

News and notes

PEOPLE IN THE NEWS

In October, the American Bar Association honored *Alan H Schoem*, Director of the Office of Compliance of the US Consumer Product Safety Commission (CPSC), with the Mary C Lawton 2002 Outstanding Government Service Award. Schoem has led the CPSC's efforts to facilitate the recall of thousands of hazardous products over the last five years. He has also been instrumental in working with CPSC's Office of the General Counsel and the US Department of Justice in cracking down on companies that fail to report hazardous products to the Commission. The award recognizes Schoem's achievements as a practitioner of administrative law and his career-long dedication to public service.

Ian Scott, *Injury Prevention* book editor, has moved from the Australian safety organisation, Kidsafe, and is now working for the Injury and Violence Prevention Program of the WHO Regional Office for the Western Pacific in Manila. He can be contacted via scotti@wpro.who.int, tel +632 528 9888, fax +632 521 1036.

The US National Transportation Safety Board (NTSB) has named *Dr Frank Richey* to the new position of President and Academic Dean of the NTSB Academy. The Academy, which is currently under construction, is expected to open in late summer of 2003. The NTSB Academy will help the NTSB to meet its long term goal of keeping its own staff on the cutting edge of accident investigation techniques and making the NTSB's investigative and safety expertise more widely available to those involved in accident investigation throughout the world.

ROAD SAFETY IN BANGALORE

In January 2002, the Global Road Safety Partnership (GRSP) signed a memorandum of understanding with the Bangalore Agenda Task Force (BATF) for facilitating programmes for road safety in Bangalore. Andrew Downing, GRSP Advisor and International Manager, Safety and Environment, Transport Research Laboratory, UK, told the local press that India was one of the 11 countries participating in the GRSP programme. Bangalore, he said, had been chosen as it had data available on several aspects of road use and road safety. Besides, the Bangalore City Traffic Police, under the BATF, had taken up several road safety programmes and traffic management plans. Calling for a global partnership between business, civil and government

agencies to reduce road accidents, he said the government alone could not tackle the issue of road safety. If the rules pertaining to wearing of helmets and seats belts were enforced, it would help save lives. In Bangalore, one life could be saved a day, if the helmet rule was enforced, according to Downing. Other steps such as enforcement of "no driving while drunk" rule, safe zones, outsourcing driver testing, and road improvements would also help reduce accident deaths. Mr Downing said pedestrians and two wheeler riders formed a major chunk of those killed in road accidents. Bangalore, he said, needed a citizen's road safety organisation and CIROS, a non-government organisation, offered that platform (visit www.ciros.org for more information about road safety initiatives in India).

TACKLING HEALTH INEQUALITIES

The UK's Treasury and Department of Health have published the report of the interdepartmental look at reducing health inequalities. The report defines the problem, highlighting the health differences between population groups, and sets out a long term strategy for tackling the issues. It identifies interventions likely to have a major impact on the life expectancy target, including environmental improvements to homes and the environment to reduce accidents. The full and summary reports can be downloaded from <http://www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm>.

AMUSEMENT PARK RIDES AND BRAIN INJURIES

Researchers from the University of Pennsylvania who looked at the impact of G force on the head and neck say in a new study, reported in the *Journal of Neurotrauma*, that roller coasters are not as dangerous as previous studies suggest. The researchers looked at data from rides at three parks and developed a mathematical model calculating the effect of gravitational force. They found that roller coasters do not produce enough head rotational acceleration to cause either bleeding or swelling of the brain. Politicians and consumer advocates have long questioned the safety of roller coasters, citing more than a dozen reports of brain injuries since 1979, most of them since 1990. New Jersey became the first US state to limit the G forces of amusement park rides. Smith and Meaney found that the rides produced accelerations to the head one ninth of

that required to cause torn blood vessels in the brain and an eighteenth of the force required to cause brain swelling. While a coaster can produce a G force of 5, simply "plopping" into an easy chair can produce a G force of 8-10, the study said. Others disagree with the conclusions, noting that the conclusions were based on the effect of coasters on "normal healthy individuals" rather than children or adults with pre-existing medical conditions, and also that there are much faster coasters than the ones in the Penn study (Smith DH, Meaney DF. Roller coasters, G forces, and brain trauma: on the wrong track? *J Neurotrauma* 2002;19:1117-20).

