

ACTION PLAN ON INJURY LAUNCHED AT WORLD CONFERENCE

In April, during the 8th World Conference on Injury Prevention and Safety Promotion held in Durban, South Africa; the World Health Organization (WHO) launched 'Child and adolescent injury prevention: a WHO plan of action'.

WHO has identified that, worldwide, road traffic crashes and drowning are the most common causes of injury deaths to children, followed by falls and burns.

According to WHO, injury to children and adolescents aged under 18 is responsible for more than 875,000 deaths a year. Tens of millions of children annually are admitted to hospitals following an injury.

The *Plan of Action* sets out WHO's focus for the next ten years with actions outlined in the areas of data, research, prevention, services for those affected by injury, building capacity in countries, and advocacy. The plan forms part of a stream of work, conducted with WHO partners that began in 2005. This includes a report on child and adolescent injury prevention, due to be jointly published with UNICEF in 2008.

A major challenge of WHO's action plan is to ensure that the success in reducing child injury in some parts of the world is transferred across the globe, especially to low and middle-



Road traffic crashes have been identified as the leading cause of injury-related death worldwide for children aged under 15 years, comprising 26% of fatalities.

income countries, where 95% of injury-related deaths occur.

WHO Director – General Dr Lee Jong-wook said, "We have had great success fighting diseases that kill and maim children. We can't now sit and watch as children die or become severely disabled due to injuries that can be prevented. It is time to take an active approach to preventing child injuries".

Safekids New Zealand Director, Ann Weaver, who attended the World Conference, says it is exciting to see WHO step up its efforts to prevent childhood injury – and with unintentional injury identified as the leading cause of injury-related death for children aged under 15 years, she believes it will put the spotlight on this issue both here and overseas.

"The action plan proposed by WHO is a very important step forward in reducing child injury worldwide. We have offered to assist with the action plan in any way we can as it is unacceptable that so many children die of mainly preventable injuries."

Ann and Safekids' Senior Policy Analyst Julie Chambers attended a number of research and community focused injury prevention conferences as part of their trip to South Africa; including the International Society of Child and Adolescent Injury Prevention (ISCAIP) Conference, and the 15th International Safe Communities Conference 'Creating a Safer Environment', held in Cape Town.

Both representatives presented at the World Conference, which with its theme "From Data to Action",

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Safekids' Senior Policy Analyst, Julie Chambers, delivering her presentation on product safety and the dangers associated with the use of baby bath seats.

aimed to challenge researchers, practitioners and decision makers to translate theory into concrete practices and policies. More than 1,500 delegates from 127 countries attended the four day event.

Ann's presentation on "Fostering Community Coalition Networks" described the work Safekids undertakes to support

and work with injury prevention coalitions in New Zealand to achieve implementation of the annual Safekids Campaign.

Product safety and the dangers associated with the use of baby bath seats were the topics of Julie's oral presentation and poster presentation, 'When the Evidence Conflicts – the Dangers of Baby Bath Seats', which outlined how international research had been evaluated and applied to provide product safety advice for New Zealand families.

Safekids acknowledges and thanks the Starship Foundation and SAFE KIDS Worldwide for their support in enabling our representatives to contribute to this international injury prevention forum.

To download a copy of 'Child and adolescent injury: A global call to action' or 'Child and adolescent injury prevention: a WHO plan of action' go to www.who.int/violence_injury_prevention/child_injuries/en/

WORLDWIDE FACTS ON CHILD AND ADOLESCENT INJURY

- More than 875,000 children and adolescents aged under 18 years die from injury every year.
- Injuries are a leading cause of death in children aged between 1 and 18 years.
- The two largest causes of child and adolescent injury deaths are road traffic crashes and drowning.
- Intentional injuries, such as child abuse and youth violence, are also a leading cause of death, especially among older children.
- Non-fatal injuries affect the lives of between 10 million and 30 million children and adolescents each year.
- Children in poor families are more at risk of injury.
- Many injuries occur in the home or while at play.
- Most injuries are preventable.

'CHILD AND ADOLESCENT INJURY: A GLOBAL CALL TO ACTION'

UPCOMING EVENTS

Sustaining Public Health – Pupuritia Te Whare Tapa Wha Public Health Association

5–7 July 2006, Palmerston North

The four strategies for the conference are: Social Connectedness, Leadership, Resilience, and Treatment.

www.pha.org.nz

New Zealand Local Authority Traffic Institute (TRAFINZ) Conference

6–9 August 2006, Queenstown

The conference theme of 'Sustainability; Our Choice. Our Future' will encompass all aspects of safety, travel choice, pricing for roads (excise duty versus user charges).

www.hardingconsultants.co.nz

Safer Communities Conference

14–16 August, 2006, Wellington

The theme of this conference is 'Community Safety – Making it Happen'. The aim of the conference is to

assist local authorities, agencies and community partners to identify and implement effective strategies for creating safer communities.

www.lgnz.org.nz

Australian Injury Prevention Network – 8th National Injury Prevention Conference

27–29 September 2006, Sydney

The conference theme of 'Working Together' emphasises the increasing need for researchers and injury prevention practitioners to embrace a broad multi-disciplinary approach; an approach that is across a variety of settings, injury issues and population age groups.

www.aipn.com.au/conference.html

New Zealand Walking Conference 2006 and Walking Study Tour

3–4 November, 2006, Christchurch

This conference focuses on promoting walking, planning for pedestrians, identifying and overcoming barriers to walking, and sharing good practice and ideas.

www.livingstreets.org.nz/walking_2006.htm

ADVOCACY MATTERS

Group standards for domestic cleaning products.

