



Safekids Information Centre KidsInfo Bulletin

November – December 2011.

If you would like to see any of the items listed here, please contact the Information Centre by replying to the email this was sent with or at: infocentre@safekids.org.nz or phone: 09 631 0724 and quote the Reference number(s).

Our database can also be searched online at www.safekids.org.nz and we are always pleased to help with all your child injury prevention enquiries, contact Wayne Carter.

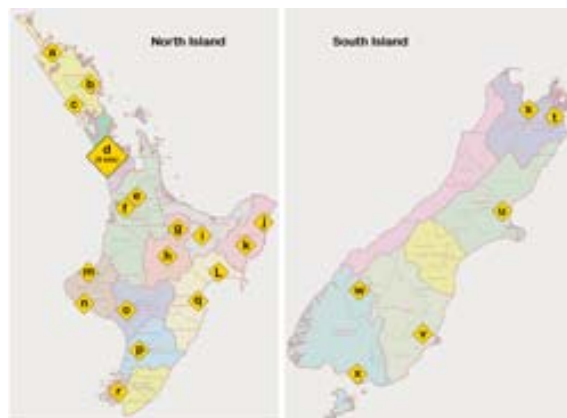
Happy New Year! Highlights of this issue of *KidsInfo Bulletin* include:

- Details of new cycling-related resources.
- Material relating to the cost-effectiveness of injury prevention measures.

Driveway Run Over Kits: Locations and contact information

We now know of 27 driveway run over kits spread out across the country. Thank you very much to the Safekids Driveway Kit caretakers, Plunket and the Auckland Regional Driveway Run-over Prevention (DRoP) group for sharing information about the kits they hold. For information about the kit, download [the user guide \(under 'resources'\)](#).

If you would like to ask about using a driveway run over interactive kit at your holiday or summer event, please visit the full-sized map for [kit caretaker contact information](#).



We are now in the summer 'trauma season', please also take a moment to look at our new videos about driveway run overs and run over prevention at our new Mysafekids website at:

<http://mysafekids.org.nz/campaigns/Driveway-Run-Overs/?c=5>

ALCOHOL

Special report: The involvement of alcohol consumption in the deaths of children and young people in New Zealand during the years 2005-2007. [Child and Youth Mortality Review Committee (CYMRC)].

Author Baker, Nick
White, Bronwyn

Child and Youth Mortality Review Committee (CYMRC) - Te Roopu Arotake Auau Mate o te Hunga Tamariki, Taiohi.

Wellington, Child and Youth Mortality Review Committee: 2011. 28 p.

This 'special report' from the Child and Youth Mortality Review Committee (CYMRC) looks into the often deadly role of alcohol in the deaths of children and young people in New Zealand. CYMRC operates under the umbrella of the Health Quality & Safety Commission and reviews the deaths of children and young people aged from 28 days to 24 years old.

The report: "... considers 357 deaths from injury, during the years 2005 to 2007, of children and young people aged between 4 weeks and 24 years. In 87 of these, the death was attributable to alcohol or alcohol clearly contributed to the death. Of these 87 deaths, 49 involved a motor vehicle, 16 involved assault and 11 were due to drowning. The majority of these deaths related to young people 15 to 24 years.

Dr Baker says alcohol and motor vehicles are a lethal mixture.

"We need to put as much separation as possible between the processes of young people learning how to drink alcohol responsibly and learning how to drive safely. This is why CYMRC expressed support for the recent introduction of a zero blood-alcohol limit for teenage drivers, and enforcement of legislation to prevent young people from breaching the conditions of their driving licences.

"The report also highlights that females and younger males most frequently die because of other people's drinking. This is a very important message for young people who want to keep themselves safe and for parents and caregivers so they can support their young people to stay safe."

Dr Baker says the report recommends limiting the availability of alcohol and making it less attractive, asking communities to consider establishing liquor bans in some areas, and extending 'host responsibility' and health promotion messages.

The report notes that there is very little information about the impact of alcohol on the supervision and care of infants and children.

"Police do not have a mandate to test for alcohol-related impairment whenever a child is injured or dies."

He says every infant and child needs a sober caregiver, and anyone who drinks to the point of impairment needs a sober friend to help keep them safe.

Available at:

http://www.cymrc.health.govt.nz/moh.nsf/indexcm/cymrc-resources-publications?Open&m_id=4

and see also:

<http://www.hqsc.govt.nz/page/28253/report-looks-at-deadly-impacts-of-alcohol/?q=alcohol+cynrc&highlight=alcohol+cynrc§ion=9214>

Reference number 9647

ASPHYXIATION

Safe infant sleep guidelines for neonates - SCBU [guidelines from the Waitemata District Health Board - Child Woman & Family Services].