PAPOFF

The International Society for Physical Activity for the Prevention of Osteoporosis Falls and Fractures (PAPOFF) produces an informative newsletter which includes reviews of selected recent research papers. Issue 4 includes papers related to older people, falls and fractures, and bone mineral density and metabolism. There are also research papers focusing on young adults and children/adolescents. To become a member (there is no joining fee) and receive regular mailings contact Jayne Mowson, tel +44 (0)115 840 2643 or email jmowson@ncht.trent.nhs.uk.

BED RAIL RELATED ENTRAPMENT DEATHS

In September, the US Joint Commission on Accreditation of Healthcare Organizations issued an alert highlighting the dangers associated with bed rail related deaths. Since 1995, the Joint Commission had received reports of seven deaths or injuries related to bed rails; three of these reports were from hospitals, two were from long term care facilities, one from a behavioral health care facility, and one involved a patient receiving home care services. Detailed information was only available for five incidents that occurred in hospitals and long term care facilities. All five cases involved patients/residents who were 65 years of age or older and all resulted in death by asphyxiation. Of the patients/residents, four were mentally or behaviorally impaired; three were at risk for falling; two had limited mobility in bed; one was on psychoactive or sedative medications; and one had a physical deformity. Asphyxiation was caused by one of the following: being caught between the mattress and the bed rail; being caught between the headboard and the bed rail;

getting his or her head stuck in the bed rail; or being strangulated by a vest restraint between the rails. No particular bed rail configuration was implicated in these cases, which included upper rails only, upper and lower rails, both upper rails and one lower rail, or continuous full length rails. None of the cases involved the use of only lower rails

EUROPEAN STANDARD FOR SOOTHERS

European standards organization CEN recently adopted the European standard EN 1400 *Soothers for babies and young children*. The standard deals with general requirements for soothers and with product information, mechanical requirements and tests, and contains chemical requirements and tests. ANEC lobbied for the adoption of the three parts of the standard. Two related standards were adopted already at an earlier stage: EN 12586 *Soother holders*, and EN 12869 *Methods for determining release of N-nitrosamines and N-nitrosable substances from elastomer or rubber teats and soothers*.

PROJECT "SAFE TOY"

DG SANCO, the Consumer Affairs Directorate of the European Commission, is providing €130 000 to finance a project related to toy safety to promote the interest of consumers. The project will be executed by Hispacoop (Spanish association of consumer organisations) and Fenacoop (Portuguese association of consumer organisations). Its objective is to inform and train consumers to avoid accidents caused by toys.

UK FUNDING FOR HOME SAFETY

Grants under the UK's Department of Trade and Industry's Modernisation Fund will be available during 2003/4 for practical home accident prevention initiatives across the UK. Funding this year for local community based projects will be up to £1.1m. Proposals for grants of between £10 000 and £50 000 will be considered. Closing date for applications is 17 January 2003. Information on the DTI Home Safety Network website, www.dti.gov.uk/homesafetynetwork.

CANADIAN INJURY STATISTICS ON-LINE

Canada's Division of Health Surveillance and Epidemiology has introduced a new interactive website tool for Canadian Injury Statistics, Injury Surveillance On-Line, demonstrating how injury statistics can be made readily available. It allows users to access, customize, and download current injury statistics in Canada. The application includes comprehensive mortality and hospital separation data from the holdings of Statistics Canada, and the Canadian Institute for Health

Information. Also featured are emergency department data, from Health Canada's Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP). The user is able to generate charts from many combinations of variables and select from multiple presentation options including maps, bar graphs and pie charts. Injury Surveillance On-Line is the latest addition to a family of popular interactive disease surveillance applications. Visit www.hc-sc.gc.ca/pphb-dgspsp/dsol-smed to explore the system.

"SAFE PLAY AREAS ON FARMS"

"Safe Play Areas on Farms" is a resource to assist in designing and building a safer play environment for children who live on or visits farms, ranches, orchards, or other agricultural settings. The guidance document, developed with support from the National Institute for Occupational Safety and Health, is intended for safety professionals, rural community leaders, and farm owners. Its content addresses characteristics of children who will use the play area, adult supervision, the site's agricultural and environmental conditions, and recommendations for play activities. The focus is on children ages 2–10. (The document will be printed in early 2003.) It will also be available for downloading in pdf format at <http://research.marshfieldclinic.org/children/>, the website of the National Children's Center for Rural and Agricultural Health and Safety. For information or to order copies, contact the National Children's Center, tel +1 715 389 4999, fax +1 715 389 4996, email nccrahs@mmrf.mfldclin.edu.

