The second proposal, ie., legislation enforcing escort on school mini buses for children was overwhelmingly passed and adopted.

The third proposal, which was made by Dr. Ip, ie., Children under 11-years irrespective of whether they are accompanied by adults are not allowed to cycle on public roads was adopted.

The proposal to encourage children to pass the cycling Proficiency test before they are allowed to ride a bicycle on public roads was adopted.

Voting :
18 for the vote, 22 against the vote. The motion is defeated.

Dr. Ip :
I have a suggestion because when it is so close, I do not think we should take one vote or two votes as the limiting factor. I feel that what we should do is to say that we are very concerned about whether there should be an upper speed limit for private school buses, but members were divided on this issue. I do not know whether this would seem reasonable because our proposal put forward is something that we hope to backup and now there are disagreements among ourselves. It is better to note that we have discussed the issue and we are more or less equally divided.

Chairman :
Is there any objection to record the voting result as what Dr. Ip proposed ? If no, I think it is better this way, because we will leave the topic open, so that people can take it up in the future.

Now, the second proposal is the legislation to enforce adult escort in mini school buses.

Voting :
The result is overwhelming, so this would be passed as a proposal.

Falls accounted for 49% of all incidents. Closer examination on fall events indicated that 25% of falls were being sustained from furniture, 12% from playground equipments and 3% from stairs. Of the falls from beds or chairs, 58% occurred in children less than 2 years of age. Of the falls from stairs 12.6% occurred in temporary housing areas.

15.6% of injuries involved the injured child being hit by another person or object. Sport injuries accounted for 7.4% of incidents, majority involved ball games or cycling. Traffic accidents accounted for only 4.7% of cases, but were associated with 1 fatality and more serious injuries. Of the 137 cases of thermal injuries, majority were due scald by hot liquid. 23 incidents of burn by hot wax happened during Mid-autumn festival and some have resulted serious burns to face.

Nature of injury

Of all the injuries, about 65% were soft tissue injuries, particularly cuts and lacerations 29.8%, bruising 20%, abrasions 14.6%. Fractures constituted 10.2% of injuries of which about 10% were skull fractures. Foreign body incidents occurred in 6.7%, two into trachea and one subsequently died from aspiration pneumonia.

Body part injured

The most frequently injured body part was head (73%) followed by upper extremity (19.7%), a lower extremity (14.2%), and the trunk (6.3%).

Investigations performed at Accident & Emergency Department

86% had a X-ray taken while 14% did not receive any investigation.

Disposal from Accident & Emergency Department

28.2% were admitted into hospital and 62% were discharged home after therapy. One died at the A&E department and 2.2% needed other specialist care.

Presence of an adult at the time of injury and whether the injury could be prevented

In about 50%, an adult was present at the time of injury and it has been estimated that about 40% of the injuries could be avoided if sufficient care were taken.

B. HOME INJURIES

Many people regard the home as a 'haven' in which children are protected from dangers in the outside world. However, it is shown that more children are injured in and around the home than in any other location. They represented 51.9% of all children presenting at the A&E with an injury.

Age distribution

The majority of children injured within home were aged less than 5 years (67.6%). A large proportion of these children were aged 0-2 years of age (39.5%).

Children aged 5-9 years constituted 20.1% of all children injured around or within the home. As children reached the 10-14 year age group, fewer injuries were recorded within the residential setting (12.4%).

Month and time of injury

The distribution was quite even whole year round. For home injuries, there was a prominent peak in the number of incidents around 4-8 p.m. This corresponds to the time of the day when both children and adults would be at home, and meal preparation and recreation activities are taking place.

Cause of injury

Majority of residential injuries were due to falls (54.8%). Of these residential falls about 44% were falls on level ground, 42% falls from furniture (26% from beds, 13.5% from chair, and 3% from tables). In 14.8% of cases, they were injured by collision with some objects and in 10.4% of cases by having some foreign bodies in body annexes. Scalds or burns occurred in 3.8% and poisoning accounted for 0.8% of cases.

Types of injures

Majority of the injuries were soft tissue injuries - lacerations, haematoma, abrasions. Fractures occurred in 7.3% and foreign bodies in 10.7%. Head injuries accounted for 54.5% of cases.

Outcome

None died and 30.4% required hospital admission, most can be discharged home after treatment.

Preventability

It has estimated that majority of residential injuries are preventable (73%) and in 46.3% of cases no adult was around at the time of the incident.

C. SCHOOL INJURIES

While children spend about a third of their active time in school, injuries in school are relatively uncommon (12.3%), a result of more sedentary activities and better supervision.

Age distribution

As contrast to the age distribution of residential injuries, older children are more involved (52.4% > 10 years, 85.6% > 5 years of age). Most children start their schooling at around 3 years of age. The higher age incidence probably reflect better supervision in nurseries and kindergartens.

Month and time of injury

Injuries mainly occurred in the morning, probably reflecting more children are attending morning school. Injuries occurrence was distributed all year round except during summer holidays.

Causes of injury

Falls was still the number one cause of injury, (44.2%) but majority were due to falls on level grounds, followed by collision with other children or objects (23.5%). Sports injuries and assaults by others were more common, accounting for 14.7% and 7.0% respectively.

Types of injury

Again soft tissues injuries were most common (57.4%). Sprains (9.3%) and fractures (11.4%) were now more common compared with residential injuries, most of which resulted from sports injuries. Head injuries also accounted for 48.6% of cases.

Outcome

Injuries tended to be less severe and 22.2% required admission to hospital.

Preventability

Though only 15.2% of incidents were estimated to be preventable, lot can be done to reduce this by improving the school environment and better education on behaviours in school.

D. STREET INJURIES

Age distribution

Again older children were more involved in street injuries, but children less than 2 years of age also accounted for 12.6% of cases.

Month and time of injury

There was a peak in February and March, a result of having more Holidays during this period especially the Chinese New Years. As expected most injuries occurred during the day time from 12.00 to 20.00 (53.8%).

Causes of injury

Falls though still the commonest cause of injuries were less prominent and accounted for 36.4% of cases. Traffic accidents became an important cause now (23.1%) of which 43.3% occurred with the child as a passengers of a vehicle and 56.7% as pedestrian. Injuries occurring while cycling was a cause in 5.7% of cases. Assault by others was an cause of injuries in 8.1% of incidents.

Types of injury

The pattern of injuries were quite similar to that occurring in school or at home except, obviously, bites by animals would be more common.

Outcome

Injuries tended to be more severe and one died, 26.5% required hospital admissions.

Preventability

Though only 41.8% were though to be preventable, more could be avoided if the road situation could be improved.

E. PLAYGROUND AND SPORT INJURIES

Age distribution

Sport injuries mainly involved Children above 10 years of age (76%) whereas playground injuries were equally commonly in all children above 2 years of age.

Month and time of injury

Playground injuries were least common at time of examinations (June and December) but more common during Chinese New Years. Sport injuries were more common during Summer Holidays and a time when sports activities were taking place (May and November).

Cause of injury

Falls again were the most common cause of playground injuries (53.9%) of which 51.4% were falls from heights. Injuries from cycling, playing ball games or skating were the second commonest causes (23%) followed by collision with person or objects (14.5%).

Most sports injuries occurred during ball games (25.6%) followed by skating (20.2%) while injuries from slip and falls in sport areas accounted for 20.2% of cases.

Types of injury

Fractures and sprains were more common accounting for 17.9% and 28.7% of playground and sports injuries respectively. Head injuries were much less common (43.7% in playground and 29.6% in sports injuries).

Outcome

Hospital admissions were required in 30.9% and 38.0% of playground and sports injuries respectively.

Preventability

While only 27.1% of sports injuries were though to be preventable, for playground injuries this would 49.0% especially those involving playground equipments like swings, sec-saws and climbs.

F. INJURIES IN RELATION TO AGE

Causes of injury

Falls on level ground were common in all age groups accounting for about a quarter of injuries. In young children, about a third of injuries were from furniture. This became uncommon after the age of 10 years of age.

With advancing age, injuries from sports injury, traffic accident, assault by others became increasingly important as causes of injury. While foreign bodies in, scald by hot water, crushing injuries, poisoning became less common with age.

Ten years of age seems a clear cut off age after which the child tends to be less susceptible to home injuries but are increasingly exposed to sports and traffic accidents.

Places of injury

As expected, majority of injuries occurred at home in those less than 4 years of age. With increasing age, the school, playground, streets and sport areas were the predominate site of injuries.

Outcome

The severity of injuries and the percentage requiring hospital admission were quite similar in the four age groups. There was one fatality in a 10 years old boy due to traffic accident.

Preventability

Prevention of the injuries was estimated to be more possible in the young: < 2 year - 87.1%, 2-4 year - 68.5%; 5-9 years - 43.8%; > 10 years 30/5%.

G. INJURIES IN RELATION TO PLACE OF RESIDENCE

The frequency distribution of place of residence the in series probably reflect the distribution of the population drained by the Hospital.

Age distribution

The age distribution of injured children was quite similar in children from difference places of residences with the excepting those living temporary housing areas where younger children were more represented (< 2 years 47.9% and < 5 years 72.2%).

