PEOPLE IN THE NEWS
The death of Dr Larry Eicher, Secretary General of the International Standards Organization, occurred in March after a short illness. An American citizen, Dr Eicher was appointed ISO Secretary General in May 1986, having joined the organization as Assistant Secretary General six years previously. His 38 year career spanned education, science, technology, administration, and management. The special edition of the ISO Bulletin marking the death described Larry Eicher as “the quiet achiever with a global mission”.

US CRASH BILL REACHES $230.6 BILLION
The US Transportation Secretary has announced that the economic impact of motor vehicle crashes on America’s roadways has reached $230.6 billion a year, or an average of $820 for every person living in the United States. His announcement was based on a comprehensive new research study The Economic Impact of Motor Vehicle Crashes 2000 from the US Department of Transportation’s National Highway Traffic Safety Administration (NHTSA). The new report, based on calendar year 2000 data, calculates the US economic costs of an average roadway fatality at $977,000 and estimates the economic costs associated with a critically injured crash survivor at $1.1 million. The study highlights the vulnerability of seat belt users. In one year, the use of seat belts prevents an estimated 11,900 fatalities and 325,000 serious injuries, saving $50 billion in medical care, lost productivity, and other injury related costs. Conversely, the failure of crash victims to wear seat belts leads to an estimated 9,200 unnecessary fatalities and 143,000 needless injuries, costing society $26 billion. The report underscores the huge economic costs associated with alcohol involved crashes, which resulted in an estimated 16,792 fatalities in 2000, as well as $13,900 for non-fatal injuries, and $50.9 billion in economic costs. Such crashes account for 22% of all crash costs. The study determined that excessive driving speed is associated annually with 12,350 fatalities and 690,000 non-fatal injuries. This represents 30% of all fatalities and 13% of all non-fatal injuries. Crashes in which at least one driver was exceeding the legal speed limit or driving too fast for conditions cost $40.4 billion in 2000, or $144 for every person living in the US. All told, the cost of motor vehicle crashes in the US has reached 2.3% of the US gross domestic product. The new study is available on NHTSA’s web site at: http://www.nhtsa.dot.gov/.

DRIVEWAY DEATHS REPORT
Using information extracted from coronal records, an report summarises the characteristics of 36 events that occurred between 1996 and 1998 involving fatalities of young children in Australia as a result of impacts with low speed motor vehicles. Most of the cases involved young toddlers who were close to stationary vehicles in the driveways of suburban residences. They were old enough to be mobile but too small to be easily visible from the driving position. The vehicles tended to be large, the majority being four wheel drive passenger vehicles, large utility vehicles, delivery vans or heavy trucks, although either a sedan or a station wagon was involved in about one fifth of the cases. The authors note that the development of a preventive strategy needs to consider how to increase public awareness, encourage modification of high risk driveway environments, and equip vehicles with devices to enhance object detection. The report, Driveway deaths: fatalities of young children in Australia as a result of low-speed motor vehicle impacts, can be found at www.atsb.gov.au/road/rpts/cr208/index.cfm.

SUPPORT FOR CHILD PASSENGER LAWS
An Insurance Research Council (IRC) survey in May revealed that 95% of Americans agreed that laws requiring young children to be in safety seats and older children to be in adult seat belts are an excellent or a good idea. In households with children under 4 years, almost all were strongly in favour of laws requiring safety seats for children under age 4. More than four out of five people favoured the use of belt positioning booster seats by children 4-8 years old and even though few states require booster seats for children ages 4-8, there was strong support for such laws. For more detailed information on the study’s methodology and findings, visit IRC’s web site, www ircweb.org.

EVIDENCE-BASED HEALTH PROMOTION
A new publication, Evidence-Based Health Promotion: Child Injury Prevention, produced by the Victorian Department of Human Services, presents a systematic review of child injury prevention interventions as they relate to specific types of injuries (for example, burns and scalds, and respiratory injuries) and to generic safety promotion. The project used systematic methods to collate, review, and analyse evidence-based approaches for the prevention of injury to children aged 0–4 years. Printed copies of this document are available, free of charge, from Victorian Department of Human Services, email: julie.hoy@dhs.vic.gov.au.

