MEETING REPORT

Burn and Scald Accidents to Children, London, England, 1985

A seminar on 'Burn and Scald Accidents to Children' was held on 10 December 1985 at B.M.A. House, London. It was hosted by the Child Accident Prevention Trust, and its aims were to launch the report of a Working Party and to invite discussion on the recommendations contained therein.

The working party, under the chairmanship of Dr R. H. Jackson, was set up in 1982, partially funded by the D.H.S.S., the Wolfson Foundation and the British Burn Association (C.A.P.T., 1985). There were 140 participants at the seminar, and the largest single grouping of clinicians came from the field of accident and emergency medicine.

It should be noted that accidents are the major cause of death in those aged from one to 14. The seminar heard that 11% of accidental deaths in childhood were due to thermal injuries. This is second only to road traffic accidents as the prime cause of accidental death in this age group (O.P.C.S., 1984). In the thermal injuries category, two-thirds of the deaths occurred in the pre-school group. The vast majority of deaths are in those who have been burned. The pre-school group also suffer the majority of scalds, which are rarely fatal but may have long-term sequelae.

Review of the H.A.S.S. (Home Accident Surveillance Scheme) figures for 1983, with extrapolation to the country as a whole, gives a figure of 13 900 burns and 21 900 scalds: 7% of all home accidents in those below the age of 16. Amongst these, only 11% require specialist referral, the rest being discharged after initial treatment (17%) or followed up by accident and emergency departments or their G.P.s.

Of the many suggestions for preventive measures, only one can be seen as falling within the province of the accident and emergency physician: education. The Home Office and local fire brigades provide a comprehensive educational service aimed at the prevention of death or injury due to conflagration. However, they make no attempt to address the problem of scalds and much of their programme is aimed at school-children.

It has recently been suggested elsewhere that accidental poisoning in children occurs mainly in the pre-school child and also in the context of the 'family-under-stress' (E.C.P.S.A., 1985). It appears that thermal injury also occurs mainly in these families. The use of computerised accident and emergency records could aid in identification of these families by identifying other episodes of injury to the same child or to its siblings.

The role of the health visitor in visiting the homes of those already injured in an effort to identify dangers, educate parents and prevent further injury must be considered essential. Until now, health visitors have been used mainly by accident and emergency departments in the follow-up of potential cases of child-abuse. To send a health visitor in all cases of thermal injury or poisoning would, no doubt, swamp the service. However, it should be possible to visit those families identified as 'families-under-

stress'. This might enable us to offer a better preventive service to those who most need it.

Obviously, a properly designed prospective study would be required to evaluate the usefulness of this form of intervention. This must, inevitably, await the computerization of accident and emergency records.

REFERENCES

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