Safekids Information Centre KidsInfo Bulletin

September-October 2010

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.

Wayne Carter

ADVOCACY

Advocacy for child safety [information sheet which has been adapted by adding two pages of material on doing a stakeholder analysis as part of the Safekids Campaign 2009 - 2010 passengers theme].
Author Chambers, Julie

http://www.safekids.org.nz

Safekids New Zealand, Tamariki Haumaru o Aotearoa

Auckland, Safekids New Zealand: 2008

This is an information sheet compiled by Safekids NZ for use in our Information Packs. It is made up of three sides: (1) a page of general information about advocacy to prevent unintentional child injury, (2) a flow chart which describes the steps to be taken to advocate and (3) a practical pedestrian safety-related example.
The general information section includes some statistics and argues against sensible injury prevention work being seen as 'cotton-wooling' kids: "Preventing unintentional injury is not about stopping children from having fun, or wrapping them up in cotton wool. It is about minimizing preventable harm, enabling children to grow up healthy and active."
This version has been adapted by adding two pages of material on doing a stakeholder analysis as part of the Safekids Campaign 2009 - 2010 passengers theme.
The unadapted version is available at:
http://www.safekids.org.nz

Reference number 9445

When all is at stake: Understanding advocacy [poster abstract].
Author Chambers, Julie

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A72

* Correspondence:
Safekids New Zealand, PO Box 26488, Epsom, Auckland 1344, New Zealand.

Abstract of a poster presented to the World Injury conference held in London in October 2010:

"This presentation uses a Buzz Lightyear approach to child injury prevention advocacy. One of the stars of the Pixar animated movie Toy Story, Buzz Lightyear does not realise he is just a toy, he believes he is a real spaceman and can fly. The unfolding of his understanding of his true status does not, however, inhibit his ability to become a hero. Child injury prevention advocacy is the constructive, truthful and compelling use of evidence to inform experts, decision makers, media, community organisations and individuals about effective ways to reduce the numbers of New Zealand children who experience unintentional injury. This presentation explores the ways we understand and use advocacy, scopes some of the real hurdles for child injury prevention advocates, considers the usefulness of tools such as stakeholder analysis and economics and then looks into 'the Beyond' of what we are try to do, as advocates, every day."
doi:10.1136/ip.2010.029215.263

Reference number 9455

ASPHYXIATION

Susysafe: Surveillance System on Suffocation Injuries due to Foreign Bodies in European Children [website].

Susysafe.
Dept. of Public Health and Microbiology, University of Torino, Italy.
The European Commission, DGSANCO, Consumer Affairs Directorate.

This item is the website for 'Susysafe', the 'Surveillance System on Suffocation Injuries due to Foreign Bodies in European Children' (started in 2005):
"Suffocation due to foreign bodies (FB) is a leading cause of death in children aged 0-3 and it is common also in older ages, up to 14 years. Recent data indicates that the estimated number of incidents per year in children aged 0-14 is in EU of about 50.000, 10% of which are fatal. Among them, about 10.000 accidents involve inorganic objects, in general industrial products, mostly plastic and metal parts, coins, and toys. Out of the estimated 2,000 incidents per year involving toys, the fatalities are about 20.
The aim of this project is to collect as much scientific data as possible and to serve as a basis for a knowledge-based consumer protection activity in the Europe market and to establish a surveillance registry for injuries due to non-food foreign bodies ingestion, gathering data on choking in all EU countries and beyond, in order to:
provide a risk-analysis profile for each of the products causing the injury with the aim of:
creating a surveillance system for suffocation injuries caused to young consumers by inappropriate product design or packaging;
helping to guarantee the safety of consumers, indicating products whose risk profile is clearly not compatible with a safe fruition of the product itself;
providing the EU Commission with comparative data on risk/benefit of each of the products causing the injuries, in order to weight acceptable risks versus the foreseen economic impact of recalling the product involved from the market;
provide an evaluation of how socio-economic disparities among EU citizens may affect the likelihood of being injured by FB ingestion, with the aim of implementing specific educational activities on safe behaviour and active parental guard with regards to the specific products causing the injury."
The site includes: information about the 'The "SUSY Safe" Project - A European Registry on Foreign Bodies Injuries in Children 0-14', a glossary of terms, PDFs of a poster and the 'Susysafe Newsletter' and other materials and information.
For more see:
http://www.susysafe.org/v2/default.php?lang=us&u=

Reference number 9469

Trick or treat?: Child injury prevention: An overview of the 12 most frequent foreign bodies in 0-14 years old children [poster from 'Susysafe: Surveillance System on Suffocation Injuries due to Foreign Bodies in European Children'].

Susysafe.
Dept. of Public Health and Microbiology, University of Torino, Italy.
The European Commission, DGSANCO, Consumer Affairs Directorate.