On a more general note, the Fall 2002 edition of the National Children's Center for Rural and Agricultural Health and Safety newsletter is available at <http://research.marshfieldclinic.org/children/>. Stories include:

- Low public awareness about the Hazardous Occupations Order for Agriculture adds urgency to a national safe tractor and machinery education and certification program being developed by Penn State University.
- Injuries to children ages 16 and younger have jumped 24% since expiration of the consent decree between the CPSC and all terrain vehicle manufacturers, according to researchers at the Children's Safety Network-National Children's Center site at Marshfield, Wisconsin.
- A Spanish language pesticide education resource booklet for farm workers has been created by two Childhood Agricultural Safety Network members.
- A Canadian physician enlists the help of coroners in promotion of childhood agricultural safety.

• Both Sides of the Fence asks, "Is reporting of agricultural injuries in the media an effective prevention strategy?"

For information on the newsletter, contact: Scott Heiberger, National Children's Center for Rural and Agricultural Health and Safety, 1000 N Oak Ave, Marshfield, WI 54449-5790, USA; email heiberger@mmrf.mfldclin.edu.

ACCIDENTAL INJURY TASK FORCE REPORT

The multiagency Accidental Injury Task Force, set up in England following the Saving Lives: Our Healthier Nation White Paper, has completed its report to the Chief Medical Officer for England. Entitled *Preventing Accidental Injury—Priorities for Action*, the foreword, carrying the signatures of six government ministers responsible for programmes to prevent unintentional injuries, welcomes the report, particularly its emphasis on coordinated, cross boundary working. The task force identifies falls, road accidents, dwelling fires, and play and recreation the short term priority areas for action, with a clear focus on children and young people, and older people with inequalities being highlighted. Among its other proposals, the task force recommends its headline interventions form the core of local implementation plans; the development and promulgation of a more united approach across government and the National Health Service should be a priority; the Department of Health is ideally placed to coordinate the delivery of cross government action; regional directors of public health should lead on coordinating the delivery of accidental injury prevention, following the strategies recommended in the report; local authorities, primary care trusts, and other local organisations should come together to deliver accidental injury prevention; and local directors of public health should work with other stakeholders to coordinate local delivery of accidental injury prevention. The report, together with the background papers from the three subgroups of the task force, can be downloaded from www.doh.gov.uk/accidents.

INJURY: PREDICTABLE AND PREVENTABLE

The 2002 Chief Medical Officer of Health Report for the Canadian Province of Ontario notes that more than 2000 residents of Ontario are injured daily, translating into more than one person being injured every minute of every day. Injuries incur significant direct and indirect costs to the residents of Ontario and our provincial health care resources. In the report, the burden of injury in Ontario, multiple risk factors, challenges in prevention, strategies for prevention,

and future recommendations are discussed. The report can be downloaded from www.gov.on.ca/health/english/pub/ministry/injury_rep02/injury_mn.html.

CAR CRASHES AND US TEENS

Motor vehicle crashes are the leading cause of death for teenagers in the US, resulting in thousands of deaths nationwide per year. In fact, teenagers are involved in three times as many fatal crashes as other drivers, according to the National Highway Traffic Safety Administration. To keep teen drivers safe on the road, CARFAX, a company that can check the history of any used car, has launched the Safe Car—Safe Teen Driver Campaign. It features an interactive website designed to make parents and teens aware of risks and safety measures for young drivers to help reduce the number of teenagers involved in fatal or disabling automobile crashes. Another component of the program is an email drive designed to reach the millions of parents who have or will have teens at the driving age in their household. Parents and teens can access the website at www.carfax.com/teen.

USING CARS SEATS AS CRIBS

The Canadian Government department, Transport Canada, has issued an advisory warning that infant car seats should not be used as cribs or swings, unless they are designed for these purposes. The warning followed three deaths in Canada and others in the US. In three isolated incidents, the harness straps of their seats strangled infants who had been left unattended in their infant car seats outside of a vehicle. Two of the deaths occurred when the infant car seat was used as a crib and another when the seat was modified for use as a swing. Transport Canada noted that the infant seats do not meet the safety requirements for cribs or swings, which have their own safety standards developed to keep infants safe while the product is being used for its designed purpose. When an infant is placed in an infant car seat outside of a vehicle, the centre of gravity of the car seat and infant is raised making it top heavy and unstable. The movement of the baby can result in the infant car seat tipping over and the harness system can then exert sufficient pressure on the infant's neck to cause asphyxiation. The warning is available at the Transport Canada child safety website, www.tc.gc.ca/roadsafety/childsafecindex_e.htm.