Waitemata District Health Board (WDHB).
Child Woman & Family Services.

Auckland, Waitemata District Health Board: 2011. 8 p.

This policy document from the Waitemata District Health Board (WDHB) in Auckland

describes their policies to ensure safe baby and infant sleep practices: "The purpose of this policy is to provide WDHB staff with information for their own practice and for education for families to ensure babies are positioned safely to prevent sudden unexpected death in infancy (SUDI)."

Reference number 9667

Sudden unexpected infant death—no more “stunned amazement”! [editorial on sudden unexplained death in infancy - SUDI].

Author Baker, Nick

The New Zealand Medical Journal. 4 November 2011, Vol. 124, No. 1345: 9-12.

Nelson Marlborough District Health Board, Nelson Hospital, Nelson.

This editorial on sudden unexplained death in infancy (SUDI) concludes:

“To reduce risk it is important that all infants have a smokefree place where they can sleep on their back, on a firm surface, with their faces clear in an arrangement where they cannot be trapped and nothing can accidentally move to cover their face or flex their neck. Even when an infant sleeps alone in a bed designed for an adult, there is at least a twenty-fold increased risk of suffocation compared with an infant in a cot.

Furthermore, infants are also placed at increased risk when placed to sleep in faulty cots and cots with an inappropriately fitted mattress. New Zealand is developing some options to support safe sleep with the increasing use of Wahakura and Pepi Pods which are currently undergoing research evaluation. Work and Income NZ (WINZ) is also able to offer financial support for sleeping spaces for infants.

The unexpected nature of SUDI can lead to the unfortunate acceptance that these deaths “just happen” and cannot be prevented, and leave families feeling disempowered. In fact a substantial proportion of SUDI are preventable. Health professionals have an absolute duty to ensure that families are never again left with “stunned amazement” if their infant dies in a setting of unsafe sleep.”

For more information see:

<http://journal.nzma.org.nz/journal/124-1345/index.shtml>

Reference number 9668

CAMPAIGNS - CANADA

Ending Canada's invisible epidemic: A strategy for injury prevention.

SMARTRISK

Insurance Bureau of Canada

Toronto, SMARTRISK: 2005. 117 p.

This publication: "... provides a framework for a pan-Canadian injury prevention strategy.

Published in 2005 as a result of a 24 month consultation process with stakeholders across Canada, the document outlines a strategy to reduce injuries based on six pillars: 1) national leadership and coordination, 2) an effective surveillance system, 3) research, 4) community supports and resources, 5) policy analysis and development, and 6) public information and education."

Available at:

http://www.smartrisk.ca/index.php/publications/item/ending_canadas_invisible_epidemic_a_strategy_for_injury_prevention

Reference number 9661

CHILD SAFETY GENERAL

Canada and the world: A comparative approach to injury prevention.

Author Fuselli, Pamela
Wanounou, Amy

Healthcare Quarterly Volume 14, Special Issue, October 2011: 84-89.

Safe Kids Canada.

This article from Safe Kids Canada examines unintentional child injury prevention in Canada and the world and includes this statement:

"Injury Prevention Saves Money

The cost of doing nothing when it comes to the prevention of unintentional injuries in children and youth is unacceptable. In 2004, the most recent year for which data are available, injuries cost Canadians \$19.8 billion and 13,667 lives. That same year, the direct costs of injury were \$10.72 billion and the indirect costs were \$9.06 billion. Crucially, unintentional injuries account for 81% of all injury costs. On a human level, over 211,000 Canadians were hospitalized, there were over three million emergency room visits and over 67,000 Canadians were permanently disabled (SMARTRISK 2009).

The cost of primary programs is much cheaper than treating a child, sometimes for months, because of a preventable injury. Effective strategies for injury prevention have been shown to save not only lives but also dollars (Gyllensvard 2010; SMARTRISK 2009; WHO 2005a). The numbers are illuminating. The return on investment for every \$1 spent on prevention strategies shows that prevention is extremely cost-effective (SMARTRISK 2009); for example, \$1 spent on bicycle helmets saves \$29, \$1 spent on child safety seats saves \$32, \$1 spent on road safety improvements saves \$3, \$1 spent on prevention counselling by pediatricians saves \$10 and \$1 spent on poison control services saves \$7.

Furthermore, studies have shown that, on average, a \$46 child safety seat generates \$1,900 in benefits to society; a \$31 booster seat generates \$2,200; and a \$10 bicycle helmet generates \$570 (Pacific Institute for Research and Evaluation 2005)."

Includes figures and references.