This item a printed out poster from the website for 'Susysafe', the 'Surveillance System on Suffocation Injuries due to Foreign Bodies in European Children' (started 2005).
The poster includes the message: "Injuries due to foreign bodies can end in fatalities, 70% of incidents happen while the child is with an adult: active supervision is the key to prevention."
It includes images of the main problematic 'foreign bodies': nuts and seeds; coins; pearls balls and marbles; pins and needles, toys, pebbles, stationary, plastic, bones; paper; batteries and jewellery. It also describes the age group of children most frequently affected by each category, activity or location involved, medical presentation, possible medical complications and whether immediate referral to a doctor is necessary.
For more see:
http://www.susysafe.org/v2/default.php?lang=us&u=

Reference number 9470

CHILD SAFETY GENERAL

Action planning for child safety: 2010 update on the strategic and coordinated approach to reducing the number one cause of death and disability for children in Europe - injury.
Author MacKay, M. et al

European Child Safety Alliance
Eurosafe (European Association for Injury Prevention and Safety Promotion)

Amsterdam, European Child Safety Alliance, Eurosafe: 2010

This publication from the European Child Safety Alliance, a programme of Eurosafe, is a resource developed to assist policy and programme developers with the identification, selection and implementation of evidence-based, 'good practices' to prevent unintentional injuries in children:
“The Child Safety Action Plan (CSAP) project is a large-scale initiative that has run from 2004-2010 whose aim is to develop child safety action plans in participating countries in Europe. It aims to raise awareness and commitment to address a leading cause of death for children in Members States through three broad areas of activity: 1) child safety report cards and profiles, 2) encouraging adoption, implementation and monitoring of evidence-based good practices and 3) child safety action plan development and mentoring processes.
This update provides an overview and progress report on the three broad areas of activity undertaken to support participating countries in reaching the desired outcomes of a government endorsed national child safety action plan and increased capacity at the national level to undertake action to address child injuries, and highlights lessons learned and the value and impact of the initiative.
We also propose goals and actions for a European Child Safety Action Plan at the end of the report as an important next step in supporting child safety in Europe. The value of the Child Safety Action Plan Project over its two phases has been greater than anticipated. The evidence-based action indicator approach has provided a credible project framework, useful tools for planning and monitoring and there is early evidence that it is driving adoption and implementation of evidence-based good practices. This approach to planning provides a model for other areas of injury to consider for enabling a coordinated, comprehensive and evidence-based approach to injury reduction efforts.”
See also records # 8529 and # 9112.
Available at:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwFreeText/pressrelease.htm?OpenDocument&context=D09BE17E528E744DC12571770024CA82

Reference number 9447

CULTURE AND ETHNICITY

Indigenous children's health report: Health assessment in action.
Author (Eds.) Janet Smylie; Paul Adomako. Contributing Authors: Sue Crengle (New Zealand); Jane Freemantle (Australia); Gilbert Gallaher (Canada); Daniel McAullay (Australia); Kelly McShane (Canada); Maile Taualii (United States).

Centre for Research on Inner City Health
Li Ka Shing Knowledge Institute
University of Toronto
St Michael's Hospital

Toronto, Centre for Research on Inner City Health: 2009.

This 'Indigenous children's health report' focuses on First Nations, Inuit, and Métis children's health status and assessment in Canada (ages birth to twelve years). There are also chapters on Indigenous children's health status and assessment for Australia, New Zealand, and the United States. Our hope is that this report will be used as both a reference and advocacy tool by key Indigenous children's health stakeholders in Canada and abroad.
The report includes not only information describing what we know about the health of Indigenous children and how we know this, but also best practices on how health assessment information can be applied to improve the health of Indigenous children. Critical to the resolution of Indigenous child health disparities is not only the generation of health information, but also the application of this information to health policies, programs, and services.
Key Findings:
The report documents striking Indigenous/ non-Indigenous health status disparities in all four countries. Common health status disparities between Indigenous and non-Indigenous children found in all four countries include:
infant mortality rates that are 1.7 to 4 times higher than those of non-Indigenous infants
higher rates of sudden infant death syndrome
higher rates of child injury, accidental death, and suicide
higher rates of ear infections
a disproportionate burden of respiratory tract illness and mortality
a disproportionate burden of dental caries
increased exposure to environmental contaminants, including tobacco smoke
In addition to detailing health status inequities, the authors locate the roots of Indigenous child health disparities in colonization; document differential access to healthcare, economic, and social resources; and share successful strategies for change.
Available at:
http://www.stmichaelshospital.com/crich/indigenous_childrens

Reference number 9468

CYCLISTS

The effects of provincial bicycle helmet legislation on helmet use and bicycle ridership in Canada.
Author Dennis, Jessica (1); Potter, Beth (1); Ramsay, Tim (1, 2); Zarychanski, Ryan (3, 4).
Injury prevention. June, 2010, 16: 219-224

(1) Department of Epidemiology and Community Medicine, University of Ottawa, Ottawa, Ontario, Canada.
(2) Clinical Epidemiology Unit, Ottawa Health Research Institute, Ottawa, Ontario, Canada.
(3) Departments of Community Health Sciences and Internal Medicine, University of Manitoba, Winnipeg, Manitoba, Canada.

