health Network* and the home page, www.hc-sc.gc.ca, provides access to information on all Health Canada programs, publications and staff. Of particular interest to injury prevention are the National Clearinghouse on Family Violence and the Child Injury Division of the Health Protection Branch. This section includes newsletters from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) and reports on CHIRPP data which describe injuries presenting at 15 Canadian hospitals. The section from Medical Services Branch at www.hc-sc.gc.ca/msb/hq/ describes programs and research in the First Nations and Inuit Health Program.

IM-PACT's own web site, www.im-pact.mb.ca, now includes bulletin board with news of upcoming events and other timely items of interest to the injury prevention communities in Manitoba. IM-PACT can be contacted at Children's Hospital, CN104, 840 Sherbrook Street, Winnipeg, MB, R3A 1S1, Canada (tel: +1 204 787 1873, fax: +1 204 787 2070, e-mail: im-pact@escape.ca).

ANEC News

The April 1998 edition of *ANEC News* highlights recent research into the risk of face paint. Investigations into cases of sore eyes and skin rashes revealed that face paint kits contain arsenic in excess of internationally recognised safety levels. Research by the UK's Department of Trade and Industry found poison in 103 of 107 samples tested.

In March the European Parliament agreed its position on the European Union-wide road safety programme for the period 1997–2001. Among a range of measures, the parliament called for numerical targets for reductions in traffic deaths and called for improvements in standards for child restraint systems.

Football injuries highlighted in Queensland

The April 1998 edition of *Injury Bulletin* from the Queensland Injury Surveillance Unit (QISU) focused on football injuries. Football covers a number of sports, including soccer, two rugby codes, and Australian Rules Football. The study recommends better coaching in tackling, more preseason preparation, the use of protective equipment and modification of the rules particularly at schoolboy level to minimise neck injuries. *Injury Bulletin* is available from QISU, c/o Mater Hospitals, South Brisbane 4101, Queensland, Australia (tel: +61 7 3840 8569, fax: +61 7 3840 1684, e-mail qisu@powerup.com.au).

Preschool parliaments for road safety in Germany

European Road Safety News reports on a novel initiative to reduce road casualties in Germany. It describes the preschool parliaments which since 1978 have worked together with the Mercedes Road Safety Promotion Unit. These preschool "parliaments" represent citizen initiatives in 35 German cities for the better protection of children. The parliaments confirm the opinion that adults must accept a fundamental responsibility:

- They should act as an example in their own conduct as car drivers.
- The increased introduction of 30 kph zones in urban areas is demanded by these preschool parliaments.
- Seminar programmes for educators, parents, children, the handicapped, and foreign citizens should help the weakest in road traffic.
- The general public will be informed with the aid of information stands, which will be erected at road safety events, fairs, and children's events, and used for conversation with target groups.
- The media should be won over as partners for this purpose.

The preschool parliament could be defined as a voluntary joining together of parents and children of preschool age, educators and road safety experts, all of whom are committed to improvements in favour of children. In principle anyone who displays commitment, ideas, and personal cooperation can participate in these laudable citizen initiatives. But police officers, traffic patrol staff, and officials from the road safety and youth departments also belong so as to make available their knowledge and experience.

A preschool parliament elects a spokesman, its representatives, and media consultants. In addition a regional spokesman is chosen. These regional spokesmen, from whose midst a federal spokesman is appointed, form a small working party with the German Traffic Patrol and Mercedes-Benz. This committee makes decisions for the national work of the preschool parliaments, determines the agenda of federal meetings, assesses annual work plans of preschool parliaments, and places the emphasis on future developments. *Further information:* Deutsche Verkehrswacht, Am Pannacker 2, D-53340 Meckenheim, Germany.