Available at:

<http://www.longwoods.com/content/22582>

See also:

<http://www.safekidscanada.ca/>

Reference number 9643

COST OF INJURY

Injury Prevention: What works? - A Summary of cost-outcome analysis for injury prevention programs. (2010 update).

Children's Safety Network - CSN (CSN is funded by the Health Resources and Services Administration's Maternal and Child Health Bureau - U.S. Department of Health and Human Services). Pacific Institute for Research and Evaluation (PIRE).

Washington D.C., Children's Safety Network (CSN): 2010. 31 p.

This item is referred to as a factsheet: "This fact sheet series presents cost-outcome analyses for several injury prevention interventions related to: motor vehicles; impaired driving and pedestrian safety; open-flame/burn injuries; violence; and substance abuse and health services.

The majority of the interventions presented reduce injuries, disability, and death.

This resource can be used as an advocacy tool, to assist with the development of injury prevention plans, to guide the selection of an intervention, to provide technical assistance, to assist with resource allocation, or to promote a particular intervention in educational materials.

The focus of these fact sheets is on the cost-effectiveness of interventions which is only one factor that should be considered when choosing an intervention to replicate or endorse."

Available at:

<http://www.childrendefinesafetynetwork.org/news/shownews.asp?newsID=2120>

Reference number 9660

Cost effectiveness of injury prevention - a systematic review of municipal interventions.

Author Gyllensvärd, Harald

Cost effectiveness and resource allocations. 2010, Vol. 8, Iss. 17 : 7 pages.

Department of Medical and Health Sciences, Linköping University, SE-581 83 Linköping, Sweden

Background. Injuries are a major cause of mortality and morbidity which together result in avoidable societal costs. Due to limited resources, injury prevention interventions need to demonstrate cost-effectiveness to justify their implementation. However, the existing knowledge in this area is limited. Consequently, a systematic review is needed to support decision-making and to assist in the targeting of future research. The aim of this review is to critically appraise the published economic evidence of injury prevention interventions at the municipal level.

Methods. A search strategy was developed to focus a literature search in PubMed, Embase, Cochrane and NHS EED. Studies were eligible for inclusion if they were economic evaluations of injury prevention interventions that could be implemented by municipalities; had a relevant comparison group; did not include any form of medication or drug use; and were assessed as having at least an acceptable quality from an economic point of view. Articles were screened in three steps. In the final step, studies were critically appraised using a check-list based on Drummond's check-list for assessing economic evaluations.

Results. Of 791 potential articles 20 were accepted for inclusion. Seven studies showed net savings; four showed a cost per health score gained; six showed both savings and a cost per health score gained but for different time horizons and populations; and three showed no effect. The interventions targeted a range of areas such as traffic safety, fire safety, hip fractures, and sport injuries. One studied a multi-targeted community-based program. Only six articles used effectiveness data generated within the study.

Conclusions. The results indicate that there are injury prevention interventions that offer good use of societal resources. However, there is a lack of economic evidence surrounding injury prevention interventions. This lack of evidence needs to be met by further research about the economic aspects of injury prevention interventions to improve the information available for decision-making.

Available at:

<http://www.resource-allocation.com/content/8/1/17>

Reference number 9659

Five-hundred life-saving interventions and their cost effectiveness.

Author Tengs, Tammy O. et al.

Risk Analysis Vol. 15, Iss. 3, June 1995 369-390

Abstract: "We gathered information on the cost-effectiveness of life-saving interventions in the United States from publicly available economic analyses. "Life-saving interventions" were defined as any behavioral and/or technological strategy that reduces the probability of premature death among a specified target population. We defined cost-effectiveness as the net resource costs of an intervention per year of life saved. To improve the comparability of cost-effectiveness ratios arrived at with diverse methods, we established fixed definitional goals and revised published estimates, when necessary and feasible, to meet these goals. The 587 interventions identified ranged from those that save more resources than they cost, to those costing more than 10 billion dollars per year of life saved. Overall, the median intervention costs \$42,000 per life-year saved. The median medical intervention costs \$19,000/life-year; injury reduction \$48,000/life-year; and toxin control \$2,800,000/life-year. Cost/life-year ratios and bibliographic references for more than 500 life-saving interventions

are provided."

This item is the source research behind a common quote from economist Gareth Morgan "As a rule of thumb, a dollar spent on prevention or early intervention produces four times the return as does a dollar spent on hospitals. It's no contest, we need to spend more here"

See also pages 129 and 267, footnote 98 of his book 'Health Cheque' (record # 9641 and for more information see:

<http://www.healthcheque.co.nz/>)

Reference number 9651

CYCLISTS

Bicycle helmet research [CARRS-Q monograph 5].