(4) Department of Haematology and Medical Oncology, Cancer Care Manitoba, Winnipeg, Manitoba, Canada.

This journal article is on the impact of bicycle helmets laws in Canada:
"Background Bicycle helmet legislation has been variably implemented in six of 10 Canadian provinces. The objectives of this study were to determine the association between the comprehensiveness of helmet legislation and both helmet use and bicycle ridership.
Methods Analysis of helmet use was based on data from the 2005 Canadian Community Health Survey (CCHS) and included respondents from three Canadian provinces (Saskatchewan, Ontario, and Nova Scotia). Analysis of bicycle use was based on data from the 2000e01, 2003, 2005, and 2007 cycles of the CCHS and included respondents from all provinces. In the time between the 2000e01 and 2007 cycles, two provinces (Prince Edward Island (PEI) and Alberta) implemented helmet legislation.
Results Helmets were reportedly worn by 73.2% (95% CI 69.3% to 77.0%) of respondents in Nova Scotia, where legislation applies to all ages, by 40.6% (95% CI 39.2% to 42.0%) of respondents in Ontario, where legislation applies to those less than 18 years of age, and by 26.9% (95% CI 23.9% to 29.9%) of respondents in Saskatchewan, where no legislation exists. Though legislation applied to youth in both Ontario and Nova Scotia, helmet use was lower among youth in Ontario than among youth in Nova Scotia (46.7% (95% CI 44.1% to 49.4%) vs 77.5% (95% CI 70.9% to 84.1%)). Following the implementation of legislation in PEI and Alberta, recreational and commuting bicycle use remained unchanged among youth and adults.
Conclusions Canadian youth and adults are significantly more likely to wear helmets as the comprehensiveness of helmet legislation increases. Helmet legislation is not associated with changes in ridership."
doi: 10.1136/ip.2009.025353

Reference number 9457

FALLS - NZ

Fall-safe kids [set of six child falls prevention DLE/ rack cards].

Safe Waitakere - Waitakere City Council
Waitakere City Council
Safe Waitakere Injury Prevention (SWIP)
Auckland, Safe Waitakere - Waitakere City Council: 2010.

This well designed series of six DLE sized cards in 'rack card' format are aimed at parents and caregivers of children. Each of the cards is aimed at different 'ages and stages' age groups: (1) 6 weeks - 3 months, (2) 5 - 7 months, (3) 8 - 10 months, (4) 15 - 24 months, (5) 3 years and (6) 5 years.
On one side, each of the cards has child falls statistics and advice for fall safety 'Outside' and on the other side, 'General' and 'Inside' falls safety advice. There are also black and white illustrations of falls prevention good practice on either side of the card with falls prevention interventions such as stairgates, safety harnesses or soft-fall surfaces coloured bright green to highlight them.
There are some similarities in concept and design to the 'Loving our children: Safer Homes: Keeping our children safe from burns and scalds' [Home child burn prevention resource], see record # 9234.

Reference number 9458

HEALTH SERVICES - NZ

Well Child/ Tamariki Ora Schedule: Birth, to four to six weeks:
July 2010.
Well Child/ Tamariki Ora National Schedule: 4-6 weeks to 5 years: June 2010 [printed out PDFs

from the Ministry of Health website 21/ 10/ 2010].

Ministry of Health - Manatu Hauora

Wellington, Ministry of Health: 2010.

This item is made up of two printed out PDFs from the Ministry of Health website. The first item covers the period 'birth to 4-6 weeks' and the second the period '4-6 weeks to 5 years': "Following a review of the Well Child/Tamariki Ora Framework, the Ministry of Health has published an updated Well Child/Tamariki Ora Schedule covering the period birth to four to six weeks. This care encompasses the needs of the mother and baby and includes the Well Child/Tamariki Ora schedule of care until handover to the Well Child/Tamariki Ora provider at 4 to 6 weeks."
This is how second item is described: "This Well Child/Tamariki Ora National Schedule (the Schedule) results from the Well Child/ Tamariki Ora Framework Review that was conducted over 2006 to 2008. The goal of the Schedule is to describe the assessment, prevention and early intervention activities undertaken in the Well Child setting to protect and improve the health outcomes of New Zealand children. The Schedule outlines the assessment, intervention, and health education activities for each of the eight universal core contacts delivered in the Well Child programme, to children aged between four to six weeks, and five years and their families. The Schedule should be read in conjunction with the Well Child/Tamariki Ora Framework (2010) and National Schedule Handbook (2002)."
'Safety/ Injury prevention' is described as part of 'health education' at ‘4-6 weeks to 5 years' and Safekids is identified in both documents as a source for child injury prevention resources.
Available at:
http://www.moh.govt.nz/moh.nsf/pagesmh/703?OpenDocument&Click=

Reference number 9471

NURSERY EQUIPMENT

Babywalkers: New joint position statement illuminates continued risks:
Press release.
Background paper: Baby walkers.
European Child Safety Alliance and ANEC ['The European consumer voice in standardisation'] position statement.
Website printout.

