

COVID-19 Continues to Change Resources

Child passenger safety has been a “contact” field: safety seat checkups as a community resource; visits to health and safety fairs and talks for parent groups and library gatherings; and at the state and national levels, conferences such as Kidz in Motion and American Academy of Pediatrics, which, with American Public Health Association, have cancelled their conferences through fall 2020.

Virtual versions are the current focus of creativity.

SBS USA has provided California Technical Webinars and seen attendance increase substantially, leading to holding the webinars twice in both April and June. Webinars provide current news and reviews of relevant research papers to help Technicians explore the concepts underlying the teaching they provide and to expand areas of focus. Now SBS USA is developing online teaching programs.

For the L.A. County Department of Public Health network of agencies which distribute safety seats for county residents in need, “*Don’t Risk Your Child’s Life IX*” from Shelness Productions will be combined with a PowerPoint introducing 5 Keys to CPS (child passenger safety) and focus on the details of approaching a safety seat. Borrowing an idea from pilots and surgeons, SBS USA developed a checklist based on “SDLHIH” (Selection, Direction, Location, Harness level, Installation, Harness child).

The Checklist Manifesto by A. Gawande, (see September, 2012 *SBS News*), describes how a regular pattern of checking certain basic but key aspects of complex procedures can reduce inadvertent errors. The checklist doesn’t replace manufacturers’ instructions nor even a comprehensive brochure like *The Perfect Gift*. It is a reminder of key steps, referring to the components of the educational process offered. Like the consistent pattern of SBS USA summaries available for all of the manufacturers’ instructions of the past 10 years, the checklist can be kept with instructions to emphasize the importance of each step.

Incorrect use of various types is seen in virtually all of the interactions SBS USA has with both in-person and Safe Ride Helpline users of our services. When safety seats are designed for use in multiple stages, even color-coding does not always remind parents how to change belt path use when they reverse the seat or when to move from lower connectors to safety belts. Often parents who have a strong interest in correct use call; however, they have missed that their children are too heavy for lower connectors or that tether straps need to be used.

SBS USA also offers a virtual resource for law enforcement agencies in California. For years, our team visited roll calls around southern California to share basic information on cps. Currently in-person visits are limited so the Roll Call online is available on request, with sessions both for early and late shifts. The GotoWebinar platform, used for Technical Webinars, is accessible and makes it possible to verify participation. In addition, any California agency that does not have current citation reminder cards may request 1 per officer in the field, thanks to support from California Office of Traffic Safety.

Heidi Heflin, RN, MN, CNS, CPSTI, has created a Webinar for nurses to bone up on the basics of cps. Often parents turn first to nurses, especially in the current environment, but many nurses never have received education from a CPST--91% in our most recent session. SBS USA will partner with agencies that can offer a CE toward nursing license renewal. Join with us to make sure your colleagues are aware of new recommendations and laws.

Continued on pg 2.

VIRTUAL CONFERENCE:

Aimed at generating coalitions in local areas, the conference will cover 11 areas of unintentional injury, including child passenger safety. Day 1 will focus on speakers with organizational expertise to increase networking, evidence sharing, mentoring, and effective programs.

On Day 2, injury-area-specific 1.5-hour workshops will be held. A pre-conference virtual gathering is possible in cps. The organizing group is sending out notices of the conference to gauge the response and interest. More detailed information lies ahead.

If you have any particular focus area to be addressed, let SBS USA know.

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Calendar**VIRTUAL CONFERENCE:**

***11/ 17-18: Safer California**

(see information, left column)

To pre-register for the conference:

https://us02web.zoom.us/webinar/register/WN_Br0ruxnsQOCFhj78gNj9FA

...Covid 19 *(cont. from pg 1)*

Another area of expertise is school bus on-board safety. The National Highway Traffic Safety Administration (NHTSA) program for School Bus Certification is available for CPSTs to offer. SBS USA can offer a shorter virtual program as part of a 1- CEU program for Technicians.

Similarly, we can provide a 3-CEU virtual introduction to transport for children with special travel needs. This is not an alternative to the NHTSA Special Needs course for CPSTs.

Want to review the research on pregnancy and child passenger safety? Let us know as we have compiled a segment on this area, one of our 5 Keys for parent education. One research paper based on pictograms chosen by pregnant women from around the world indicated that only 3.5% of U.S. pregnant women were wearing both parts of the safety belt correctly. The presentation delves into research on the risks and need to outreach to change that statistic.

Today is a time for focus on the many aspects of sharing our knowledge more widely in our communities. We know that it is hard for many to handle the "new normal" but while we may not be able to offer our resources in the same way, it is an opportunity to renew our knowledge base.

Thank You

\$500: Safe Traffic System

\$200: University Hospital

New Role:

SBS USA is pleased to share that we will be providing technical assistance to the Los Angeles County Department of Public Health Injury and Violence Prevention Program on a consistent basis under a 3-year contract.

To counteract the reduction in funding for distribution programs and to ensure that the program is embedded in the community, a special collaboration has been developed to increase the number of CPSTs in the partner agencies and to ensure resources to keep the Technicians up-to-date with the key education they provide for families with limited resources.

Two county hospitals, Harbor-UCLA and Olive View-UCLA Medical Centers, are in the network with East Valley Community Health Center, T.H.E Health & Wellness Center, The Whole Child, and Venice Family Clinic, located in various corners of Los Angeles County.

We look forward to increasing the number of Technicians and perhaps adding sites to the network.