Author Haworth, Narelle L. et al.

Centre for Accident Research and Road Safety – Qld (CARRS-Q), Queensland University of Technology, Queensland, Australia.

Brisbane (Australia), Queensland University of Technology:

2010. 60 p.

Abstract: "Recent research on bicycle helmets and concerns about how public bicycle hire schemes will function in the context of compulsory helmet wearing laws have drawn media attention. This monograph presents the results of research commissioned by the Queensland Department of Transport and Main Roads to review the national and international literature regarding the health outcomes of cycling and bicycle helmets and examine crash and hospital data. It also includes critical examinations of the methodology used by Voukelatos and Rissel (2010), and estimates the likely effects of possible segmented approaches to bicycle helmet wearing legislation.

The research concludes that current bicycle helmet wearing rates are halving the number of head injuries experienced by Queensland cyclists. Helmet wearing legislation discouraged people from cycling when it was first introduced but there is little evidence that it continues to do so. Cycling has significant health benefits and should be encouraged in ways that reduce the risk of the most serious injuries. Infrastructure and speed management approaches to improving the safety of cycling should be undertaken as part of a Safe System approach, but protection of the individual by simple and cost-effective methods such as bicycle helmets should also be part of an overall package of measures."

For the PDF see:

<http://eprints.qut.edu.au/41798/>

Reference number 9658

CYCLISTS - NZ

Cycles: road rules and equipment (Factsheet 1).

New Zealand Transport Agency (NZTA) - Waka Kotahi

Wellington, New Zealand Transport Agency (NZTA): 2011.

This factsheet from the New Zealand Transport Agency (NZTA) provides information about cycle road rules and cycle equipment required in New Zealand. Information is provided under the following headings:

- What rules must I follow?
- What are the rules for wearing cycle helmets?
- Riding in the 'hours of darkness'
- What are the 'hours of darkness'?
- Courtesy on the road
- Equipment for cyclists
- Your responsibilities
- Manufacturers' and retailers' responsibilities

-Cycle helmet standards
-Where can I find out more?
See at:
<http://nzta.govt.nz/resources/factsheets/01/cycles-rules-equipment.html>

Reference number 9646

Tips for cyclists on rural roads: Sharing the road for Safer Journeys.

Tips for motorists on rural roads: Sharing the road for Safer Journeys.

Tips for cyclists on urban roads: Sharing the road for Safer Journeys.

Tips for motorists on urban roads: Sharing the road for Safer Journeys. [Set of two double sided pamphlets, one for rural and one for urban travellers. Long thin format intended to be folded to business-card size.]

New Zealand Transport Agency (NZTA)

Bikewise

Wellington, New Zealand Transport Agency (NZTA): 2011.

This item is a set of two double sided pamphlets, one for rural and one for urban travellers. Their long thin format is intended to be folded to business-card size. One side of each of the pamphlets has cycling safety messages for cyclists and the other side has cycling safety messages for motorists.

This pamphlet highlights the fact that both motorists and cyclists have a right to use the road and both have responsibilities. This information is under the headings, for cyclists: Be prepared, Be aware, Be confident, Be considerate, Be predictable, Be seen (Be visible), Be patient (Be safe). And for motorists: Be aware, Be patient, Be considerate, Be predictable, Be safe.

There are some differences in the advice for the rural and for the urban settings.

For the full text, PDFs and more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9650

Safe riding tips for parents/ caregivers/ whanau: Information sheet no. 5 [Child cycling advice, A4, double sided sheet].

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2011.

This 'information sheet' aims to provide 'safe riding tips' to parents/ caregivers/ whanau. It is an A4, double sided sheet: "Safe cycling for children. The Safe riding tips factsheet gives you all the info you need to help your children stay safe on their bikes." It includes advice on cycle helmets, knowing the road rules, cyclist visibility etc. and concludes: "... the recommended age to cycle alone [in traffic] is 10 years or over".

For the full text, PDF and more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9652

Cycle basics: Choosing the right bike - getting started.

Bikewise

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2011.

This item is a printout of the Bikewise webpage about choosing the right bike and getting started.

It includes sections on: Where should I buy my bike?, Which type of bike is best for me?, Choosing the right sized bike (includes information on helmets), Emergency items and Accessories.

For the full text see:

<http://www.bikewise.co.nz/bikes-riding/cycle-basics>
and for more information see:
<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9653

Safety tips for cyclists and truck and bus drivers [A4 pamphlet folded to DLE size].

Cycling Advocates Network (CAN)
New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2010.