Month and time of injury

Cause of injury

The causes of injuries were also quite similar except falls from stairs was very common in children living in temporary housing areas accounting for 21.4% of all injuries. Scalds were more common in Vietnamese children living in camps.

Outcome

86.7% of Vietnamese children were admitted. The seemingly lower admission rate for children living quarters was due to much higher discharge against medical advice rate. Admission rate in children living in villages (37.9%) was slightly higher than average.

H. FALLS

Falls accounted for 48.5% of mechanism of injuries. 71% of the falls occurred at home and 12% in playground. As indicated before, those living in Temporary Housing Areas had very high rate of falling from stairs due to their housing design and construction.

Age distribution

Overall, 72.2% of the falls occurred in children less than 5 years of age. Of the 407 children sustaining injuries from falls from beds, 13.5% were less than 6 months of age, 29.7% between 6 and 12 months of age, 14.7% 1-2 years of age, 16.2% 2-4 years of age. For the 235 children having injuries from fall from chairs, 57.9% were less than 2 years of age and 87.7% less than 4 years of age. For those having injuries from falling from stair or height, about a third were children less than 2 years of age, 56% less than 5 years of age.

Types of injury

Soft tissues injuries were the major types of injuries. Head injuries and concussion were very common in those with falls from furniture or heights.

Outcome

None died and about a third required hospital admission.

Preventability

Over 98% of falls from beds or chairs were preventable if proper care was given and over 80% of falls from stairs or heights were also thought to be avoidable.

Discussion

Injury has superseded infection as the most important cause of death of children after the age of one. Every year, about 100 children died. In 1989 injury and poisoning caused about 1% of deaths among the 0-1 years, 25.8% of deaths among children aged 1-4 years and 34.6% of all deaths of children aged 5 to 14 years.

While there mortality figures on childhood accidents, very little information is available about the epidemiology of childhood injuries - its morbidity rate, pattern, how, when and where they sustained. It has been estimated that the number of childhood traumatic cases requiring hospital admissions in Hong Kong would be in region of 17233 (2). Hence, a child is more likely to be admitted to hospital or attended for medical treatment because of an injury than for any other single cause.

During one year, there were 5378 first injury presentations at the Accident and Emergency Department (A & E) of Princess Margaret Hospital. This accounted for 17% of total traumatic attendance and 30% of paediatric attendance at the Accident and Emergency department of the Hospital. However, it is difficult to calculate prevalence based on the data as during the period, Tuen Mun Hospital came into phase operation thus altering the population base. As admission rate for the traumatic attendance was about 30% the yearly traumatic attendance at A&Es would be around 50,000 to 60,000 based on the above estimate.

In conformity with most studies, boys were affected twice as much as that of girls. The 0-4 years age group represents the greatest proportion of total injuries. This belong to a group whom education would be of little value and the most important measures would be to provide a safer environment and better supervision.

Injuries occurred all year round but having higher frequency during festivals especially Chinese New Year and Mid-autumn festivals. Injuries during Chinese New Years were mainly from falls from cycling or skating and bites by monkey. There were 23 incidents of burn by hot wax during Mid-autumn festival and some were causing serious burns to face. This practice of burning of in a bowl should be wax prohibited and more public education should be given before the Mid-Autumn festival. Drowning at beaches was very uncommon probably related to the presence of sharks in water of Hong Kong during most of the swimming season this year.

Majority of children were injured at home (52%), 12% at school and 19% in street, 9% in playground. Closer analysis of the data indicated that 68% of all residential injuries were sustained by children aged less than 5 years of age. The 5-9 year age group had a greater representation in playgrounds and educational settings. The 10-14 years age group represented the majority of injuries in street and schools.

Falls accounted for 49% of all incidents and 25% of falls were being sustained from furniture, 12% from playground equipments and 3% from stairs. Of the falls from beds or chairs, 58% occurred in children less than 2 years of age. Of the falls from stairs 12.6% occurred in temporary housing areas.

15.6% of injuries involved the injured child being hit by another person or object. Sport injuries accounted for 7.4% of incidents, majority of which involved ball games, cycling or skating. Traffic accidents accounted for only 4.7% of cases, but were associated with 1 fatality and more serious injuries. Of the 137 cases of thermal injuries, majority were due to scald by hot liquids.

Of all the injuries, about 65% were soft tissue injuries, particularly cuts and lacerations 29.8%, bruising 20%, abrasions 14.6%. Fractures constituted 10.2% of injuries of which about 10% were skull fractures. Foreign body aspiration occurred in 6.7%, two into trachea and one subsequently died from aspiration pneumonia.

The most frequently injured body part was head (73%) followed by upper extremity (19.7%), lower extremity (14.2%), and the trunk (6.3%).

28.2% needed admission into hospital and 62% were discharged home after therapy. One children involved in a traffic accident died at the A&E department.

Of all the injuries, 57% would be preventable if proper care were provided.

Of those admitted to hospital about 30% might have long term sequelae and many disfigurement.

Recommendations

1 All nations must establish injury prevention as a priority goal. Increased research investment, and increased support for control programmes are needed in virtually every country.

2 This should include accurate recording and reporting of the pattern of injuries, identifications of priorities for intervention, auditing of intervention programmes, and appropriate legislative, economic, educational and other actions.

3 Accidental injury prevention and intervention groups will include many disciplines such as town planners, police, builders, architects and designers. Town planners, architects and communities must be made aware that prevention begins early. Housing developments should playgrounds which can be reached by children without traffic hazard e.g. by excluding fast through traffic from residential streets. The public should be encouraged to take park as participation helps encourage compliance. Involving the larger community from the grass routes up is essential.

4 Positive publicity should promote road safety, toy, clothes and product safety, sport and outdoor safety, poisoning prevention and central poison advisory bureaus and child care legislation. The importance of involving local politicians and mass media such as TV, radios, and papers cannot be overstressed.

5 The dangers of flammable houses, open fires and dangerous cooking arrangements must be given priority attention. The use of materials emitting highly toxic fumes in furniture should be stopped. Sales of flameproof nightclothes should be compulsory.

6 The economic advantages of prevention offsetting the cost of the programme should be stressed.

7 Injury control activities, including the reporting of injuries and the development of injury surveillance system should be funded adequately by Government.

8 Government should be responsible for developing objectives and strategies for injury control followed by their implementation.

9 The Government should develop an explicit health policy for children.

SUMMARY

1 Injury is the number one killer of children over 1 year of age, ahead of cancer and infectious diseases combined. It is also a major cause of sufferings 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.

2 Few accidental injuries were entirely due to chance. It was estimated about 57% of childhood injuries would be prevented if proper care is given. To quote a few example from the PMH childhood injury surveillance: -

i) Half of the injuries (52%) occurred at home and most of which were due to falls from furnitures (beds, chairs). This is largely preventable if proper care is given.

ii) Falling off from stairs were very common in children living in temporary housing area due to the poor design of stair case and without stair guards.

iii) Sport injuries accounted for about 7.4% of all injuries sustained. Majority involved ball games, cycling and skating. More safety measures are needed for cycling and skating.

iv) 23 children had burn by hot wax during Mid-Autumn Festival. Some were involving their faces and had caused disfigurement. Indiscreet playing with burning wax should be prohibited.

v) Aspiration of foreign bodies into the windpipes of small children is one important cause of death. Toy safety should be enforced.

3 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 programmes almost non-existent and fragmented.

4 Children have the right to 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.

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

6 A Child Injury Prevention Council or Trust should be set up to steer and co-ordinate all activities related to childhood injuries prevention.

7 To enhance the awareness of the public, Government and concerned organisations on the importance of child safety and injury prevention, a seminar on childhood injury prevention will be jointly organised by the Hong Kong Paediatric Society and Child Health Foundation in October this year. Government departments, concerned organisations and experts from different disciplines will be invited to participate. It is hoped that all would join force to tackle this very important problem and that our children can grow up in a safer environment.

CHILDHOOD INJURY MOTION DEBATE AT LEGISLATIVE COUNCIL ON 10TH FEBRUARY 1993

DR. THE HON. LEONG CHE HUNG
Legislative Councillor

Some two weeks ago when Hong Kong celebrated the Lunar New Year, tragedy befell on a family where two young members aged 3 to 4 years old were burnt to death. This is by no means an isolated case. Statistics gathered from coroners inquests between 1989 to 1991 revealed that a total of 80 unattended children died in Hong Kong, some in the most horrific circumstances.

Just 4 days into 1993, Hong Kong's collective conscience was burdened by our first child suicide. Another school girl attempted to end her life. Again, these are by no means coincidental. The fact remains that from 1991 to 1992, some 21 student committed suicide; in 1992 alone some 17 such cases were reported whilst another 50 attempts were fortunately aborted.

It was not until the late 70s, after some tragic children abuse cases took place that Hong Kong formally recognized the existence of such a problem. In 1978, the story of the abuse of Lai Suk-mei, a 10-year-old girl, hit the newspaper headlines and aroused great public concern. A non-governmental child protection organization, Against Child Abuse, was established the next year as a pilot project. It undertook a significant role in child protection ever since.

In 1983, the death of a young girl as s result of child abuse caused public outcries over the flimsy care and protection for children in Hong Kong. A multi-disciplinary Working Group was formed under the auspices of the Health and Welfare Branch to look into the policies and child protection in Hong Kong. This working group was supposed to be reconvened in early 1992. Apparently it never did.