In May Safekids New Zealand, along with some Coalitions involved in the Safekids Campaign and other organisations interested in child safety, made submissions on proposed national Group Standards for Domestic Cleaning Products. The consultation process on the proposed Group Standards, which have been recommended by the Environmental Risk Management Authority (ERMA), closed on May 17. In its submission Safekids called for the following changes;

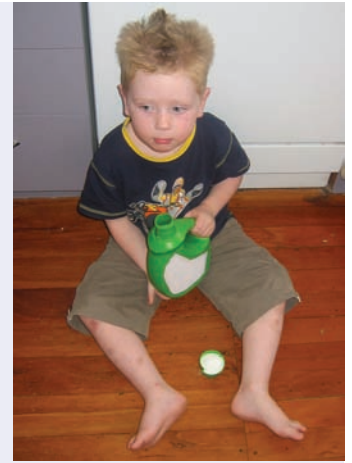
- *The prohibition of the sale and supply of automatic dishwashing preparations with a pH greater than 12.5 to the general public from 1 January 2007,*
- *That Group Standards specify the mandatory use of packaging that meets the NZ Standard for child resistant packaging (NZS 5825:1991) and provide smaller openings to reduce powder flow,*
- *Mandatory requirements for improved warnings and up-to-date information on labels, packaging and marketing materials,*
- *Ongoing public awareness and educational programmes to warn manufacturers, importers, retailers, families and caregivers about the dangers of children accessing domestic cleaning products.*

Safekids believes that the prohibition of the sale and supply of auto-dishwasher detergents with a pH higher than 12.5 will see a reduction in caustic poisonings to children. Between January 2003 and January 2005, the National Poisons Centre recorded 610 calls reporting that young children had accessed auto-dishwashing detergents, with nearly 88% of these calls involving children aged two years and under. During a recent four month period, eleven children were admitted to Starship Children's Hospital after ingesting automatic dishwashing detergents. Two of these children sustained debilitating and long term injuries.

Standard for child resistant closures.

In May Safekids joined other organisations in supporting a Plunket submission on draft Standards for Child Resistant Closures (CRCs) on therapeutic products. Unintentional poisonings from drugs and medications account for approximately 67% of all childhood poisoning admissions to New Zealand hospitals. Research shows that improvements in packaging requirements can be a highly effective intervention for reducing children's access to dangerous and potentially dangerous medicines and therapeutic products. Safekids supported the formation of the Australia New Zealand Therapeutics Society (ANZTPA). Safekids was pleased to see that the Joint Interim Expert Advisory Committee on Standards (JIEACS) has recognised the need for harmonised standards between New Zealand and Australia for child resistant packaging and that it has established a Therapeutic Goods expert subcommittee.

Between January 2003 and January 2005 the National Poisons Centre recorded 610 calls reporting that young children had accessed auto-dishwasher detergent.



Call for improved school design.

Safekids is currently appealing to local councils and the Ministry of Education to include Transport Safety objectives during the design process for new schools and educational facilities.

The Resource Management Act 1991 has a special process for education facilities, but there are currently no requirements for consideration of transport issues around these facilities included in the Educational Designation process.

Safekids has found that the expense and difficulties related to retro-fitting transport safety measures around existing schools and educational institutes can be easily avoided if transport safety outcomes are considered in the design phase. This ensures that transport safety measures are present as new schools are built and opened.

Safety of swimming pools standard.

In June 2005 Standards New Zealand (SNZ) hosted a scoping workshop with industry representatives concerned about pool safety and it was agreed that developing a Standard would be a good opportunity to consult with industry and address the issues and lack of clarity around the *Fencing of Swimming Pools Act 1987*. A Standards committee comprised of interested parties and technical experts, including a Safekids representative, is developing a New Zealand Standard via a consensus-based process to produce clear requirements about pool fencing and safety for residential swimming pools, spas and hot tubs.

The aims of the new Standard are to:

- *Prevent young children drowning in residential swimming pools, spas and hot tubs,*
- *Limit children's access to residential swimming pools, spas and hot tubs,*
- *Provide clear guidance for the design, construction and performance of a variety of safety barriers that will restrict the access of young children to swimming pools.*

A draft Standard will be available for public comment from June 19 to August 11, and can be downloaded from www.standards.co.nz

For further information about the issues included in Advocacy Matters, contact Julie Chambers, Senior Policy Analyst on telephone (09) 631 0719 or email juliech@adhb.govt.nz

PHARMACISTS POSITIVE ABOUT PROPOSED CHANGES TO DISPENSING

The majority of New Zealand pharmacists surveyed in a recent study believe proposed changes to legislation around dispensing of medications will result in a decrease in childhood poisoning.