KEYMARK PROGRESS
In March 2002, the CEN Certification Board empowered the first certification bodies to grant the Keymark, more in particular, for thermal insulation products for buildings. The Keymark is a European CEN/CENELEC mark. It is a third party certification mark indicating that a product complies with all the requirements of a European standard. Manufacturers can choose to apply for it on a voluntary basis. The introduction of the Keymark is an important stage in the development of a more open single European market without technical barriers for trading. In its May newsletter, ANEC noted that it has always supported the Keymark, but is concerned about the difference in meaning of the Keymark between the CEN and CENELEC system. Taking into account that CENELEC standards deal mainly with safety issues, whilst CEN standards concentrate more on performance aspects, ANEC's concern is that the integrity of the mark might be undermined while generating confusion rather than transparency for consumers.

NHTSA FINDINGS
A recent National Highway Traffic Safety Administration report said that 15 passenger vans (like Dodge Ram and Ford Econoline) are more likely to roll over and occupants are less likely to wear seat belts, than buses or minivans. The vans are three times more likely to roll over when at full capacity than with fewer than 10 passengers. Unfortunately, these vans are often used by youth organizations, church groups, etc, resulting in a high rate of injuries to youth.

Also, a recent report on school buses was sent to the US Congress. It reiterates that children are safer in school buses than in private motor vehicles and does not support seat belts on school buses (www-nrd.nhtsa.dot.gov/departments/nrd-11/SchoolBus.html).

EUROPEAN LIGHTERS STANDARD
Members of CEN, the European standards body, have adopted the European Standard EN 13869 Lighters—Child resistance for disposable and novelty lighters—Safety requirements and test methods, despite strenuous lobbying against it by some
Chinese manufacturers. Sixteen of the 17 countries voting were in favour, with over 90% of the weighted vote supporting the draft. The standard allows long lead times for manufacturers and retailers to change their manufacturing and remove old stock from their shelves. Work is likely to begin immediately to amend the standard by extending its scope to all lighters.

AUSTRALIAN RESEARCH NETWORK
The excellent publication Injury Issues Monitor, published by the Research Centre for Injury Studies at Flinders University in Adelaide, reported in its May issue on a two day workshop that was held at the Monash University Accident Research Centre (MUARC) in March 2002 to discuss future strategic directions for injury prevention research, funding sources, and networking opportunities in Australia. The workshop gave participants the opportunity to explore and clarify the purpose, issues, challenges, and future of injury prevention research. A major outcome of the workshop was the establishment of a formal network of leaders of injury prevention research institutions—Injury Prevention Research Institutions (IPRI) of Australasia. It was recognised that the opportunity for regular communication between leading researchers would be of great value to the development of injury prevention research. The key purposes of the new network are to address issues of importance to injury prevention research; take a leadership role in setting strategic directions for injury prevention research; provide a common voice to influence and inform advocacy on injury prevention issues; and seek to improve funding for injury prevention research. Two future meetings are scheduled, the first at the time of the 2002 Road Safety Research, Policing and Education Conference being held in Adelaide on 3–5 November. A further meeting will take place in association with the 6th National Injury Conference to be held in Perth in 2003. The MUARC, which hosted the workshop, will initially provide secretariat support for IPRI. Anyone seeking further information about the new Network can contact Joan Ozanne-Smith at MUARC (tel: +61 (0)3 9905 1810; email: joan.ozanne-smith@general.monash.edu.au).

INJURY PREVENTION MODEL MAY IMPROVE PATIENT SAFETY
Patients suffer injuries while hospitalized—an estimated 44 000 to 98 000 Americans die each year while in hospital. A team of Medical College of Wisconsin researchers, led by Dr Peter Layde, professor of family and community medicine and co-director of the Injury Research Center, are proposing a new way to look at injuries that, they believe, will help preventing them. Their work appears in the April 17 issue of the Journal of the American Medical Association. Most people in the medical world who have been working on this problem have focused on what could be called an error reduction approach. The approach changes the “name, blame, and shame approach” to that based on quality improvement principles used in manufacturing industries—identifying errors and preventing them. The researchers note that the current approach has limitations in the medical world for three reasons: it is often hard to identify when an error has occurred (physicians reviewing a record may disagree about whether or not there was an actual error; many injuries don’t occur due to an error); it could be a side effect of a medication or procedure which is preventable but not due to error; and the error approach causes defensiveness as no one wants to be accused of an error. The alternative approach focuses on what could be done to prevent injury by looking at the whole chain of causation to find the weakest link. Then that link can be corrected; it may or may not be a person. Dr Layde and his team intend their article to be primarily theoretical, to stimulate thought in the medical community.