In 1986, a Child Protection Registry was established to record child abuse. A total of 1,531 children were since registered. The number remaining regularly on the list as at 30/11/92 was 383.

Police records showed a total of 73 prosecution cases of child abuse in 1991 and 55 between January and September in 1992.

As for the need for children's rights and their legislative control, it was not until the Kwok Ah Nui Case was unravelled by the media in 1986, that our community was alerted to the following concerns:

* whether our legislation is comprehensive and adequate in protecting our children?

* whether the related parties are handling such situations competently?

* whether the Director of Social Welfare is provided with adequate authority to enter any premises to remove a child for examination?

* how to strike a balance between the protection of parents rights and well being versus children's safety and their rights?

In response to this case, the then Omelco Panel on Welfare Services recommended a comprehensive review of the Protection of Women and Juveniles Ordinance. Some amendments were urgently enacted a year later. But a set of proposals are still being discussed after five long years of waiting!

Sir, I could go on and on and on. The fact remains that accidental injuries and poisoning together is now the number one killer of children over the age of one in Hong Kong. It has surpassed cancer and infectious diseases combined. Every year one in 10 children are involved in an accident for which emergency medical service of different levels is needed. Every year some 100 children were killed; 60,000 attend the Accident and Emergency Department and 17,000 admitted to hospital for injuries. Among those that survived, some 30 per cent suffer permanent sequelae.

In a recent one-year surveillance on childhood injuries conducted in the Princess Margaret Hospital, Dr. C B Chow had the following analysis: There were a total of 5,378 cases of injury, of which 2,790 (52 per cent) occurred at home. Among those home injuries, 46 per cent were associated with children left unattended. More importantly, it was acknowledged by 73 per cent of the parents and relatives that the accidents could have been prevented given more care and attention.

Sir, all these begs the following questions. What have we done for our next generation? Have we done enough? It also begs the questions of what we should do to make our home a safe place for our children to live, grow and mature.

Sir, I stand here today to move the motion in my name. In moving this motion on childhood injury, I am concerned with the lack of care we have offered to our children below the age of 12. I am concerned with the scarcity of statistics for meaningful analysis to try to establish a pattern to improve the situation. I am concerned with the appalling attitude that this Government has taken throughout these years to attempt to curb the problem. I am concerned with the lack of co-ordination within the Government machinery to ensure that suggestions will work.

The scope of childhood injury is a very wide encompassing one. It borders on the many facets of causes, the possible methods of prevention, the treatment and the rehabilitation of the injured. On top of this it concerns with the need for counselling of the patient and more importantly the parents in the aftermath. It is the responsibility of the parents, teachers, health care workers, social workers, engineers, architects, manufacturers, etc. In short, in concerns all in the society.

In the course of this debate today, I have no doubt honourable colleagues will concentrate on areas they are most concerned with so that hopefully, we can bring to light a complete picture for Government to respond. For the rest of my address, I will concentrate on the different modalities of prevention of injury, or the lack of it at this point in time and my personal suggestion for the way ahead.

Sir, few would dispute that "prevention is better than cure". The fact remains -- what is the most effective form? Many would call on Government to enact law to prohibit children from being left unattended at home. But is legislation in this form a panacea? Is legislation in this form a feasible reality?

At a debate in the Council in July 1991 on child care, the Government is urged to extend the educational programme and to provide more welfare facilities for working parents to temporarily entrust their children when they are forced to be away from home. But what has been done so far? How many welfare facilities are created? I would be the first to call on Government to enact laws to prohibit children to be left alone and to request on heavy penalties, if and when adequate

welfare facilities are available. Many countries, notably certain states of Australia, Canada and the United States do have such legislation. Despite this extent, it is understood that these laws are seldom enforced especially when punishment is concerned. In effect, these legislations are legally educational and deterring at the most.

Rather than just legislation to prohibit leaving children unattended, laws should be enacted to provide a "safer home" through safety engineering of home, buildings, child products, traffic designs, playgrounds and other recreational facilities. After all, as quote before, 52 per cent of injuries occurred in their own homes.

Furthermore, any law enacted to protect the safety of our children must aim to protect the child and the child alone. There should in no way be any element of compromise to take into the interest of the manufacturers of products, nor to be pressured by business interest. The recently passed Toys and Child Products Safety Ordinance is a typical example of such compromise, where the effect of child protection is watered down by not adopting a single stringent safety criteria in the interest of importers and retailers.

There are currently a number of laws relating to children in Hong Kong, but there is no single comprehensive Children's Ordinance that ties them all together and states the responsibilities of parents, child minders and the society on our children. Obviously, our Government has not been bold or thorough on legislative measures for protection of children from abuses and accidental injuries. A single set of law should thus be called for to give clear definition of the responsibilities which this society has on its children. It should state the basic principle of care and protection to be given by parents, child minders and the society as well as the consequences of violation of the principles.

While legislation alone is not enough nor is the panacea, extensive education activities pointing out the possible danger of different home appliances, traumatizing agents and the sequelae of injury must be promoted. To depend only on some educational pamphlets such as the multicoloured comic book "Don't Leave Me Alone", is of course blatantly inadequate. The Neglect Campaign working group under the Government information Service must be reconvened.

To cope with the social and economic situation in Hong Kong, more "occasional child care service centres" and "after school care programmes" must be established in adequate supply in the different housing estates where they are needed most. "Work-based child care" should be properly encouraged perhaps by introducing incentives such as tax reduction. "Mutual help groups" should also be organized with the Government allocating premises, funding for staff, and setting proper safety standards.

Like many social issues in Hong Kong, we can't say squarely that the Government or various parties concerned have done nothing to enhance children safety. But alas such are only piece-meal efforts that lacks overall co-ordination and has led to some areas being neglected, whilst others being overlapped. The lack of a concerted direction, or communication, also see service gaps or time lapse along the lines of prevention, treatment and rehabilitation.

We have brilliant academics keen in studying the physical and mental development of our children. We have enthusiastic voluntary agencies working for the welfare of our next generation. Yet, we still lack basic information for compilation of a comprehensive picture of our children's problems, or our children's development.

We have many Government policy branches and departments supposed to be related to children welfare -- education, health and welfare, labour, recreation and culture, environment, housing ... to name just a few. But why do we still lack a concerted direction towards children and family welfare? How can we be convinced that the decision makers do give priority consideration for child safety when working on policies for our society?

What then is the way ahead?

Sir, I would like to conclude by making two bold suggestions:

1. The two international conventions, i.e. Declaration on the Rights of the Child (1989) (of which China is also a signatory and the Hague Convention on the Civil Aspects of Intervention Child Abduction (1980) must be ratified by the United Kingdom on behalf of Hong Kong in order that children are provided with the rights and protection they rightly deserved.

2. Since the prevention and intervention of accidents in children needs the interaction of so many disciplines, namely town planners, disciplinary services, engineers, architects, designers, manufacturers, fire service, educators, social workers, the media, doctors, and legislators, etc., there is a clear need to establish a co-ordinating body -- a Child Safety Council. This body must be one with statutory power, funded by public money, supported by multi-disciplinary technical bodies with the following terms of reference:

a. To collect and collate statistics and information concerning childhood injury and death.

b. To establish channels and procedures for publicity and education concerning children safety.

c. To promulgate a clear policy of childhood protection.

d. To oversee the implementation of these policies.

Sir , we must tackle the problem of the childhood injury with the same mega force our predecessors used to fight infectious disease decades ago. I look forward to my honourable colleagues in making their suggestions and recommendations on this problem this afternoon. I look forward all the more for a positive response from the administration. The proper up-bring of our future generation is not only a social-economic but also a political issue. Let the society see our Government demonstrate this political will!

Sir, I so do move.

* * *

ACKNOWLEDGEMENTS

SPONSOR :

Conference : Manulife Financial-Employee Benefits Division
Proceedings : Milupa HK Representative Office

HONORARY GUEST

Mr. M. Cartland, Director of Social Welfare,
Social Welfare Department
Mr. David Chin, Assistant Director (Leisure Services),
Regional Services Department
Dr. York Chow, President,
Hong Kong Association of Sports Medicine & Sports Sciences
Mr. Lam Chek Yuen, Director, Fire Services Department
Dr. S.H. Lee, ISO, JP, Director, Department of Health
Dr. the Hon. Leong Che Hung, Legislative Council
Mr. Lo Kin Man, Vice Chairman, Urban Council
Mr. A.J. Mullins, Deputy Director Traffic,
Royal Hong Kong Police Force
Mr. K.S. Tong, Commissioner (Acting),
Customs & Excise Department
Mr. Dominic S.W. Wong, JP, Director of Education
Ms. Cecilia Yeung, Urban Council member

CHAIRPERSONS OF WORKSHOP :

Dr. Patricia Ip & Dr. Jack Cheng - Home Safety Workshop
Dr. H. K. Mong - Road Safety Workshop
Dr. Chan Kai Ming - Sports and School Safety Workshop
Dr. Chow Chun Bong - General Safety Workshop

SPEAKERS : (in the order of their presentation)