The survey was part of a project undertaken by Sarah Grant, a student at the School of Pharmacy at the University of Otago, with support from the National Poisons Centre and input from Safekids. The project was funded through a Summer Scholarship from the Child Accident Prevention Foundation of New Zealand (CAPFNZ).

Currently, it is a legal requirement in New Zealand for pharmacists to dispense certain therapeutic agents implicated in childhood poisonings with child resistant packaging (CRP). However the number of medicines dispensed with CRP is likely to increase as both the Australian and New Zealand Governments have agreed to establish a joint regulatory agency to be known as the Australia New Zealand Therapeutic Products Agency. These changes may require New Zealand and Australian pharmacies to dispense all medicines implicated in child poisonings with CRP.

In Australia most medicines dispensed are packaged at the manufacturer level in CRP in quantities ready for immediate dispensing (original pack dispensing). Many of these same medicines are packaged for the New Zealand pharmacy market in bulk containers, and New Zealand pharmacists then re-pack these into dispensing containers.

The Summer Scholarship project was undertaken to determine the attitudes of New Zealand pharmacists regarding possible changes to child resistant packaging legislation, to establish whether pharmacists anticipated that a change to original pack dispensing would affect their workload and time spent counselling patients; and find out the current situation regarding use of child safety caps on liquid medications.



Ninety-one percent of pharmacists said they would provide a safety cap on medication if requested by their customer.

A survey of 257 respondents throughout New Zealand revealed the majority (70%) predicted that, if it went ahead, the proposed legislation change would lead to a decrease in childhood poisonings. Two thirds (67%) of pharmacists supported the possible legislation change.

Ninety-nine percent of pharmacists reported they currently use child resistant packaging (in the form of safety caps) on liquid medications when the cost is reimbursed by Pharmac (a legal requirement under Section G of the Pharmaceutical Schedule). Ninety-one percent said they would provide a safety cap on medication if requested by the patient or their parent. However, requested caps on medications where safety caps are not funded by Pharmac can incur a cost to the customer.

While the survey found a generally positive attitude amongst pharmacists towards proposed legislation changes with regards to child resistant packaging; many said their support was conditional on any increase in work or supply of medicine being funded by Pharmac. If a move to original pack dispensing is achieved, it is likely most pharmacists will support it. If an increase in the use of child resistant caps on both solid and liquid medicines is the outcome, there will be less support from pharmacists.

Safekids New Zealand will focus on raising public awareness that safety caps can be requested on medications during its 2006/07 Safekids Campaign focus on childhood poisoning prevention.

For further information on this survey please contact Sarah Grant on (027) 342 7549, (03) 479 2625 or email grasa153@student.otago.ac.nz

Safekids News is the official quarterly publication of Safekids New Zealand – the injury prevention service of Starship Children's Health.

Editorial contributions or enquiries email jconlon@adhb.govt.nz or telephone (09) 631 0726.

Publication of contributed material is at the discretion of Safekids.

If you no longer wish to receive Safekids News please email Helen Stretton (HStretton@adhb.govt.nz) or phone (09) 630 9955.

Next issue:

Copy Deadline

September 2, 2006

Printing

September 20, 2006

ACTION UPDATE – A ROUND-UP OF CHILD SAFETY ACTIVITY

National – Child Car Restraint Safety Forum a Success

The first national Child Car Restraint Safety Forum held in Wellington in April provided two days of discussion, learning, and challenging of views around issues related to child car restraint use.



Jocelyn Pedder, a guest presenter at the first national Child Car Restraint Safety Forum held in Wellington in April. Jocelyn (who was born in New Zealand) is a child restraint expert now living in Vancouver, Canada.

Keynote speakers from New Zealand and overseas provided challenging opinions around the use of lap belts, booster seats (and the age the child should graduate out of these); and child restraint use – the good, the bad and the ugly! Successful regional child restraint programmes, as well as national initiatives, were highlighted during the forum, which was organised by Plunket, and supported by a number of organisations.

PowerPoint presentations from the forum can be downloaded at www.plunket.org.nz/Events_Media_Page.htm

NZ Community Safety Awards 2006

The NZ Community Safety and Injury Prevention Awards recognise, promote and reward best-practice community-based injury prevention and safety promotion in New Zealand. Entry is open to one group or organisation with an excellent safety or injury prevention initiative; and to any individual who has made a contribution to creating a safer environment.

There are four award categories;

- Outstanding community safety and/or injury prevention coalition,
- Outstanding community safety and/or injury prevention initiative or programme,
- Outstanding example of a New Zealand Injury Prevention Strategy framework guiding the development of a community safety and/or injury prevention initiative or programme, and
- Outstanding business or organisation that is contributing to the greater wellbeing of its own workforce and the community in general.

