

## **1. The Paediatric Society of New Zealand believes that:**

- 1.1 Child passenger injury from road traffic crashes is a leading and preventable contributor to paediatric trauma mortality and morbidity in New Zealand. [1]
- 1.2 All appropriate legislative, administrative, social and educational measures should be taken to protect children from injury, neglect, or negligent treatment while they are in the care of parent(s), or other caregivers. [2]
- 1.3 The technical effectiveness of correctly used child car restraints is well proven. Properly fitted and correctly used child car restraints prevent injury and save children's lives. [3]
- 1.4 All child passengers travelling in motor vehicles, including those with special health needs, have the right to be kept safe. [2]
- 1.5 Successfully promoting the correct use of child restraints requires appropriate legislation and its enforcement, distribution schemes that provide widespread access to affordable products, coupled with education campaigns delivered in conjunction with hands-on assistance for the correct fitting and use of the child restraints. [4-7]
- 1.6 New Zealand's health services must work in partnerships to ensure parents, caregivers, families/whānau, organisations, and government agencies all receive informed advice on the most effective ways to prevent child passenger injury. This includes monitoring child passenger injury incidence, creating and distributing data and research on child passenger injury, and providing families who access health services with information and advice on their correct use of child car restraints and the safest seating positions for their children in vehicles. [6, 8, 9]

## **2. The Paediatric Society of New Zealand notes that:**

- 2.1 On average, each month in New Zealand one child younger than nine years of age is killed and eight more children are injured seriously enough to be admitted to hospital for overnight or longer, as a result of motor vehicle passenger injury (2004-2008). [10]
- 2.2 Correctly using the appropriate car restraint for a child's age, height and physical proportions has been shown to reduce the risk of child death in motor vehicle crashes by between 47% and 80%. [3]

2.3 Measuring the prevalence of correctly used child restraints is essential for effectively planning and promoting child restraint use. Regional surveys carried out in 2005 and 2009 found that between 45% and 65% of New Zealand families with children younger than five were not using restraints correctly. A 2011 Ministry of Transport survey in showed that 71% of children aged between five and eleven were using an adult seat belt only, despite best practice advice that they should be seated in a booster seat. [8, 11]

2.4 New Zealand has established a competency based certification process for Child Restraint Technicians that is part of the National Qualifications Framework. Certificated Child Restraint Technicians are available across the country and can provide face to face, informed advice about the correct fitting and use of child restraints. (accessed October 2012) [12]

[www.nzta.govt.nz/traffic/students-parents/child-restraints-technician.html](http://www.nzta.govt.nz/traffic/students-parents/child-restraints-technician.html)

2.5 The designs of semi-reclining child restraints can put infants at risk of respiratory compromise. Newborn, preterm and term infants are at risk of oxygen de-saturation when left sitting in semi-reclining child restraints. [13, 14]

2.6 Seating position in the vehicle and the way the restraint is used are important factors for reducing injury risk. These include:

- a. Young children seated in forward facing car restraints can experience excessive cervical spine stretching or separation due to their relatively large head mass and anatomical differences to adults. The use of rearward facing seats for as long as practical reduces the incidence of these types of injury. [15]
- b. Children graduating into adult seat belts before they are tall enough (148 cms) to obtain the full safety benefits of the adult seat belt are at higher risk of injury than those who continue to use a restraint or booster seat. The majority of children do not reach 148cms in height until age of eleven. [16, 17]
- c. Children restrained only by a lap belt are at increased risk of sustaining abdominal and/or lumbar spine injuries (seat-belt syndrome) during a collision. Newer vehicles are equipped with three-point lap and diagonal seat-belts in all seating positions to prevent this injury. [3, 18]
- d. Children seated in a restraint in the front seat of a vehicle are exposed to the risk of serious injury from airbag deployment. All children younger than fourteen years old should be seated in a back seat. [19]

2.7 Child restraint legislation is used by the community as a guide to indicate what is required. When legislation does not match manufacturers' recommendations and research, other initiatives are required. Programmes to promote the correct use of child restraints are most effective when delivered in conjunction with product distribution, education and hands-on advice. [4-6, 9, 20]

### **3. The Paediatric Society of New Zealand recommends that:**

3.1 A child restraint is used on every trip for every child. Child passengers travelling in motorised vehicles should at all times be seated in a restraint that is correctly fitted into the vehicle, meets accepted Standards, and is suitable for the child's age, height, weight and development. [3, 6, 7, 21]

3.2 Child Health Services and Well Child Service providers work with Certificated Child Restraint Technicians to ensure health professionals; families/whanau and caregivers receive expert technical advice and have access to information and products that promote and ensure the safe transport of children. [12]

3.3 The transfer and transportation of children by child health services should at all times be carried out in a manner consistent with best practice child restraint advice and families, whānau and caregivers are provided with every opportunity to access and use child restraints when travelling to and from hospital and/or child health services. [3, 6, 7, 21]

3.4 Families, whanau and care givers of children with special health needs receive expert advice on the safe transportation of their child from Certificated Child Restraint Technicians who are working in collaboration with their Child Health Service Provider. This includes situations where the use of a usual child restraint is not achievable or may compromise the child's health, for example, children with hip spicas, cardiopulmonary conditions and/or behavioural issues. [22]

3.5 Child restraints that are semi-reclining are used only for travel in the first months of life and travel time spent in a child restraint should be minimised. [23]

3.6 Child Health Services and Well Child Service providers routinely advise New Zealand families to:

- a. Seek advice from a Certificated Child Car Restraint Technician when purchasing and installing child car restraints. [12]

- b. Seat children rearward facing up until the age of two years, and then continue to seat them rearward facing for as long as practicable. [15]
- c. Ensure young infants are not left unattended to sleep in semi-reclining child restraints. [13, 14]
- d. Use head positioning inserts to ensure infants are correctly positioned and able to maintain a clear airway at all times they are in the child restraint. [13]
- e. Ensure children younger than the age of fourteen always travel seated in the back seat, for their safety. [3, 21]
- f. Ensure children are never placed in a restraint in the front seat of a vehicle where an airbag might be activated. This is critical with respect to rear-facing child restraints. [3]
- g. Only use lap belts when there is no safer alternative. [24]
- h. Continue to use a child restraint or booster seat until the child reaches 148 cm in height. [21]

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