HOME SAFETY

Ms. Ann Hon, Social Welfare Department
Mr. Kwok Jing Keung, Fire Service Department
Mr. Michael Ho, Housing Department
Mr. Patrick Lau, Hong Kong Institute of Architects
Mrs. Chan Wong Shui, Consumer Council
Dr. Chan Chow Ming, Central Health Education Unit,
Department of Health
Ms. Peggy Au Yeung, Family Health Service, Department of Health

ROAD SAFETY

Mr. Hui Ki On, Royal Hong Kong Police Force
Mr. Tony Westgate, Hong Kong Automobile Association
Mr. Y.C. Yeung, Transport Department
Mr. Carlos Chan, Road Safety Association
Mr. James Kung, Institute of Advanced Motorists (HK)

SPORTS AND SCHOOL SAFETY

Dr. Chien Ping, Dept. of Orthopaedic & Traumatology,
Chinese University of Hong Kong
Ms. Josephine Yeung, Hong Kong Sports Institute
Mr. Andrew Leung Jin Tong, Regional Council
Mr. Leung Man Bun, Education Department

Panelist :
Dr. C.W. Choi, Department of Orthopaedic & Traumatology,
Queen Elizabeth Hospital
Dr. York Chow, Hong Kong Association of Sports Medicine &
Sports Sciences
Dr. David Fang, Department of Orthopaedics Surgery,
University of Hong Kong
Dr. Stephen Hsu, Department of Orthopaedic & Traumatology,
Princess Margaret Hospital

GENERAL SAFETY

Ms. Elsie Leung, Law Society of Hong Kong
Dr. J. Peters, Community Medicine, University of Hong Kong
Mr. Lok Cham Choi, Auxiliary Medical Service
Dr. David Wong, Accident & Emergency Department,
Kwong Wah Hospital
Dr. C.C. Luk, Hospital Authority
Dr. the Hon. Leong Che Hung, Legislative Council

PARTICIPATION ORGANIZATIONS :

Auxiliary Medical Services
Chinese University of Hong Kong,
Department of Orthopaedic & Traumatology
Consumer Council
Council for Early Childhood Education & Services
Childsafe Action Group
Customs & Excise Department
Department of Health
Education Department
Fire Services Department
Hong Kong Automobile Association
Hong Kong Institute of Architects
Hong Kong Ophathalmological Society
Hong Kong Sports Institute
Hospital Authority
Housing Department
Institute of Advanced Motorists
Law Society of Hong Kong
Mass Transit Railway
Regional Council
Road Safety Association Ltd.
Royal Hong Kong Police Force
Social Welfare Department
Transport Department
University of Hong Kong,
Department of Community Medicine

* **The printing of this proceedings was sponsored by MILUPA HK REPRESENTATIVE OFFICE**

Chairman :
We still have one point that has not been resolved. The necessity of having a proficiency test for children to ride bicycles on the road. I think Dr. Ip would like to make a formal proposal. Can I convince you to say in amended R3 that all children under the age of 12 are not allowed to ride bicycles on public roads, it is not difficult to identify what a public road is. I think it is reasonable that all children under the age of 12 are not allowed to ride bicycles on the public road, irrespective of whether they are accompanied or not by an adult.

As regard to a proficiency test, perhaps another measure would be that a bicycle proficiency test should be encouraged.

First proposal :
Children under the age of 12 years should not be allowed to ride a bicycle on a public road.

Dr. Wong :
The present legislation is that children under the age of 11 are not allowed to ride on the road unless they are accompanied by an adult, I think age 11 can be in line with the present legislation. The present legislation is that they are allowed on public roads, if they are accompanied. In fact, this is just a matter of rephrasing the present legislation to "irrespective whether they are accompanied".

Chairman :
The proposal is that irrespective of adults' presence, children below the age of 11 years are not allowed to cycle on the road.

Voting :
Adopted

Chairman :
Proposal 2 : Proficiency test of bicycle riding should be encouraged.

From the diversification of opinion, I am sure that further discussions and elaborations are necessary but we have to settle here as time is running out.

THE THIRD WORKSHOP ON SPORTS AND SCHOOL SAFETY

Dr. K.M. Chan :
I would like to be brief.

First of all, the workshop was well attended by a very balanced group of representatives from the medical and allied professionals, physical education teachers and administrators, representatives from the Education Department, Regional Council and so on. The backbone of our discussion on sport and school safety is the very fact that we do recognize in a developed community like Hong Kong and is well proven that the productivity of our community is very much related to the health and physical activities of the population. That is even more important when we consider our future generation, so this is a very important parameter to start with. We discussed the epidemiological aspects of sport injuries in childhood with references to overseas and local factors, and figures in the A&E department, and also in the territory's referral centres; and we have presentation on the medical attention, the treatment, rehabilitation of sport injuries in recognised centres, and how resources should be spread throughout the community. We also have two presentations from the Education department and Regional Council on their facilities provision programme.

We came up with a number of proposals. Firstly, adopt the Bill of Rights for Young Athletes for sport participation in a safe environment. We should ask for a proper recognition from the community and the Government at large that it must be right for our kids to participate at the level commensurating with the child's maturity and ability; and they should be treated as a child, not as an adult because a good deal of the sport activities in schools and other organised institutions are catered for the adults with no specific consideration for kids. We would like to propose that there are rights for our children to share in leadership and decision making, to participate in a safe and healthy environment, and to enjoy all these benefits of sports. Throughout our discussions, we realise that our children are spending more time on TV than before, there is definitely insufficient time for them to participate in massive physical activities. One of the international recommendations is that a child should spend at least one full hour of physical activity a day in order to catch up with the overall physical, mental and social development. I am sure this should be a point worth mentioning.

When we come to technicalities of the principles of sport injury prevention in childhood, we would like to adopt the following principles, many of them are very much related to the actual execution, for instance, proper conditioning, avoidance of excess training, an appropriate competitive environment, a good management and rehabilitation programme to resolve all child injuries and with very good adult supervision by qualified trainers and of course, attention to the various environmental factors like roofs, competitive grounds, training grounds and appropriate equipments, and a very important point on preparticipation physical assessment and the matching of competitors. Sometimes, even if we grouped the kids by chronological age for competition, we very often came up with the problem of dispersion in physical size that they are not competing with likes and this may cause injuries in childhood. More specifically, we would like to put up a couple of proposals. We had a good discussion on cyclists on roads and now we want to put in a more specific proposal that all children, all cyclist should only be allowed on the cycle paths or cycling parks with helmets and this protective helmet should be widely publicized before legislations are in place. From the medical point of view, we do have very good evidence to show that many of these severe head injuries arose from children who have not had the precaution with helmets.

The other point we have again discussed is for the purpose of promoting general awareness and alertness in the injury prevention in childhood. It is necessary among other things to include the very essential First Aid topics in all school curricula and also for the full time careers of children, the physical education teachers, teachers, coaches should be trained and qualified as first aiders and they should upgrade all the first aid facilities in schools and in playgrounds where there are organised activities of sports for children. We are also told that as much as 40% of the facilities by the Regional Council but perhaps the Urban Council as well are used by schools for their organised activities. We would very much like this precautionary measures in terms of equipments, in terms of personnel manning of these facilities and also people who are entrusted with the task of running those programs should have a qualified background of first aid.

On the surveillance of sports injury in childhood, we also have recommendations. At the moment we do not have sufficient local statistics in relation to the various sites of physical injuries, so there should be further research into the actual pattern of injuries

in school recreational playgrounds such that we can look into the details of these injuries to avoid further occurrence. There should be a surveillance on the sport statistics in order to identify the so called high risk categories. One of the workshop attendants mentioned that, for instance, gymnastics even though is very athletic and very attractive can definitely pose high risk. These are the relatively high risk sports that must be conducted and taught by well qualified professionals under strict supervision and good preparation.

Lastly on the management of sport injury. We do recognise that at the moment there are ways of referring a case of sport injury from a school and playground to the clinics, hospitals and institutions. Very often the task has been just delegated to the teacher and even the attendant of the facilities. Many of the injuries are not properly reported or referred to the recognised experts. We are also concerned about the so called standard of traditional medical bonesetter, as we all know, there is as yet no legislation to control the centres of traditional medicine and many of the sport injuries are left unattended with the resultant effect of missing some of the really serious injuries with detrimental effects to children. We also propose there must be a better interflow between the medical and allied profession and the schools, and we are happy to know that there are now better organisations of seminars, talks by the medical and health professionals to schools, to sports clubs in order to raise the community's awareness of the need for first aid, need for the recognition of injuries at an earlier stage, and the need for proper treatment and rehabilitation of these injuries.

Ladies and Gentlemen, I would like now to invite suggestions and questions. Thank you.

Chairman:
And now the proposals are open for discussion from the floor. Would anybody like to make any views ?

Dr. King :
It is fine suggesting that cyclists should wear helmets but there are other sporting activities which requires protective equipment. Skating is one dangerous sport, helmets and knee pads can be protective. If you are a professional boxer or a professional American football player, you are not allowed to participate unless you wear a mouth guard. It is now compulsory within many rugby clubs in Hong Kong, all the children must wear a mouth guard, so I would

suggest where a protective equipment to prevent sport injury is available then the organisers of that sport should make it compulsory for the children to wear that equipment.