Winners receive \$2000 towards professional development, or the development of their safety initiative. Entries are due in by **July 31, 2006.**

For more information on award criteria contact Jenny McKay, Safe Communities Foundation of New Zealand (SCFNZ) on (09) 360 8846 or email j.mckay@safecommunities.org.nz

Chartbook of Child Injury Indicators Released

In May the New Zealand Injury Prevention Strategy Secretariat (NZIPS) released the Chartbook of the NZIPS Serious Injury Outcome Indicators for Children; 1994–2004. The Injury Prevention Research Unit (IPRU) was commissioned to produce the report after agencies such as Safekids identified a need to develop indicators to measure child injury rates. This followed on from development of the Chartbook of NZIPS serious injury outcome indicators.

The report depicts, through charts, the NZIPS serious injury outcome indicators for children. Copies of both chartbooks are available from the NZIPS website (www.nzips.govt.nz) or email nzips@acc.co.nz

Preschoolers and Maori Targeted for Drowning Prevention

Preschool children, Maori and males aged 15–44 years are the focus of Water Safety New Zealand (WSNZ) in 2006; with 60,000 students expected to be included in an educational programme over the next 12 months.

Matt Claridge, WSNZ Project Manager says in the last 20 years New Zealand's drowning toll has reduced by over 50% from 217 in 1985 to the record low of 112 for 2005. The organisation believes this reduction is due to its consistent and targeted approach to reduce drownings. However, preschoolers, Maori and males aged 15–44 years continue to be over-represented in drowning statistics.

“A major focus for us since March has been the development of Maori water safety education kits for Kohanga Reo / Early Childhood Education Centres (ECE) and a resource for years 1 and 2 Kura Kaupapa Maori.”



WSNZ Maori Water Safety Co-ordinator Mark Haimona works with Waikato children to learn the basics of swim and survive skills.

WSNZ's Maori water safety campaign is led by the Kia Maanu Kia Ora project. The organisation's Maori Water Safety Co-ordinator Mark Haimona is undertaking the project in the Waikato, Bay of Plenty, Gisborne and Northland regions. WSNZ and ACC have partnered in the development of the water safety education kits for children aged three to 12 years. These will be used in Kohanga Reo, Kura Kaupapa, and mainstream ECEs and schools.

Under Five Waterwise is another WSNZ initiative which aims to ensure parents and caregivers are aware of their responsibilities for children's water safety, not only in the home but also encourages preschooler involvement in water confidence lessons.

For more information about the work of Water Safety New Zealand visit www.watersafety.org.nz or for information on specific programmes contact Matt Claridge on (04) 801 9600.

New Safety Resource for Teachers

A web-page for teachers with information on education programmes related to child health, safety and wellbeing has been collaboratively developed. The page at www.acc.co.nz/childsafetyorganisations is designed as a 'one-stop-shop' for teachers looking for programmes related to a range of child wellbeing issues; with links provided to organisations listed. Categories include child safety, road safety, fire safety, water safety, sport and recreation, drug and alcohol, and young employee safety. The website, developed in consultation with a wide range of agencies, is hosted by ACC and it is expected additional links will be included in the future.

Under Fives Safety in the Home Investigated

The factors that affect how parents make safety decisions in the home for their under fives are currently being investigated as part of the Injury Prevention Research Unit (IPRU) Child Home Injury Project.



“Child safety at home is often dependent on parents taking action. For example, barriers that stop children running out onto the road only work if they are always secured into place. There are also a number of safety measures we think ‘should’ work but when life is out of routine or the unexpected happens, when visitors arrive, when you move house, when someone is sick or you are doing home renovations, those safety measures may not be in place.”

The aim is to use this knowledge to identify how an effective intervention could be developed to reduce unintentional injury to young children in the home environment.

Childhood injury at home is a concern worldwide and this is true for New Zealand. Here, in the 1990s, over half the deaths and over half the admissions to hospital for injury for the under fives took place at home.

Research undertaken at IPRU and elsewhere has identified a number of possible reasons as to why injury occurs at home. Jean Simpson, the Principal Investigator of the study said, "Child safety at home is often dependent on parents taking action. For example, barriers that stop children running out onto the road only work if they are always secured into place. There are also a number of safety measures we think 'should' work but when life is out of routine or the unexpected happens, when visitors arrive, when you move house, when someone is sick or you are doing home renovations, those safety measures may not be in place".

Jean says a number of interventions have been shown to reduce unintentional injury but as some overseas researchers have noted these can have limited success.

A series of in-depth interviews with parents of under fives who have been injured will be conducted later in the year. Their experience, stories, perceptions and ideas relating to childhood safety in the home will be examined as these will be important for addressing the key factors in how parents make safety decisions and developing effective ways to intervene.

"This research project is a work in progress so there are no answers yet. It is an exciting opportunity, however, to think laterally to meet the challenges of keeping young children safe to enjoy their environment," Jean said.

