

Safety priorities change as children grow older

CONTINUED FROM PAGE C1

on a changing table or in an infant carrier or a high chair or a bed, a balcony or anywhere, for that matter: kids turn up in emergency rooms after falls from the roofs of cars and even from the tops of agitating washers or dryers, where their parents have left their colicky infants to rock to sleep.

When Debbie Friedman, assistant head of the head and spinal cord trauma program at the Montreal Children's Hospital, sees an infant carrier or seat up on a table in a fast-food restaurant or on a counter, or observes one balanced on the hood or roof of a car as groceries are being loaded or off-loaded, she sees an injury waiting to happen. A good rule of thumb: keep the carriers on the floor or the ground.

Attach car seats properly

Infants held on laps or left free in moving vehicles can become projectiles on impact. According to law, all children need to be restrained in cars, but surveys have shown that more than half of all car seats are improperly installed or used; Manseau of Ste. Justine has been known to knock on the windows of a car in which she observes an infant who's not in a car seat or else is in a seat that's attached improperly.

Use rear-facing infant seats for infants weighing less than 9 kg (20 pounds), who don't yet have the muscle strength in their backs and necks to travel safely when facing forward. Don't install them in a seat with a fold-down armrest or an airbag. Use a tether strap to anchor them. Place car seats in the rear seat.

Make sure the seat conforms to the Canadian Motor Vehicle Safety Standard administered by Transport Canada; most American car seats do not meet Canadian standards.

The major dangers faced by children aged 3 to 5, who are generally in daycare or pre-kindergarten, are as pedestrians or as passengers in motor vehicles. Whether they're travelling in car pools or your own car, ensure that they're properly restrained in car seats

or, if they weigh more than 20 kg and have outgrown the car seats, on booster seats so that the shoulder straps cross their chests, not their necks. Especially in cars with passenger-side airbags, all children should sit in safely belted rear seats; while airbags have saved many adult lives during collisions, the force with which they open can kill a small child.

Other things that can go wrong: falls are a major cause of injury-related hospital admission in children under the age of 4, and, indeed, children of all ages.

Don't leave youngsters unattended in shopping carts or on rooftop decks or balconies. Trampolines should not be used as toys. Kids under 5 should not use skateboards.

For children aged 6 to 9, the major danger is as pedestrians who are hit by motorists. A balance must be struck, Friedman observed, between encouraging them to start to be independent and the fact that they still need a fair amount of supervision.

In this age group, children lack the skill to negotiate busy streets on their own, and should not cross them unless supervised by a crossing guard. Parents should insist that schools provide road-crossing training programs: kids should be shown, not just told, how to stop and look both ways: left and right and then left again before crossing.

Motorists need to respect speed limits and school-bus flashing lights indicating that a child is getting on or off a bus. Kids that age tend to assume that they have the right of way, Friedman said. Drivers should approach their vehicles from behind and do a safety check before reversing out of any spot.

Many older children, aged 10 to 13, are riding their bicycles on their own and inline-skating to school. Bicycles should be the right size - not big enough to grow into. Kids should wear helmets from the time they get their first tricycle. Even a fall from a stationary cycle can do damage. Most children involved in cycling mishaps are within six blocks of home at the time.

The average human skull can be



JOHN KENNEY, GAZETTE

Motor vehicles pose greatest risk, says trauma expert Debbie Friedman.

shattered by an impact of as little as 7 km per hour; children can cycle at an average speed of 10 to 15 km per hour. Wearing a helmet reduces the risk of brain injury by more than 85 per cent, according to the Canadian Bike Helmet Coalition, but the majority of cyclists don't wear them.

Head injuries are responsible for more than three out of four cycling deaths and survivors of head injuries can be left with serious consequences - including seizures, intellectual and memory impairment, mobility problems and personality changes.

Cyclists' injuries cost millions

In 1994 alone, the Quebec government paid indemnities of \$29.5 million to cyclists who had been in collisions with motor vehicles. According to a recent communiqué from provincial public-health directors, a helmet law would save 10 lives and prevent 200 admissions to Quebec hospitals each year.

Manseau of Ste. Justine buttonholes young people not wearing helmets to cycle or helmets and protective gear when they're inline-skating. "It's difficult not to get involved when you work where I work," she said.

Pauline Sciortino had urged daughter Cristina and her friends to wear helmets: "I said anything can happen at any time." Still, she takes responsibility for what happened. "My husband and I are to blame for letting them use their bicycles and Rollerblades without helmets. We are at fault. They need them."

Many teenagers, exploring their independence, show a taste for danger. They also overestimate their abilities and feel invincible. Bad combination. Traffic injuries account for four out of 10 adolescent deaths: Health News has reported that 36 per cent of male teenagers and 17 per cent of female teenagers involved in traffic crashes had blood alcohol levels over the legal limit.

Another important threat to the health of teenagers is from injuries, particularly head injuries, sustained in sports and recreational activities. Concussion, ranging from a simple *ding* to a prolonged loss of consciousness, is the most common head injury in sports.

But no head injury is negligible.

Persistent headaches, fatigue, distractibility and difficulty concentrating are just some of the problems head injuries can cause. Yet their implications are not well understood by the public, said Friedman. "Even in less severe cases, there are sequelae and family life and the future can be turned upside down."

Carlo Galli is a physiotherapist with the head and spinal-cord trauma program at the Montreal Children's and assistant coach of the Dawson College men's basketball team. "A lot of coaches really don't understand head injuries," he said. "I know if a player gets hurt and it's one of your best players that you want him back in the game. But a head injury is not like an ankle injury. You can't tape a brain and send the player back in."

Symptoms of mild head injury include headaches, dizziness, light-headedness and memory problems. But they might not show up for 24 or 48 hours. "So the kid goes out and gets reinjured. The brain needs some time to heal. If the brain is not healed and

you get another hit, the damage could be cumulative," Galli said.

There is mounting evidence that, after one concussion, an athlete is up to four times more likely to have a second.

Yet often, young athletes who have sustained head injuries are too proud to say they're dizzy or have a headache. Observed Galli: "The key point is that we don't want the coaches to tell the kids to be tough guys and to tough it out."

François Choquette is head coach of the AA collegial league in Sherbrooke; he is also a former player who twice suffered concussions and both times was taken out of the game.

"You really feel you can go back into the game," said the 25-year-old doctoral candidate in engineering. "You are all pumped up and you don't want this to scare you."

"But as a coach, my responsibility is to assess the extent of the injury and not to push a player to go back in. You want to win, but not at the price of a player getting handicapped for the sake of a game."

Education part of equation

Experts say that preventing injuries is a matter of several factors acting in concert: education, as in campaigns for bicycle safety and against drinking-and-driving; legislation, including seat-belt laws and compulsory child restraints in cars; and making the environment safer, as in modifications like smoke detectors and childproof medicine containers.

Most studies show that injuries are controlled best by improving the environment rather than by trying to change the behavior of children or their parents. Still, the responsibility needs to be shared, said Friedman of the Montreal Children's: parents have to act responsibly, kids have to understand the reasons they need to play safe, and schools must be aware of the issues and reinforce them in a way that's educational and positive. No one, Friedman observed, reacts well to something being imposed. Not even if it's for your own good.