Dr. K.M. Chan :
If you look at the Proposal 2, I take your point fully that we should enlist some specific requirements like helmets, pads for the knees and ankles. The Proposal No. 2 adopts the principle that we have already laid down in No. 8 - appropriate equipment, and if we expand further on that, then I am sure the equipment would mean, not only equipment for the sports, but personal equipment in the participation of sport, like helmets, pads, or shoe wear, or the required equipment for that particular sport like, mouth guard, and so on.

Dr. King :
I think it should be much more specific.

Chairman :
So the idea is whether we should make it compulsory or not.

Dr. K.M. Chan :
We propose that we can make it compulsory, but a better way as a general proposal from the No. 2 is that if we put it in the way as it is, it may be easier for whoever is going to follow it. Because compulsory will perhaps encompass a good deal of listing and no way can we actually be on the exhaustive list at the very moment. I agree with the principles but the technicality involved in this proposal, it does make it slightly difficult to pin down on just one item like mouth guard because the next moment people will suggest a brace for the knees, or a brace for the shoulders.

Chairman :
Dr. Chan's view is that if you make it more flexible, it is easier for us to make the ruling up-to-date. Shall we put it to a vote ?

Voting:
In favour to flexibility - 33 votes. In favour to compulsory - 6 votes.

Chairman :
I think we should still stick to the flexibility ruling as recommended and try to adopt this proposal from the Sport and School Safety Workshop.

THE FOURTH WORKSHOP ON GENERAL SAFETY

Chairman :
Welcome Dr. Chow Chun Bong to report on his workshop.

Dr. C.B. Chow:
Our workshop was dealing with general issues in childhood injury prevention. Some proposals may be controversial. I will suggest to discuss them one by one.

Proposal 1 :
The first proposal is that : Hong Kong should ratify the International Convention on the Rights of Children. Both UK and China have ratified the Convention. It is high time that Hong Kong should also ratify the Convention.

Voting :
Adopted.

Proposal 2 :
It is well established that injury is a significant cause of childhood morbidity and mortality. It also causes significant economic loss in addition to suffering in children and parents. The second proposal is that: Hong Kong should establish childhood injury prevention a priority and that child safety be given prime consideration in any policy and issue involving children.

Voting :
It is a basic principle - adopted.

Proposal 3 :
We understand that childhood injury prevention needs a multi-disciplinary approach. We need to involve not only social workers, health care professionals but also all experts concerned. The third proposal is that : A Child Safety Council, which embodies all professionals, be established to steer and coordinate all activities related to childhood injury prevention.

Voting :
Adopted .

Proposal 4 :
The fourth proposal is that : Children have the right to be reared in a safe, healthy and enjoyable environment and these they must be provided with. Two specific issues have been discussed in the Workshop. One is the alarming increase in young smokers and the other is passive smoking by children and pregnant mothers. Smoking should be prohibited and controlled.

Voting :
Adopted.

Proposal 5 :
Injury is a health issue because it causes suffering and pain, disfigurement and permanent disability. Its prevention needs research to establish local information on its pattern and mode of happening. It is proposed that: Injury prevention should be recognized as public health issue with high priority and adequate resources be allocated for research and action.

Voting :
Adopted.

Proposal 6 :
It is vital to have adequate information on injuries for the strategic planning of preventive measures. It is proposed that: A Childhood Injury Information System should be set up to collect and generate accurate information on childhood injuries; interpret and analyse these information; to identify problems, hazards, risk groups and injury-producing behaviour, and disseminate the information to relevant authorities and agencies for appropriate action.

We are glad to learn that Hospital Authority is already working on improvement projects on hospital information system.

Voting :
Adopted.

Proposal 7 :
Health professionals should contribute towards and support safety and environmental schemes by providing expertise, communicating the problems and providing education to the public and training of professionals. This is the commitment of the Hong Kong Paediatric Society.

Voting :
Adopted.

Chairman's remark :
Dr. Chow, I think this is a release as you are on the presidency of Hong Kong Paediatric Society, so I think this is the only release and there is no need to make an adoption.

Proposal 8 :
Prevention is the prime issue, but we will not be able to prevent all injuries. The subsequent first-aid care of injured children is very important in their survival. It is proposed that :- Basic essential first-aid techniques should be learnt by all parents and those personnel who are required to look after children and first-aid topics should be included in the school curriculum.

Voting :
Adopted.

Proposal 9 :
Dr. Wong has made it very clear in the Workshop that the first hour of care to injured children is most important for their survival. The subsequent care gives great bearing to sequelae they may have. An efficient and effective 'Trauma Care System' which starts with the accident, bystanders who provides first aid, ambulance care and transport, emergency care at A&E department of hospital and subsequent specialist care is vital for quality care and improved survival. It is proposed that :- Efficient and effective paediatric trauma care system should be established with provision for education, research and quality audit.

Voting :
Adopted.

Proposal 10 :
Many injured children will have permanent disability. It is proposed that : For injured children, they should be provided with good rehabilitative care.

Voting :
Adopted.

Proposal 11 :
That leaving children unattended at home is one issue that received quite a bit of discussion at the Workshop. It is proposed that :- More supporting services be provided for child care.

Voting :
Adopted.

Proposal 12 :
Another issue arising from children being left unattended at home is the standard of child care minder which can be quite variable. It is proposed that : The standard of child care be improved and implemented through legislative measures, having regard to local resources available at the material time.

Voting :
Adopted.

Proposal 13 :
It was proposed that :- Legislation should be enacted to prohibit children from being left unattended at home.

Voting :
Adopted.

Chairman:
The point may be more controversial, anybody in the audience like to raise any point?

The question is should it be enacted, and if yes, what age we mark the line.

Ms Ann Hon, Social Welfare Department :
I would like to give you some information instead. Last year we had consulted the public on measures to prevent parents from leaving children unattended at home and the conclusions of that public consultation is that legislation would not be enacted for the time being and this was endorsed by the Social Welfare Advisory Committee and also put to Legco in the debate, so I just want to supplement the situation.

Chairman :
Thank you. Any other views?

Dr. Leong Che Hung :
I think just now at the workshop I did mention something to this effect. I think there are a couple of points we have to consider. Yes, it may well be a good thing to have such legislation but we also have to look into Hong Kong's environment. Is it really possible, feasible to just have a law like this to ensure that everyone stick to the law ? I think we've got to look at it with a little bit more relaxed and flexible manner. Obviously, we would not want to have a child left alone but unless and until, there can be provision or alternative, we really have to look into, perhaps more education, more communication rather than establishing a law on this. Although I personally have no objection to such a legislation .

Dr. Wong :
I think we have all been through this dilemma. Are we here to make proposals, or are we here to make rules for the authority to adopt? So, if we are heading, i.e. a proposal, in the right direction. Should we consider what we should not be considering in the first place? We are making recommendations which in theory should help to prevent accidents in general. Personally speaking, we are here to make that recommendation, and then we should see the perfectionist's view rather than catering for what would have happened, had your authority not been able to come up with our suggestion. Personally I'm for making it as an enactment.

Ms. Ng :
I totally agree with the Honourable Dr. Leong Che Hung's recommendation. I think we can alternatively promote a more friendly neighbourhood, a mutual help, kind of child care programmes. That might be a better solution. To have your child being cared for by somebody whom she or he knows and who you know. Thank you.

Dr. Leong Che Hung :
I think I would entirely agree with what Dr. Wong just said here. We are sitting together as a body hoping to do our best to promote the best preventive measures for children. We make certain suggestions. It is really for the Government to respond, to see whether they can do it and if not, they are to give us reasons and better alternatives. I would go along with what Dr. Wong said. I feel as a group this is the best proposal. It may not be achievable. I think a responsible government should make other form or alternatives.

Dr. Ip :
I think legislation is the only way to prevent children from being injured when being left unattended at home. There should be supporting services, mutual help and education, etc. I think legislation is one of the means to prevent what I said earlier, there was a consultation paper and its attitude was to wait and see whether there would be more accidents. I think we know there are more accidents.

Chairman :
Any other views. There are two schools of thoughts.

Voting :
In favour for legislation enactment - 33 votes.
Not in favour of the legislation enactment - 3 votes.
We carry the proposal as a proposal from this workshop.

Chairman :
This is the end. Thank you very much. Since we have got Dr. the Hon. Leong Che Hung here, I think maybe Dr. Leong would like to comment on this workshop.

Dr. Leong Che Hung :
Chairman, May I take this opportunity to congratulate the Hong Kong Childhealth Foundation and Hong Kong Paediatric Society and the organising committee for arranging such an interesting and provoking meeting, and perhaps a very positive meeting to make proposals for the Government to make sure our next generation are not being injured by unnecessary preventable injury. I think it is commendable and from the workshop, I attended this morning, which was on General Safety, I think not only did I find it very enlightening but I think I learnt a lot.

