



Susy Safe Newsletter

An European Project on Foreign Bodies Injuries in the Aero-Digestive tract in Children

Susy Safe Final Meeting: Foreign bodies in children: Safer products for preventing choking and injuries

On the 24th March 2010 the Susy Safe Project final meeting was held in Bruxelles. The foreword speeches were run by two of the main partner institutions, Dr. Robert Nuij from DG-SANCO and Mr. Francesco Piccarreta from the Italian Permanent Representation to the EU. From both partners came words of ongoing endorsement for the project that from 2005 till 2010 has registered nearly 17000 foreign bodies' injuries, increasing its boundaries of partnership from the only European ground to South America and to developing countries like Africa. Prof. Dario Gregori subsequently showed the various activities coordinated in the 5 years of project's development, stressing how there's has been a noticeable increasing of adhesions, therefore enrolling the project in the safe community scenario as the biggest database on foreign bodies injuries in children. In an overview of the results obtained, the extensive number of cases enlisted showed the potentiality of Susy Safe to be inserted in the cooperation agreement on consumer' protection between Europe and USA as best practice. Guidelines on foreign body's injuries coming from the final results of the project will be set in the next months and disseminated both to consumer services institution and to doctors.

The subsequent presentations of Dr. Paola Berchialla were focused on three of the main foreign bodies of the database,











highlighting that in all cases the parental control played an important role. As previously seen in Susy Safe's reports, this role still covers one of the main factors that can influence results and injuries occurrences, showing the deep need of a broader dissemination of results, in a more reachable form. For this reason it has been planned the production of a poster concerning main foreign bodies retrieved in Susy Safe database, age at major risk, signs and symptoms, other safeguards that will be presented with the intent of broadening the consumers' reaching.

During the roundtable a global prospective of foreign bodies injuries was introduced by the presentations of Dr. Hugo Rodriguez, displaying the present experience of Argentina and showing how Susy Safe data could be increased in the next future thanks to the access to a large scale of South American data provided with the collaboration of the Hospital de Pediatría Juan P. Garrahan in Buenos Aires. The South African background was presented by Prof. Sebastian van As, Director of Trauma Unit Red Cross Children's Hospital and member of Childsafe South Africa. As pointed out from all the participants at the roundtable, among others Dr. Peter Spitzer, Eng. Ton De Koning and Eng. Natale Consonni, there's a plain necessity to enroll, among the participants, centers from Russia, China and developing country, to further lower down the global risks due to foreign bodies.





Susy Safe Phase II: overview over of the last two years of activity

Susy Safe project was endorsed for further 2 years in which phase II was implemented. The aims of this second phase were to enforce project dissemination in order to increase the number of participating hospitals that collaborated in the project, making their data available, to foster data collection and start to involve consumer associations. Two were the work plans to be implemented, aimed to collect data, disseminate the project among doctors and consumer associations and implement educational politics and campaigns.

These aims were accomplished in the last two years. First of all the project dissemination goal. The importance of specific meetings with doctors to present works at congresses to involve more doctors and departments of paediatrics and otorhinolaryngology was clear from the first trance of work. Besides, medical channel could allow a broader dissemination of specific prevention materials di-

rectly to parents and adults dealing with children.

The link with the consumers associations is a crucial step in increasing awareness of the issue and in stimulating proper behaviour among consumers. In this sense, a series of links with the consumers associations,

improvement of the Susy Safe
web site, including direct links
also to the hospitals' web
pages and a representative for
each member state in the session "Contacts";

 production of Susy Safe Project's 2008-2010 book with description and discussion of

both at EU level and at national level was promoted in view of a proper usage, for safety improvement, of the information coming

The second phase: Development of an evidence-based protocol

Objects, which emerged to be the most dangerous, are:

Nuts and seeds

Removable parts of objects

Packaging

Batteries

out from the Susy Safe Registry.

Scientific Community:

- Susy Safe Project meetings;
- special leaflets for doctors;
- International Pediatric, Otorhinolaryngology and General Practitioners' congresses;
- final meeting of Susy Safe Project partners;
- modification and improvement of the Susy Safe questionnaire;

the programme's development in the two last year of project;

elaboration of guidelines,
 based on the data contained
 in the Susy Safe registry,
 which will be then used for
 prevention aims (developed in
 4 steps: inquiry on eventual
 works which have already
 been done in this regard,
 analysis of the issue from the



medical point of view and definition of the medical consequences of such injuries, analysis of the issue from a product safety point of view, development of the final re- commendations;

Consumer Associations

- contacts with the Austrian Consumer Safety Association (Mag. Perz, Vienna);
- elaboration of guidelines, based on the data contained in the Susy Safe registry, which will be then used for market products' surveillance.