For more information contact Jean Simpson, Injury Prevention Research Unit (IPRU), University of Otago, by email jean.simpson@ipru.otago.ac.nz

Regional – Safe Communities Celebrated

Whangarei District and Wellington City have joined a prestigious group of districts across the world to become World Health Organization (WHO) Safe Communities.



Whangarei District's accreditation was made possible through the collaborative effort of people working to improve community safety with a focus on safe community accreditation.



An assessment panel discusses issues with the Wellington City Safety Officers (Walkwise) outside the recently re-developed youth venue 'Zeal', a council supported youth project.

On March 30, Whangarei District celebrated its accreditation as the 98th WHO Safe Community and on June 14 a designation ceremony was held in Wellington City. Wellington becomes the fifth district in New Zealand and the 100th area in the world to be accredited.

The WHO Safe Communities concept recognises safety as a universal concern and responsibility. The WHO model was initiated in Sweden and is administered from the Karolinska Institute for Social Medicine in Stockholm. In 2004 the Safe Communities Foundation of New Zealand (SCFNZ) was established to support the development of injury prevention and safety promotion in this country.

WHO Safe Community communities must meet the following criteria;

- *An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community,*
- *Long-term, sustainable programmes covering both genders and all ages, environments, and situations,*
- *Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups,*
- *Programmes that document the frequency and causes of injuries – both un-intentional (accidents) and intentional (violence and self-directed),*
- *Evaluation measures to assess programmes, processes and the effects of change,*
- *Ongoing participation in national and international Safe Communities networks.*

Following five years as a Safe Community, re-application is required to continue status as a designated member of the WHO Safe Community Network.

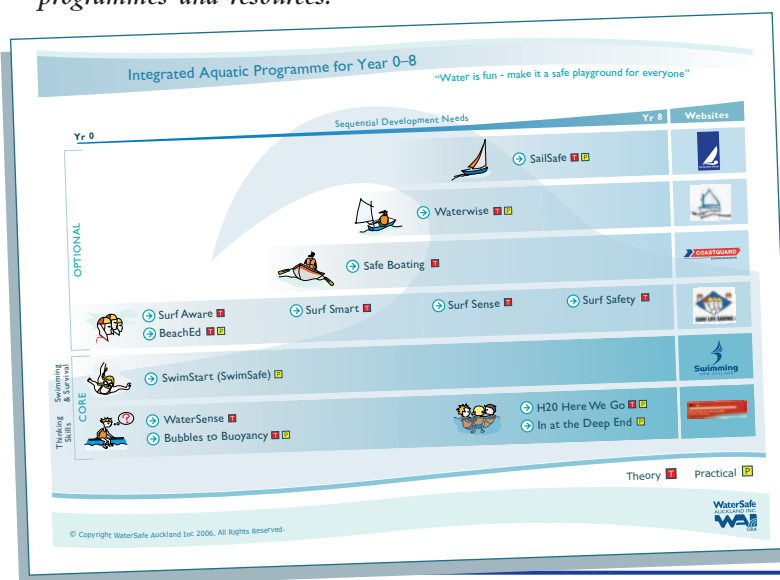
For more information on Safe Communities go to www.safecommunities.org.nz

WAI Says Auckland's Drowning Toll Is Reducing

The Auckland drowning toll has fallen by 33% since 2003, according to Watersafe Auckland (WAI), which attributes much of this decline to its collaborative approach to water safety across the region. Involvement from local government, aquatic organisations, and injury prevention areas has ensured that the regional approach is working to meet the vision of the Drowning Prevention Strategy.

WAI's *Safe Summer* water safety campaign has been in place for five years with the goal of building a water safety culture across the Auckland region. The annual campaign starts in late November and runs through to the end of March. This year's campaign focused strongly on the messages of supervision, learn to swim and the generic message '*Wise Up To The*

The IAP portal provides teachers access to a variety of programmes and resources.



Water'. There were no toddler drownings in Auckland over these key summer months (November '05 to March '06).

The call for constant supervision continues to be the key message for the home pool safety campaign, in place for the past three years, – '*Your Pool Your Responsibility*'. This has been the catalyst for the National Pool Fencing Forum, the Pool Fencing Standards Committee and a training module for pool compliance officers.

WAI, in partnership with other aquatic organisations, has also launched the Integrated Aquatic Programme (IAP) for year 0–8 teachers. The IAP is a web-based portal that enables schools to access various sequential aquatic programmes and resources online that can be used to meet the needs of students and the New Zealand Curriculum.

The portal provides access to a variety of programmes and resources to meet the identified learning needs of students at different development stages and to assist teachers' planning and implementation of aquatic programmes in schools. It also provides a link for educationalists to support the national Drowning Prevention Strategy. It promotes physical activity and safety, life long engagement in, on and near water.

