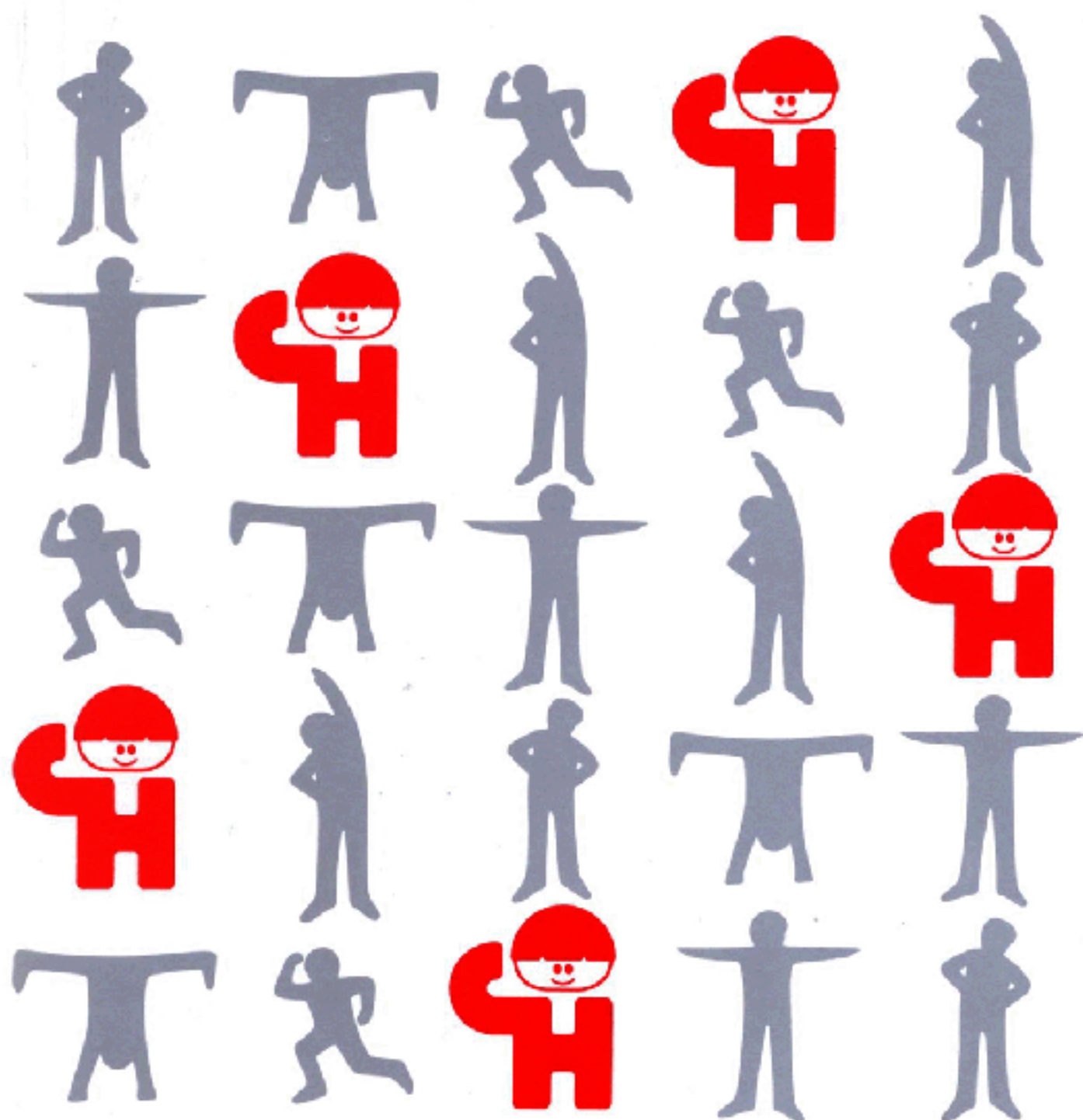


HONG KONG CHILDHEALTH FOUNDATION

香港兒童健康基金

PROCEEDINGS OF THE CONFERENCE ON
INJURY PREVENTION IN CHILDHOOD



CONFERENCE
ON
INJURY PREVENTION IN CHILDHOOD

JOINTLY ORGANIZED BY

HONG KONG CHILDHEALTH FOUNDATION



AND



HONG KONG PAEDIATRIC SOCIETY

SPONSORED BY



Employee Benefits Division

Date : 19th November 1992 (Thursday)

Venue : Ramada Renaissance Hotel

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: Miss Mon Chan

FOREWORD

The most valuable part of a conference is the discussion which follows the prepared speeches. The latter represents the view of the speaker but the former consolidates the views of all those present at the conference.

This proceedings attempts to capture the pros and cons of the many resolutions made at the conclusion of the four workshops. Our appreciation should go to the reporters of the workshops (Dr. Chow Chun Bong, Dr. So Kwan Tong, Dr. Yu Chak Man and Miss Yvonne Yuen) who faithfully transformed the oral discussions into the written form, and the editors (Dr. Henry Au Yeung, Dr. Chow Chun Bong and Mrs. Susan Chow) who made improvements to the flow of the discussions, deleting where necessary repetitive sections. To economize on the production cost, the proceedings was typed entirely by the staff of the Secretariate of the Hong Kong Childhealth Foundation (Miss Annette Chau and Miss Mon Chan).

The quality of the professionals who attended the conference cannot be disputed. However the **QUALITY OF FUTURE CHILDHOOD INJURY PREVENTION** which is the gist of this conference **WILL DEPEND ENTIRELY ON YOU!**

Dr. Henrietta Man Hing Ip

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**MESSAGE FROM
MRS. LAVENDER PATTEN**

I am delighted to be with you today and to address your Conference on Injury Prevention in Childhood.

As a mother, I firmly believe in the adage "Prevention is better than cure". Many accidents which occur to children at home could perhaps be prevented if parents were more aware of the hazards that surround them as they care for their children.

Sixteen years ago, when she was two years old, sixteen years ago, one of our daughters had a serious accident, burning her hand on an electric fire. As a result I met other parents whose children had also suffered accidental injuries - minor and serious - and I realised how important it is to educate parents and other carers about the potential dangers to their children in and out of the home.

A happy home should be a safe one. Every child should have a safe place to grow up in.

Young children are naturally curious about the things around them. They are always keen to explore their environment. However, they sometimes have little idea of the consequences of their actions. It is the primary responsibility of parents to give proper care and supervision to children and to provide them with a safe environment.

I should like to make a few suggestions about safety which may be helpful to parents:

They should stop their children getting hold of potentially dangerous objects, such as lighters, matches, sharp objects, hot objects, medicines or cleaning materials. Young children are very playful and energetic. It is particularly important in high-rise buildings that proper fencing should be installed in balconies and windows. In addition, parents should choose toys for their children with safety and the age of the child in mind. Outside the home, such things as escalators and electric gates can also be hazardous to young children.

**MESSAGE FROM DR. HENRIETTA MAN HING IP
CHAIRMAN OF HONG KONG CHILDHEALTH FOUNDATION**

If we care about our children, we cannot sit back and allow **PREVENTABLE ACCIDENTS** to continue. We must seek, first the **CAUSE** and then the **REMEDY** without further delay.

This conference marks the beginning of a long road towards **ACTIVE INTERVENTION**. The fate of our children, pillars of the future of Hong Kong is in your hands !

Let us fight to **CUT ACCIDENTS** to children to a bare minimum ,
**CONSCIENTIOUSLY ,
METICULOUSLY AND
PERSISTENTLY.**

**MESSAGE FROM DR. CHOW CHUN BONG
PRESIDENT OF HONG KONG PAEDIATRIC SOCIETY**

Accidental injury is the biggest single cause of child death in Hong Kong. It is also a major cause of morbidity and disability. Although a priority health problem, it remains a neglected area in Hong Kong. Data are scarce and scattered, intervention programmes fragmented.

Accidental injuries are by no means a random occurrence. It is the result of complex interaction between factors associated with human, social and environmental systems which varies from locality to locality. By collecting and looking at these factors locally it is often possible to identify guidance on preventive actions. Multi-disciplinary approach is needed for intervention measures to be effective.

The primary objective of the Conference on Childhood Injury Prevention is to bring together a group of experienced and dedicated experts from various organisations who are engaged in the prevention or management of childhood injuries. These participants were challenged to focus on current problems of childhood injury and to establish possible strategies on its prevention.

The primary goal of the Conference is to identify a body of knowledge, by consensus of experts in the field, that can serve as the basis for recommending local standards for child safety.

It is also hoped that the Conference will integrate the expertise of all the professionals and organisations concerned into a comprehensive team approach to the creation of a safer, healthier and more enjoyable environment for our children, the future of Hong Kong.

**MESSAGE FROM DR. CHAN CHOK WAN
CHAIRMAN OF ORGANIZING COMMITTEE**

Injury is the number one killer of children under one year of age, ahead of cancer and infectious diseases combined. It is also a major cause of suffering and disabilities. Every year about 100 children died and 17,000 admitted to hospital for injuries. Of those admitted to hospital, about 30% will have long term sequelae and many others disfigurement. The cost of injury is enormous.

Few accidental injuries were entirely due to chance. It was estimated about 57% of childhood injuries would be prevented if proper care is given. Despite the obvious prominence of this problem, very little attention has been directed towards this by the Government, Public and the Professionals in Hong Kong surveillance and intervention programme is almost non-existent and fragmented.

Children have the right to a safe environment. Injury prevention must be established as a priority goal in Hong Kong. This should include accurate recording and reporting of the pattern of injuries, identification of priorities for intervention, auditing of intervention programmes; and appropriate legislative, ergonomic, educational and other actions.