SAFE ROUTES TO SCHOOL

Want to know more about the Safe Routes to School initiatives in the UK? A visit to the website run by Sustrans,

www.saferoutestoschools.org.uk/html/what_srs.htm, is well worth a look. Safe Routes to Schools projects encourage and enable children to walk and cycle to school through a combined package of practical and educational measures.

US SEATBELT USE AT 75%

Seatbelt use is continuing an upward trend in the US in 2002, reaching 75%, its highest level since national surveys began in 1994, according to an announcement in September by Dr Jeffrey Runge, Administrator of the National Highway Traffic Safety Administration (NHTSA). States with primary seatbelt laws hit another milestone—80% belt use—while states with secondary laws averaged 69%. The new data—drawn from a large scale observational study conducted by NHTSA in June 2002—show a two percentage point increase in seatbelt use to 75% since 2001. The study, known as the National Occupant Protection Use Survey, is conducted periodically by the agency to obtain nationwide estimates of shoulder belt use and motorcycle helmet use to support the agency's occupant protection programs. The last such survey was conducted in June 2001. A two percentage point increase in belt use translates into an additional six million users. An estimated 500 lives per year will be saved as a result of the increase.

BULL BAR STANDARD PUBLISHED IN AUSTRALIA

Since 1988, vehicle design rules in Australia have progressively changed to reduce the harm suffered by pedestrians in the event of collision. The most problematic item has proved to be the ubiquitous, pedestrian unfriendly bull bars. After years of debate, polarised between calls for a ban and argument that nothing could be done, Standards Australia has been able to develop and publish a standard for them. Standards spokesman John Henry says the standard recommends that, in future, bull bars are designed to better align with the overall profile of the vehicle and that dangerous projections, like fishing rod holders, are not located where they can contact pedestrians. As well, in case a person is contacted, bull bars will need to meet stringent impact criteria in a simulated accident situation. We expect that this will lead to a new range of safer products coming onto the market that are better designed and employ more pedestrian-friendly materials (the standard is AS4876.1-2002 Motor vehicle frontal protection systems Part 1: Road user protection).

ANEC RESEARCH ON REAR SEAT BACK STRENGTH

European consumer organization, ANEC, has awarded a contract to one of

the leading suppliers of automotive engineering and testing services to look at rear seat back strength. For many years, consumer groups have been arguing for improved strength of the rear seat back in cars. Accidents show that luggage in the rear seat can load the rear back seat in the case of a frontal collision and cause the seat back to deform heavily or fail altogether, exposing the rear seat occupants to additional loading. Such additional loading can cause restrained rear occupants, both adults and children, needless injury. Split folding rear seats, because of their current design, are especially liable to provide poor luggage restraint. The situation has an increased importance now, when many manufacturers are relying on the rear seat to carry loads from the top tethers of a new generation of child restraints. Such loads add to the existing loads imposed by luggage and the seats own inertia in a frontal impact. On the basis of the test results of the ANEC research project, the organisation will make recommendations for improving the international regulations on testing rear seat back strength. The results of the ANEC study can also be used to contribute to discussions regarding luggage retention requirements in the new car assessment programme, EuroNCAP.

SKI HELMET WEBSITE

The US National Ski Areas Association is trying to encourage parents to put lids on their kids and will get a boost with the help of a new website designed to educate parents about the importance of helmets on the ski slopes. The web address is www.lidsonkids.org. The effort intensified after two helmetless children died in ski related accidents in 2001. The new website cites statistics, articles, and other information about helmets and the safety they can provide for skiers and snowboarders. It also reminds people that abiding by the Skier Safety Act is the best preventive measure to keep the slopes safe. More and more ski resorts are requiring kids to wear helmets while skiing or boarding—primarily if they are enrolled in ski lessons. Five years ago, virtually no one wore helmets on the slopes. Today, it's estimated that up to 10% of skiers and boarders do.

Contributors to these news and notes include Joe Colella, Anara Guard, Barry Pless, and Ian Scott. Michael Hayes has edited the contributions. Items for the September 2003 issue, including calendar entries, should be sent to Michael Hayes at the Child Accident Prevention Trust, 18–20 Farringdon Lane, London EC1R 3HA, UK, fax +44 (0)20 7608 3674, email mh@capt.org.uk by 1 June 2003.