Eurosafe European Child Safety Alliance

Amsterdam, Eurosafe: 2010.

This file of notes against the use of babywalkers is due to a new position paper and press release from Eurosafe - European Child Safety Alliance (ECSA) and ANEC - 'The European consumer voice in standardisation'. They "... have released a joint position statement and background paper about the risk of injuries to young children caused by baby walkers. The position statement is endorsed and supported by ECSA and ANEC country partners, representing expert organizations from over 30 EU countries coming together to state concern about the risk of severe injuries caused by this unnecessary product.
In many European countries, baby walkers are linked to more injuries than any other type of nursery equipment, causing an unacceptably high number of severe falls, burns and scalds and poisonings. European data shows that 90% of baby walker injuries are to the head, with over 30% causing brain injury."
See more at:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2europeanchildsafetyalliance.htm

Reference number 9459

ORGANISATIONS

Child injury prevention: What's next for WHO? [printed out PDF of a presentation].
Author Meddings, David

http://www.iscaip.net/iscaipconference/index.php/conferences/ISCAIP-2010/schedConf/presentations

World Health Organisation (WHO)
WHO Violence and Injury Prevention and Disability (VIP)
The International Society for Child and Adolescent Injury Prevention (ISCAIP)

Geneva, Switzerland; World Health Organization: 2010

This item is the printed out presentation which was delivered to the International Society for Child and Adolescent Injury Prevention (ISCAIP) Biennial Meeting held in association with the 'Safety 2010' international injury prevention conference which was held in London.
The presentation discusses the plan for a resolution about greater action on child injury prevention to come before the World Health Assembly in 2011.
It concludes that: "WHO hopes to expand its child injury work and increase the integration of child injury prevention within relevant other activities."
Available at:
http://www.iscaip.net/iscaipconference/index.php/conferences/ISCAIP-2010/schedConf/presentations

Reference number 9474

PASSENGERS - CHILD RESTRAINTS - NZ

Booster seats save lives! [A5 dual card, printed on both sides, version with both Pacific grandparents and children and Pakeha/ European father and son].

Safekids New Zealand, Tamariki Haumaru o Aotearoa
New Zealand Transport Agency (NZTA) Waka Kotahi

Auckland, Safekids New Zealand: 2010.

This series of booster seat pamphlets from Safekids NZ and the NZTA was developed as part of the child passenger safety theme of the Safekids Campaign for 2010-11. They feature the same text and a mix of photos of families of different ethnicities: Pacific, Pakeha (European) etc. The front side promotes the use of booster seats and the reverse has the five step test checklist with accompanying photo of a child in a booster seat. The checklist is completed to see if your child needs a booster seat and the photo demonstrates best practice.
See also record # 9387.
PDF available at:
http://www.safekids.org.nz/

Reference number 9386

Did you know jet pilots use safety seats that are similar to booster seats? [A5 dual card, printed on both sides].

Safekids New Zealand, Tamariki Haumaru o Aotearoa
New Zealand Transport Agency (NZTA) Waka Kotahi

Auckland, Safekids New Zealand: 2010.

This A5 booster seat pamphlet from Safekids NZ and the NZTA was developed as part of the child passenger safety theme of the Safekids Campaign for 2010-11. On the front side it features photos of a jet pilot and a Pakeha (European) boy and a Pacific girl. It compares booster seats with jet pilot's safety seats. The reverse side of the card has the five step test checklist. This version of the checklist questions are aimed at children rather than adults or caregivers, as are other versions. The checklist is completed to see if the child needs a booster seat and the photo demonstrates best practice.
See also record # 9386.
PDF available at:

http://www.safekids.org.nz/

Reference number 9387

The higher you sit the safer the fit! [Booster seat advertisement, rugby playing boys, in Samoan].

Safekids New Zealand, Tamariki Haumaru o Aotearoa

Auckland, Safekids New Zealand: 2009.

This advertisement (used in magazines and adshells) has been printed out at A3 and A2 size and laminated as posters. It is from Safekids NZ and was developed as part of the child passenger safety theme of the Safekids Campaign 2009-10, see also records # 8949 and # 9150.
It features an image of boys playing rugby and the message: "He's big enough to break the line but too small to be out of a booster seat" in English.
And it also features the message: "The simple fact is, adult seat belts don't fit children properly until they're 148 cm tall. Which is why it is important for pre-school and school-aged kids to stay in booster seats until they're tall enough" in Samoan.
PDF available at:
http://www.safekids.org.nz/

Reference number 9443

The higher you sit the safer the fit! [Booster seat advertisement, rugby playing boys, in Maori].

Safekids New Zealand, Tamariki Haumaru o Aotearoa

Auckland, Safekids New Zealand: 2009.