Accidental injury prevention and intervention groups need to include many disciplines such as town planners, police, builders, architects, designers, manufacturers, fire services, educators, legislators, social workers, mass media, Urban Councils, Consumer Council, Governmental departments, doctors and so on. The list, however, is not exhaustive.

To enhance the awareness of the public, Government and concerned organizations on the importance of child safety and injury prevention, the Hong Kong Childhealth Foundation and the Hong Kong Paediatric Society have jointly organized this Conference on Injury Prevention in Childhood. We are greatly honoured to have Mrs. Lavender Patten to officiate at the Opening Ceremony - her kind presence just serves to illustrate her concern about Child Safety in Hong Kong. At the same time Multi-disciplinary Professionals are invited to participate in one of the four plenary workshops, namely, HOME SAFETY, ROAD SAFETY SPORTS AND SCHOOL SAFETY and GENERAL SAFETY. Through the conjoint efforts of all the professionals we shall make recommendations and guidelines on the prevention of childhood injuries. All findings of the Conference will be published in a Proceeding which will serve as reference for all workers concerned. Our ultimate target is to establish the CHILD SAFETY COUNCIL to coordinate resources and to make concrete measures to tackle this important problems so that our children can grow up in a safer environment!

Finally my sincere gratitude to all members of the Organizing Committee and to all Chairpersons for the Plenary Workshops for their dedicated efforts in materializing this worthwhile project. Most important of all my deepest appreciation to all participants at the Conference. For all your support and contributions we say THANK YOU.

P R O G R A M M E

Master of Ceremony : Mrs. Ng Fong Siu Mei

- 9:00 a.m. REGISTRATION**
- 9:15 a.m. All participants to be seated**
- 9:30-10:00 OPENING CEREMONY**
- Arrival of Mrs. Lavender Patten
- Welcoming Speech
 by Dr. Henrietta Man Hing Ip,
 Chairman of Hong Kong Childhealth Foundation
- Address by Mrs. Lavender Patten
- Speech by Dr. Chan Chok Wan,
 Chairman of Organizing Committee
- Presentation of Souvenirs by Mrs. Patten
- Souvenir to Mrs. Patten
- Vote of thanks by Dr. Chow Chun Bong
 President of Hong Kong Paediatric Society
- 10:00-10:30 TEA RECEPTION**
- 10:30-12:30 WORKSHOP SESSIONS**
- Home Safety
 Chairperson - Dr. Patricia Ip and Dr. Jack Cheng
- Road Safety
 Chairperson - Dr. Michael Mong
- Sports & School Safety
 Chairperson - Dr. Chan Kai Ming
- General Safety
 Chairperson - Dr. Chow Chun Bong
- 12:30-1:30 BUFFET LUNCH**
- 1:30-2:45 REPORT OF WORKSHOPS & GENERAL DISCUSSIONS**
 Chairperson : Dr. Chan Chok Wan
 Panelist : Dr. Chow Chun Bong
 Dr. Henrietta Man Hing Ip
 Dr. the Hon. Leong Che Hung
- 2:45-3:00 CLOSING REMARKS by Dr. Henrietta Man Hing Ip**
- 3:00-3:30 PRESS CONFERENCE followed by Tea Reception**

**INJURY PREVENTION IN CHILDHOOD
CHAIRPERSONS REMARKS**

Dr. Patricia Ip and Dr. Jack Cheng

It is heartening to see so many departments/organizations participating in our endeavour to improve the home environment for the safety of our children. Overseas experience has demonstrated that attention to the needs of children with good planning and design, effective education and legislation together with supportive services can enhance our children's safety, thus saving lives and reduce sufferings. With our concerted effort, we hope home safety will be a way of life in Hong Kong and not a luxury that can only be dreamed of.

THE SCENE OF CHILDREN INJURY
HONG KONG HOSPITAL EXPERIENCE

DR. JACK CHENG

Department of Orthopaedics & Traumatology
Chinese University of Hong Kong

Accident and Injury is a major cause of death and disability in children. It accounts for 25.8% of deaths in children aged 1-4 and 34.6% in the 5-14 age group (1989 Statistics). Every year about 100 children were killed in accident.

Crude estimates revealed an estimated yearly attendance to the Accident & Emergency Department of all major hospitals in Hong Kong to be about 50,000 to 60,000, 30% of which would required hospitalization. This accounts for 17% of total traumatic attendance and 30% of all paediatric attendance in AED.

More detail studies conducted in Princess Margaret Hospital recently showed that 52% of the injuries occurred at home. Out of these 68% were less than 5 years old and 39.5% less than age 2. Falls at home including falls from beds, chairs, table and level ground constituted 55% of all home injuries. Studies in Prince of Wales Hospital revealed 3350 children were admitted into hospital for treatment of fracture of the limb in a 5 years period. Another joint study from the Prince of Wales Hospital, Hong Kong Polytechnic and the Hong Kong Council of Early Childhood Education and Service (CECES) revealed that every year about 1,300 children were seen in AED for burns and scalds, 93% of which occurred at home and 75% were below 4 years old.

These statistics although crude and incomplete did give us an idea on the seriousness of child accident and injury and the need of emphasis on preventive measures.

**INJURY PREVENTION IN CHILDHOOD
HOME SAFETY**

MS. ANN HON
Social Welfare Department

The overall objectives of child welfare services in Hong Kong according to the 1991 Social Welfare White Paper are to support and strengthen families so that they may provide a suitable environment for the physical, emotional and social development of their children and to provide assistance to those disadvantaged and vulnerable children who are not adequately looked after by their families.

In tackling the problem of childhood injury at home, the Social Welfare Department appeals to parents not to leave their children unattended. Parents should be aware of the potential hazards at home, and the danger and serious consequences of leaving their young children unattended. Most accidents are caused as a result of carelessness and ignorance, and tragedies could have been avoided if greater concern are shown to household safety, and greater love and care are given to their own children.

In the first half of 1992, the Social Welfare Department has organized 126 promotional/educational activities to arouse public concern on the importance of home safety and 135,939 people participated. At the same time, 14 support groups were organized with 155 participants to promote the concept of mutual help among parents on child care. Another 10 mutual help groups were arranged to give temporary care to 373 children. For the second half of 1992, planned programmes included 99 promotional/educational activities with about 113,000 participants, 5 support groups and 11 mutual help groups with expected participations of about 60 and 1,650 persons respectively.

Occasional child care service to assist parents in need of temporary child care arrangement will be expanded to 75 day nurseries providing 225 places in November 1992. The after school care programmes continue to provide half-day care, lunch, homework guidance, general counselling and supervised play activities to primary students.

To strengthen public education, a full-coloured comic book with 123,000 copies and a leaflet with 100,000 copies both titled "Don't Leave Me Alone" in Chinese were designed to spread the messages of home safety and the danger of leaving children unattended at home. They were distributed to the public earlier this year. In addition, two television messages were produced and are shown regularly to remind the public.

Parents are again urged to make full use of the existing available social welfare resources to tide over any of their difficulties in looking after the young children and to heighten their awareness of the potential dangers at home. Parents having any child care problems could approach the 53 family services centres of the Social Welfare Department and the non-governmental organizations, situated throughout the territory, for assistance. They may also call the Hotline Service of the Social Welfare Department at 3432255.

FIRE PREVENTION IN THE HOME

MR. KWOK JING KEUNG
Senior Divisional Officer
Fire Services Department

It gives me great pleasure to have the opportunity to speak on "fire prevention" in this Home Safety workshop today. Home, to most people, means safety and security. But in reality, home is a far less safe environment than we would expect. Statistics show that more than half of each year's fire victims are killed by fire in their homes - more than those killed by all other fires combined.

It can be said that the majority of these fires occurred through ignorance or negligence. They could have been avoided if due attention had been given to the daily routines i.e. the nitty gritty, and preventive measures taken. For example, If you have a smoker at home, ask him or her to make sure that matches and other smoking materials are completely extinguished before disposal. Ashtrays must be big enough, properly shaped to prevent cigarettes from accidentally rolling off to the ground or other combustible material to cause a fire. Never empty ashtrays until the contents are totally extinguished. Refrain from smoking in bed. You could kill yourself as you sleep by setting fire to the bed covers. In 1991, over 5,000 fires were caused by discarded or mishandled lighted smoking materials accounting for about 34% of the total number of fires.

With regard to electrical installations and appliances, if at any time electric wiring feels warm or hot, fuses or circuit breakers repeatedly blowing or tripping, or you feel an electric shock from an appliance, no matter how slight it is, call in a registered electrical worker or contractor immediately. Extension wires and the cords of lamps and appliances should not be abused. Avoid locating them where they will be subject to foot traffic or the weight of furniture. Do

not run them under rugs and carpets. Do not leave switched-on iron unattended. Never put clothes, blankets on a heater. Do not overload power points. Major electrical appliances such as washing machines, refrigerators, microwave cookers etc. should each be operated on a separate socket outlet which is not carrying the load of any other appliance. This reduces the chance of fuses blowing and the consequent risk of fire. Bear in mind that adaptors are for matching plugs with socket outlets and should not be used for connecting more than one appliance at a time. Loose electrical connections are particularly dangerous. Over 1500 fires were of electrical origin in 1991.

Kitchen is the household's nerve centre. The comparatively large number of gas and electrical appliances installed and combustible substances stored therein make it more accident-prone than other places in the home. Therefore, you must be alert when you are working in the kitchen so as to prevent fire and safeguard the lives of your family members. Make sure that the stove is kept clear of odds and ends such as waste papers and other combustibles. The stove should be regularly cleaned to prevent grease from accumulating. Store cooking fuel such as liquefied petroleum gas and kerosene well away from the stove and sources of heat. Never fill a kerosene stove or heater when it is alight. Earlier this year, a woman was killed this way. If you have small children at home, install a fence at the kitchen door to prevent them from sneaking in. Take care when cooking. Beware of burning and boiling over. Do not leave your cooking unattended, especially for pans of fat or cooking oil. Last year, over 2,300 cases of overcooking of food were recorded, some had unfortunately ended up in big fires.