I think a couple of things arose from all these proposals and also meetings that I attended this morning :

First of all, we do recognise child injury as a big problem. Secondly, we do understand that children is defenseless. Children cannot do anything themselves. We do realise that if we did not do anything at all, it could produce a very big burden on the socio-economical status of Hong Kong. The situation to a certain extent is preventable. Dr. Chow this morning, for example, presented the issue that 57% of the injured children admitted to PMH are preventable. I

think Dr. Wong Tai Wai also presented statistics from overseas countries to show quite a lot of the injuries are preventable. I think we are all waiting to look at the ways of preventing child injury. One of this is whether we can actually enact laws to make sure this is made possible. I think Dr. Ip just mentioned and I do support that we should not look at legislation as a panacea. The working group this morning actually made it very loud and clear that at the same time a lot of work is needed for education, for communication, extracting information, etc. and we feel very strongly that there needs to be a group of people to analyze the whole thing together. In other words, the problem of child injury prevention is mutual-disciplinary. The suggestion of a Child Safety Council is something I would look forward to. As I mentioned this morning, I would like to reiterate again I think that such a Safety Council should be a council not just of a group of people together, chatting away, making a suggestion. But it should be a body that should move towards ensuring that the Government keep to what we suggest. At the same time, I also feel that a body like this, cannot do with just volunteers sitting down and talking. We do need support from Government from a few directions :

1. Support on a moral aspect.

2. More importantly, we do need Government's support from a financial aspect. In other words, the Government has to commit to this body. We heard just now that it is valueless to investigate or to talk about child injury prevention if we do not have the data and statistics. To have the data and statistics, we need research, to do research, we need funding, and people and manpower. All these things have to come from the Government. I would call upon the Government to be committed to moving such a thing. My personal view is that a body like this, whether you called Child Safety Council or another name is very important, as a first step forward. I am sure with all the enthusiasm generated here, we will look forward to our future generation being healthy. This is definitely a goal we should aim at.

3. In G5, injury prevention can be recognised as a public health issue I think it is important and I would personally endorse it, but we are not targeting the Department of Health or the Hospital Authority. We should target the Health and Welfare Branch. It is the branch that make up the policy and unless and until the branch accepts that this is the policy, the two departments - Department

of Health and Hospital Authority would not implement. On this issue again, as I mentioned a few times this morning, there should be a need for a target goal and how we would like to see our children as far as health is concerned, say in the next 10 years. It is a policy issue and on this road, I would perhaps call on this body, to ask the branch and Government to come up with more policies on child health, and not just child injury.

Chairman :
Thank you Dr. Leong for your excellent comments and concept for the Child Safety Council and the measures implemented in these proposals. I think there is a point about what Dr. Leong just mentioned on G5. The modification of the target is not the Department of Health and Hospital Authority.

Dr. C.B. Chow :
The Department of Health and Hospital Authority were put down there by mistake. It should not be confined to DH or HA.

Chairman :
It would be a general measure proposal to authorities concerned. We will delete Department of Health and Hospital Authority.

CLOSING REMARKS BY DR. HENRIETTA MAN HING IP

Ladies and gentlemen, you have worked hard all day and deserve a break ... just as our children deserve a break from accidents.

Let me close the meeting with this comment. I have not for a long time attended such a useful and constructive conference attended by so many experts and from so many fields to discuss only one subject!

This is because injury prevention in childhood is a complex subject on its own and require the cooperation of many people from different sectors of the community.

I have to thank you all for your undivided attention, your dedication and for giving us your valuable time. I can promise you that your efforts will not be wasted . The resolutions made will be compiled and will become policy proposals to be presented to the highest level of Government.

Of all the conclusions made, perhaps the most important of them all, is the formation of a child safety council. It can take over where we leave off now, to monitor, make policies and activate preventive programs in the future to come.

Rest assured also that everything else that was said and discussed will be collated into a proceeding and will be presented for further discussion by a child safety council , if Government approves of its formation.

But let us waste no time and as you leave this meeting, go back to your own units or organisations and begin to implement whatever you can in your capacity , to help reduce injury in childhood, while we wait for the formation of a child safety council to take over the lead in injury prevention in childhood. Thankyou.

Chairman :
Thank you Dr. Ip. May I try to close the meeting by just reiterating the proposals by Mrs. Lavender Patten this morning, I think she had highlighted several proposals which were actually well covered by the workshops.

1. Prevention is better than cure.
2. A happy home should be a safe one.
3. Proper fencing should be installed in balconies, broken windows and dangerous objects should be kept out of touch by children.
4. Children should not be left unattended.
5. Mutual help among families with young children should be promoted.
6. There should be expansion of the provision of day-carers, day nurseries and occasional child care services.
7. Parents should be educated about home safety in the prevention of injury in childhood.

These are all the points laid down by Mrs. Patten and I think these points are echoed in all the workshops. So with the kind closing remarks from Dr. Ip, I call the meeting to an end and thank you for coming, I will try to keep you informed of the progress of the implementation of all the measures proposed in this meeting. Thank you.

* * *

CONFERENCE ON INJURY PREVENTION IN CHILDHOOD

PRESS CONFERENCE

Dr. Chan Chok Wan
Dr. Chow Chun Bong
Dr. Henrietta Man Hing Ip
Dr. The Hon. Leong Che Hung

The chairman gave an opening speech to give some background information about child injury and a brief summary of the meeting today and to thank those who attended the meeting and discussed that more than 40 solutions will come up as conclusions and measures.

Dr. Henrietta Ip :
We do not want the conference to end just like this, we want it to end with some body taking over the work that we have started and we hope very much that we will have a child safety council which is a statutory body to take over, namely to monitor the type of injuries that occurred in children, how it can be prevented, and actually take action to prevent it. Many conclusions are reached and there are 40 or so resolutions; all of these conclusions will be faxed to you if you give me your number. In fact, they are already being faxed to you prior to this meeting. You will receive all these resolutions by the time you get back to your office. Unfortunately they are only in English.

I would like to comment on the various proposals which we think are more important.

1. There should be an establishment of a Child Safety Council.

2. We do not think that children should be left alone at home and we would like to see that the Government legislate to disallow children to be left on their own.

3. We do not think that children under the age of 11 years should be allowed to ride a bicycle on the public road. At the moment, children under 11 are not allowed to ride a bicycle on the road unless they are accompanied by an adult, but even that is dangerous and we would like to see that all children under age of 11 should not be allowed to ride on the public road. But of course, we would like the Government to create more facilities for children to ride bicycles and also to extend training to children, so that they pass a proficiency test.

4. As regards other sports injury preventive measures, I would like to highlight that we feel full time carers for children should be trained and qualified as first-aiders. That is to say people who are paid to look after children should know how to look after a child if a child is injured. We do not want them to panic and do nothing until the ambulance arrives, so people who are paid full time carers of children should also be trained and qualified as first-aiders. These two proposals were from the Sports and School Safety Workshop.

5. The next thing is on Road Safety. I would just like to reiterate that children under the age of 11 years should not be allowed to ride a bicycle on a public road. We feel that all children riding a bicycle should wear a safety helmet.

6. The school private buses that take children to school should all require to have one adult to accompany the school private bus. We also like to encourage the school to set up their own safety patrol unit because that has been found to be very effective in reducing road traffic accidents in and around schools.

7. As regards Home Safety Proposals, other than not allowing children to be left unattended at home, we would like very much for adults to be educated more on the preventive measures, that is for adults to look after children and they should know how accidents can be prevented in the home environment. Attention should be given to the design of the home environment such as the safety of windows, doors, gates, furniture, children's toys and adults objects, not necessarily objects children are in contact with, but what adults use in the home environment.

These are various highlights of the meeting, but as I said earlier there are also 40 or so other resolutions and perhaps my colleagues may like to supplement any if I have missed out on anything.

Dr. the Hon. Leong Che Hung :
As I mentioned just now, the meeting today did bring out a point that child safety is a big problem and many known cases occur everyday. The child basically is defenseless, and if they are injured, it actually causes the community a lot of money to get them treated, not to say the psychological effect on the child and the parents therefore the emphasis is really on prevention. I must say that the organisation today has some good ideas in at least three areas :

1. First of all, there are 40 very important resolutions to push the Government to take up and I think an accountable Government should respond to these resolutions.

2. Second thing is that as Dr. Ip just said, we do not want things to be discussed and we go away saying that we discussed something. We want something actually done.

3. The third suggestion is to form a child safety council. I think that is something we need to do. We have to realise children of today will be the pillar of Hong Kong in the future, we want them to be healthy and to be safe in the future. As far as I am concerned, as a legislator and representing the medical functional constituency, I will do my best to push the formation of this council. This council must be multi-disciplinary, this Council must have teeth and must have a statutory basis and the commitment and the support of the Government, financially, physically and morally. One of the things I aim to do would be to try to push a motion debate on child safety because it is only through such a debate that we can push the government to take action. If I could arouse my colleagues, I am sure they would support me.

Question from the audience :
If legislation should be introduced stating children should not be left unattended, I am a bit worried because if the Government introduces such a legislation so to make sure adequate provisions for the children, very well but say, parents should keep kids in the home but both parents have to work, what is the alternative, and we should not really push for the Government to introduce more care centres, and nurseries in rushes.