Consumers

- newsletters;
- 1st Austrian Child Safety House: specials sheets for consumer & product safety;
- lectures to consumers, especially to parents, day care mothers and students;
- special leaflets for the parents, given in the waiting room of hospitals and private paediatric practices;
- production of a poster addressed to children's facilities and paediatrics' practices, explicating the 12 most frequent foreign bodies and the key role

of adult's supervision in primary prevention;

 exposition of foreign bodies retrieved from anywhere in ENT region in Children's University Hospital's patients (affixed on notice board in outpatient ambulance.

Another purpose was obtained enlarging the Susy Safe Registry. The data already collected in the Susy Safe Registry represent a valuable and perhaps unique source of information, both from the qualitative and the quantitative point of view. Nevertheless, the Registry must continue its activity of cases registration, to ensure timely information as soon as new treats are appearing to emerge. This activity consists in two main steps:

- 1. improve the data collection form including a set of fields on the FB treatment and more details on the FB location, as suggested by some of the participating centres; redefinition of the Case Report Form used by the centres, integrated with new and more detailed parts;
- 2. enlarge the data collection involving new centres in as many

countries as possible, through the dissemination of information about the project at specialized scientific meetings and trough scientific publications.

The idea is to broaden the boundaries from the European area to worldwide area.

An inquiry on the works regarding foreign bodies has been done on about 45 expert magazines of paediatrics, otorhinolaryngology, surgery and other similar fields, international and national. The research has found more than 80 professionals paediatricians, otorhinolaryngologists, surgeons and other doctors and researchers, whose contacts have been checked using the web-site "PubMed", where abstracts and researches in the medical field are published. An invitation to collaborate has been sent to these doctors, together with a presentation of the project, of its activities and the mode of operation. The invitation has been answered from European and extra -European countries.



. A particular mention goes to Dr. Sebastian van As from the South Africa Republic, who agreed to share with us more than 5000 cases of injuries between children due to foreign bodies. cases.

Dr. van As, as representative of South Africa Republic, has also positively answered to the possibility to participate to the project as a member state, being also the president of Child-Safe–SafeKids Sud Africa.

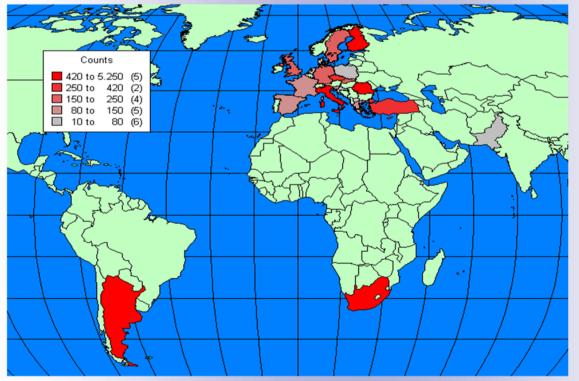
Therefore like South Africa, countries like Argentina and Cameron, joined the project, helping the database reaching 17000 cases.

Brief summary of actual results

16878 FB injuries occurred in children aged 0-14 yrs have been recorded in the SUSY SAFE databases; 8046 cases have been reported from countries outside EU. Details regarding the patients' distribution by country are subsequently reported.

(10.2%) and 15151 retrospective cases (89.8%). Retrospective cases are past consecutive cases available in each centre registry and shared with Susy Safe. Data collection for retrospective cases followed the same procedure as for the prospective cases. All cases, in fact, irrespectively from

The Susy Safe Data Collection



The registry collected 1727 prospective cases

their retrospective or prospective nature have been entered in the registry using Susy Safe the Case Report Form (CRF), thus ensuring the same quality, at least from the data entry point of view, for all cases reported in the system.



For the purposes of providing a picture of the overall data quality, three definitions have been adopted: (i) Low Quality data: few basic data available (e.g.: gender, age, ...), (ii) Medium quality data: basic data on FB characteristics and procedures are available (FB type, type of procedure, ...) and (iii) High quality: detailed data on at least one FB characteristic are available (shape, size, circumstances of the injury). Sixty percent of the prospective cases have a level of quality high enough (medium or high) to meet the requirements of the risk analyses system (see below), and, although this percentage lowers down to 36% for retrospective cases, still this remains a very good achievement.

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Countries	N
EU Countries	8832
Austria	12
Czech Republic	607
Cyprus	99
Denmark	70
Finland	421
France	122
Germany	157
Greece	88
Italy	5241
Poland	45
Romania	753
Slovak Republic	241
Slovenia	105
Spain	149
Sweden	236
the Netherlands	77
UK	409

Non EU Countries	N
Non EU Countries	8046
Argentina	2461
Croatia	19
FYROM	63

istics and procedures are

TOTAL 16878



Susy Safe at International Meetings

•ISCAIP Biannual Conference "Child Injury Prevention: Knowledge to Practice".