This pamphlet from the NZTA and Cycling Advocates Network (CAN) aims to provide safety advice to cyclists and truck and bus drivers. It includes sections on: Tips for truck and bus drivers, Tips for cyclists, Blindspots, Our contact details.

For the full text and PDF see:

<http://www.nzta.govt.nz/resources/safety-tips-cyclists-truck-bus/index.html>

and for more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9654

Safety information for cyclists: Cycle helmets [webpage printout].

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2005.

This printout of an NZTA cycle helmet webpage includes: Why helmets matter, Making sure your helmet fits and Choosing the right helmet. Includes reference to the relevant Standard.

For the full text see:

<http://www.nzta.govt.nz/resources/safety-information-for-cyclists/helmets.html>

And for more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9655

Safety information for cyclists: The safe cycling checklist [webpage printout].

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2005.

This printout of an NZTA safe cycling checklist webpage includes advice under the headings: Ride to be seen, Get your seat height right, Check your handlebars, Do your brakes work properly?, Have you got pedal power? and What about your wheels?

For the full text see:

<http://www.nzta.govt.nz/resources/safety-information-for-cyclists/checklist.html#seat>

And for more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9656

Safety information for cyclists: Cycle lights and reflectors [webpage printout].

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2005.

This printout of an NZTA cycle lights and reflectors webpage includes advice under the headings: Lights and reflectors you must have, Lights you shouldn't have, When you should use your lights and Penalties for not having legal reflectors or lights.

For the full text see:

<http://www.nzta.govt.nz/resources/safety-information-for-cyclists/lights.html>

And for more information see:

<http://www.bikewise.co.nz/bikes-riding/cycle-safety>

Reference number 9657

HEALTH GENERAL - NZ

Health cheque: The truth we should all know about New Zealand's public health system.

Author Morgan, Gareth
Simmons, Geoff
McCrystal, John

Wellington, Public Interest Publishing Ltd: 2009. 275 p.

This book by economist Gareth Morgan and associates examines problems with the New Zealand health system :

"While the local health system scrubs up surprisingly well globally, Dr Morgan finds a substantial mismatch between the public's expectations and what the health system actually delivers. Co-authored with former Treasury analyst Geoff Simmons, Health Cheque asks the tough questions including why the system won't vaccinate Porirua toddlers but is happy to give a coronary bypass to a 90 year old Remuera spinster.

From interviews with those working in the sector through to a detailed examination of the latest major review of the system known as the Horn Report. ... The book explores the consequences of ongoing avoidance of the tough calls on rationing and prioritisation."

This item has the source reference for the research behind a common Gareth Morgan quote "As a rule of thumb, a dollar spent on prevention or early intervention produces four times the return as does a dollar spent on hospitals. It's no contest, we need to spend more here" pages 129 and 267, footnote 98.

For more information see:

<http://www.healthcheque.co.nz/>

Reference number 9641

HOME ENVIRONMENT

Button batteries: The worst case scenario in nasal foreign bodies.

Author Guidera, Alice K.
Stegehuis, Hans R.

New Zealand Medical Journal 30 April 2010, Vol. 123, No. 1313 68-73

This article presents four cases of button battery nasal foreign bodies along with a review of the current literature on this topic.

The article states:

"While there was mucosal damage in all of the noses the likelihood of the septal perforation developing appears to be related to the time interval between insertion and removal As button batteries are ubiquitous it is imperative that consumers and medical practitioners are aware of the [serious] risks they pose if placed in the nose, and also elsewhere in the body."

Reference number 9648

File of material on electrical burns due to button battery ingestion by children.

Small 'button' batteries are increasingly used in a large number of household devices such as TV and car key remotes, calculators, musical cards and other small electrical devices. These batteries can be ingested (placed in bodily orifices) or swallowed by small children. If they lodge in one spot - such as the nasal passage or the oesophagus - they may cause electrical burns which can result in tissue necrosis and serious, disabling injuries.

This file includes an article from 'Safekids News': Dec. 2011, Iss. 55, page 11, "Hidden dangers: Coin-size batteries", a printout from the Ministry of Consumer Affairs website: "Parents warned over 'button battery' dangers" (<http://www.consumeraffairs.govt.nz/news-1/product-safety-alerts/parents-warned-over-2018button-battery2019-dangers>)

, a printout from the website of Safe Kids USA "Button batteries are dangerous to kids, especially toddlers, and can cause severe injuries when swallowed" (<http://www.safekids.org/safety-basics/safety-spotlight/battery-safety/?print=t>) and other related material.

Reference number 9649

HOME ENVIRONMENT - USA

Emergency Department visits and hospitalizations for Injuries among infants and children following statewide implementation of a home visitation model.