NEW CODING CLASSIFICATION
A new international classification for coding external causes of injury is available on-line at www.iceci.org. The International Classification of External Causes of Injury (ICECI) is based on best practices of injury surveillance and on international consensus about how external causes are described. ICECI can optimally be used as a companion to ICD-10, allowing for more detailed data capture in emergency departments, clinics, and inpatient hospital settings; in ad hoc studies and surveys; and possibly in mortality registration systems. ICECI and ICD-10 External Causes (that is, chapter XX) have complementary roles. ICD-10 chapter XX will continue to be the basis for coding official national statistics. The first version of the ICECI data dictionary (ICECI 1.0) was released at the meeting of the International Collaborative Effort on Injury Statistics, held in Washington in April 2001. Further development of ICECI is currently in progress so that ICECI will be recognised as a WHO related classification in the near future. If you want to be kept updated on the progress of the ICECI or if you have comments on the classification system, let us know through the web site (www.iceci.org). The data dictionary itself is available at www.iceci.org/csi/iceci nfs/pages/Ab17OpenDocument.

SCHOOL START TIMES AND AUTO ACCIDENTS
Do high schools that start the day early in the morning put their students at greater risk of getting into a car accident? Research presented at the Associated Professional Sleep Societies’ annual meeting in June 2002 suggests that they do. Add waking up an hour earlier for daylight saving time, and your teen may increase that risk even more while his or her body adjusts to a new sleep schedule. Fred W Danner, PhD of the University of Kentucky conducted a study in one school district to discern whether shifting school start times to one hour later would make a difference in the rate of teen crashes. It did. In the fall of 1998, the school district in Fayette County, Kentucky, changed their high school start time from 7:30 am to 8:30 am. In the year after this change, students averaged up to 50 minutes more sleep per weekday night. “If one can presume that this additional sleep promoted daytime alertness, then this benefit might show up in auto accident statistics”, Danner stated. Crash rates for students in Fayette County were computed for the two years before the school start change, and the two years after it. In the county, crash rates for 16, 17, and 18 year olds dropped after the change, while crash rates for 17 and 18 year olds actually increased in the rest of the state. Danner concludes that “moving the high school start time one hour later in a single county was associated with a drop in auto collision rates for high school aged drivers in that county, while crash rates increased in the rest of the state during the same time period. While one cannot make any cause and effect statements with a simple association, these data are consistent with the idea that allowing adolescents to sleep more has a measurable effect on their safety”.

MINIBUS SAFETY PACKAGE
BUSK Minibus Complete is a training package designed for teachers and volunteer drivers of minibuses who do not hold a professional driving licence. The scheme has been created by UK safety group Belt Up School Kids (BUSK). It identified the need for a fully comprehensive driver training course for schools and voluntary groups to ensure that whenever children and young people are travelling in minibuses that they are provided with a competent driver trained to a high standard who understands minibus legislation, points of law, and insurance issues surrounding the use of these types of vehicles. BUSK believes that by bringing everybody together this will lead to a change in attitude, which will have greater effect than trying to bring about changes in the law to safeguard occupants of voluntary driven minibuses. Every time minibus manufacturer
LDV Limited sell a bus to a school or other organisation, they will commission BUSK to deliver the training package.

NEW ON THE RCIS WEB
The following publications are available through the Research Centre for Injury Studies, Flinders University of South Australia, at www.ntu.flinders.edu.au:

- Information sources for injury prevention among indigenous Australians—status and prospects for improvement.
- Alcohol related injury in young males.
- Accidental poisoning of preschool children from medicinal substances, Australia.
- Spinal cord injury, Australia, 1999–00.

HANDGUN SALES FALL
Sales of pistols in California dropped to a record low last year while sales of shotguns and rifles increased, officials announced yesterday. Although buying whims are difficult to measure, gun control advocates said the dramatic 23% decrease in pistol sales can be attributed to a greater public perception about the danger of guns and a new immigrant population that puts less emphasis on collecting guns. The newly released statistics show that Californians purchased at least 354,202 guns last year. Of that, 155,203 were pistols, a decrease of 23% from the year before and the lowest number of handguns sold since sales were first tracked in 1972.

REQUIREMENTS FOR FENCING POOLS
Pool owners in Victoria, Australia, without adequate fences and barriers faced considerably increased fines from December 2001. Building regulations require all pools and spas capable of holding more than 300 mm of water must have a childproof barrier and the maximum fine was increased fivefold to $5000 (US$2600).