With the weather getting cooler, people may like to have hot pot served at home. Due care must be exercised when handling cooking appliances particularly portable cartridge type LPG stoves. I was scared to death on a number of occasions by the reckless manner in which people operated this kind of stove. People are impatient if they try to start a fire and don't get it, they just keep on turning the ignition knob but they don't realize that every time they strike the knob, a certain amount of flammable gas leaks out, the gas stays there and if eventually there is a spark, the chances are:- there would be a flashover and people around would most likely lose their

hair and eyebrows. The proper way is to wait for a while, let the gas disperse first and then try again. If after several attempts, you still cannot get a fire. There must be something wrong with the stove. My advice is "better send it for repair". Little children's natural curiosity can also lead to big trouble. For some reason, flames and smoke have a special fascination for children. Matches and lighters should therefore be kept out of their reach. Last year, there were 124 fires believed to have been caused by children playing with matches. Up to the end of September this year, 83 such fires have also been recorded. The most tragic one, you may still recall, occurred in January last year in a residential flat in Homantin Estate, in which four children were killed. So never leave children alone in the house or in the care of incapable or irresponsible guardians.

Last but not least, don't dump your unwanted items in common areas like corridors, lobbies or staircases. Remember, staircases are means of escape, if they are blocked, you are putting your own life at stake, nobody else. Likewise, smoke stop doors should be kept closed at all times to ensure that you will have a smoke free escape route in the event of a fire.

We must at all times be alert to every possibility of fire hazards and take preventive measures to make our home safe and happy.

Home fire prevention is a family affair. It is the parents' responsibility both to teach their children and to set a good example. Every home fire represents a failure - failure to correct hazards, failure to take precautions. So take action - family action now!

INJURY PREVENTION IN CHILDHOOD HOME SAFETY

MR. MICHAEL HO
Housing Department

The Hong Kong Housing Authority, being the largest builder of public housing in the territory, has, as at the end of the last financial year, a stock of 743,000 rental and Home Ownership Scheme flats, housing some 2.7 million people. Some 20% of the public housing population, or rather half a million people, are children. Obviously, because of the size of the child population, and the need to minimize the chance of injury to the children, the Housing Authority is very much concerned about measures taken in the design as well as in the management control of these high-rise and high-density public housing developments.

On the design aspect, some of the main design considerations for the domestic flats and the outdoor living environment alike are discussed as follows:-

1. Protective measures for windows and balconies in the building blocks:

- a. Windows

All flats' windows have protection up to a minimum height of 1100 mm above finished floor level; i.e. window with lower sill are designed with fixed glazing or, if opening, affixed with adequate safety bars or rails.

Safety bars or rails are securely fixed, leaving a gap of no greater than 100 mm.

b. Balcony Parapets/Balustrade

The effective height is 1200 mm above the finished paving level, being 100 mm over standard of 1100 mm required under the Buildings Ordinance.

Balustrade are designed to avoid the "Ladder" effect. Vertical balusters are commonly adopted to discourage children's climbing, and the centres of the balusters are not greater than 100 mm.

For current practice, parapet in the domestic confines is constructed as solid element to avoid vertigo and risk falling of the inmates - no more railing/tubing to grab for climbing.

2. Provision of non-slip ceramic tiles in "wet" areas, i.e., kitchen, bathroom, utilities areas, etc., to reduce injury through slipping.
3. Building Services installations in the public housing estates are in compliance with the local regulations, code of practice and statutory requirements on safety to users, including children. Examples are as follows:-
 - a. Socket outlets are provided with safety shutters. Earthing/equipotential bond are provided for all building blocks and external facilities to protect against direct and indirect contact with live parts.
 - b. All services pipes inside the flats and blocks are run at high level and positioned as far away from the windows and balcony as practicable to avoid climbing.
4. For the installation of lift and escalator, which are a major means of circulation in high-rise living, the following actions have already been taken, not only as a preventive measure for the safety of children, but also publicizing parental supervision in such public domain.

- a. Warning notices are put up, reminding adults to accompany children for safety use of lifts and escalators.
- b. Call buttons at the lift lobby are installed 1200 mm above finished floor level to avoid mis-use of lifts by unattended infants.

In the outdoor design, special attention is paid to the design and planning criteria for children's playground and water feature design.

5. Layout of playground areas are designed to accord with the planning and safety criteria:
 - a. Playgrounds are not placed closely to the building blocks to avoid falling objects.
 - b. Playgrounds are properly segregated from traffic, with physical boundaries, such as planters, to strengthen play safety in a defined territory.
 - c. Benches are provided under shade for the accompanying parents, hence promoting better parental supervision.
6. Measures are taken on the provision of play equipment for the safe use of children:-
 - a. Selection of play equipment is determined on the play value, design hazard as well as injury risks. Towards this end, the Play Equipment Review Board annually reviews the list of approved play equipment and the play equipment agents/suppliers to consider whether the equipment complies with various international standards of safety provisions.
 - b. For the planning and layout of play equipment, sufficient safety margins are incorporated to avoid conflicting use zone of each piece of play equipment. Impact absorbing surfaces are installed under and around the play equipment in the form of resilient sheeting or tile blocks to absorb impact force from falls.

-
7. Water features, which display water in various forms, constitute one of the most popular amenity facilities for the outdoor living environment of housing estates. However, water inevitably poses a hazard to small children, safety is always given paramount consideration in our designs.
 8. Safety details are improvised in the pool edge as physical and natural barrier:
 - a. Physical barrier
 - railings,
 - seating/planter,
 - surround,
 - b. Normal barrier
 - wide/dense planter,
 - sloping berm,
 - big rocks, etc.
 9. The general water depth, depending on individual design, is from 500 mm to 750 mm. For the pool edge, water depth of 200 mm is recommended.

In the day to day management of the public housing estate, particular attention is provided for the control measures on the safety use of the estate facilities.

10. Control over tenants' fitting-out works

On the tenants' first moving into the public housing estates, there is already in place a control system over their decoration works. These tenants are required to seek approval from the management offices for their fitting-out works. This is followed up by regular room checks to ensure no unauthorized alterations that would affect the structure of the building or jeopardize the safety of the occupants, including the children. Any unauthorized alterations found are required to be rectified. If such works are done by the approved contractors, their names will be struck off from the approved contractors' list after warnings.

11. Regular patrol and inspection of children playareas

Estate staff in their routine patrol regularly inspect children playground area, including play equipment. Any damage found is promptly repaired to ensure safe used by children.

In order to discourage potential accidents due to misbehaviour of children in playground area, signboard is put up to draw the attention of the parents to assure of close supervision of the play activities. As for current practice, all playgrounds are installed with at least one warning sign of this nature.

12. Educating the tenants on preventive measures on child safety

Apart from the above routine operations, the estate staff do make good efforts in educating the tenants on prevention of injury and the enhancement of parental care to children through notices, periodical newsletters, and regular meetings with the Mutual Aid Committees/Residents' Associations. In this regard, tenants are morally alerted not to throw things out from their windows. The tenants are also advised not to let their children play in the corridor, especially around the parapet, in these high-rise buildings.

13. Management Feedback

To take account of users' feedback on the design of building blocks and estate facilities, a team of management staff liaise closely with their counterparts of the other disciplines. Input received is carefully studied so that improvement can be made, if necessary. In the same way, any feedback on child safety design is dealt with promptly by the Architectural Sections.

SAFETY STARTS AT HOME

MR. PATRICK LAU
B Arch MBA MAIBC MRAIC
Reader in Architecture, University of HK
Fellow of the Hong Kong Institute of Architects

Now and then, we often hear of local news that children fall from their multi-storey homes. They lucky ones manage to survive with the help of the laundry hanging from the building or the canvas canopy at street level. However, too often these end up as tragedy and there is an increasing rate of children require to go to hospital following accidents in the home. Thus there is considerable scope for preventing accidents by seriously concerning the improvements in our home environment for the safety of children.

Children will always have accidents, since the very nature of being a child involves taking risks. Children are different from adults in many ways; just by being shorter they automatically have a different viewpoint or field of vision which mean that they cannot even see a hazard, let alone perceive it as dangerous. Also, because of their small size & stature may mean that they cannot always be seen by adults as a child may be hidden by some architectural feature that would not conceal an adult. Children can often be mischievous and playful and therefore heedless of the consequences of their own actions. However, it ought to be the responsibility of adults to remove from the child's immediate home environment features that are inherently hazardous to him or her.

The following are some guidelines which should be considered by us in the home environment for the safety of our children:-

1. Stairways (accidents often result from the fall on stairways)
 - avoid winders or tapered treads
 - doors should not open directly on to stairs or landings
 - avoid long straight flights
 - stair railings should be of adequate height & non-climbable without voids that may allow the small bodies to go through
 - avoid open risers.

2. Kitchens (scalds from hot water and cooking, burns from cookers)
 - door swings to be away from cookers & stoves
 - avoid cooker & stoves accessible to children
 - household cleaning products toxic to children to be stored beyond their reach
 - kitchen & laundry areas to be slip resistant.

3. Bathrooms (scalds from bath hot water, falls in & around bath)
 - children only require 30 seconds immersion in hot water over 54°C before the skin begin to be scalded, use thermostatically control mixer valves
 - avoid climbing route from floor to the bathroom window via wc, basin etc.
 - non-slip resistant floors and bathtubs.

