



Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles

Administrative Report



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ISBN Online: 978-0-9923450-3-7

Published: 22nd October 2013

Suggested citation: Neuroscience Research Australia and Kidsafe Australia: *Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles Administrative Report*, Sydney: 2013

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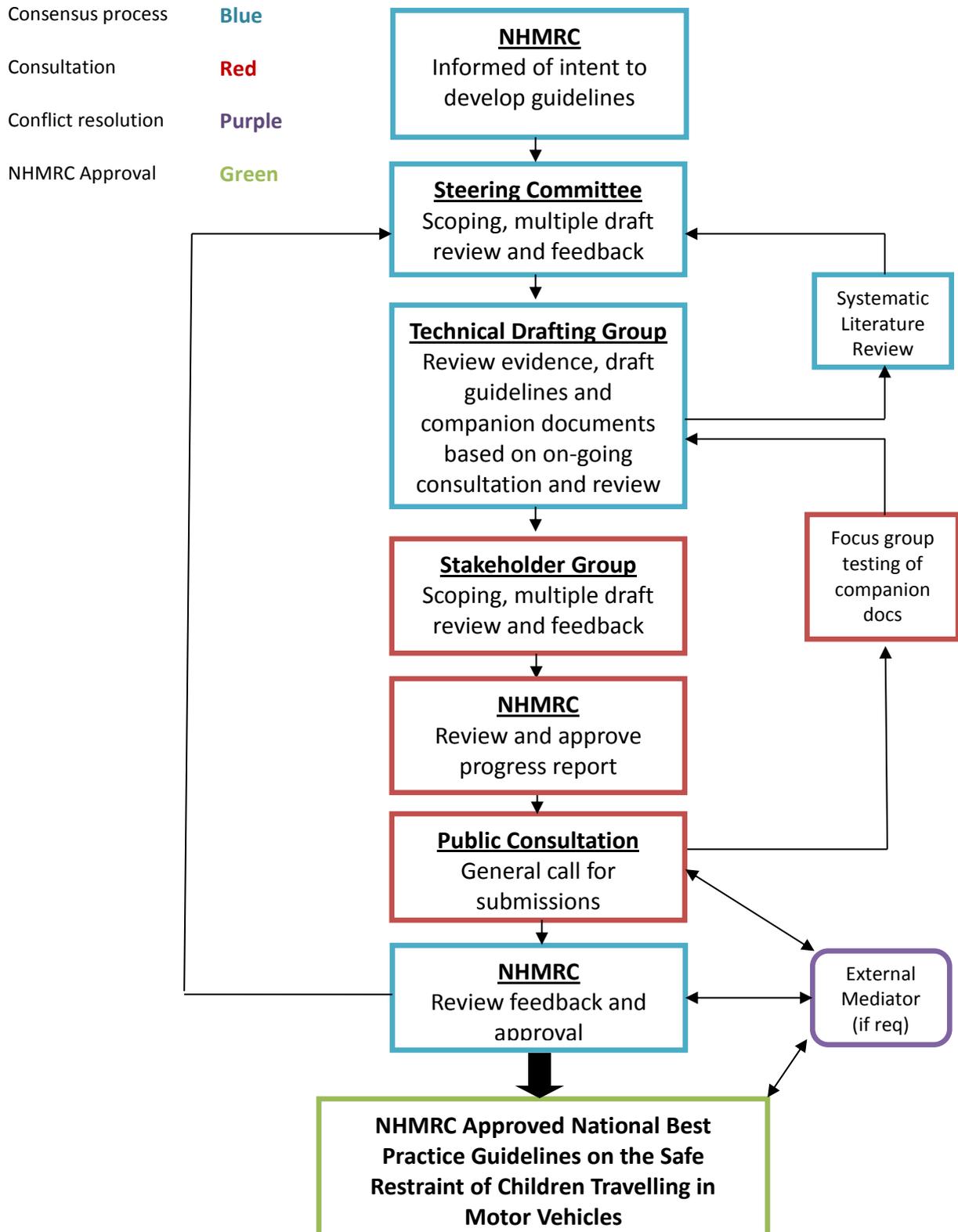
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2 Development process

The development of the Guidelines has followed the key principles and processes outlined in the document NHMRC Standards and Procedures for Externally Developed Guidelines (2011). The overall process of development is outlined in the following diagram.