TRAINING DEVELOPMENTS
The University of North Carolina is host university for an initiative that involves a collaboration between the National Association of Injury Control Research Centers (NAICRC) and the State and Territorial Injury Prevention Directors’ Association (STIPDA) to develop training initiatives as part of an effort to build infrastructure for public health to address injury control in the US. The University of North Carolina has start-up funds from the US Maternal and Child Health Bureau and from National Center for Injury Prevention and Control (CDC) for the project underway. Activities include developing core competencies for state and local health department personnel engaged in injury control; developing training courses (possibly using distance education and mentoring by more experienced program personnel in other sites); and development of a national training agenda. University of North Carolina personnel are drawing on the experiences of the US Indian Health Service that has a long and strong track record in training tribal and regional leaders in injury control. Further information from Dr Carol Runyan (crunyan@sph.unc.edu).

INJURY STRATEGY FOR WALES
An injury prevention strategy for Wales has been drafted by members of Collaborative Accident Prevention and Injury Control (CAPIC), a virtual Wales Injury Prevention Network, which is supported by the National Assembly for Wales. The purpose of the document is to raise awareness of the size of the injury problem in Wales, list the wide range of proven interventions, describe the current situation with respect to prevention, and to make proposals for substantially enhancing our capacity to reduce the occurrence and impact of injuries in Wales. CAPIC calls for better information, building on the All-Wales Injury Surveillance System, more effective intersectoral working, and enhanced research capacity. Further information about CAPIC and the draft strategy can be found at www.capic.org.uk.

NEW ZEALAND INJURY PREVENTION STRATEGY
The New Zealand government has announced the development of a New Zealand Injury Prevention Strategy (NZIPS). The NZIPS reflects the government’s aims to establish an overall vision and strategic framework for the injury prevention activities of government agencies, non-government organisations, communities, and individuals. The NZIPS is the first of its kind in New Zealand and is a response to the government’s concerns about the impact of injury on New Zealand and New Zealanders. The Accident Compensation Commission has been leading the development work on the strategy in consultation with three advisory groups (a Stakeholder Reference Group, Government Interagency Steering Group, and Expert Advisory Panel). Information about the project will be available on the NZIPS web site, www.nzips.govt.nz, once the draft strategy has been printed and released for public consultation.

MOWERS CALLED
In March, the US Consumer Products Safety Commission announced that it was cooperating with three manufacturers of ride-on lawn mowers to recall over 60,000 mowers after problems with the fuel system. There had been a small number of serious injuries and significant property damage resulting from fires.

ICIP SHUTS DOWN
The International Center for Injury Prevention (ICIP) announced in March that it was cancelling its Sacramento conference and curtailing other activities. The apparent reasons relate to its rapid growth and the poor economy in the aftermath, shocked registrants and others in the child passenger safety field began to pull together to at least partially fill some of the gaps ICIP left behind. A new site for the CPS listserver was found in Yahoo by former ICIP staff member, Merritt Nenneman. It is now called the CPS List and subscribers to the previous list were automatically subscribed. ICIP had been the exclusive publisher and distributor of BUCKLEBEAR educational materials for some time. Many updates had just been completed at the time of the organization’s collapse. BUCKLEBEAR’s developers, Gayle Weiner and Janice Seaman, are not equipped to publish and distribute materials based on their character and concept. They are looking for another entity to succeed ICIP in that role. They are willing to sell or license the concept. For information or to offer leads about potential successor publishers for the program, contact Gayle Weiner at info@bucklebear.com.

LONGITUDINAL STUDY OF AUSTRALIAN CHILDREN
Ten thousand toddlers will be tracked over nearly a decade in a $20 million (US$10.4m) national study of children’s lives. The Longitudinal Study of Australian Children will collect information on events that affect development, including parenting, childcare, early education and health, including injury. The study will include 5000 babies under 12 months and 5000 children aged 4–5 years who will be tracked every two years. The research will be conducted by nine organisations who will interview the children about their experiences, with coordination by the Australian Institute of Family Studies.

US ROAD CASUALTY RATES FALL
According to US Department of Transportation’s NHTSA estimates, traffic fatality and injury rates remained at historic lows in 2001. Deaths of children ages 15 and under dropped to the lowest level since record keeping began. The preliminary fatality rate per 100 million vehicle miles was 1.50 in 2001, a statistically insignificant change from the final 2000 rate of 1.52. The total number of people killed in highway crashes in 2001 was estimated to be 41,730, compared with 41,821 in 2000. The number of people injured dropped from 3.2 million in 2000 to 3.0 million in 2001. In 2001, vehicle miles travelled increased slightly to 2.778 trillion in 2001, up from 2.75 trillion in 2000.
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