Playground injuries

M MacKay

Recent attempts to begin to address what we don’t know

I
n the current issue of Injury Prevention

playground safety. Nixon and colleagues
equipment in public schools and parks in

represent an important cause of child-

Injuries and dislocations, most often the result of

The challenge of implementation and enforcement

leading to a reduction in

playground injury. Addressing these

gaps is vital to a comprehensive under-

For the most part now build
equipment sold to private home owners. Even

in settings where policy requiring adher-

is likely to be hampered by

As with many areas of injury preven-

There is no consensus on safe heights, unsafe
equipment height estimates range from 1.5 to

while, manufacturers
do for the most part now build
equipment that does not meet

specific risk factors (toddler versus

these are compromised

of the nine studies found,

two engineering strategies re-

ligion requiring adherence to said

and Surfaces are required to

as part of licensing requirements (per-

This strategy on playground injury has

Beyond descriptive epidemiological

there have been few attempts to evaluate

strategies to prevent playground

Of the nine studies found,

and seven examined
educational approaches. Only three used rig-

nistraining and landing surfaces. Equipment

have been few attempts to evaluate

specific risk factors (arm fracture versus

of the specifications landing

of the cost benefit of the various

Of the nine studies found,

Three types suggest that children are at higher

of these studies appear to have broadly influ-

at the 6th World Conference in Montreal in May

injuries met to discuss the current state of

or perhaps more impor-

iment and landing surfaces. Equipment

be found on

private land, as in the case of

The age group most affected are school

school age), and exposure data.

A better understanding of body part or

injuries are well documented. However, injury

Of the nine studies found,

injuries, there is also a lack of good exposure

most studies to date have reported

n What don’t we know? At the 6th

injury also results when children are

height and surface impact

A recent study suggests that children are at higher

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of the studies appear to have broadly influ-

medical journals.

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population rates of playground injury, which likely underestimate overall or age specific injury rates, but may overestimate equipment specific rates. Few attempts have been made to go beyond this to examine playground use (for example, number of children/playground/week) or even more specifically equipment use (for example, number of children/specific piece of equipment/hour). Nixon et al, in this issue, have attempted to quantify specific estimates of injury risk for different pieces of equipment in playgrounds in Brisbane. This study begins to fill an important gap that will allow prevention practitioners to determine the relative risk of specific pieces of playground equipment, thereby providing more accurate information to policy makers. The importance of addressing this gap cannot be underestimated, as exemplified by Nixon et al who conclude that their findings suggest that the economic costs of modifications and any resultant reduction in challenging play opportunities may outweigh the benefit of further injury reduction strategies in that community.

Play is an important part of healthy development of children and playground equipment serves as one tool with respect to that development. The public accept that play and injury resulting from play are part of childhood and this in and of itself results in additional challenge for those working to prevent these injuries. Both public education and recommendations to decision makers setting policy for design, installation, and maintenance of playground structures will be greatly enhanced if current gaps in understanding of risk and knowledge of effective prevention strategies are filled. We also need to know how effective enforcement of existing regulations is likely to be. Much could be learned by cross country comparisons. Meeting these challenges as an international community will ensure that safe and challenging playgrounds are possible.

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LACUNAE ........................................................................................................

Speed humps cost lives

Paramedics are warning that speed humps on London streets are killing hundreds of people a year by increasing ambulance response times. Sigurd Reinton, chairman of the London Ambulance Service, claimed in February that more lives are being lost through delays caused by speed humps and other calming measures than are saved by them.

“The situation is about more than road humps—our ambulances also have to slow down for chicanes and width barriers, often to walking pace”, he said. “The fact that side streets have been shut off also has an impact as we then get caught up in the increased traffic on other routes.

“There is no doubt that the policies are well-intentioned, but I feel that the introduction of congestion charging offers an ideal opportunity to review their effectiveness”.

Research in Boulder, Colorado, supports Reinton’s claims. It suggests that for every life saved by traffic calming as many as 85 people may die because emergency vehicles are being held up. The report found response times are typically extended by 14% by speed reduction measures.

Cardiac arrests were of particular concern in the study: 90% of victims survive if treated within two minutes, though the rate falls to just 10% if they go untreated for six minutes. London has particularly low survival rates: among the 8000 people who suffer arrests each year only 2% of the most serious cases are revived.

The ambulance service calculates that each of the capital’s 20 000–30 000 humps can add 15 seconds to a journey, with each minute’s delay responsible for a 10% reduction in survival rates for cardiac arrest patients. Reinton says even the strictest traffic calming could reduce London road deaths by only another 100 a year, while his crews could save up to 800 more lives annually if calming measures did not delay them.

Emergency services chiefs have also previously criticised councils for introducing speed humps without any apparent consideration of their adverse effects. Although there are no signs of London ambulance crews claiming injuries as a result of speed humps, two firefighters in Sacramento, California, suffered spinal injuries in separate incidents when they hit their heads on the cab roof as their vehicle went over a hump. One was forced to take early retirement, the other was permanently disabled.

Humps have come in for criticism for other reasons, too. Although the official Department for Transport line is that they can increase car emissions by between 1% and 60%, Austrian researchers found exhaust pollution can soar 10-fold as drivers accelerate away from humps.

Transport for London (TfL) said it understood Reinton’s concerns but did everything it could to strike the correct balance. Derek Turner, managing director of street management for TfL, said “Traffic calming measures should only be installed where it is necessary to reduce casualties” (based on a report in The Times (London), February 2003; submitted by Barry Pless).