This advertisement (used in magazines and adshells) has been printed out at A3 and A2 size and laminated as posters. It is from Safekids NZ and was developed as part of the child passenger safety theme of the Safekids Campaign 2009-10, see also records # 8949 and # 9150.
It features an image of boys playing rugby and the message: "He's big enough to break the line but too small to be out of a booster seat" in English.
And it also features the message: "The simple fact is, adult seat belts don't fit children properly until they're 148 cm tall. Which is why it is important for pre-school and school-aged kids to stay in booster seats until they're tall enough" in Maori.
PDF available at:
http://www.safekids.org.nz/

Reference number 9446

PEDESTRIANS

Ten year review of low speed vehicle run-overs in 0-15 year olds across Queensland [abstract].
Author Kimble, R; Wallis, B; Nixon, J; Watt, K; Cass, D; Gillen, T; Griffin, Bronwyn.*

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A97

* Correspondence:
Burns and Trauma Research Group, Royal Children's Hospital, Level 4, Foundation Building Royal Children's Hospital Herston Rd Herston, Queensland 4029, Australia

Abstract of a paper presented to the World Injury conference held in London in October 2010: "Transportation injury is the leading external cause of child deaths in Australia, and pedestrian deaths comprised approximately 25% of these over the last 4 years. There is evidence that the rate of low speed vehicle run-overs (LSVROs) in Queensland is significantly higher than the rest of Australia. Despite this, limited data are available on fatal and non-fatal LSVROs. There is no specific coding mechanism available to describe these events, resulting in inadequate description of the magnitude of the problem, the risk factors associated with LSVROs, and the associated morbidity and mortality.

Epidemiological surveillance of both fatal and non-fatal LSVROs is essential to understand and describe the burden of injury. The purpose of this study is to determine the incidence of fatal and non-fatal LSVRO events among 0–15 year olds in Queensland from 1999 to 2008, to determine risk factors that can inform injury prevention strategies. A major outcome of this study is to develop a reliable system of surveillance to readily identify these events, and allow routine monitoring. Retrospective (1999–2008) data were obtained on all fatal and non-fatal LSVROs among 0–15 year olds in Queensland. Data were obtained and linked from multiple sources (prehospital, Emergency Department, Admitted Patients, Coroners), and supplemented by injury surveillance, to allow investigation of incidence, trends, risk factors, mechanisms and vehicle types. Preliminary analyses indicate that there were 19 deaths (13 boys and 5 girls, 1 unknown) from LSVROs between 2004 and 2009 in Queensland. Approximately half of these deaths occurred in children aged 0–2 years (n=10; 53%). The majority of incidents occurred on private property. A four wheel drive vehicle was involved in almost half of these fatalities (n=11; 58%), and large family sedans accounted for four out of 19 fatalities. Data on nonfatal LSVROs are currently being collated. Additional analyses will be performed to determine whether the patterns are similar to those observed among fatal incidents. Comprehensive secular data on LSVROs are currently not available. This study is designed to obtain these data, and establish a prospective surveillance of LSVROs, ultimately reducing associated burden of injury."
doi:10.1136/ip.2010.029215.350

Reference number 9449

Developing guidelines for interventions to reduce risk of low-speed vehicle run-overs of young children [abstract].

Author Armstrong, K*; Obst, P; Davey, J; Thunström, H.

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A90

* Correspondence:
Centre for Accident Research and Road Safety – Qld (CARRS-Q), Queensland University of Technology,
Room 215, Level 2, K Block Victoria Park Road, Kelvin Grove, Queensland, 4059, Australia.

Abstract of a paper presented to the World Injury conference held in London in October 2010: "In Australia, research suggests that up one quarter of child pedestrian hospitalisations result from driveway run-over incidents, with the parent or family member of the child being most likely the driver of the vehicle at the time of the incident. As such, driveway run-over incidents are an important issue that need to be addressed through public health educative initiatives. A series of qualitative interviews were conducted in order to assess general behavioural and environmental changes that parents/ carers had specifically undertaken in order to reduce the risk of injury to any child in their care. A second phase of the interviews was also conducted and focused on parent/ carers perceptions and attitudes of the risk of a child in their care being involved in a driveway runover incident.

The interviews elicited three main themes which together built a robust model representing the main aspects parents take into consideration in making a judgement concerning the safety of their child. The first aspect concerned the safety of the domestic environment. The second aspect concerned the level of supervision a child received, whereas the third included the child’s ability to understand and comply with rules, as well as maturity of risk perception and skills.

The model developed from this research has direct applicability for the development and promotion of an effective intervention in order to reduce the risk of a driveway run-over incident occurring."
doi:10.1136/ip.2010.029215.326

Reference number 9451

Trauma centre-based surveillance of non-traffic pedestrian collision injury among young children in California [abstract].

Author Rice, T M*; Trent, R B; Bernacki, K; Rice, J K.