2.1 Definition of guidelines scope

The broad scope of the guidelines (best practice use of restraints by children when travelling in cars) was set by the convening organizations at the commencement of the process. Further details and more specific topics for inclusion were defined by the Steering Committee at a meeting on the 29th of November 2011.

2.2 Literature review

The literature review was conducted by an appointed consultant, Dr Jane Elkington, who has expertise in systematic reviews and guideline development in road safety. Potential candidates for providing high level assistance with the literature review were identified by the convening organizations and Dr Elkington was appointed with approval from the technical drafting group. Dr Elkington was chosen because she has extensive relevant expertise in both guideline development and road safety. A brief summary of her credentials and experience is contained in Appendix 1.

Full details and explanation of the choice of the methodology for the literature review are contained in the Technical Report. Briefly, the process was to conduct literature searches in the medical literature (using the PubMed database), the transport literature (using the Australian Transport Research Index) and Cochrane reviews using key terms relating to child restraints and child passenger safety until no new articles emerged. Articles were then reviewed for relevance to each research question, and assessed for quality using all the dimensions specified in the NHMRC Evidence matrix (NHMRC, 2011).

2.3 Drafting of guidelines

For each research question within the scope, recommended practices were developed and reviewed by the technical drafting group, based on the evidence. Evidence tables for each recommendation were drafted. Where evidence was either very poor or there was no evidence, but where there was a need to provide guidance (based on the scope defined by the Steering Committee), consensus based recommendations were developed by the technical drafting group. Practice points were developed to mention a small number of issues that were outside the scope of the guidelines, but deemed important issues for consideration by those providing advice to consumers in this area.

Much of the work of the technical drafting group was conducted in teleconferences and by email. A final review of the whole draft guidelines was conducted by each member of the drafting group prior to the consultation phases. Consensus was reached by the drafting group for all recommendations, and practice points, and all but one consensus based recommendation. Formal methods of mediating this process (i.e. through the use of an external mediator) were not required, as agreement was reached in all cases. Consensus was achieved by the following (informal) process:

- Each broad issue, and the supporting evidence, was discussed during teleconferences. Each drafting group member had the opportunity to provide his/her viewpoint. The discussion continued until agreement was reached on the broad content of the recommendations.
- This broad agreement was then turned into a draft wording, which was circulated, and then discussed in follow up teleconferences, and by group emails and some one-on-one phone calls between the chair and drafting group members.
- Wording was then revised, and recirculated and re-discussed, until all members of the technical drafting group were in agreement with (or raised no further objections to) the wording of the recommendation, or it was clear that complete agreement was unlikely. In this instance the alternatives under consideration were voted on, and the majority view was adopted. There were only two items that went to a vote, and in the final votes, one of those items ended up being accepted unanimously, and the other had one dissenting vote.

- The final version was circulated again, and formal endorsement was given by all drafting group members, prior to commencing approval processes with Kidsafe and the Steering Committee member organizations.

2.4 Consultations

The draft guidelines documents were provided to the Steering Committee members for comment prior to the release for public comment.