Author Matone, Meredith et al.

Maternal and child health journal DOI: 10.1007/s10995-011-0921-7 Published online 25 November 2011, DOI: 10.1007/s10995-011-0921-7.

"To compare hospital-based utilization for early childhood injuries between program recipients and local-area comparison families following statewide implementation of an evidence-based home visitation program, and to describe site-level program variation. Propensity score matching on baseline characteristics was used to create a retrospective cohort of Nurse-Family Partnership (NFP) clients and local area matched comparison women. The main outcome, a count of injury visit episodes, was enumerated from Medicaid claims for injuries examined in an emergency department or hospital setting during the first 2 years of life of children born to included subjects. Generalized linear models with a Poisson distribution examined the association between injury episode counts and NFP participation, controlling for other non-injury utilization and stratifying by individual agency catchment area in a fixed effects analysis. The children of NFP clients were more likely in aggregate to have higher rates of injury visits in the first 2 years of life than the children of comparison women (415.2/1,000 vs. 364.2/1,000, $P < 0.0001$). Significantly higher rates of visits among children of NFP clients for superficial injuries (156.6/1,000 vs. 132.6/1,000, $P < 0.0001$) principally accounted for the attributable difference in injury visit rates between groups. Among more serious injuries, no significant difference in injury visit rates was found between NFP clients and comparison women. The proportion of children with at least one injury visit varied from 14.5 to 42.5% among individual sites. Contrary to prior randomized trial data, no reductions in utilization for serious early childhood injuries were demonstrated following statewide implementation of an evidence-based home visitation program. Significant program variation on outcomes underscores the challenges to successful implementation."

For more information see:

<http://www.springerlink.com/content/t631226423701507/>

Reference number 9666

HOME INJURIES

Barriers to, and facilitators of, the prevention of unintentional injury in children in the home: a systematic review and synthesis of qualitative research.

Author Smithson, Janet et al.

Injury Prevention 2011 Apr., Vol. 17, Iss. 2, :119-26.

Psychology, College of Life and Environmental Sciences, University of Exeter, Washington Singer Laboratories, Exeter, UK.

"BACKGROUND: This review considers barriers to, and facilitators of, success for interventions to reduce unintentional injury to children in the home through supply and/or installation of home safety equipment, and looks at risk assessments.

METHODS: A systematic review of qualitative research. Bibliographic databases were searched for studies on interventions to reduce unintentional child injury in the home, or on related attitudes and behaviours. Studies were quality appraised, findings extracted, and a

conceptual framework was developed to assess factors affecting the success of interventions. RESULTS: Nine peer-reviewed journal articles were included. Barriers and facilitators were highlighted at organisational, environmental and personal levels. Effective provision of safety equipment involves ongoing support with installation and maintenance. Take up and success of interventions depends on adjusting interventions according to practical limitations and parents' cultural expectations. A particular barrier was parents' inability to modify rented or shared accommodation.

CONCLUSIONS: The review highlights ways in which health inequalities affect the take up and success of home safety interventions, and how health workers can use this knowledge to facilitate future interventions."

"What this study adds

- This study provides a systematic review of recently published qualitative research on barriers to, and facilitators of, interventions involving the supply and/or installation of home safety equipment, and/or home risk assessments in a range of national and ethnic settings. Barriers and facilitators are found at organisational, environmental and personal levels.

- Effective provision of safety equipment involves ongoing support with installation and maintenance.

- Take up and success of interventions depends on adjusting interventions according to practical limitations and parents' cultural expectations. A particular barrier was parents' inability to modify rented or shared accommodation."

For more information see:

<http://www.ncbi.nlm.nih.gov/pubmed/21097943>

Reference number 9664

PEDESTRIANS

Files of notes about some general child pedestrian and driveway safety signs.

Author Carter, Wayne

These notes relate to general child safety signs which are intended to be positioned in driveways and back yards. Messages include: 'Watch out! children in driveway', 'Caution! Children playing' and 'Remember, Check for children before you start movin.'

The signs are available at some 'Mitre 10' and 'Mitre 10 Mega' hardware stores.

For more information see:

<http://handeesigns.co.nz/>

Reference number 9645

Common denominators in death from pediatric back-over trauma [driveway run over].

Author Stark, Rebecca et al.

The American Surgeon Oct 2011, Vol. 77, Iss.10 : 1420-1422.

Harbor - University of California - Los Angeles (UCLA) Medical Center Torrance, California.