4. Other rooms (common accidents include falls, burns & poisonings)
 - avoid use of split levels or single step within a room without clear markings or balustrade
 - make sure all electrical wirings are out of reach
 - all poisonous and sharp edged articles are stored safely out of reach
 - windows easily reached by children should be adequately protected by grilles or bolted securely out of their reach
 - windows sills should not be designed to allow children to play on
 - safety glass should be used for windows below sill level and other area where children will easily come in contact
 - use high level bolts to doors where children should not open
 - door should not swing to spaces where a child will be playing
 - don't use door closers unless required by fire code as these can cause the door to trap children's fingers
 - furniture used should not have sharp edges or corners.

Many of the above guidelines involve little, if any, additional cost provided they're considered in the early design of the home. In fact, some of them are included in current building regulations which should also be enforced in older buildings. Inevitably, some safety features do cost money, but it is negligible when compare with the cost of human suffering if a child is severely injured. Of course no safety feature can be compared to careful supervision of children by adults, but with well considered design and safety features in our home we should be able to live so much happier. If safety is well considered in our home environment for children, then it would be a good start to extend to their schools, playgrounds and other public places where children can enjoy their activities in a much safer environment.

Reference :-

Child Safety and Housing

Child Accident Prevention Trust

Health, Safety and Nutrition for the Young Child

Maroltz, Rush & Cross

**INJURY PREVENTION IN CHILDHOOD
HOME SAFETY**

MRS. CHAN WONG SHUI

Chief Executive
Consumer Council

I am honoured to be invited to speak on the subject of Home Safety for Children.

It would seem that to prevent the injury of children at home the solution is simple enough - to make the home safe. Yet this advice can not be easily followed through. Not that there are insufficient guidelines but, in the Council's opinion, it calls for concerted efforts from the parties involved in ensuring home safety for children, they are the government, product manufacturers and parents. Home safety lies in the good design and proper construction of things children come into contact with, as well as government regulation to ensure proper concern for product safety in all sectors of the community.

Children are accident-prone and it is up to their parents to protect them from such dangers. Nowadays toys and household products are becoming more sophisticated, parents may not be able to differentiate safe from unsafe products or situations that may endanger them from a glance, children in particular, cannot recognize potential hazards in the things they handle and even if they recognize the hazards, there is a limit to what they can do about it.

The Consumer Council believes that to address the problem of home safety at source, industry awareness and high regard for product safety will be most effective and economical, as it minimizes the need for frequent checking and prosecution for contravention. Industry should be encouraged to develop and comply with higher voluntary safety standards to complement mandatory safety requirements.

Manufacturers also gain from adhering to certain standards as products manufactured with additional safety precaution should have a competitive edge over others. These standards can be easily developed through identifying hazards and accident patterns and be derived through relevant test methods.

Over the years, the Consumer Council has been advocating for the introduction of product safety legislations as the progressive and positive preventive measure against childhood injury. We are delighted that the Toys and Children's Product Safety Legislation will come into effect in July 1993. Consumers will then be assured that the manufacturers take due care of the conditions that might arise when their products are in use.

The Consumer Council not only induces more efforts from the Government and the industry in the promotion of home and product safety, we also play an advisory role. We provide information on the selection of safe products in asserting consumers' right to safety. Of the major characteristics examined in our product testing programme the safety factor is high on the list. We evaluate consumer products to determine if the products present a substantial product hazard or substantial risk of injury. We publicise the findings in our monthly magazine CHOICE in order to alert the public of any hazards, to provide a safe choice of products and to give user guidance.

I will now turn to look into some specific advice on home safety. First, toy safety, toys are the most favourite plaything of children. The Consumer Council sees that the toy industry must bear the responsibility in making toys safe enough to prevent foreseeable hazards. Most toys do give age recommendation and some even carry warning labels. The point however is whether these are sufficiently clear and complete to facilitate parents to fully understand their implications. Manufacturers must be encouraged in relating the message to consumers, in that the essential information is given in a language which could be understood by the majority of the ordinary consumers in the market. In Hong Kong, toys sold very often do not carry the requisite information in Chinese, for example toys imported from Japan. This is where the toy manufactures and retailers owe their customers "the right to know".

The Consumer Council also cannot allow the warning labels and age recommendation to be disclaimers of responsibility by toy manufacturers but rather they should be genuine guidelines for consumers.

Having said this, I must add that in promoting toy safety, education and information for parents and children are equally important.

Parents must see that age recommendation are not just indication of what would be best suited for the child at a specific age but it also implies possible danger and hazards for children below the recommended age. No matter how bright the child is, it makes sense to follow the age guidance on toys, as they are more often based on safety grounds rather than children's stages of development. Small parts of toys are easily swallowed by children, put in noses and ears. Children are not alert to hazards like sharp edges, splinters or spikes and brittle plastic which could break into fragments and bits. So the very least parents can do in the selection of toys is to follow the age guidance on toys and other markings.

I like to recommend a simple checklist for parents in the purchase of toys -

- look for toys made to internationally recognised toy safety regulations;
- stick to age recommendation on toys and check for hazards, such as toxic paint, sharp points, toys that look like food, with hidden spike, loose parts;
- look for safety labels e.g. non-flammable, non-toxic, washable and whenever possible, buy unpainted toys ;
- test the toys before making the purchase e.g. test a rocking toy to see if it can easily be turned over;
- when buying projectile toys like arrows or darts, look for those which have soft cork tips or rubber suction cups and that they are securely attached to their shafts.

Toy-related injuries and deaths are linked to the way in which the toy is used and by whom it is used, besides product causation. Therefore children must be guided to play with toys correctly. For example, teach children to fire toys guns away from their body and never point them at a person or animal.

Children are driven by curiosity and they may stick their heads, arms and fingers into unlikely gaps or poke small items in their mouths, ears or noses. Being intelligent and imaginative creatures, they can also make playthings out of the most unlikely products e.g. folding furniture like chairs, ironing boards, prams or pushchairs became potential deathtraps. So imagine the life sized "toys" lying around the house.

As you may recall back in 1985 and 1986, the abusive use of folding tables has claimed the lives of 6 children. With the intensive publicity efforts initiated by the Consumer Council and the Government the problem has subsided.

To prevent the abusive use of products like trailing cords of telephone, curtain strings, table lamps or other electrical appliances or even large plastic bags, put them from the reach of children. The seemingly safe window grills may trap the heads of children. Therefore choose carefully designed ones than fancy ones. Be practical, edges of furniture should be shielded by protection padding. Power points should be covered by plastic safety plugs, loose carpets should be tacked down. Heaters should be kept away from curtain and furniture to avoid overheat. The above mentioned guidelines may be easy to follow yet they are often overlooked. To safeguard the well being of children, parents cannot afford to be careless. Remember, most home accidents of children are preventable.

Although progress has been made on the safety of electrical goods, domestic pesticides and, recently, toys and children's products, there is yet a comprehensive legislation on product safety. A Working Group has been set up by the Government looking into the possibility of a general product safety bill to cover all types of consumer goods. Once enacted, this will be a major force in preventing childhood injury at home.

Although legislative protection for a minimum safety standard in toys and general products is essential, the Consumer Council also asks of the doctors, kindergarten, teachers and other persons who are in constant contact with children to join hands in the prevention of childhood injury. Please report dangerous products identified to the Consumer Council or the Custom and Excise Department, so that we may investigate further to prevent injury.

Last but not least we must emphasize the legislative and other education efforts are no substitute for parental care and guidance, particularly in the things that children come into contact with. Psychologists say that every individual likes to be needed. Parents are definitely needed to make the home a safe place for children. So take this not as a burden, but as expression of love for your children.

I am pleased to have had this opportunity to speak with you, and I thank you.

**INJURY PREVENTION IN CHILDHOOD
HOME SAFETY**

DR. CHAN CHOW MING
Medical & Health Officer
Central Health Education Unit, Department of Health

Introduction

A safe home is a happy home. Ideally, everyone should have a safe home. Unfortunately, this is generally not the case and we can still see home accidents happen and happen again.

Children are susceptible to home accidents. The Department of Health has all along acknowledged the importance of children's safety and home safety for children is one of the major topics in our health education campaigns.

Causes of Home Accidents in Childhood

Children are frequent victims of home accidents owing to:-

1. inadequate supervision by the guardians;
2. children's ignorance of the potential home hazards;
3. abundance of potential home hazards which include gas, electrical appliances, medicines, detergents and even water (children may get drowned); and
4. children's exploration of the home environment with curiosity.

Statistics of Injury and Poisoning

According to the Annual Reports of the Department of Health, injury and poisoning together rank fifth among the leading causes of death for the whole Hong Kong population (*tables 1 & 2*). However, they rank first among the leading causes of death for the group of Hong Kong children at or under the age of 14 (*tables 3*). Injury and poisoning caused deaths to 76 children at or under 14 in 1989 and 79 children of similar age in 1990 (*table 1 & 2*). The statistics were compiled by using the data of the death certificates from the hospitals. The classification of the injury and poisoning in 1990 is shown in (*table 4*.) Most of the injury and poisoning could have been prevented if safety measures had been taken.

In table 3, we can see that the mortality rate of childhood injury and poisoning has been decreasing since 1961. One of the main reasons for the decreasing mortality rate is better medical technology and care. However, we should not sit back and be well satisfied with the decreasing mortality rate. The morbidity rate of childhood injury and poisoning is considered still high although we do not have detailed statistics of it. We have to do more for accident prevention in order to fight accidents.