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A99-A100

* Correspondence:
Safe Transportation Research & Education Center, University of California, 2614 Dwight Way, #7374 Berkeley, CA 94720, USA.

Abstract of a paper presented to the World Injury conference held in London in October 2010: "Objective: Every year in the US, thousands of young children are injured by passenger vehicles in driveways or parking areas. Little is known about risk factors, and incidence rates are difficult to estimate because ascertainment using police collision reports or media sources is incomplete. This study used surveillance at trauma centres to identify incidents and parent interviews to obtain detailed information on incidents, vehicles and children.
Methods: Eight California trauma centres conducted surveillance of non-traffic pedestrian collision injury to children aged 14 years or younger from January 2005 to July 2007. Three of these centres conducted follow up interviews with family members.
Results: Ninety-four injured children were identified. Nine children (10%) suffered fatal injury. Seventy children (74%) were 4 years old or younger. Family members of 21 victims from this study (23%) completed an interview. Of these 21 interviewed victims, 17 (81%) were male and 13 (62%) were 1 or 2 years old. In 13 cases (62%), the child was backed over, and the driver was the mother or father in 11 cases (52%). Fifteen cases (71%) involved a sport utility vehicle, pick-up truck or van. Most collisions occurred in a residential driveway.
Conclusions: Trauma centre surveillance can be used for case ascertainment and for collecting information on circumstances of non-traffic pedestrian injuries. Adoption of a specific external cause of injury code would allow passive surveillance of these injuries. Case–control studies are needed to understand the contributions of family, vehicular and environmental characteristics and injury risk to inform prevention efforts."
doi:10.1136/ip.2010.029215.358

Reference number 9452

Can drive-way design contribute to tragedy? [abstract].

Author Shepherd, Mike, Austin, Patricia; Chambers, Julie.*

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A72

* Correspondence:
Safekids New Zealand, PO Box 26488, Epsom, Auckland 1344, New Zealand.

Abstract of a paper presented to the World Injury conference held in London in October 2010: "Driveway run-overs happen when small children are unintentionally driven over and killed or injured, by slow moving vehicles manoeuvring on private land. Personal error, vehicle design and the environment (driveway and property design) are all features thought to be important. This study investigated what elements of driveway and property design might be contributors to these tragic events happening. Cases and controls were selected from New Zealand residential properties where child injury had occurred. Analyses were carried out on the features of 88 case properties and 181 control properties. Results showed risk of injury was increased by: a driveway length of greater than 12 meters (OR 1.8, 95% CI 1.1 to 3.0), exiting the driveway onto a local road (OR 5.5, 95% CI 2.7 to 11.2) and the driveway exiting onto a cul de sac (OR 2.3, 95% CI 1.4 to 3.9; when more parking areas were on the property (requiring the use of the driveway to access) (OR 3.0 95% CI 1.6 to 5.4). There was a lower risk when it a walkway or path separate to the driveway was present on the property.
The study demonstrates environmental features of a property can affect the likelihood of child driveway run over injury and consideration of these results by the design and building communities is urged."
doi:10.1136/ip.2010.029215.262

Reference number 9453

Driveway run over [poster abstract].
Author Chambers, Julie*

Safety 2010, abstracts of papers in a special issue of 'Injury Prevention'. 16(Suppl. 1): A273

* Correspondence:
Safekids New Zealand, PO Box 26488, Epsom, Auckland 1344, New Zealand.

Abstract of a poster presented to the World Injury conference held in London in October 2010: "Driveway run-overs happen when small children are unintentionally driven over and killed or injured, by slow moving vehicles manoeuvring on private land. Personal error, vehicle design and the environment (driveway and property design) are all factors thought to contribute. This study investigated what elements of driveway and property design might be important contributors to these tragic events happening. Cases and controls were selected from New Zealand residential properties where child injury had occurred. Analyses were carried out on the features of 88 case properties and 181 control properties. Results showed risk of injury was increased by: a driveway length of greater than 12 m (OR 1.8; 95% CI 1.1 to 3.0), exiting the driveway onto a local road (OR 5.5; 95% CI 2.7 to 11.2) and the driveway exiting onto a cul de sac (OR 2.3; 95% CI 1.4 to 3.9; when more parking areas were on the property (requiring the use of the driveway to access) (OR 3.0; 95% CI 1.6 to 5.4). There was a lower risk when it a walkway or path separate to the driveway was present on the property. The study demonstrates environmental features of a property can affect the likelihood of child driveway run over injury and consideration of these results by the design and building communities is urged."
doi:10.1136/ip.2010.029215.969

Reference number 9454

Driveway runover, the influence of the built environment: A case control study.
Author Shepherd, Michael (1)*; Austin, Patricia (2); Chambers, Julie (3).

Journal of paediatrics and child health. Epub(epub): epub

* Correspondence: (1) Michael Shepherd Paediatric Emergency Department, Starship Children's Health, Auckland District Health Board.
(2) School of Architecture and Planning, National Institute of Creative Arts and Industries, The University of Auckland.
(3) Safekids New Zealand, Auckland, New Zealand.