The resulting draft guidelines and associated documentation were then made publicly available through the Neuroscience Research Australia website. A public announcement was published in The Australian newspaper on the 17th of September 2012. A broad range of stakeholder groups, identified during the project development phase, were invited to provide comment on the guidelines. Any individuals or organizations who had self-identified to the convening organizations were invited to comment on the draft. In addition, all Australian Child restraint manufacturers and the following organizations were separately invited to comment on the draft:

- Aboriginal Health and Medical Research Council of NSW
- Aboriginal Health Council of Western Australia
- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Aboriginal Medical Services in Western Australia
- Australian Automobile Association
- Australian Child Restraint Resource Initiative (ACRI)
- Australian College of Road Safety (ACRS)
- Australian Competition and Consumer Commission
- Australian Health Ministers' Advisory Council (AHMAC)
- Australian Injury Prevention Network (AIPN)
- Australian Local Government Association – WA Branch
- Austroads
- Baby Restraint Fitters
- Centre for Remote Health
- Consumers Federation of Australia
- Department for Transport, Energy and Infrastructure (DTEI) – South Australia
- Department of Infrastructure and Transport
- Federal Chamber of Automotive Industries (FCAI)
- Injury Risk Management Research Centre NSW (IRMRC)
- Insurance Commission of Western Australia
- Migrant Resource Centres of South Australia
- Motor Accident Commission (MAC) – South Australia
- Motor Accident Insurance Commission (MAIC) – Queensland
- National Aboriginal Community Controlled Health Organisation
- National Transport Council
- Northern Territory Department of Health
- NSW Health
- Office of Road Safety
- Queensland Ambulance Service
- Red Cross – South Australia
- Roadwise – Western Australia
- Standards Australia
- Standing Council of Transport and Infrastructure
- Western Australia Local Government Association (WALGA)

All stakeholders, steering committee members and drafting group members were encouraged to notify their professional networks of the public comment process. Members of the public were also encouraged to provide input.

2.5 Review processes

In addition to reviews by the Technical Drafting Group and Steering Committee noted above, NHMRC arranged two scientific (expert) reviews and an independent methodological review. One internal NHMRC AGREE II assessment was conducted. An additional independent external AGREE II assessment was conducted by Dr Kim Delbaere, Neuroscience Research Australia.

3 Governance and stakeholder involvement

The project was jointly convened by Neuroscience Research Australia and Kidsafe Australia.

An expert working committee (the Technical Drafting Group), chaired by Professor Lynne Bilston was formed in March 2011 to guide, advise and author the development of the Best Practice Guidelines on the Safe Restraint of Children Travelling in Motor Vehicles.

3.1 The technical drafting group

Name	Organisation	Disciplines/Expertise
Prof Lynne Bilston (Chair)	Neuroscience Research Australia & University of New South Wales	Engineering, Road Safety, Child Injury
Mr Ali Akbarian	Mobility Engineering	Engineering, Child Restraint Consumer advice
Dr Robert Anderson	Centre for Automotive Research, The University of Adelaide	Engineering, Road safety
Dr Julie Brown	Neuroscience Research Australia & University of New South Wales	Anatomy, Road Safety, Public health
Dr Judith Charlton	Monash University Accident Research Centre (MUARC)	Road Safety, Behavioural science, Public Health
Mr Michael Griffiths	Road Safety Solutions	Engineering, Road Safety
Ms Sue Wicks (until 31/5/12)	Kidsafe Western Australia	Child Safety, Consumer Education
Ms Melita Leeds (from 1/6/12)	Kidsafe Western Australia	Child Safety, Consumer Education
Dr Alexia Lennon	CARRSQ, Queensland University of Technology	Public Health, Behavioural Science, Road Safety

3.2 Project staff

Dr Jane Elkington, (Expert reviewer, consultant), Jane Elkington and Associates

- Dr Elkington is an injury prevention consultant, with expertise in guideline development and broad injury prevention and road safety expertise

Ms Philippa Crooks (administrative assistance), Neuroscience Research Australia (until Nov 2011)

- Ms Crooks is a research assistant with experience in assisting with road safety research

Mr Stevan Nikolin (administrative assistance), Neuroscience Research Australia (after Nov 2011)

- Mr Nikolin is a research assistant with experience in assisting with road safety research

3.3 Advisor for literature review

Professor Rebecca Ivers, Director of the Injury Division, the George Institute for Global Health, acted as a methodological advisor to the Technical Drafting Group and the Literature review consultant, Dr Elkington. She provided specific advice on request regarding quality of study designs and evidence assessment.