Role of CHEU in Accident Prevention in Childhood

"Prevention is better than cure." Home accidents are no exceptions. As primary health workers, we lay emphasis on health education for accident prevention. The Central Health Education Unit of the Department of Health plays an important role in health education and health promotion through its three regional centres in Wanchai, Kwun Tong and Shatin. The staff members of the Unit comprise doctors, nurses and clerks. We regularly offer health talks, workshops and slide shows by sending letters to schools and kindergartens. In the letters, we suggest a list of health topics (including accident prevention) for the above-mentioned health education activities. The headmasters of the schools and kindergartens can then arrange such activities by contacting us. In regard to the activities for prevention of home accidents in childhood in 1991, we gave 7 health talks in schools and ran 61 workshops in our health education centres and 65 slide shows in kindergartens. In addition, we organize training courses for secondary school students, primary school teachers and secondary school teachers every year. Accident

prevention is usually one of the topics of the lectures during the training courses. Articles concerning accident prevention are also written by our staff and sent to the newspaper health columns.

We have a collection of audio-visual materials (films, videotapes, slides and cassette tapes) on home safety for free loan to the public. They are among the most favourite audio-visual materials for loan. The catalogues of these health education materials are issued to the public free of charge. Most of our relevant health education activities and materials are centered on safety measures that parents and children should be aware of in order to avoid home accidents.

Future Measure for Accident Prevention

The staff members of the Central Health Education Unit organize a major exhibition with a particular theme each year. The theme of the 1993 exhibition will be Accident Prevention which will also be the theme selected by the World Health Organization for the World Health Day in 1993.

Conclusion

Home accidents account for a major proportion of the mortality and morbidity of the children. Most accidents are preventable and the staff members of the Central Health Education Unit lay emphasis on health education for accident prevention. Parents should take necessary precautions against home accidents and they themselves should set good examples for their children to follow. Knowledge concerning home safety should be imparted to children.

Table 1 :

TABLE 1 - THE TEN LEADING CAUSES OF DEATH BY AGE AND SEX 1989

Rank	Cause of Death	Detailed List No. 9th Revision	Sex	Age Group							Unknown
				All ages	0	1-4	5-14	15-44	45-64	65+	
	All causes	001-999	M	16 132	277	53	77	1 446	4 815	9 452	12
			F	12 346	220	40	58	747	2 101	9 180	-
			X	7	2	-	1	-	1	-	3
			T	28 485	499	93	136	2 193	6 917	18 632	15
1	Malignant neoplasms	140-208	M	5 379	1	4	22	444	2 242	2 663	3
			F	3 206	1	5	18	289	968	1 925	-
			T	8 585	2	9	40	733	3 210	4 588	3
2	Heart diseases, including hypertensive heart disease	390-429	M	2 540	1	2	5	110	665	1 757	-
			F	2 296	1	1	4	50	288	1 952	-
			T	4 836	2	3	9	160	953	3 709	-
3	Cerebrovascular diseases	430-438	M	1 427	-	1	-	49	391	981	5
			F	1 488	-	-	-	18	201	1 269	-
			T	2 915	-	1	-	67	592	2 250	5
4	Pneumonia, all forms	480-486	M	1 061	11	5	5	52	173	814	1
			F	968	10	7	1	23	59	868	-
			T	2 029	12	12	6	75	232	1 682	1
5	Injury and poisoning	800-999	M	1 096	3	18	30	545	258	242	-
			F	557	2	6	17	196	129	207	-
			T	1 653	5	24	47	741	387	449	-
6	Nephritis, nephrotic syndrome and nephrosis	580-589	M	502	3	-	-	20	153	326	-
			F	548	-	-	-	17	138	393	-
			T	1 050	3	-	-	37	291	719	-

M = Male F = Female T = Total
X = Unknown Sex

Table 2 :

TABLE 2 - THE TEN LEADING CAUSES OF DEATH BY AGE AND SEX 1990

Rank	Cause of Death	Detailed List No. 9th Revision	Sex	Age Group							Unknown
				All ages	0	1-4	5-14	15-44	45-64	65+	
	All causes	001-999	M	16 314	232	60	68	1 526	4 635	9 781	12
			F	12 882	180	48	65	805	2 007	9 775	2
			X	5	3	-	1	-	-	-	1
			T	29 201	415	108	134	2 331	6 642	19 556	15
1	Malignant neoplasms	140-208	M	5 383	-	11	17	435	2 091	2 828	1
			F	3 286	1	8	16	290	933	2 038	-
			T	8 669	1	19	33	725	3 024	4 866	1
2	Heart diseases, including hypertensive heart disease	390-429	M	2 574	1	-	2	99	622	1 849	1
			F	2 402	2	3	4	50	290	2 053	-
			T	4 976	3	3	6	149	912	3 902	1
3	Cerebrovascular diseases	430-438	M	1 450	1	1	3	53	391	999	2
			F	1 625	-	1	2	26	210	1 385	1
			T	3 075	1	2	5	79	601	2 384	3
4	Pneumonia, all forms	480-486	M	1 108	8	12	2	58	187	839	2
			F	892	14	6	3	29	54	786	-
			T	2 000	22	18	5	87	241	1 625	2
5	Injury and poisoning	800-999	M	1 143	2	17	25	605	260	234	-
			F	609	7	8	20	242	112	219	1
			T	1 752	9	25	45	847	372	453	1
6	Nephritis, nephrotic syndrome and nephrosis	580-589	M	537	2	-	3	32	135	364	1
			F	587	-	-	1	21	102	463	-
			T	1 124	2	-	4	53	237	827	1

M = Male F = Female T = Total
X = Unknown Sex

Table 3 :

TABLE 3 - LEADING CAUSES OF DEATH 1961 TO 1990 (RANKING ACCORDING TO 1990 DATA)

Causes of Death	Number of Deaths					Rate per 100 000 population				
	1961	1971	1981	1989	1990	1961	1971	1981	1989	1990
1-4 years										
All causes	1 805	314	177	93	108	427.5	95.0	53.7	29.7	34.9
1. Injury and poisoning	107	103	55	24	25	25.3	31.2	16.7	7.7	8.1
2. Malignant neoplasms	18	23	16	9	19	4.3	7.0	4.9	2.9	6.1
3. Pneumonia, all forms	603	102	31	12	18	142.8	30.9	9.4	3.8	5.8
4. congenital anomalies	14	17	22	20	13	3.3	5.1	6.7	6.4	4.2
5. Diseases of nervous system	18	13	13	10	8	4.3	3.9	3.9	3.2	2.6
All other causes	1 045	56	40	18	25	247.5	16.9	12.1	5.8	8.1
5-14 years										
All causes	587	399	230	136	134	77.7	38.1	26.7	15.7	15.5
1. Injury and poisoning	177	162	95	47	45	23.4	15.5	11.0	5.4	5.2
2. Malignant neoplasms	40	51	39	40	33	5.3	4.9	4.5	4.6	3.8
3. Disease of nervous system	29	20	16	14	7	3.8	1.9	1.9	1.6	0.8
4. Heart disease, including hypertensive heart disease	33	24	12	9	6	4.4	2.3	1.4	1.0	0.7
5. Pneumonia, all forms	83	55	14	6	5	11.0	5.3	1.6	0.7	0.6
All other causes	225	87	54	20	38	29.8	8.3	6.3	2.3	4.4

Table 4 :

TABLE 4 - SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING 1990

External Causes of Death	Detailed List No. 9th Revision	Sex	Age Group							Unknown
			All ages	0	1-4	5-14	15-44	45-64	65+	
All accidents, poisonings and violence	E800-E999	M	1 149	2	17	25	608	262	235	-
		F	611	7	8	20	242	112	221	1
		T	1 760	9	25	45	850	374	456	1
Transport accidents	E800-E848	M	225	-	-	9	100	55	61	-
		F	129	-	-	6	29	28	66	-
		T	354	-	-	15	129	83	127	-
Accidental poisonings	E850-E869	M	149	-	-	-	116	25	8	-
		F	33	-	-	-	26	4	3	-
		T	182	-	-	-	142	29	11	-
Other accidents, misadventures & adverse effect	E870-E949	M	261	2	12	10	114	71	52	-
		F	97	6	6	9	16	11	49	-
		T	358	8	18	19	130	82	101	-
Suicide and self-inflicted injury	E950-E959	M	383	-	-	1	190	94	98	-
		F	296	-	-	1	143	57	95	-
		T	679	-	-	2	333	151	193	-
Homicide and injury purposely inflicted by other persons	E960-E969	M	79	-	3	5	53	12	6	-
		F	34	1	2	4	17	5	4	1
		T	113	1	5	9	70	7	10	1
Other violence	E970-E999	M	52	-	2	-	35	5	10	-
		F	22	-	-	-	11	7	4	-
		T	74	-	2	-	46	12	14	-

M = Male

F = Female

T = Total

INJURY PREVENTION IN CHILDHOOD HOME SAFETY

MS. PEGGY AU YEUNG
Senior Nursing Officer
Family Health Service (FHS), Department of Health

FHS is one section of the Department of Health and is responsible for promoting and maintaining health of two groups of the population. They are women of childbearing age and children from birth to five years of age. At present, there are 46 maternal and child health centres (MCHC) in the territory to provide services for the above groups.

FHS was established in 1932. Its services have been well recognised and accepted by the general public. Each year, over 90% of newborn babies are brought back to the MCHCs for physical examination, immunization and comprehensive observation service. Above all, parents also attend for health knowledge in child caring.

External Causes of Accident in Children

The leading cause of death in children aged 1-4 and 5-14 is injury and poisoning in 1990. A total no. of 70 children were killed by submersion, suffocation and foreign bodies/accidental falls/motor vehicle traffic accidents/others. (Figures are coded from annual report 1990/91 of the Department of Health).