"Low-speed "back-over" injuries comprise a small number of pediatric automobile versus pedestrian (AVP) trauma, however these injuries tend to be more severe and have a higher rate of mortality. The objective of this study was to determine environmental, mechanistic, and demographic factors common in pediatric back-over injuries resulting in death. Patients were identified from the trauma registry of an urban Level I trauma center over a 15-year period. Charts for all pediatric AVP injuries in ages 4 years and younger were reviewed. Mortalities due to back-over injuries were identified. For the study period reviewed (1995-2010) we identified 535 cases of auto versus pedestrian injury in children less than 4-years-old. Of these, 31 (5.79%) were mortalities. Among those 31 mortalities, six (19.3%) were identified as resulting from back-over trauma. Mean age was significantly lower in back-over injuries as compared with non back-over AVP trauma (1.33 ± 0.23 years, vs 3.5 ± 1.0 years, $P = 0.001$). We noted a trend toward female gender (67%) and Hispanic ethnicity (67%). All sustained massive blunt head trauma as the cause of death. There were no significant differences in

Injury Severity Score or Revised Trauma Score in the back-over group. Environmental analysis revealed that cars were the perpetrating vehicle 50 per cent of the time, and sport utility vehicles, vans, or trucks 50 per cent of the time. In all cases, the accidents occurred in the patient's own driveway and by either a family member (67%) or acquaintance (33%). These data suggest that key characteristics of back-over trauma resulting in mortality include very young age, massive head trauma, injury occurring in the patient's own driveway, and with a family member or acquaintance behind the wheel. This may help identify points of injury prevention to decrease the number of victims of back-over trauma in the pediatric population."

Reference number 9665

PREVENTION AGENCIES - NZ

The New Zealand injury prevention outcomes report - June 2011 [New Zealand Injury Prevention Strategy (NZIPS)].

Author Proffitt, Catherine
Brown, Jen
Renner, Lou

www.nzips.govt.nz

Accident Compensation Corporation (ACC)
New Zealand Injury Prevention Strategy Secretariat
NZIPS

Wellington, New Zealand Injury Prevention Strategy Secretariat,
Accident Compensation Corporation: 2011.

"Executive Summary

Injury is a serious issue in New Zealand. It is the leading cause of death for New Zealanders aged between one and 34. Injury is also the second leading cause of hospitalisations across the population. To address this burden, the New Zealand Injury Prevention Strategy (NZIPS) was launched in 2003 focusing on six priority areas that accounted for at least 80% of serious injuries and injury deaths: motor vehicle traffic (road) crashes, suicide and deliberate self-harm, falls, workplace injuries, drowning and assault.

The 2010 Five-Year Evaluation Report of the NZIPS recommended that the NZIPS Secretariat:

- implements a more robust monitoring, auditing and reporting role
- evaluates the performance of the priority area strategies and focus areas, and
- report on outcomes, trends and value for money.

This is the first Injury Prevention Outcomes Report, which seeks to address these recommendations."

Includes a section on the 'cross-sector focus areas' of 'child safety' (pages 60-64) and 'Maori injury prevention' (pages 64-66).

Available at:

<http://www.nzips.govt.nz/resources/publications.php>

Reference number 9662

Space matters: Planning, designing, building and maintaining for community wellbeing [Publication on 'Injury prevention through environmental design' (IPTED) - Public and play spaces - New Zealand Injury Prevention Strategy (NZIPS)].

www.nzips.govt.nz

Accident Compensation Corporation (ACC)
New Zealand Injury Prevention Strategy Secretariat
NZIPS

Wellington, New Zealand Injury Prevention Strategy Secretariat,
Accident Compensation Corporation: 2011.

This publication from the New Zealand Injury Prevention Strategy (NZIPS) focuses on 'Injury

prevention through environmental design' (IPTED) and includes detailed reference to children with regard to playgrounds and falls, footpaths and roads and water safety.
Includes references.

Available at:

<http://www.nzips.govt.nz/resources/publications.php>

Reference number 9663

STATISTICS AND DATA INJURY - NZ

Serous injury outcome indicators for children: 1994-2010: Monitoring the New Zealand Injury Prevention Strategy.

Statistics New Zealand - Tatauranga Aotearoa

Injury Prevention Research Unit (IPRU)

Analytical Services - Ministry of Health

Wellington: Statistics New Zealand: 2011. 44 p.

This report states: "Serious injury outcome indicators for children: 1994–2010' presents long-term trends in the incidence and rate of injury for children aged 0–14 years. This is the fourth in a series of annual reports that were previously known as Chartbook of the New Zealand Injury Prevention Strategy serious injury outcome indicators for children.

This report accompanies 'Serious injury outcome indicators: 1994–2010' (Statistics NZ, 2011a) and 'Serious injury outcome indicators for Maori: 1996–2010' (Statistics NZ, 2011b).