Merida. Mexico. 14th March 2008

•9th World Conference on Injury Prevention and Safety Promotion. Merida. Mexico. 15th-18th March 2008

•8th International Conference of the European Society of Pediatric

Otorhinolaryngology. Budapest. Hungary. 8th-11th June 2008 •2nd European Conference on Injury Prevention and Safety Promotion. Paris France. 9th-10th October 2008

 SafeKids Worldwide 2008 Child Injury Prevention Conference. Washington DC. United States of America. 15th-18th October 2008

Special session at the SIOP 2009







2nd European Conference on Injury Prevention and Safety Promotion-October 9th and 10th 2008, Paris

New Members from 2009



New Associated Members from 2009

South Africa	Red Cross War Memorial Children's Hospital -AB Sebastian Van As	
FYROM	Institute for Respiratory Disaeses in Children - Ljiljana Sokolova	
Argentina	Hospital De Pediatría Juan P. Garrahan - Hugo Rodriguez	



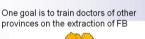
Argentina's and South Africa's contribution at the final meeting: a new point of view in the global panorama

The Argentinian experience

Dr. Hugo Rodriguez introduced to the other members the present Argentinian situation regarding FBs injuries. Argentinian contribution to the Susy Safe database amounts at the present to 2641 cases. The morbidity and mortality of "accidents" in childhood is one of the main health problem. Today it is the leading cause of death between 1 and 18 years old in Argentina.

10912 children under 5 years died during 2007. 55% of the total died during the first 4 weeks of life, 30% in their first 11 months and 15% during the remaining 4 years.

Foreign body obstruction of the airway (OVACE) produces 7% of deaths in children under 4 years old.









Hospital De Pediatría Juan P. Garrahan has trained many doctors throughout several cities of Argentina.

Until now several actions have been done:

- Training of professionals
- SAP Manuals



Los accidentes domésticos no dependen del azar. Pueden prevenirse. Que tus hijos puedan jugar sin poner su vida en juego. Defensoría del Pueblo de la Ciudad Autónoma de Buenos Aire www.defensoria.org.ar 0810-333-3676

- Postcards and posters
- · Education for family doctors and pediatricians
- **Accidents Committee**
- Campaigns on Accidents' Prevention

At the present moment Argentina can not count on the excellent TATO for measuring potentially hazardous toys, so parents are advised to measure with a roll of toilet paper (with a diameter of 5 cm, that is 1.5 cm wider).

> That is in all homes!!







Dr. Rodriguez highlighted the evidence that prevention campaigns must be directed to the community as well as professionals because pending on the urgency of the case, different audience have different necessity of education and prevention programmes.

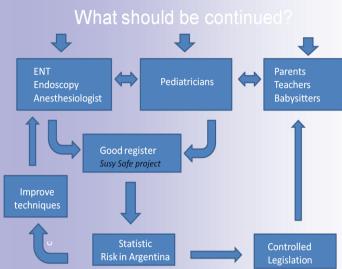
In this landscape Susy Safe project has given the opportunity to participate in a multicenter study (which has already proved its real value), the possibility to compare FB rates, de-

lays in consultation, risk of injury in order to set real health policies for the final target: pre-

vent

"injury" in children.

In a few months all the important centers of Argentina



will be working together, all

The South African experience

Prof. Van As brought to the Susy Safe meeting the large experience of his hospital, the Red Cross Charity Hospital, in injuries field. South Africa's population is approximately 47 million people, of whom 20 million are children. Trauma is the leading cause of childhood death between the ages of 1 and 18; worldwide, approxima-

tely 1 million



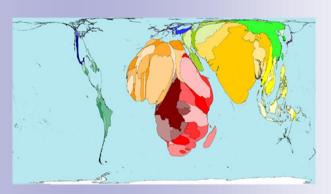


children die annually childsafe from the three big killers of motor vehicle accidents, drowning burns. In this numbers Foreign Bodies injuries still have a high occurence, being at the 5th place in fre-



quencies. Prof. Van As has pointed out some numbers regarding health and public sanity in South Africa,

Deaths of children 1-4 years





Stressing the estreme lack of doctors and trained professional towards the huge proportions of children's mortality in the country. In this outlook works childsafe, whose primary aim is to create a safer world for children. The modalities to reach these goals are three: research, education and advocacy.

The first step can be reached through the maintainance of childhood injury database that is the largest single-centre one in the world, since 1991 electronic and that provides 160000 patient entries for approximately 50 variables. The second aim is the

World report on child injury prevention

education of the community, carried out also through the distribution of preventive posters, like Growing Safely Poster, that has received Media Award in Mexico in 2008. Advocacy has been given from the WHO, including Childsafe

in the World Report on Injury Prevention.





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