Christine Li, LACDPH Health Educator, is CPS Coordinator for the program.

You can help SafetyBeltSafe U.S.A. save children's lives with your membership or donation.

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Research Report:

Consumers Union (CU) reported on the lack of diverse crash dummies—i.e. non-representative dummies that don't reflect the differences between male and female. The 10/19 report by Keith Barry points out that, despite men driving more miles and engaging in more risky driving behaviors, when these factors are controlled, women are 73% more likely to be hurt in a frontal crash. A belted woman in front is 17% more likely to die.

From 1980 on, researchers requested a female dummy; it took until 2003 to get her—and then she is so unlike the typical woman that she is used for a 12-year-old child as well. Without prioritizing a female dummy, automotive design is focused on the 171-lb., 5'9" male. Auto companies take their lead from NHTSA in terms of test conditions. Despite women being about 50% of drivers today, even the small female dummy is rarely in the driver's seat, meaning cars are not made for women.

Emily Thomas, PhD of CU and Kristy Arbogast, PhD, of Children's Hospital of Philadelphia point out that not only in size but also in "physical properties," men and women are not the same.

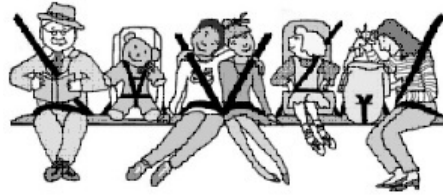
Shorter by 5.4 inches and lighter by 27 lbs., the average woman also isn't the same shape with the same bone type and pelvic angle as a man. This matters because the female driver may be closer to the steering wheel, and the belt may not fit the pelvic girdle the same. The female neck does not resist bending as well as the male's. Bone differences can lead to shattering from different pressures. Women suffer whiplash about three times as often as men in real crashes.

Generally, automakers focus on designing to pass the government crash-tests first before innovating.

Of interest is an example of researchers seeking ways to reduce injury that led to an engineering recommendation. Published in 2018 by YS Yang, YS Kim, ES Jeon*, the authors note rear-end collisions cause the most injuries, albeit, according to other data, often have a lower risk of fatal results. The focus was redesigning the connection between seat and head restraint so it can move forward and up to support the occupant's head throughout the crash, reducing stress and whiplash significantly—i.e. "more than 20% compared to the existing headrest."

*Design for Headrest Including Guides Slot to Reduce the Neck Force in Rear End Impact, *International Journal of Automotive Technology*, vol. 19, no. 6

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***SafetyBeltSafe* News**

July 2020

Follow-up on Workshop - Lifesavers March 2020:

Sarah Haverstick of Goodbaby described ways in which products sold under both U.S. and United Nations (UN) certifications differ. For instance, in the U.S., the “self-certification” standard puts the onus on the seat manufacturer to assert compliance by the simple act of accepting payment. Testing is done, according to Haverstick, about 650 times during the creation of a new safety seat. Some manufacturers have added their own in-house test sleds to use before even testing at an outside company. Computer modeling is also routine.

The UN standard requires fitting a product into at least one of four Types based on specific age groups/weight and height limits. From there, the product under the type certificate is tested by a “technical service” or, if overseen by a technical service, by the manufacturer’s lab. Production must be conforming. (As SBS USA learned from CPS Malaysia, the technical service lab might be in any EU country so to ensure the label is not a counterfeit, one must track down the lab and learn from that lab if they actually did the testing.)

Haverstick compared two products that appear similar, both made by Goodbaby: Cybex Sirona S is a convertible with a 5-point harness, a load leg, a permanent base on which it is rotated, and other features in common. U.S. residents would note at once the lack of a retainer or chest clip on the UN version. Next, the UN-standard Sirona S i-size attaches by rigid connectors only while the U.S. version has flexible lower connectors and a safety belt path in the permanent base. The U.S. version can hold heavier children (4-35 lbs. rear facing, 22-65 lbs. forward facing) compared with 39 lbs. either rear- or forward-facing for the UN version. Having ISOFIX only, which allows a total of only 73 lbs. for seat and child, puts the capacity far below the seat used with a safety belt which must protect adult men and thus, allows for much heavier safety seat occupants.

The testing regimen of each standard varies. The crash dummy types for U.S., EU, and UN differ. All three require frontal crash testing; however, only UN has a settled side-impact test. NHTSA started the process to include side-impact testing in 2014, using the Q3 dummy but has not issued a final Rule yet. To date, using the Hybrid dummy, NHTSA requires frontal crash-testing with a lap belt and, for forward-facing seats including a tether, with and without it attached. If a load leg is present, testing must be successful without using it. An inversion test can be done to see if the product may be used on aircraft.

The UN standard R129/02 requires use of the Q-series dummy and side-impact, rollover, and, for rear-facing seats, rear-impact testing. The air bag warning label for rear-facing safety seats under the UN standard is pictograph only. The R129/02 label identifying the specific seat is numbered, reflecting the “approval number” under a letter and number in a circle, which indicate the country in which it was approved. The focus of the seats is height, rather than weight, on the supposition that parents prefer to “shop” by height rather than weight, which certainly is not typical in the U.S.

Both UN and U.S. standards provide high-quality safety seats. However, greater flexibility of attachment systems in the U.S. means more widespread compatibility. Nevertheless, with more options can come more confusion. Testing with safety belts means that seats can be designed to hold larger, heavier children rear facing and in a harness forward facing than under the UN standard. Wouldn’t it be great if we could find yet another middle path to allow for better protection for larger children under the UN Standard?