This journal article is based on research done in Auckland, New Zealand.
"Aim: Driveway runover injuries are a frequent cause of paediatric mortality and morbidity throughout the world. Driveway runovers occur as a result of an interaction between human factors (child and driver), vehicle factors (visibility) and environmental factors (driveway design and surroundings). This study investigates the environmental factors involved in these injuries.
Methods: Case control study, Auckland, New Zealand. Cases were the properties where paediatric driveway injuries (age < 7 years) requiring hospital admission had occurred. Control properties were selected from the addresses of children presenting to the emergency department with a non-driveway injury. Blinded assessment of properties was completed using satellite images, site visits and searches of council records.
Results: Analysis was completed on 88 case properties and 181 controls. The risk of injury was increased by a driveway length greater than 12m (OR = 1.8, 95%CI = 1.1–3.0), exiting the driveway onto a local road (OR = 5.5, 95%CI = 2.7–11.2) and the driveway exiting onto a cul-de-sac (OR = 2.3, 95%CI = 1.4–3.9). The risk of driveway injury was increased when more parking areas were on the property (accessed from the driveway) (OR = 3.0, 95%CI = 1.6–5.4) and when the driveway runs along the property boundary (OR = 2.9, 95%CI = 1.6–5.2). A separate pedestrian pathway on the property was associated with a lower risk of injury (OR = 0.4, 95%CI = 0.2–0.9).
Conclusions: A number of built environment features contribute to driveway runover injuries. This information should be used by those within the design and building community to reduce the risk of further driveway runover injury."
doi:10.1111/j.1440-1754.2010.01835.x

Reference number 9456

Check, separate, supervise [Printout of the draft design of a new community driveway runover prevention education kit mat].

Safekids New Zealand, Tamariki Haumaru o Aotearoa

Auckland, Safekids New Zealand: 2010.

This record is made up of a printout of the draft design of a new version of the community driveway runover prevention education kit mat (10 X 1 meters). It features images of houses, roads, vehicles and driveways and has the:
"CHECK for children before driving off,
SUPERVISE children around vehicles - always,
SEPARATE play areas from driveways,"
safety messages in: English, Maori, Tongan, Samoan and Chinese printed on it.
This is an adaptation of the design of the 'Spot the Tot' mat from Safe Kids Worldwide and also relates to record # 8797.

Reference number 9460

PUBLIC HEALTH - NZ

Trends in wellbeing for Maori households/ families 1981-2006.
Author Kiro, Cindy, (1); von Randow, Martin (2); Sporle, Andrew (3).

(1) Massey University
(2) Centre of Methods and Policy Application in the Social Sciences (COMPASS), The University of Auckland
(3) Department of Statistics, The University of Auckland
Statistics New Zealand

Auckland, Nga Pae o Maramatanga: 2010. 63 p.

Written by Associate Professor Cindy Kiro, Martin von Randow and Andrew Sporle the report “Trends in Wellbeing for Maori households/families, 1981–2006” uses data from the Family Whanau and Wellbeing project based at COMPASS and was commissioned by Nga Pae o Maramatanga.
This report is the first to specifically concentrate on Maori whanau and households providing a framework for monitoring whanau wellbeing through the use and analyses of Census data. Given the wide and current interest in whanau ora, the report is a timely contribution allowing more informed public policy development around Maori whanau/households wellbeing.
Available at:
http://www.maramatanga.ac.nz/Publications/TrendsinWellbeingforMaorihouseholdsfamilies/tabid/1119/Default.aspx

Reference number 9473

RURAL ENVIRONMENT

Live to ride another day: Warning! All terrain vehicle- or ATV -are not toys. They are powerful, heavy machines.
Take action to prevent All-Terrain Vehicle (ATV) injuries.
All-Terrain Vehicle (ATV) injuries in Alberta
Common message for ATV safety: A guide for injury prevention stakeholders [printouts of materials from the Alberta Centre for Injury Control & Research (ACICR)].

The Alberta Centre for Injury Control and Research (ACICR).

Edmonton, Alberta, The Alberta Centre for Injury Control and Research: 2009. 4 p.

This file of notes includes a printed out pamphlet which warns about the dangers of all-terrain vehicles (ATVs or quad bikes): "Lately, there has been more discussion around all-terrain vehicle (ATV) safety among communities and practitioners in light of increasing numbers of related deaths, hospitalizations and emergency department visits.
The Alberta ATV working group responded to this issue by identifying and promoting key safety messages that address the most problematic risk factors contributing to ATV injuries in our province. The key safety messages reflect the Alberta context where ATVs are used widely for farming and recreational purposes." This is similar to New Zealand.
The pamphlet has message about: helmet use, size of the rider in relation to the machines, not carrying passengers, skills development and it says: "Kids under 16 years old have a greater risk for injury and death on ATVs."
This file also includes the items: 'Take action to prevent All-Terrain Vehicle (ATV) injuries'; 'All-Terrain Vehicle (ATV) injuries in Alberta' and 'Common message for ATV safety: A guide for injury prevention stakeholders.'
Available at:
http://acicr.ca/all-terrain-vehicles-atvs

Reference number 9472

SAFEKIDS NZ

Safekids Campaign strategic plan 2011-2014.