These three annual reports provide a measure of New Zealand's progress in reducing the incidence and annual rates of injury since the introduction of the New Zealand Injury Prevention Strategy (NZIPS).

In each report, the main focus is the graphs, which provide a visual representation of the changes in the annual incidence and rate of injury. This report covers 'all injury' as well as four of the NZIPS priority areas: assault, suicide and intentional self-harm, falls, and motor vehicle traffic crashes.

The description of the background and methods surrounding the development of the indicators is intentionally limited in this report. For technical detail, please refer to 'Serious injury outcome indicators – technical report' (Statistics NZ, 2011c)."

It also states that Statistics New Zealand "... acknowledges the contribution of the Injury Prevention Research Unit of the University of Otago in the development and production of the serious injury outcome indicators used in this report. Statistics NZ also acknowledges Analytical Services at the Ministry of Health as the source of data used for the calculation of indicators presented in this report."

Available at:

http://www.statistics.govt.nz/browse_for_stats/health/injuries/serious-injury-outcome-indicators-reports.aspx

See also record # 9063

and

<http://www.nzips.govt.nz/resources/publications.php#reports>

Reference number 9642

STRATEGIC PLAN

Our strategy: Injury Prevention Network of Aotearoa New Zealand (IPNANZ).

Injury Prevention Network of Aotearoa New Zealand (IPNANZ)

Wellington, Injury Prevention Network of Aotearoa New Zealand

(IPNANZ): 2011. 2 p.

This file of papers includes a strategy publication from the Injury Prevention Network of Aotearoa New Zealand (IPNANZ) which describes 'Strategic Goals 2012–2015, Kia Tutahi Accord - The Relationship Accord between the Communities of Aotearoa, New Zealand and

the Government of New Zealand' and it also lists aims to be: 'National Leader for the Injury Prevention Sector', 'Reducing Inequalities in Health and Safety', 'Improving Maori Health' and Safety and 'National Leader in Workforce Development for the Injury Prevention'. 'Areas of Focus 2012' are given as: 'Family Violence Prevention', 'Child Safety', 'Alcohol Harm Prevention' and 'Workplace Safety'.

Some related material/ information is included in this file.

Available at:

<http://ipnanz.org.nz/resources/151062%20proof%20FINAL%20Strat%20Plan.pdf>

and

<http://ipnanz.org.nz/>

Reference number 9670

THERMAL INJURIES - UK

Scald risk in social housing can be reduced through thermostatic control system without increasing Legionella risk: a cluster randomised trial.

Author Edwards, Phil

Archives of Disease in Childhood 2011 Dec., Vol. 96. Iss. 12. :1097-102 (Epub 2011 Sep 20.)

Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, UK

OBJECTIVE: To quantify the effects of a thermostatic control system in social (public) housing on the prevalence of dangerous (>60°C) water temperatures and on fuel consumption.

DESIGN: Pair-matched double-blind cluster randomised controlled trial.

SETTING: Social housing in a deprived inner-London borough.

PARTICIPANTS: 150 households recruited as clusters from 22 social housing estates. Four small estates were combined into two clusters (resulting in a total of 10 pairs of clusters).

INTERVENTION: Social housing estate boiler houses were randomised to a thermostatic control sterilisation programme (heating water to 65°C during 00:00-06:00 h and to 50°C from 06:00 to 00:00 h daily) or to standard control (constant temperature 65°C).

CONCLUSIONS: The thermostatic control with daily sterilisation was effective in capping hot water temperatures and therefore reduced scald risk. Although expected to save energy, fuel consumption was increased relative to the control group. Trial registration ClinicalTrials.gov ID: NCT00874692.

For more details see:

<http://www.ncbi.nlm.nih.gov/pubmed/21937486#>

Reference number 9669

TRANSPORT PLANNING - NZ

Safe System: Introducing the Safe System approach to road safety.

New Zealand Transport Agency (NZTA)

Wellington, New Zealand Transport Agency (NZTA): 2010.

This folded A5 pamphlet from the New Zealand Transport Agency (NZTA) describes how: "Safer Journeys, New Zealand's Road Safety Strategy 2010–2020, envisions a safe road system increasingly free of death and serious injury and introduces the Safe System approach to New Zealand. This approach represents a fundamental shift in the way we think about road safety. This leaflet explains the Safe System approach for those of us involved in the transport sector – the 'system designers' – and how we need to shift our thinking if we are to achieve a safe road system increasingly free of death and serious injury."

PDF available at:

<http://www.nzta.govt.nz/resources/safe-system/index.html>

Reference number 9644

ENDS



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