Role of FHS in Accident Prevention

In accident prevention aspect, FHS has implemented the following strategies:-

-
1. MCHCs act as role models in preventing injury in children by
 - . providing adequate lighting in centres
 - . installing barred windows in centres
 - . installing safety sockets in centres etc.
 2. Doctors and nurses deliver messages through health educating parents and children by
 - . providing individual health counselling
 - . organising group health talks
 - . displaying health messages in conspicuous places in MCHCs
 - . providing printed materials e.g. pamphlet, booklet
 - . TV and radio programme on "Injury Prevention in childhood"

Through these activities, doctors and nurses endeavour to make parents aware of factors contributing to the occurrence of an injury and precautions to be taken. At the same time, we encourage parents to discuss safety measures with their children in a calm and relaxed atmosphere, such as :

- . to teach children how to dial home
- . to know their home address and parents' names
- . to know how to ask a policeman for help

We also encourage parents on the effective use of health resources in case of an injury.

Future Measures for Injury Prevention in Children

1. Production of a pamphlet on accident prevention at various age levels in collaboration with the Central Health Education Unit for re-inforcement of parents' knowledge.
2. Nurses of MCHCs should evaluate regularly the effectiveness of their health education activities in this issue.
3. Research on how children are injured should be carried out. Thus, adequate and essential data will be available for staff of FHS to plan an appropriate intervention health education programmes.
4. Promotion of health education programme on this issue in mass media.

Conclusion

"If you give a man a fish,
he will have a simple meal.
If you teach him how to fish,
he will eat all his life."

KUAN TZER

To follow Kuan Tzer's philosophy, doctors and nurses of FHS endeavour to promote home safety and prevent injuries in children by health education. Through health education activities parents are influenced and motivated to be responsible for home safety and prevention of injuries in their children.

Thus, parents and their children will recognize the importance of self-care and have fish to eat throughout their life.

DISCUSSIONS ON HOME SAFETY WORKSHOP**Chairpersons : Dr. Patricia Ip and Dr. Jack Cheng****FIRST PART OF THE DISCUSSION****Question :**

Can I start by asking if the Housing Department has any good and clear guidelines as to what should be built in the public housing area especially in temporary areas? Who is looking after them? As I understand, there are a lot of accidents from falling from heights.

Answer :

We also manage the temporary housing areas. They do have a set of standards on design and structure. I don't know which type of accidents are occurring in these THAs. As far as I know, there are not many accidents caused by children falling from heights in these THAs.

Comment :

In THA, there are couplets and there are no actual railings on the ladders to prevent children from falling off. They are living in the upper levels and accidents do occur. Falling from heights can cause serious head injuries.

Answer :

I will ask my colleagues about this. As the name implies, THA is only for a transitional period. For particular cases where we have small children who need to climb up the stairs, I think the housing managers will be sensible enough to consider cases on their individual merits. What I am doing is making a general statement on this.

Comment :

But actually, temporary housing can sometimes mean many years.

Answer :

That depends on the occupant and the nature of the tenants.

Dr. Leung Nai Kong :

Miss Tong, you mentioned that educational facilities are available to the public from SWD and you also mentioned about public education and public awareness programmes. May I know, whether within the Government structure it is the SWD who is running the education programmes or are other government departments also involved? What mechanisms within the Government structures are promoting injury prevention programmes?

Answer :

Publicity involves all Government Departments, not only the SWD. But SWD arranges many publicity and public education programmes. The Family Life Programme is organized in all the 13 administrative districts. Every year we, in consultation or sometimes in con-joint effort with the Government Information Services organize programmes like "Play Match" TV messages. We produce it in cooperation with GIS. We need their help for the production but for some, e.g. these leaflets and booklets, we produce it ourselves. Things on a smaller scale, we produce them ourselves. But for many other programmes, they are organized jointed by SWD and other non-governmental welfare agencies.

Question :

Prevention is better than cure. Injury is totally preventable. This is very important, is there a central policy from administration and is there a coordinating effort on the prevention of injury in children? I mention this because infectious diseases like poliomyelitis, diphtheria have totally disappeared in Hong Kong. Thirty years ago, they were very prevalent. It is through a policy of immunization and public education that these diseases have been eradicated. Similarly, has any action been taken to prevent the occurrence of injury in children?

Answer :

Perhaps, I can answer part of the question. There is a central working group in the Secretariat called Working Group on Child Abuse. They look after child abuse and neglect. We don't focus on injury as such but in this working group we have produced prevention programmes to combat the problem of child neglect. A Consultation Paper has just been published earlier this year. This is one of the things that came out of the Group. So, I can only answer part of the question.

Answer :

As far as I know, the Government has a Working Group or Committee looking at publicity on home safety. Every year this Working Group meet to discuss the proper message being put forward to the GIS to be included in the publicity programme. So, there is some coordinating effort and it is mainly on publicity.

Answer :

To supplement this lady's comment, these booklets on home safety are jointly produced by this committee, the Committee on Home Safety. These are produced from various years in both Chinese and English. They are produced by the GIS.

Question :

I am afraid I am not aware of any evaluation on these publicity programmes? Are there any?

Answer :

I am afraid, I am not aware of this, perhaps the GIS can answer this better.

Comment

Every department is doing a lot in setting up rules and regulations and so on, there is a lack of central coordination of all these efforts. As mentioned just now, the GIS is setting up some of these propaganda, TV programmes every year basing them on certain themes, but this is not a central coordinating effort. And certainly, as far as we know, there seems to be no evaluation programme as this lady has just pointed out. Whether our propaganda is working or not, how much they really reach the target population, the kids, the family and so on, which is pretty important because we do not know whether all the effort we put in is received. I think it is an important point that we should put into the proposals - a proper evaluation system by a central coordinating body which crosses all departments, perhaps that will help the issue.

Professor S.J. Oppenheimer :

I know there are TV programmes, are there equivalent programmes in the Chinese media?

Answer :

Yes, these TV messages will also appear on radio, MTR etc. to arouse public interest.

Professor S.J. Oppenheimer :

There are areas where children are consistently exposed to hazards, one of which is the balcony. Over the years, it is presumed that children cannot get over these standard heights, but children can get over these standard heights.

Answer :

Talking about those railings in balconies especially placed outside, we normally have a standard set at 1200 mm. I think, this is complying with the Building Standards. About parapets, there are security bars, and there are openings where tenants can make use of for laundry facilities. I think, as far as the inside of a flat is concerned, especially the new ones, they are provided with security grills for the windows. Perhaps you are referring to the old buildings.

Answer :

May-be you are also referring to some private developments. I think the (Urban Council) normally have security bars on top of the safety measures.

Answer :

I know that parents are often very scared when children are putting lots of toys, chairs and tables on the balcony. They play around with that. Chances are that they may climb up the table and go over the balcony rail. I think, there is a very interesting Hong Kong feature - you see all those illegal structures around, all those beautiful cages. One U.K. architect once commented to me that they are fascinating and Hong Kong does have variety and the cages are a symbol of individual identity. I love them as an architect. According to the Building Ordinance, I thought these are safe, but they do not encourage them. For families who are concerned about children climbing over balconies, I don't think it is a bad thing that individual homes put up these cages as long as they are built well. I suppose architects can help work at that in order to make them safe.

Answer :

Please be assured that we do have this kind of security bar above balustrate. There is no problem regarding child safety. The only worry is that if the adult opens the security gate for laundry and then goes back to the kitchen, then children can climb onto a table and fall over that. The other worry is about parapets in corridor areas. In one or two case, we had children coming out of the home

riding tricycles and fell over the balustrade. In most cases, the parents were playing mahjong when the accident happened.

Question :

May I direct a question to Mr. Kwok. Is the Fire Services Department worried about cages preventing firemen in getting into houses?

Answer :

I think that is not the most difficult part. From my experience, the most difficult part in promoting fire safety is to instill a sense of fire consciousness in people's mind. People just refuse to believe that their homes are liable or vulnerable to fire. That is the trouble. We always ask them to pay attention to nitty gritty things, small things. If they do pay attention to these then accidents won't occur. Talking about these cages erected outside the external wall of buildings, I think from a fire safety point of view if they are properly designed and built, they are acceptable. It is often said that if your house is fire safe, then your house will be open to burglars. But security and fire-safety can co-exist at the same time if they are properly designed.

Question :

Just a follow up. Are there any statistics showing this sort of open grill type of cages which can block, the firemen's way when they are fighting a fire. Are there any such cases in Hong Kong so far?

Answer :

I am not aware of any. In fact, in order to fight a fire you've got to go upstairs and go into the building. Aerial ladders are not designed for fire-fighting purposes. They are designed for rescue purposes but now they cannot match the height of buildings. The maximum height these ladders can reach is only 50 meters. For cages, we have special equipment to break them open very rapidly, just a matter of seconds.

Question :

With respect to public housing estates, do they provide enough power points within public housing flats so that they won't overload?

Answer :

I think we do especially in new estates. We have a working force to calculate the normal amount of electricity consumption and we do make allowances for air-conditioning. We assume air-conditioners are in

every room. We can cope with that. For the old buildings, we are gradually upgrading them.

Question :

You are talking about the 2.7 million population who are under the management of the Housing Authority, but do all these rules and regulations also hold for privately built houses and flats say in window heights and all these details you just described? Do all private developers also have to observe similar regulations? Are there any rules governing the construction of these buildings?

Answer :

Of course, private developers also have an architect to design their residence. They have to observe the building regulations in Hong Kong as well. These regulations have very stringent rules on balconies and window heights etc. If they do not comply with them, they will not get an occupation permit. The problem I think is that these are current building regulations which are being updated all the time and old buildings may not conform to these regulations. Of course, that have to be dealt with by the building's management themselves.