Dr. Ip :
I will give you my personal opinion, of course, things must go hand in hand. I perfectly agree with you that the Government's responsibility must be to provide better facilities. But we live in a world where Government helps but we also as parents or careers do our very best ourselves. This concept of self-help and this was, in fact, one thing that was highlighted by Mrs. Patten in her speech, there should be mutual help among families. It is important that not just the Government provides for everything, that would be very expensive for the community with high taxation, and so on. We also should do our own bit, for example, if I am a very good friend to my neighbour and I am slipping out for ten minutes to get something. We should encourage good neighbours to help each other. A lot of cautious parents do that when they have to slip out. They will have a kind neighbour who will look after their child if its not for too long. So yes, the Government should provide for more facilities but we cannot neglect own responsibilities either. We as physicians, see the effect of children when they are injured. It is not good enough to say we leave parents to do what they want. Use common sense to prevent all these injuries. Before Hong Kong did not have the front seat safety belt and a lot of people were injured when driving a motor vehicle particularly as you know the person sitting next to the driver is in a dead man's seat. Government legislated the front seat safety belt and injuries from car accidents just dropped miraculously. Of course prior to the legislation, I am sure a lot of people would say that such legislations cannot work. We must alert and teach people that they must not leave children alone. I mean, if one says the legislation is too rigid, perhaps we could start at a smaller age and to say that we must not leave your children unattended. I am sure everyone will agree that it is just not right to leave a child a few weeks old at home. So, there must be an age limit by which everyone must agree. We, in the meeting did not specify an age because we feel that this should be discussed but perhaps you could start with a age in which everybody would feel that it is just negligence of the mother to leave the child at home unattended. For example, about child abuse and so on, we also legislate to make sure that parents do not abuse their children. In fact, leaving a child unattended at home is a form of child abuse.

Dr. the Hon. Leong Che Hung :
As a group which is concerned with child safety, we would like to ask for the ideal. Obviously as I did mention, panel members up here would agree with that legislation. There are obviously other areas to

supplement legislation even if legislation stands alone, it cannot work on itself and needs to be supported and this is really for us to make suggestions. We want the best. Now if we cannot obtain the best, simply because of environmental factors because Hong Kong is, so different from other parts of the world., etc. There will be a thought of contingency, to make the whole thing as safe as possible. Dr. Ip has mentioned that perhaps we can lower the age in law, I mean in a sense of six months or whatever. The second thing, as Mrs. Patten said is we can utilize mutual help from neighbours, perhaps more child care centres which can keep our child for a couple of hours, all these are possible contingency. But unless and until we have a direction, we will not get anywhere. I think that is the reason why I voted for legislation for children not to be left alone at home.

Question :
Asking about the child injury figures.

Dr. Chow Chun Bong :
I am afraid we don't have any figures on that (child injury figures). In fact, data on childhood accidents is quite sparse and the present hospital information system is not able to provide us with such information.

Dr. Ip :
Perhaps I can supplement. I think it is quite obvious that there are more injuries occurring to children when there are no adults and when there are no guardians present. However, I think you have recently heard of instances where parents left children on their own and usually this results in death. For example, a fire killing a few children and we have recently an incident where a child was left with a 16 year old or less child minder who went out and left a 4 year old child on his or her own in a flat he was not familiar with. When he woke up, he found nobody, he was so frightened, he climbed out of the window and he died as a result of falling from a height. It was only about 2 months ago it happened. I would say that the general impression I have got is certainly that when a child is injured when their parents are not there, the injuries usually prove quite fatal, or there will be serious morbidity. I can say that if a child was injured when there was nobody at home, the injury must be 100% preventable, that is what we can say. The idea is that we want to prevent accidents as much as possible.

Question :
How do we proceed from here as regard to the Child Safety Council?

Dr. Ip :
The idea behind it is that we should set up a steering committee, with representatives from the Hong Kong Paediatric Society, The Hong Kong Childhealth Foundation and other organisations which are very involved with child care and together with some legislators. I am very happy to say that the Honourable Dr. Leong Che Hung, has kindly agreed to sit on this steering committee and try to channel the formation of the Safety Council, for example, the things they would have to deliberate are: who should constitute the Council; we feel that the Council should be statutory and what should be the work of the Child Safety Council; does it require funding ? All these questions need to be deliberated, and conclusions drawn up and a formal proposal should be sent to the Government and perhaps this would be in time for Dr. Leong who is going to motion the debate on child safety and perhaps some time in the future, there will be a formal proposal on how a Safety Council should be set up.

Proposal 1 - ends after the word 'child', please cross out the Hague Convention on the Civil Aspects of International Child Abduction.

Question :
Has Hong Kong adopted it before ?

Dr. Chow Chun Bong :
In December last year, UK has ratified the Convention but UK did not ratify it on behalf of Hong Kong. I do not know the reason for that, may be for reasons such as the refugee problems etc. China has ratified the Convention and I think Hong Kong should also ratify the Convention.

Dr. Ip :
Revised recommendations which substituted the existing R14, R15

Proposal R14:
All schools are encouraged to set up their own road safety patrol unit.

We are not going to suggest that "there should be a category of provisional driving license for the first two years after passing the driving test". That has been deleted.

Proposal R15 :
The requirement of a high level commuter for passing driving test by the Transport Department has been deleted. We suggest that the Transport Department should review their requirement for sitting and passing the driving test, and for example, expressway training is something that should be added because as you know, at present, learner drivers are not allowed on the expressway. This was something that we feel that the Government should make changes.

CLOSING REMARKS OF PRESS RELEASE BY DR. CHOW CHUN BONG

Injury is an important health problem. Besides causing suffering to children, their parents, it also causes significant economic loss to society. Injury prevention is a multi-faceted problem and need a multi-disciplinary approach - politicians, lawyers, architects, engineers etc. I think the media have a very important part to play in injury prevention by telling people that accidents are preventable. The term 'accident' implies unpredictability and unpreventability. With present knowledge and technology, most 'accidents' can be prevented. It is common belief that the most important aspect of injury prevention is by and through public education. It has been well established that public education only has a minor role to play. The most important thing is to establish a safe environment for our children. Child safety should be the priority in all Government policies concerning children and everybody should contribute to building a safe, enjoyable and healthy environment for our children.

Other issues that have not been discussed in the Conference is the effect of the media, especially television, on children, child abuse and childhood suicide. Obviously we don't have enough time for all these.

Dr. Ip :
Dr. Chow's work has shown that 57% of injuries in children from the Princess Margaret Hospital are preventable and I personally have an appeal, that in Hong Kong, we should give ourselves 10 years to try to half the incidence of all childhood injury, mortality and morbidity. The highest cause of death in children are accidents, not disease.

I will give you an example as to what the media can do to help us. Few months back when we had the Autumn Moon Festival. We, The Childhealth Foundation, The Paediatrics Society in preparation for this conference, faxed to all the news media about how many children were injured in the 1991 Autumn Moon Festival and that we must not allow children to play with fireworks and of course very responsible editors published this, they announced it on the radio and TV and so on. A remarkable difference in the number of children injured in the Autumn Moon Festival was such that, it makes us all feel that our work is worthwhile. I believe there were 27 children injured in the 1991 Mid-Autumn Festival and some of them required prolonged hospitalization and this year 1992, in the same hospital and on the same day of the Mid-Autumn Festival, the number of injury were down to 10, none was seriously injured. It dropped from 27 to 10, from serious injury to no serious injury and this was with the help of the media. We cannot just accept that children should be injured or it is your bad luck. It must be prevented. For those who were not here this morning when Mrs. Pattern spoke, she said in her speech that her child who was 2 1/2 had been seriously burnt, she highlighted a few things that were mentioned by Dr. Chan earlier. As a caring mother, it must be very sad for a mother to see her child injured or have a permanent injury.

Question :
About child injury figures on the drafts .

Dr. Ip :
We have to distinguish between being admitted to casualty and admitted to hospital. In the Princess Margaret Hospital in 1991, 5,300 children were seen in casualty because of accidents and out of that, about 1,500 children were admitted to hospital.

If we use these figures and from their relationship and project for the whole of Hong Kong, we get 60,000 children seen in casualty and around 17,000 admitted to hospital because of injury. That is a projection limitation, being that we only have figures for one year for the Princess Margaret Hospital but this is the beginning of a big thing because what we want the Government to do is not an estimation but we want real figures and monitors because only by monitoring can you tell whether you are successful or not in preventing accidents in childhood.

* * *

RESOLUTIONS ON 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.

* *Those marked with an asterisk are accorded higher priority by the conference participants.*

RESOLUTIONS ON ROAD SAFETY (R1 to R22)

R1 Compulsory requirement for children travelling in rear seats to wear approved seat belts or restraining devices, in line with the present requirement for a forward-facing sear (front seat).

R2 Proposal to include into the Road Users Code advising that a child under 5 years of age should not be allowed out alone the road. Parents and adults should always accompany such children, walk between the child and the traffic and always keep hold of their hands; if unable to do this, then to use reins or secure the child firmly in a push chair. Children should not be permitted to run onto the road.

R3 * All children under the age of 11 years are not allowed to ride a bicycle on the public road irrespective of whether they are accompanied or not by an adult.

R4 More public bicycle paths and cycling arena / parks should be designed.

R5 To set up more Centres where children can be taught to ride a bicycle.

R6 All schools are urged to support road safety education in conjunction with the various government departments and voluntary agencies.

R7 To keep a record of the details of child injuries upon their referrals to hospitals so that proper analysis could be made to effect better design and legislative controls.