WAI believes the IAP will assist teachers in delivering quality teaching and learning of aquatic education. Throughout the year professional development will be offered by Watersafe Auckland and associated partners, to support teachers in the use of the IAP and developing aquatic programmes for schools.

For more information on the IAP contact Siobhan Harrod, ph (09) 306 0809, email siobhan.harrod@watersafe.org.nz or visit www.watersafe.org.nz/aquaticprogramme.asp To find out more about the work of Watersafe Auckland email teresa.stanley@watersafe.org.nz or amanda.foot@watersafe.org.nz

Tauranga School Wins Road Safety Education Award

Greerton Village School in Tauranga has won the New Zealand Road Safety Education Award, one of five awards from the Road Safety Innovation and Achievement Awards programme.

The school won the award for its innovative walking programme '*KOF – Kids on Feet*'. The programme was developed to encourage children to walk to and from school to address concerns about traffic congestion at the school gates and to promote student health and fitness.

KOF involves children driven to school being dropped off at one of four drop off zones placed 500 metres from the school gate; decreasing the traffic chaos around the school area. Children meet at a marker and then walk into school in a group led by a Year 6 KOF Street Leader. Each child receives a KOF card which records their 'mileage'.

By the end of 2005, 45% of Greerton Village School students were walking to school from the drop off zones, 65% were walking home, and the school gate chaos was eliminated. This exceeded the school's expectations.



Greerton Village School pupils enjoy their walk to school as part of the Kids on Feet programme.

The Road Safety Innovation Awards programme is funded by the Road Safety Trust and administered by Land Transport New Zealand. For more information on this programme go to: www.roadsafetyinnovationawards.org

SAFEKIDS CAMPAIGN 2005/06



Wellington Walk to School Day

Wellington's Papakowhai Primary School won first prize for the highest participation of students walking to school (86.5%) during the city's first Walk to School Day on Wednesday March 8.

Twenty-one primary schools participated in the day with 66.4% of all students taking part, along with nearly 60 volunteers. Children learnt road safety skills, the positive health benefits of walking to school, and have started building local community ties as they joined the Walk to School Day, organised by the local Safekids Coalition.

The Coalition co-ordinated the event because it believes walking needs to be encouraged to allow children



Students, teachers and parent helpers all walked from their schools to Nairnville Park to celebrate both Walk to School Day and the launch of Safer Routes to School.

to develop practical road safety skills; become healthier and fitter and to reduce traffic pollution and congested roads. The group hopes the event will become an annual fixture on the school calendar.

Pedestrian Poems Highlight Kids' View of Safety

In this issue we feature two of the poems created by Tamaki Intermediate School pupils. The pupils helped mark the launch of the Campaign's pedestrian safety focus in Auckland in late 2005.



Tamaki Intermediate School pupils presenting their poems on safety at the launch of the Safekids Campaign 2005/06 and its pedestrian safety focus.

Zebra Crossing

By Emi-Lou Hohaia

Splish! Splash! Goes my feet . . .
As I walk in the rain across the Zebra Crossing

It looks like a Grand Piano . . .
Waiting to be played

It feels like a hard, bumpy lobsters back . . .
Scrapping roughly against my shoes

It tastes like ash and smoke . . .
Coming from the cars exhausts

But in my heart I know . . .
The safest place to go
Is on the Zebra crossing
When I'm walking on the road

Safe Walking

By Marama Vea

Walking over the crossing is not as easy
as it seems
You've got to walk nice and straight
like a gymnast on the beam

You have to look left and right
Just to see if it's OK
Then cross the road at an even pace
Cause if you trip and fall
You'll pay

So remember this message I'm telling you
Be safe and wise and . . .
Remember Pedestrian Safety too

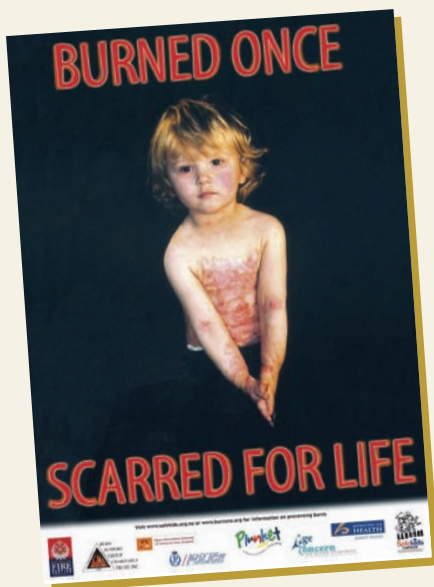
FREE RESOURCES

With winter here some Coalitions are focusing on burns prevention projects within their communities. Safekids has a number of free resources that may be useful –

Be Burn & Firewise – these pamphlets provide safety messages for adult caregivers. They are available in English, Maori, Samoan, Tongan and traditional Chinese.



Burned Once Scarred for Life poster – these A3 sized posters are centred around Chevy Melvin, a Christchurch girl burned by hot water. They are available in English only.



Resources can be obtained by emailing Infocentre@safekids.org.nz or contacting Information Specialist Wayne Carter on (09) 631 0724.