SECOND PART OF DISCUSSION

Question :

I would like to make one point, it was said earlier that it seems that there are many units doing lots of things in preventing injury in children. Generally, there is a need for a co-ordinated effort of all these units, bringing together all the information on childhood injury and working together in the prevention of childhood injury.

Comment :

I am sure in this day of scarce resources, co-ordinated efforts of parties is very important.

Question :

The accident figures are very high, but unexpectedly the mortality rate is decreasing in recent years. Would you be able to comment on the mortality rate, is it comparable to figures in other countries and is it a high or low figure?

Answer :

The mortality rate due to accidents in children as you have mentioned is on a decrease. But, as mentioned by Dr. Cheng, accidents and poisonings have become the first cause of death in children above 1 year of age. One possible explanation for this decrease is that we now have better medical care. With better medical care, the mortality rate would be on the decrease. But the accident figures in the past years are still very high.

Comment :

I would like to make a comment. Mortality is different from morbidity. Mortality may be coming down but we are not satisfied with this. Accident is still the fifth leading cause of death for the whole population, and for young children, it is the first cause of death. We should not be satisfied even though the mortality rate is coming down. Also the morbidity rate may not be coming down, we do not know because we do not have a good surveillance study on this.

Question :

May I ask what is the cause of poisoning? Is it food poisoning or drug overdose or mis-use of drugs?

Answer :

The usual cause of poisoning for children is drug poisoning. Adults may possess a drug and children mistake it as a beverage. Recently, a child mistook methadone for orange juice resulting in death.

Comment :

I would like to emphasize that poisoning is not a major cause of death compared to injuries. Every year, there are about 1-2 childhood deaths due to poisonings. We should pay more attention to injuries rather than poisonings.

Comment :

We may be putting too much attention on death rates. The death rate due to accidents is pretty low by all international standards. We should pay more attention on morbidity and long term sequelae which we do not have good figures on. We do have attendance figures at the Accident & Emergency department but we do not know how many of them will have serious long term complications. If we take burns and scalds as an example, of the 1300 children that we surveyed in all major A&E departments in one year, mortality is very low. But at least 30% will have long term consequences, not only in terms of

cosmetic problems but also many are functionally handicapped. If you have a head injury or a limb fracture, they may result in long term sequelae and these figures are not available. We do not have that sort of proper documentation to allow us to assess all these. With the advancement of society, we are looking for a better level of care and not merely a decrease in mortality but also a decrease in morbidity. One more point is that, we seem to carry the idea that if parents are at home, children will be safe. This is a wrong statement. From our burn studies, 93% of the accidents occur at home and out of which 94% have at least one care taker or parent at home. So the mere presence of guidance at home is not an insurance against accidents. More important is that every family member should have the concept of home safety or accident prevention internalized. Of course, to reach this state we need lots of multi-disciplinary work like research, education, evaluation and so on. That is why it is so important to have a workshop like this. We have all these things around but it is a matter of coordination, enforcement, evaluation and how to reach all caretakers. That is the most important thing.

Comment :

This morning is a very rewarding one. There are so many people from different departments telling us all the work they have done. I think they all should be congratulated for all the hard work they have accomplished through the years so that our mortality is actually coming down. But this is not enough. We should look at morbidity as well. It has been reiterated a number of times that different people are doing different things, so we really need a central coordinating body with a central policy on childhood injury prevention, like how we have combated infectious diseases. We need a childhood injury surveillance system to help us with our work. Evaluation of publicity and education programmes is very important and messages should be passed on to the people who most need them.

PROPOSALS FOR HOME SAFETY (H1 to H9)

- H1. Physical Environment of homes whether public, private or temporary :
 - attention to safety of windows, doors, gates, floors, balconies, kitchen layout, bathroom and other rooms, lifts, stairways
 - safety of areas surrounding the houses to minimize the impact in case of falls
 - safety of gas supply and electricity sockets
 - monitoring of any alterations of safety features after premises occupied
 - user feedbacks as to safe and convenient designs.
- H2. Furnitures :
 - safe design of beds especially cribs and bunk beds
 - safe design of other furnitures (e.g. tables, chairs, etc.) whether intended for use by children or not.
- H3. Drugs/poisonous substances :
 - avoidance of prescription of too many/too much medications
 - limitation of drugs available without prescriptions
 - drug labelling and graphic warnings of hazards design and use of child-resistant containers that can be easily opened by adults and even old people
 - drugs including vitamins should not be made to resemble sweets or packaged to attract children
 - make poisonous substances taste bad with additives that do not increase the toxicity
 - toxic fluids and their containers should not resemble edible fluids and their containers
 - use of easily accessible cabinets with child resistant latching device
 - establishment of poisons centre which welcomes information access by parents/public as well as professionals.
- H4. Toys/children's products :
 - toy legislation that requires testing and meeting of safety standards prior to marketing
 - specific warning of choking hazard rather than a general statement of "For use by children aged 3 and above" in Chinese and English
 - monitoring of toys & other children's products
 - check list for safe toys.

- H5. Fires/burns/scalds :
- discourage smoking
 - mandate firesafe cigarettes
 - use of child-resistant cigarette lighters
 - use of flame retardant material and that which produce least toxic fumes
 - installation of smoke detectors and sprinklers and antiscald devices in hot-water system
 - motivate installation of safety features with reduction in insurance premiums
 - education of parents / children to avoid scalds at home - kitchen, bathrooms, and dining table.
- H6. Education of professionals and the public to motivate changed behaviour :
- promote the concept of avoidable childhood injuries rather than inevitable accidents with accent on prevention
 - stress importance of role modelling of professionals
 - knowledge and training in first aid measures for school children, parents, childcare workers and the public promote recognition of adolescent depression, post-partum depression and signs of non-accidental injuries teach use of non-violent methods of child discipline.
- H7. Parental supervision cannot be replaced by safety measures alone. Children should not be left unattended, but the mere presence of parents, guardians at home is not enough to ensure home safety.
- H8. Media :
- emphasize predictable quality of most injury producing events and how to prevent them without blaming the victim
 - attention to hidden messages of advertisements, behaviour of heroes on the screen. Attempts should be made to fully utilise government and non government media channels to maximize the propaganda effect.
- H9 Attention to morbidity and long term consequence of injury to children.

**INJURY PREVENTION IN CHILDHOOD
ROAD SAFETY****DR. H.K. MONG****Chairperson Remarks :**

Injury is the number one killer of children over one year of age. Of these a high proportion is due to traffic accidents, either as occupants of vehicles, as pedal cyclists or as pedestrians. On top of this, one must also take into account the suffering and residual disabilities of those children who 'survive' the traffic accident but who are then permanently disfigured or disabled.

Childhood injuries have given rise to a great deal of concern in the more developed countries over the past decades and had resulted in many expensive campaigns of education, publicity and propaganda aimed at reducing the incidence of such injuries. It would therefore be our responsibility here in Hong Kong to continue this mammoth task of preventing such tragedies from happening to our children on our roads!

REDUCTION OF CHILDHOOD TRAFFIC CASUALTIES

MR. HUI KI ON, QPM, CPM
Acting Deputy Commissioner of Police,
Operations and Acting Chairman of the Road Safety Council
Royal Hong Kong Police Force

In these days of fast cars, congested urban roads and crowded pavements, involvement in traffic accidents is one of the commonest single causes of childhood injury. Last year there were more than 2600 (2631) child casualties of traffic accidents of whom 491 sustained serious injury and 22 died. When you stop to consider that there are on average about 80 childhood deaths per year from all types of accidents, poisonings and violence, this means that approximately a quarter of all childhood sudden deaths resulted from traffic accident involvement. Every accident is a tragedy, especially when a child is disabled and has to live with the consequences for the rest of his life.

Children are amongst the most vulnerable to traffic accidents, having neither the experience to avoid them nor the capacity to realistically estimate risks on the road. They are quite unable to comprehend the consequences of their actions and more experienced road users must make due allowance for these all too common human failings.

It is essential for the reduction of childhood accident involvement that we, as a community, seek to teach children to behave properly and sensibly on the roads. Good habits such as crossing roads at properly designated crossings; waiting for the "Green Man" signal; looking all around; waiting until it is safe; crossing at a smart walk at right angles to the kerb; are as easily learnt as the bad ones, which are altogether too numerous to list.

What is being done to address the situation?

Road Safety Council

The Road Safety Council, which is made up of representatives from Government Departments and private organisations, coordinates all executive action in Road Safety and provides advice on policies for consideration by the Transport Advisory Committee and the Executive Council.

The safety of children on our roads and the discussion of methods to reduce the child accident casualty rate from a significant portion of the Council's deliberations. I will leave those Council members who are represented here today to speak regarding their own specific activities, but I would like to take this opportunity to pay tribute to their most important and valuable contributions.

The Road Safety Section

I shall now go into more detail on what the Royal Hong Kong Police Force is doing in the field of Road Safety Education. The Traffic Branch has staff at every level of the organisation to meet this need. At Traffic Headquarters, there is a Road Safety Chief Inspector who co-ordinates the overall Force effort. Each Region has its own dedicated Road Safety Officer, a Police Inspector, who co-ordinates the activities of the respective Region. Every school is visited on a regular basis so that we reach every child, giving each of them the opportunity to learn about Road Safety through whatever medium is best suited to their age and stage of development. Such include slide shows, films, cartoons, quiz sessions, lectures, games, comic strips, posters etc. A considerable amount of ingenuity and planning is devoted to the creation of memorable and eye-catching methods of getting the Road Safety message across. Art students are given summer jobs in the Road Safety Section at Traffic Headquarters to create artwork, computer games and quizzes as an additional input. The Section also assists in the training of student members of the Road Safety Patrol.

