

Under the Radar

In the 7/14 issue of *SBS News*, the second important research paper helmed by Kyran Quinlan, MD, on the intersection of impaired drivers and children was reviewed. The *Pediatrics* paper by Quinlan et al. focused on state patterns of deaths of children in impaired driver crashes, finding that from 2000-10, 65% of those reported fatalities were children riding with the impaired driver. Of those children, 61% were unrestrained; 71% of the drivers survived, meaning the crashes themselves were not unsurvivable.

After the excellent 4 D's* conference, held in Los Angeles in December, SBS USA was invited to present the issue at a Sacramento committee meeting of the Strategic Highway Safety Plan: Alcohol and Drug Impairment Area Challenge Team (SHSP ADICAT). With its diverse membership, the Team can approach various networks to invite participation in generating ongoing messages to the public about the need for adults to intervene when a 4-D driver plans to take a child along for the ride. Children cannot tell adults not to drive impaired, including drugged, drowsy or distracted, but other adults can.

Recent figures from National Highway Traffic Safety Administration (NHTSA) relating to this issue note that of 1132 kids under 14 dying in motor vehicle crashes in 2015, 181, 16%, were in crashes with impaired drivers; of those, 51% rode with impaired drivers and of those for whom restraint data were available, 48% were unrestrained.

SBS USA invites use of our flyer, *Under the Radar***, which summarizes the characteristics of this threat to child health and shows a photo of a crash between two vehicles, one parked and the other driven by an allegedly drunk woman who was transporting another woman and children ages 1, 2, and 7. A San Bernardino County deputy, on scene because an earlier incident occurred nearby, was able to act. Although the majority of such drivers are male, a third of those with kids aboard are women.

* Distracted, Drowsy, Drugged and Drunk Summit

**Available at www.carseat.org

Safety Seat Checkup Week

This year, SBS USA is celebrating from May 6-12 with our special safety seat checkup to be held in Anaheim at Global Medical Center. The checkup will highlight the importance of correct, consistent use of safety seats and is the concluding event in the preceding national certification training to be held at the facility. (*See pg. 2.*)

Despite laws and education, generally SBS USA teams find high levels of incorrect use at checkup events, despite the obvious concern the families show for "getting it right." Moreover, at checkups, families are encouraged to share what they learned with others and are given a consistent packet of materials with which to do just that.

We are grateful to those supporting the effort, including California Office of Traffic Safety (CA OTS), Pomona Police Department, Toyota, and Global Medical Center, a new partner. Lithographix has provided free posters, both with and without the specific event in Anaheim. The idea is to encourage communities to consider mounting their own child passenger safety-oriented events, from exhibits to checkups, and to publicize important points, such as the need for booster use to ages 10-12 and the continued recommendation to keep children rear facing in the car as long as possible.

We are inviting cities, counties, and states to join in proclaiming the Week to encourage focus on the importance of doing it right. And this year, we also are stressing the importance for all adults to intervene when an impaired person contemplates putting a child in a vehicle. Incidents and data show how vulnerable children are in such situations.

Join the campaign!

What Influences Longer Booster Use?

Internationally, as with multiple research findings in the U.S., there is agreement that children are likely to need boosters until they are in “double digits” but concurrently, there still is neither national nor international recognition of that among the public. Given that “social norming” is a critical component of human behavior, researchers want to understand which factors help or hinder progressing toward greater concurrence.

(Continued on pg. 5.)

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Calendar:

SBS USA Events Sponsored by CA Office of Traffic Safety (OTS) and Pomona Police Department:

TECHNICAL WEBINARS for California CPS Technicians:

***4/19:** 10 am-11:30 am.
1 Continuing Education Unit.
i0680@hotmail.com

CERTIFICATION TRAINING

***5/9-12:** Anaheim, CA
Major Supporter: Global Medical Center. CEUs for nurses.

Special Enforcement Week

***4/29-5/5**
Supporter: Peace Officers Association of L A County. Details and Citation Reminder Cards for officers: call 310/318-5111

Safety Seat Checkup Week

***5/6-12:** Request free posters for your community.

SAFETY SEAT CHECKUP DAY

***5/12:** Global Medical Center, Anaheim, CA.
10 am-2 pm for families;
Sponsors: CA OTS, Global Medical Center, Pomona Police Department, and Toyota

CONFERENCES

***3/19-21:** CPS Conference, NHTSA Region 2, Long Branch, NJ. Register at www.cjfhc.org. SBS USA will exhibit. Stephanie Tombrello, LCSW, CPSTI, speaker.