For copies of the *Burnwise* education kit for schools contact Burn Support Auckland Charitable Trust on (09) 276 0250 or go to www.burns.org.nz

Pedestrian Safety Resources Coming

In July Safekids New Zealand will distribute two new child pedestrian safety resources; one a pedestrian safety kit for Pacific early childhood centres, the other a multi-language driveway run-over prevention resource for parents.

The driveway run-over resource will be officially launched on July 25 at a media event in Auckland. The resources will then be provided to specific Early Childhood Centres, Plunket, Coalitions and community organisations. The resource includes a sticker, education flyer and poster, and has been generously supported by ACC and Plunket. More information on the resource will be included in the September issue of *Safekids News*.

The pedestrian safety kits for ECEs will be distributed to centres nationally and include teacher information and a flipchart to utilise with children as well as suggestions on involving families in pedestrian safety. The kits have been produced with the support of Johnson & Johnson Worldwide and Land Transport New Zealand.

For more information on these resources contact Joy Gunn, Safekids Campaign National Co-ordinator on (03) 455 4242, email joygunn@adhb.govt.nz

SAFEKIDS CAMPAIGN 2006/07



Info & Planning Workshops Help Spread the Word

During April and May 17 Safekids Campaign Information & Planning workshops were held in centres throughout New Zealand.

The workshops aimed to inform community groups, educators, health professionals and those working with families about the Safekids Campaign's 2006/07 focus on childhood falls and childhood poisoning.



Nelson Information and Planning Day – May 06

More than 200 people attended the half day workshops and one of the biggest surprises was the number of participants unaware that they could ask pharmacists to provide their medications with child safety caps.

In planning towards the Campaign's poisoning focus Safekids believed there was a lack of knowledge among caregivers that child safety caps could be requested on medicines. The fact that many providers were also unaware of this supports the need for activity to increase knowledge about this issue, especially as prescription drugs are involved in many childhood poisonings.

Caregivers and family members of children aged under five will be key target audiences this year, as children in this age group comprise 80% of kids hospitalised with a poisoning.

Other activities planned around the country include;

- *Paracetamol poisoning prevention projects,*
- *Projects to prevent falls to children in shopping trolleys,*
- *Education activities for parents of young children within early childhood centres,*
- *Advocacy around use of baby walkers,*
- *Safety promotions with pharmacies.*

While road safety is not a national focus for the Safekids Campaign in 2006/07 a number of Coalitions will continue to focus on child pedestrian safety and passenger safety.

For more information about this year's themes contact Safekids Campaign National Co-ordinator, Joy Gunn, on (03) 455 4242, email joygunn@adhb.govt.nz Copies of the workshop PowerPoint Presentation can be downloaded from www.safekids.org.nz/index.php/pi_pageid/7

Facts on Childhood Falls

Falls are the leading cause of unintentional injury-related hospital admission for children aged 0–14 years in New Zealand; accounting for 51% of admissions.

In the five year period 2000–2004, on average 4,615 children annually were hospitalised with a fall-related injury.

Falls affect all age groups, ethnicities and children in every region in the country.

More boys (60%) than girls (40%) are hospitalised with fall-related injuries.

Playground equipment is associated with almost **one third** of childhood falls resulting in hospital admission.

Causes of fall injury vary for different age groups. Falls to preschoolers most often occur in and around the home. For children aged 5–9 years falls from playground equipment are most common. For children 10–14 years falls from sporting and recreational pursuits are a major contributor to injury.

Falls are not a significant cause of unintentional childhood death. In the period 1997–2001 an average two children annually were killed from a fall.

Information on preventing falls in and around the home can be found on the Safekids Campaign pages of our website (www.safekids.org.nz)

Facts on Childhood Poisonings

Annually, an average 366 children aged under 15 are admitted to hospital due to unintentional poisoning.

Poisonings are the second leading cause of injury admissions to hospital for children aged under 5 years.

Children aged 0–4 years are most at risk of a poisoning, accounting for more than 80% of children hospitalised.

Nearly three-quarters of all childhood poisonings occur in the child's home, or the home of a friend or family member.

The most common childhood poisoning agents are drugs and medications (both prescription and non-prescription) which account for approximately 67% of poisoning hospitalisations.

Common household chemicals such as cleaning products account for around 30% of poisoning hospitalisations.

Childhood poisonings are avoidable. To help keep kids safe from poisons simple safety messages will be communicated to the public on educational resources that Safekids is currently producing. The resources will be distributed to registered early childhood centres, Plunket centres, GPs, hospitals, pharmacies and coalitions.

Based on the facts, key safety messages have been identified as:

- *Chemicals and cleaners must be kept out of children's reach and sight,*
- *Close products securely when you have finished using them,*
- *Read and follow safety instructions on chemicals and cleaners,*
- *Medicines should be stored out of children's reach and sight – including their own medicine,*
- *Ask your pharmacist for a child safety cap,*
- *Only give the dose prescribed – if you're not sure of the dose ask your doctor or pharmacist,*
- *Return unused medicines to your pharmacy,*
- *In case of a poisoning call the National Poisons Centre on 0800 POISON, 0800 764 766.*

Kirikiroa Coalition Forms

A group of injury prevention and safety practitioners have joined together to focus on injury prevention in Hamilton City.