Road Safety Towns

Road Safety Towns have been established in North Point, Sau Mau Ping and Shatin, and school visits are arranged on a regular basis so that children can learn the elements of Road Safety through purposeful play such as riding pedal cars or bicycles in a safe environment whilst absorbing the elements of road sense.

Road Safety Bus

We also have a Road Safety Bus which is equipped as a mobile road safety classroom as well as having a wide selection of computerized video games. This bus can travel throughout the whole of Hong Kong taking the Road Safety Message to remote schools and villages which do not always have adequate permanent facilities. It is also available for fairs, exhibitions, camps and any other events where the message may be expected to fall upon fertile ground.

The Way Forward

Without being complacent we do see the positive results of our efforts and those of all the other agencies seeking to improve Road Safety standards. In 1981 there were 3786 child casualties, and of these 2714 were child pedestrians. In 1991, ten short years after, the total number of child casualties in road accidents has been reduced from 3786 (in 1981) to 2631 (in 1991), a difference of 1155 or 30.5%. When we examine the under 15 pedestrian casualty rates over the same period, the reduction is from 2714 to 1600, a difference of 1114 or 41%. Thus, the reduction has been almost entirely achieved among the ranks of child pedestrians and has been achieved in the face of an inexorable rise in the numbers of vehicles using our limited road space. In the same 10 year period vehicle registration has risen by 31% from 330,309 to 433,769.

Whilst I feel that all involved in Road Safety activities can be quietly proud of the results achieved, I know that there are still greater achievements yet to be made. If all those involved in bringing up children, not only parents, teachers and youth leaders but indeed all adults, were to make a conscious effort to road-protect the younger generation by setting a good example, I have no doubt that casualty levels amongst all classes of road users and not just children could be further reduced.

ROAD SAFETY WORKS IN TRANSPORT DEPARTMENT

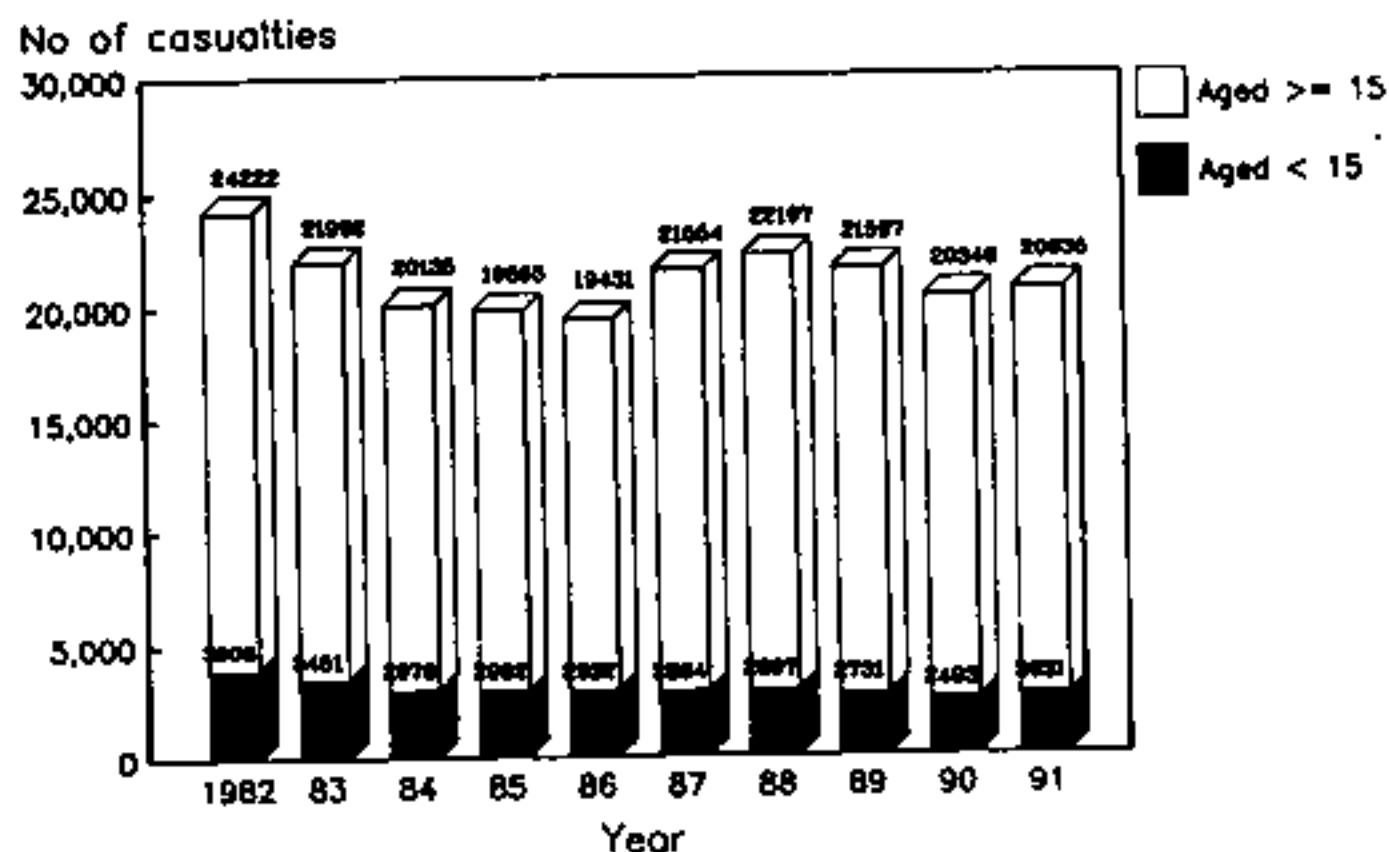
MR. Y.C. YEUNG
 Chief Engineer
 Road Safety & Standards Division
 Transport Department

I have the honour of sharing with you today some of our experience in road safety works in Transport Department. Road safety is a wide ranging subject and involves works of different nature. Its primary aim however is to reduce or prevent injuries and traffic accidents. Today I only have time to talk about some aspects of the works which are being done in Transport Department. Firstly, I would like to talk about traffic accident data, how they are collected, stored, and made use of in road safety works. But before doing that, I would like to show you some accident statistics.

This bar chart shows the road traffic casualties in Hong Kong for the past 10 years. For all ages, the casualty level drops from about 24,000 in 1982 to about 19,000 in 1986 rises again to 22,000 in 1988 and drops again to 20,000 in 1991. For age under 15, the casualty level drops from 3,900 in 1982 all the way to about 2,500 in 1990 only rises to 2,600 in 1991. We can see that the casualty level for all ages fluctuates during the past 10 years but a downward trend is observed in the casualty level for age under 15 up to 1990. This downward trend appears to have reversed since then. (*Appendix 1*)

Appendix 1 :

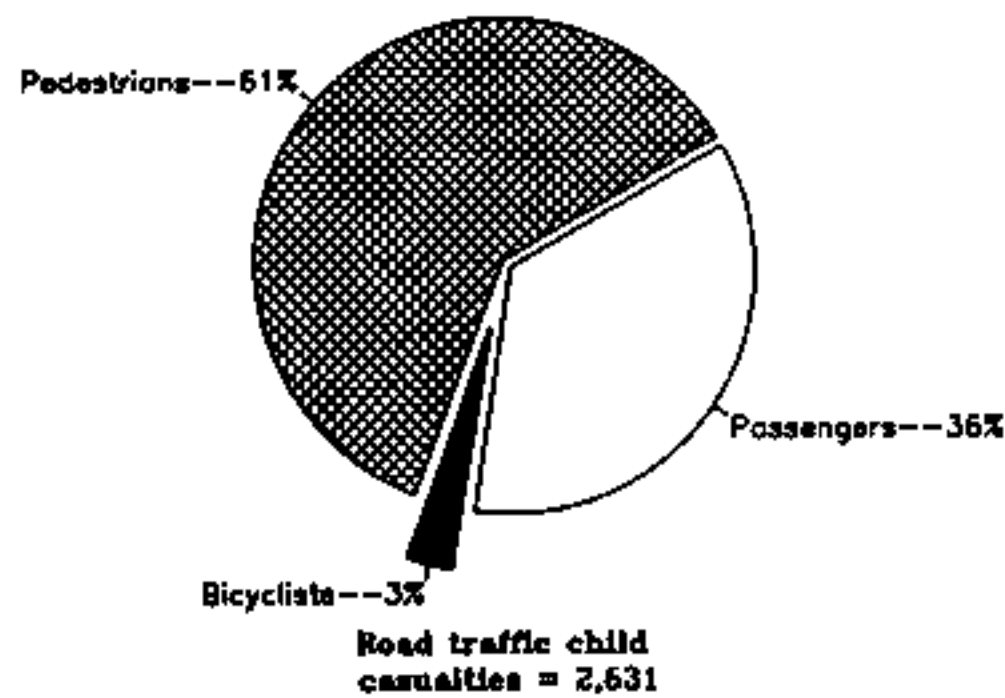
ROAD TRAFFIC CASUALTIES BY AGE
 1982 - 1991



If we look closely into the casualty under 15 in 1991 which is 2,631 in number and analyse it by role, we will find that 61% are pedestrians, 36% are passengers or vehicle occupants and the remaining 3% cyclists. So most of the child injures are either pedestrian or vehicle occupants. (*Appendix 2*)

Appendix 2 :

ROAD TRAFFIC CHILD CASUALTIES
AGED UNDER 15 BY ROLE
1991



On location where child pedestrian casualty under 15 got injured, 39% are on carriageway or while walking, 32% on footpath, verge or central refuge island and 19% at or near crossings. (*Appendix 3*)

Appendix 3 :

ROAD TRAFFIC CHILD PEDESTRIAN CASUALTIES
AGED UNDER 15 BY PEDESTRIAN LOCATION
1991