Low cost cycle helmet scheme launched in UK

CAPT has been advising parents and children of the importance of cycle helmets and pressing government to be more proactive on cycle helmet promotion schemes for many years. However, CAPT recognises that for many families cycle helmets are just too expensive. This is why it is collaborating with Canadian cycle helmet manufacturer, Head-Start Technologies (HST), to promote cycle helmets through schools and other groups at £7 for small and medium sizes and £8 for the adult sizes, considerably less than the retail price of most helmets. The scheme is made even more attractive for CAPT as HST is donating 25p per helmet to support CAPT's injury prevention programmes! The company runs a similar scheme with Safe Kids Canada.

The helmets meet the new BS EN 1078 standard and are constructed with an advanced multi-impact material suited to withstanding the normal wear and tear of children's use. The company provide a lifetime accident replacement guarantee. To keep costs low, the helmets are offered on a group purchase scheme. Groups need a volunteer willing to handle the ordering and dissemination of the cycle helmets.

HST is now looking for other potential collaborators in other parts of Europe. Contact CAPT if you want to be put in touch (see CAPT address at the end of these News and Notes).

... while helmet help is needed in Southeast Asia

The Southeast Helmet Asia Initiative is a group that is organizing to reduce the number and severity of head injuries suffered by bicycle and motorcycle riders in many Asian countries (fig 1). The group, headed by Dr Lewis G Zirkle Jr believes that if they are able to develop an affordable and culturally acceptable helmet which meets international standards, Asian governments will have a greater incentive to mandate and enforce helmet laws. Therefore, the Southeast Asia Helmet Initiative is currently looking for injury prevention specialists as well as engineers to aid with their project. This initiative has already made some progress, and possible a prototype of the helmet has been developed. The estimated cost of each helmet to the consumer will be approximately \$10, which is an affordable price for consumers in these areas. Snell Memorial Institute, which has



Figure 1 From *Injury Control: A Global View* by Lawrence R Berger and Dinesh Mohan, Oxford University Press, 1996; reproduced with permission.

worldwide qualifications for helmets, states that these helmets will protect against 80% of trauma.

The Initiative is seeking help from the public health community for needs assessment, implementation, and evaluation. *Contact:* Richard Locke, President, Alligator Corporation, c/o Southeast Asia Initiative, 2550 Harris Ave, Richland, WA 99352, USA (tel: +1 509 375 6167, fax: +1 509 375 3114, e-mail: Alligator_Corp@msn.com).

CSN funding continued

The winter 1998 edition of *Children's Safety Network Notes* reports that the Children's Safety Network (CSN) National Injury and Violence Prevention Resource Center (NIVPRC) at the Education Development Center has received funding from the federal Maternal and Child Health Bureau to continue to serve public health professionals for another five years.

With this new funding has come some reorganization. The CSN Adolescent Violence Prevention Resource Center, located at the Education Development Center since 1993, has merged with the NIVPRC. This will strengthen CSN's focus on violence prevention and result in a stronger, more efficient resource center. The new, expanded NIVPRC will be directed by Susan Scavo Gallagher, with Rebecca Atnafou and Chris Miara as assistant directors. The NIVPRC also welcomes a new senior administrative assistant, Thuy Duczakowski.

In addition, the NIVPRC has opened a CSN office in Washington, DC, with Ellen Schmidt as director. Ellen was formerly the chief of Maryland's Injury and Disability Prevention and Rehabilitation Program, a founding member and the first president of the State and Territorial Injury Prevention Directors Association, and a management and program analyst for the US CPSC. Ellen is joined by research assistant Robin Steam.

CSN will continue to have three other sites, each targeting specific issues: rural injuries; injury data; and the cost of injuries. The new year brings a new name to the CSN site devoted to the prevention of rural injuries: the CSN National Children's Center for Rural and Agricultural Health and Safety. The CSN Injury Data Technical Assistance Center welcomes a new project coordinator, Nilam Patel, formerly a state epidemiologist for the South Carolina Department of Health and Environmental Control.

Children's Safety Network Notes is available from the Education Development Center Inc, 55 Chapel Street, Newton, MA 01258-1060, USA (tel: +1 617 969 7100 ext 2207, e-mail: csn@edc.org, web site: www.edc.org/HHD/csn).

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