The Kirikiroa Injury Prevention Collective includes representatives from Te Runanga O Kirikiroa, Te Hauora O Ngati Haua, Te Kohao Health, Hamilton City Council, ACC, Water Safety New Zealand and the Waikato District Health Board.

The group have already identified areas of focus for their public awareness and education in 2006. For children aged under 15 years the group will focus on prevention of child falls. Child falls accounted for 2,057 hospital admissions for children in the Waikato region between 2001 and 2005. Other areas of focus for the group are home safety, road safety and personal safety.

For more information about the Collective and its work please contact Rongo Kirkwood, Iwi Health Manager, Te Runanga O Kirikiroa on (07) 846 1042.

INFO CENTRE UPDATE



Wayne Carter has joined Safekids as our Information Specialist. Wayne has a background working in public and university libraries in New Zealand and the UK. He has a Masters in Anthropology and post-graduate diploma in Library and Information Studies and has lots of experience assisting people to access specialist information.

He has also done a Fine Arts Degree at Elam majoring in painting.

For the past year the Information & Resource Centre was managed by former Safekids' staff member Isabel Bird, who was on contract. Wayne, a permanent staff member, is finding working with Safekids both stimulating and interesting and is looking forward to receiving more queries and requests.

The Info Centre is now open 40 hours a week. The Centre acts as a collection point for research and other material which adds to our knowledge of child injury and its prevention. Below is some of the material which we've recently added to our collection:

New Zealand handbook, general playground equipment and surfacing handbook – SNZ HB 5828.1 : 2006

A guide for playground owners and operators to the New Zealand Standard for playground equipment and surfacing (NZS 5828 : 2004). New Zealand has traditionally had one of the highest playground injury rates in the world. This handbook is intended for use with the standard to help reduce these rates by presenting relevant, useful information in everyday terms.

Record number 8510

New Zealand handbook, supervised early childhood facilities – playground equipment and surfacing handbook – SNZ HB 5828. 2 : 2006

A guide for playground owners and operators of supervised early childhood facilities to the New Zealand Standard for playground equipment and surfacing. This handbook is intended to assist people working specifically in supervised early childhood facilities licensed under the Education (Early Childhood Centres) Regulations 1998. This handbook is intended for use with NZS 5828 : 2004 to help reduce child injury rates by presenting key safety information in easily accessible terms.

Record number 8511

“Child passenger safety for inner-city Latinos: new approaches from the community”

Martin, M. (et al)

Injury prevention (www.injuryprevention.com), 12 (2), Apr. 2006: 99-104
Motor vehicle crashes are the leading cause of death for Latino children in the USA and these deaths can be reduced with the correct use of child restraints. This study reports on the evaluation of a community health worker education program to improve proper child restraint usage among urban low income Latino families. It concludes that exposure to this educational intervention by community health workers trained as 'child passenger safety technicians', using videos and an office demonstration, was associated with the improved use of restraints.

Record number 8512

“Effectiveness of bicycle helmet legislation to increase helmet use: a systematic review”

Karkhaneh, M. (et al)

Injury prevention (www.injuryprevention.com), 12 (2), Apr. 2006: 76-82
The head injuries which can result from bicycle use can be serious and attempts to use education to increase use have had modest success. Legislative changes have also been used and this article is a systematic international review of the effect of these changes – including the New Zealand situation. The results of this study support the use of law changes in countries without helmet legislation to increase helmet use (particularly among younger age groups) and reduce head injuries.

Record number 8513

“Passenger seating position and the risk of passenger death in traffic crashes: a matched cohort study”

Smith, K. M., P. Cummings

Injury prevention, (www.injuryprevention.com) 12(2), Apr. 2006: 83-86
The aim of this paper was to estimate the association between passenger seating position with the risk of death for the passengers – of all ages – in traffic crashes. The results suggest that, when there are front passenger airbags and passengers are restrained, putting adults in the front and children in the back enhances child safety without sacrificing adult safety.

Record number 8514

“Association between risk behaviour and injury and the protective roles of social environments: an analysis of 7235 Canadian school children”

Pickett, W. (et al)

Injury prevention, (www.injuryprevention.com) 12(2), Apr. 2006: 87-92
The paper describes how risk taking is common among adolescents and often leads to injury. Supportive social climates do protect adolescents from engaging in these behaviours, and also reduces the occurrence of some forms of injury. However, once they choose to engage in risk taking, a supportive environment may not protect adolescents from injury.

Record number 7235

Contact the Information & Resource Centre on (09) 631 0724 or email Infocentre@safekids.org.nz. We are always pleased to help with all your child injury prevention enquiries.