***4/22-24:** Lifesavers Conference, San Antonio, TX.
SBS USA Exhibit; Heidi Heflin, MN, CPSTI, speaker.
To register or get information:
<https://lifesaversconference.org>

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Follow-Up Note on Rear-Facing Recommendations

As noted in our January issue, a follow-up paper by McMurry et al. published in *Injury Prevention* reiterated the recommendation to keep children rear facing as long as possible but dropped the “5 times safer” than forward facing underpinning. The research team could not replicate the figures, given the small number of cases of both rear-facing and forward-facing children included in the database on which the work was done. Now *Injury Prevention* has removed the original 2007 Henary paper from its catalogue completely, as it is unsupported. Gradually, the term will be replaced in materials.

Published in *Traffic Injury Prevention*, 2015, a research paper by Jamie Williams et al., Robson Forensic, “Effects of LATCH vs. Available Seatbelt Installation of Rear Facing Child Restraint Systems on Head Injury Criteria for 6 Month Infants in Rear End Collisions,” makes that comparison using two models of rear-facing-only seat and a convertible.

Tests were conducted on Graco SnugRide Classic Connect 30 with and without the base; Britax Chaperone with the anti-rebound bar on the base; and Evenflo Tribute rear facing. Belt-attachment tests included use of ALR retractor belts and ELR retractor belts, with and without locking clip use, on a 2012 Toyota Camry

vehicle seat. The crash speed used in the tests was 29.8 mph, chosen for reproducibility, but which is much higher than the vast majority of rear-end collisions.

The findings of this study were that HIC values were up considerably with lower connector attachment. The lowest HIC values were the rear-facing-only seat with anti-rebound bar. The authors expressed concern for diagnoses by first responders since, without the chalk face imprint on the vehicle seat back and high-speed video, it would be hard to know, post-crash, if an infant contacted the vehicle seatback and if the child’s cries reflected fear or pain, thus potentially lengthening the time to conclude if a head/brain injury had occurred.

The authors posit other configurations could affect outcomes. For example, they cite rear-tethered Swedish or Australian seats to be tested for comparisons as well as the effects of belt path locations in relation to the safety seat center of gravity and the variability of vehicle seats. However, they do not mention seats with rigid lower connectors. The authors did mention that NHTSA statistics on causes of rear-end crash deaths cited 83% from fire, a figure used when developing the regulation for the amount of force vehicles need to withstand to prevent fuel leaks.

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SafetyBeltSafe News

March 2018

Statistics of Interest

When the child passenger safety movement began, it seemed that the entire focus of protecting children in traffic was on pedestrians. But as data were shared and good options for protecting children in the car emerged, there was more targeting of how children ride in the car. An early paper on the risk of back-over deaths, by Phyllis Agran, MD, highly involved in the cps arena, also pointed to the risk of a toddler being run over, unseen, by a relative or friend. Over the years, this tragic scenario has led to a federal mandate for rear-focused cameras in new cars, with leadership from KidsandCars.

In the 2015 Traffic Safety Fact Sheet on Children from NHTSA, among the wealth of details, there are two charts of the patterns observed since 2006. Child passenger deaths remain, at 73%, the “leader.” However, the downward trend continues from 2.97 rate to 1.86 rate per 100,000 children in the U.S. But there is also an uptick for losing both 1-3 year olds and 8-12 year olds from 2014. To reverse direction again, the needs of these two groups should stress the use of a restraint with internal harness and reasons for keeping 1-to-3 years olds rear facing longer and then for avoiding the move to boosters until school age and extending their use until 10 to 12.

Looking at child pedestrian deaths, one notes that being male is a risk factor since 62% were boys. Upticks in such deaths also rose for those more than 8 years old. The focus on pedestrian risk has been stressed after Los Angeles released figures showing an 80% jump in the past 2 years despite efforts to “calm” traffic with an eye on more attention to walkers in an area famous for being car-focused.

As cps has become an area of more widespread concern, it may be useful to link with those who have targeted pedestrian and impaired-driver areas in the overall challenge to bring down traffic deaths.

More Support for Longer in Each Buckle-Up Stage

The underlying data encouraging longer use of child restraints with harness systems as well as for boosters vs. belts-only come from various papers.

A 2010 report based on data from between 1998-2008 by Robert Siviniski for NHTSA evaluates the effectiveness of boosters vs. belts alone for kids 4-8 years old by controlling for the injury status of the drivers in crashes with kids restrained in either belts or boosters. Data come from federal NASS-CDS database and three states which differentiate booster vs. safety seat with harness in crash records - Kansas, Nebraska, and Washington.