R8 Higher priority to be given by the Royal Hong Kong Police Force to enforce control of pedestrians not using road crossing facilities and not obeying the Green Man Signal.

R9 Also heavier penalty to be given to those offenders by our courts.

R10 To encourage more active participation of schools to educate and monitor their school children in pedestrian crossings near their school.

R11 Ball-games on pavements next to vehicular roads are discouraged.

R12 To install more appropriate crash-barriers at traffic black spots to separate pedestrians from vehicular traffic.

R13 More media coverage and follow-up reporting of morbidity and mortality of road accident victims and their sequelae so as to alert and warn of their effects to the public.

R14 All schools are encouraged to set up their own road safety patrol * unit.

R15 To suggest to the Transport Department to review their requirement for sitting and passing the driving licence, e.g. expressway training.

R16 Demonstration of how a dummy is hit at the road safety towns.

R17 All school private buses are required to have fitted suitable child restraints.

R18 Adding more facilities to road crossings, especially elevated walkways.

R19 Road works are hazardous. Government should improve the coordination of road works and the public should be adequately warned.

R20 Members who attended the conferences are concerned about the upper speed limit of school private bus. Half of those who attended would like to see the limit to be set at 50 k.p.h.

R21 School private bus must be accompanied by an adult.
*****

R22 Proficiency test of bicycles should be encouraged.

* *Those marked with an asterisk are accorded higher priority by the conference participants.*

RESOLUTIONS ON SPORTS AND SCHOOL SAFETY (S1 to S4)

S1 A proposal to adopt the "Bill of Right for Young Athletes - Sports Participation in a Safe Environment"

1. Right to participate in sports
2. Right to participate at a level commensurate with each child's maturity and ability
3. Right to have qualified adult leadership
4. Right to play as child and not as adult
5. Right for children to share in the leadership and decision-making of their sports participation
6. Right to participate in safe and healthy environments
7. Right to proper preparation for participation in sports
8. Right to an equal opportunity to strive for success
9. Right to be treated with dignity
10. Right to have funs in sports.

S2 A proposal to adopt the "Principles in Sports Injury Prevention in Childhood"

1. Proper conditioning
2. Avoidance of excess training
3. Appropriate competitive environment
4. Resolution of prior injury
5. Appropriate supervision by certified trainers
6. Rule changes
7. Instruction in correct biomechanics
8. Appropriate equipment
9. Complete preparticipation physical assessment
10. Appropriate matching of competitors.

S3 Proposal:

*

All cyclist should wear protective helmets. Children are only allowed to ride on the cycle paths and cycling parks if helmets are worn. Protective helmets should be widely publicised, and encouraged before legislations are in place.

At present:

There is no legislations to ensure the wearing of safety cycling helmets, although as part of the cycling competition rules, helmets must be worn.

S4 **Proposals:**
*

For the purpose of promoting general awareness and alertness in injury prevention in childhood, it is necessary, among other things, to:

1. **include essential first-aid topics in the school curriculum and**
2. **required full-time careers for children to be trained and qualified as first-aiders.**

* *Those marked with an asterisk are accorded higher priority by the conference participants.*

RESOLUTIONS ON GENERAL SAFETY (G1 to G14)

G1 Hong Kong should ratify the Convention on the Rights of the Child.

G2 That Hong Kong should establish childhood injury prevention a priority goal and child safety be given prime consideration in any policy involving children.

G3 That a statutory body Child Safety Council should be set up to * steer and coordinate all activities related to childhood injury prevention.

G4 Children have the right to be reared in safe, healthy and enjoyable environment and also these they must be provided with.

G5 Injury prevention should be recognised as public health issue with high priority and adequate resources be allocated for research and action.

G6 A Childhood Injury Information System should be set up to collect * and generate accurate information on childhood injuries; interpret and analyse these information to identify problems, hazards, risk groups and injury-producing behaviours; and disseminate the information to relevant authorities and agencies for appropriate action.

G7 Health professionals should contribute towards and support safety and environmental schemes by providing expertise, communicating the problem and providing education to public and training of professionals.

G8 Basic essential first-aid techniques should be learnt by all parents and those personnel who are required to look after children and first-aid topics should be included in the school curriculum.

G9 Efficient and effective paediatric trauma care system should be established with provision for education, research and quality audit.

DEPARTMENT OF HEALTH AND HOSPITAL AUTHORITY

G10 For injured children, they should be provided with good rehabilitative care.

G11 That more supporting service be provided for childcare.

G12 That the standard of child care be improved and implemented through legislative measures, having regard to local resources available at the material time.

G13 That legislation should be enacted to prohibit children from * being left unattended at home.

* *Those marked with an asterisk are accorded higher priority by the conference participants.*

* * *

CHILDHOOD INJURIES IN HONG KONG : A ONE YEAR SURVEILLANCE AT AN ACCIDENT AND EMERGENCY DEPARTMENT

DR. CHOW CHUN BONG
Consultant, Paediatric A Unit,
Princess Margaret Hospital

DR. CHAN KWOK HEI, DR. CHIU LAI HONG
Consultant, Accident and Emergency Unit,
Princess Margaret Hospital

Introduction

Injury has been identified as the most important health problem of children after the age of one. It is the leading cause of childhood mortality, morbidity and also disability. In 1989 injury and poisoning caused about 1% of deaths among the 0-1 years, 25.8% of deaths among children aged 1-4 years and 34.6% of all deaths of children aged 5 to 14 years. A child is more likely to be admitted to hospital or attended to for medical treatment because of an injury than for any other cause.

Few accidental injuries are entirely due to chance. Often there are obvious and preventable causal factors. However, little information is available about the pattern of childhood injuries on, how, when and where were they sustained in Hong Kong. This is necessary to formulate priority areas for injury prevention programme.

The objectives of the study were to (i) to study the pattern of childhood injuries, (ii) to study the outcome of such injuries, (iii) to identify and aid recognition of possible opportunities for injury control.

Subjects and material

All children under the age of 15 years seen at the Accident and Emergency Department, Princess Margaret Hospital during the period 1 January, 1991 to 31 December, 1991 were included. A specially designed Injury Form was attached to the Accident and Emergency sheet for every child who presented with an injury. The injury and attendance time were entered by attending nurse and rest by the medical officer in attendance. Each day, all A&E childhood injury attendance sheets were screened for Injury Form completion and all children admitted to hospital were also screened for Injury Form entry to ascertain as far as possible all cases were included.

Data entered into the Injury Forms were validated by senior staff at the Accident and Emergency Department and then entered into computer.

Results

ASCERTAINMENT RATE

Completed injury forms were obtained for over 85% of all injury presentations. Incomplete form entry mainly occurred at a time when the A&E department was most busy. Those cases being admitted to hospital also having a lower ascertainment rate of about 75%.

A. OVERVIEW OF INJURY ATTENDANCES

During 1991, complete data on 5378 first injury presentations at the Accident and Emergency Department (A&E) Princess Margaret Hospital were recorded. This accounted for 17% of total traumatic attendances and 30% of paediatric attendances at the A&E department of the Hospital.

Age and sex distribution

The ratio of males to females was 2.1 to 1. The age distribution is shown in table 1.

Table 1:

Age	Number	Percent
< 2 yr	1376	25.6%
2-4 yr	1268	23.6%
5-9 yr	1244	23.1%
10-14 yr	1490	27.7%

It can be seen that 0-4 years age group represents the greatest proportion of total injuries, with 49.2% of all children injured aged 0-4 years.

Month of injury

The distribution of injury presentations over calendar months is shown in table 2. Least injuries occurred during summer holidays.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No.	428	460	506	429	491	456	424	384	438	441	474	447
%	8.0%	8.5%	9.4%	8.0%	9.1%	8.5%	7.9%	7.1%	8.1%	8.2%	8.8%	8.3%

Place of occurrence

Table 3 indicated majority of children were injured at home (52%). Closer analysis of the data indicated that 68% of all residential injuries were sustained by children aged less than 5 years of age. The 5-9 year age group had a greater representation in playgrounds and educational settings. The 10-14 years age group represented the majority of injuries in street and schools.

Table 3 :

	Home	School	Street	Playground	Sport	Beach	Pool	others
No.	2790	659	1010	469	129	10	38	273
%	52%	12%	19%	9%	2%	0.2%	0.7%	5%

Cause of injury

Table 4. Cause of injury

Mechanism	No.	Percent
Falls	2611	48.5%
fall from level ground	1427	26.5%
fall from height	338	6.3%
fall from bed	407	7.6%
fall from chair	235	4.4%
fall from table	43	0.8%
fall from stair	159	3.0%
fall from window	2	0.1%
Hit by/onto objects	837	15.6%
Sport injury	399	7.4%
Foreign body in body	314	5.8%
Traffic accident	253	4.7%
Crush injury	191	3.6%
Assaults	172	3.2%
Cuts	146	2.7%
Thermal injuries	137	2.5%
Bites by animals or insects	128	2.4%
Others	58	1.1%
Penetrating injuries	45	0.8%
Pulled elbow or wrist	35	0.7%
Poisoning	22	0.4%
Child abuse	22	0.4%
Suicide	2	0.1%
Choking	2	0.1%
Drowning	1	0.1%