Safekids New Zealand

Auckland, Safekids New Zealand: 2010.

This strategic plan/ document has been produced by Safekids NZ in consultation with national partners and community coalitions involved in the Safekids Campaign. It outlines the strategic plan for the period 2011-2014. It also describes the history of the Campaign and the current roles of local and national partners.
This document has been produced following the Safekids Campaign Strategic Planning Workshop held in Wellington on 18 February 2010 where a draft document was presented (see record # 9279).

Reference number 9448

Keeping kids safe at home, at play and on the road: [Safekids] Campaign report 2009/10.

Safekids New Zealand - Tamariki Haumaru o Aotearoa

Auckland, Safekids New Zealand: 2010. 37 p.

This report is an adaptation of the 2009/10 evaluation report which is aimed at people who are unfamiliar with the Safekids Campaign. It reports on national and community activity undertaken for the Campaign 2009/10 focus from 1 July 2009 to 30 June 2010. The report contains information gathered by Safekids from a number of sources including Key Agencies and Coalitions.
It includes lots of photos and images which relate to the Campaign 2009/10.

Reference number 9444

SAFETY PRODUCTS - NZ

Notes in relation to a warning from the US Consumer Product Safety Commission against the use of 'infant sleep positioning devices' because they pose a suffocation risk.

Notes collected in relation to a warning on the 29th September 2010 from the US Consumer Product Safety Commission against the use of 'infant sleep positioning devices' such as 'bolsters' and 'wedges'.
It is thought that accidental suffocation can result when the baby becomes entangled in these products: "To reduce the risk ... the American Academy of Pediatrics recommends infants be

placed to sleep on their backs on a firm surface free of soft objects, toys and loose bedding" and "...a crib free of pillows, comforters, quilts, toys and other items. The safest crib is a bare crib. ... Always put your baby on his or her back to sleep. An easy way to remember this is to follow the ABC's of safe sleep - Alone on the Back, in a Bare Crib."
The New Zealand Ministry of Health is quoted as recommending: "Face up: Babies should sleep on their back so it's easier for them to breathe and allows their strong gag and swallow reflexes to protect them if they spill. Face clear: Babies shouldn't sleep on a couch or a bed with bedding or pillows that could block breathing. Smoke free: All smoking harms babies, especially in pregnancy."

Reference number 9450

TOYS - NZ

Australian/New Zealand Standard AS/NZS ISO 8124.1:2010: Safety of toys Part 1: Safety aspects related to mechanical and physical properties (ISO 8124-1:2009, MOD).

Standards Australia
Standards New Zealand - Paerewa Aotearoa

Wellington, Standards New Zealand: 2010. 102 p.

This part of the 'Safety of toys' standard specifies "... acceptable criteria for structural characteristics of toys, such as shape, size, contour, spacing (e.g. rattles, small parts, sharp points and edges, and hinge-line clearances) as well as acceptable criteria for properties peculiar to certain categories of toy (e.g. maximum kinetic energy values for non-resilient-tipped projectiles and minimum tip angles for certain ride-on toys).
The requirements in AS/NZS ISO 8124.1 apply to all toys that are clearly intended for use in play by children under 14 years of age – from baby rattles to dollhouses to building sets.
AS/NZS ISO 8124.1 mirrors the international Standard of the same name (ISO 8124-1:2009).
New Zealand is one of 22 participating countries on the international technical committee (TC 181) that looks after toy Standard development."
This standard is a mandatory product standard in New Zealand under the Fair Trading Act (1986).

Reference number 9462

TRANSPORT PLANNING - NZ

Saving ourselves: A discussion document on issues for the 2020 New Zealand Land Transport Safety Strategy.

Automobile Association (AA).

Wellington, Automobile Association: 2009. 31 p.

This item from the Automobile Association (AA) of New Zealand is a discussion document about issues presented in the government document 'Safer journeys - New Zealand's road safety strategy 2010-2020.'
See also record # 9336.

Reference number 9466

Ancillary materials which relate to Safer journeys - New Zealand's road safety strategy 2010-2020:
Safer journeys: Discussion document summary [booklet].
What should we do to improve road safety in New Zealand? [card].
Safer journeys: Have your say on our next road safety strategy [booklet].
Safer journeys: Have your say on our next road safety strategy [website printout].
Safer journeys; Rank your top initiatives [website printout].
Safer journeys: First actions [printout].

Some of this ancillary material was printed and distributed by the Ministry of Transport and some was printed out from their website http://www.transport.govt.nz/saferjourneys/

Reference number 9467

ENDS