Linking numbers of injured drivers and both volume and seriousness of child injuries, the researcher made general comparisons, finding a 14% difference when kids with all levels of injury were included in the analysis. In addition, comparisons of injury between three and four year olds riding in either seats with harness systems or boosters, showed that, for three year olds particularly, seats with internal harnessing demonstrated greater protectiveness.

The research findings may seem self-evident; however, as advocates recommend longer periods of use at each level of protection from rear-facing travel on, it is useful to have findings from the field.

Do Parents Select the Right Seats?

(Continued from pg 2.) **Boosters...**

The University of Michigan team of Mary Smiley, MS, C R Bingham, PhD, P Jacobson, JD, and Michelle Macy, MD, MS, long focused on child passenger safety (CPS), analyzed consistent data on size, age, and restraint use collected in 2011, shortly after the upgrade of U.S. recommendations about safety seat use, and in 2015. Collection sites were two hospital emergency rooms, one suburban and the other urban, allowing for data on a range of families.

Their goal was to see which state and federal guidelines were followed. To assess children who might outgrow a restraint stage because of overall size, the team used the combination of height and weight to assess correct use of a rear-facing seat; either height or weight to assess if the forward-facing child in a seat with harness or booster was riding appropriately, assessing using both the lower and higher recommendations. The findings showed that parents' reports on usage were closer to the Michigan law than to the U.S. recommendations.

Reed and Klinich (See *SBS News*, 3/16) have shown that kids don't fit into belts correctly until at least 10-12 years old; however, none of the states have laws explicitly requiring this. Given the uphill battle to change state laws, the improvement in meeting U.S. guidelines, rising to 72% in 2015 seems to indicate greater awareness by parents as well as the wider availability of seats serving larger children. Although there were improvements for appropriate choices in 5 of the 8 areas, by 2015 all areas were still below 60%.

Those who serve children and families must understand the most appropriate recommendations and give parents concrete clues to make the best choices. For instance, focusing on age 8 to move from a booster is not helpful because so few children "fit" at that age and boosters for children up to 120 lbs. are available.

Parents must be informed to look at head level in rear-facing seats so there is an inch of plastic above the child and, for forward-facing children, to note that straps need to be at or above the child's shoulders, regardless of weight. These clues and the 5-Step Test, with reminders that each change is less protective, may help parents to choose and use seats properly. Knowing that social norms are crucial in behavioral change, it helps to have general agreement on the more protective recommendations, a step which may help parents to join the campaign to change the top age/weight/height under state laws.

An Israeli team investigated parental decision-making patterns, using a previously-developed scoring system with four different decision-making patterns: vigilance or a firm, consistent approach; buck-passing or leaving the decision-making to others; hyper-vigilance or panicky, impulsive decision-making; and procrastination or postponing the decision so that it tends to be inconsistent. They gathered responses from 398 adults with kindergarten or 1st grade children at four randomly selected schools in an Israeli city. Parents also were queried about family size and car safety practices, specifically booster possession and use and requiring adults in back seats to buckle up.

Authors S Shimony-Kanat et al. looked for linkages of the four predictors with booster use. The findings, reported in "Do parental decision-making patterns predict compliance with use of child booster seats?" (*International Journal of Injury Control and Safety Promotion/2017*), indicate only vigilance and buck-passing patterns related to booster use. Parents' responses on consistent booster use were associated with the vigilant pattern whereas those using buck-passing were less likely to use boosters always. Younger children were more regularly protected than older ones; adults with fewer than three children were more likely to report regular booster use. A positive response that the driver asked adults in the back seat to buckle up also linked to consistent booster use.

Although the high percentage that reported booster use overall exceeded reports in other studies, the authors noted that a large-scale study by Michelle Macy, MD, et al. found an 82% concordance between reported and observed safety seat use on discharge from an emergency room. The authors understood that well-educated parents know the "right" answer for booster use but they also found a relationship between the buck-passers' responses which were linked to lower use rates and which did *not* fit the "socially acceptable" explanation for answers. Thus, they believe that they have found a real link.

Of interest locally, the authors cited an early paper by Phyllis Agran, MD, C Anderson, and D Winn, published in 2004, investigating factors leading to more consistent, correct child transport and based, in part, on studying violators who attended Family Safety in the Car violator-program, still licensed by SBS USA to Passenger Safety Services. Agran et al. found that attending the class with seat assessment affected parents' safety seat use behavior more than simply paying the fine.

SafetyBeltSafe U.S.A.

Safety Seat Checkup

Saturday, May 12, 2018 ♥ 10:00 a.m. to 2:00 p.m.*

Anaheim Global Medical Center
1025 S. Anaheim Blvd, Anaheim, CA 92805

*For a checkup appointment, call SafetyBeltSafe U.S.A., 310/318-5111.

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