3.4 External mediator

Professor Caroline Finch, Research Professor and NHMRC Principal Research Fellow, Monash Injury Research Institute, Monash University was appointed as an external mediator. Her services were not required, as consensus was reached without the need for external mediation at any point in the process.

3.5 Steering committee

The steering committee was appointed to provide input on the development of the guidelines and was selected to be multidisciplinary, representing relevant disciplines and clinical experts in the area of child occupant protection in motor vehicle crashes, and to be from all states and territories in Australia. The group included organisations representative of the end-users of the guidelines.

Name	Organisation	Discipline/Expertise
Alyse Gavlik	Department of Infrastructure, Energy and Resources, Tasmania	Land transport safety policy
Andrea Petrie	Department of Health and Human Services, Tasmania	Injury prevention
Basuki Suratno	Transport Roads and Maritime Services, NSW	Engineering, road safety policy
Belinda Maloney	Royal Automobile Association, South Australia	Child road safety, child restraint fitting
Christine Baird	Motor Accidents Authority	Road safety policy
Christopher Hill	Motor Accidents Insurance Board (MAIB), Tasmania	Third party injury law and insurance
Claire Thompson	Main Roads, Western Australia	Government road safety research and policy
Craig Newland	Australian Automobile Association	Engineering, vehicle standards, road safety policy

David Quinlan	Justice and Community Safety Directorate (JACS) (until 05.03.2012)	Road safety policy (acting as representative for ACT government)
Dearne Chisholm	Queensland Roads	Road safety policy
Geoffrey Davidson	Justice and Community Safety Directorate (JACS) (from 05.03.2012)	Transport policy and administration with current focus on road safety matters
Helen Lindner	VicRoads, Victoria	Road safety policy
Jack Haley	National Roads and Motorists' Association	Engineering, fuels and road safety policy
Jennifer Fry	Centre for Disease Control, Department of Health, Northern Territory	Health policy
Jennifer Malone	Department of Lands and Planning, Northern Territory	Road safety policy and research
Jennifer Thompson	Victoria Health	Senior policy officer; injury prevention
Jessica Truong	Transport Accident Commission (TAC), Victoria	Road safety policy
Joel Tucker	Royal Automobile Club of Queensland	Road safety policy
John Leditschke	Queensland Child Restraint Education and Safe Travel Committee	Paediatric surgeon
Karina Moore	Department of Health, Western Australia	Injury prevention, harm minimisation, pre- hospital, acute, rehabilitative and palliative care
Melinda Congiu	Royal Automobile Club of Victoria	Road safety, with particular expertise in child restraints
Peter Bawden	Department of Planning, Transport and Infrastructure, South Australia	Road safety policy
Ron Somers	South Australia Health	Epidemiology and injury prevention
Samantha Cockfield	Transport Accident Commission (TAC), Victoria	Road safety policy
Shaan Myall	Department of Lands and Planning, Northern Territory	Road safety policy

The organizations represented on the steering committee or providing funding have endorsed the guidelines.

3.6 Organisations formally endorsing the guidelines

Neuroscience Research Australia and Kidsafe have agreed to formally endorse the guidelines. Additionally, all steering committee members and funders will commence the processes for formal endorsement once the guidelines are finalized after public comment.

3.7 Industry involvement

Industry representatives were not included among the organisations taking part in developing the guidelines, but industry input was sought during public comment. The decision to exclude industry representatives from the drafting stages was based around the need to ensure that the development was independent of particular child restraint products and not subject to commercial interests or pressures related to specific restraint products or designs.

3.8 Consumer input in guideline development

Consumer organizations were involved in the development process as members of the steering committee (Kidsafe, NRMA, RACV, RACQ, AAA, RAA), the technical drafting group (Ms Melita Leeds, Kidsafe WA), and were consulted extensively. Attempts were made to include an independent consumer representative (who was not an employee of a consumer organization and did not have a personal relationship with any of the developers or drafting group members) on the steering committee, by advertising through the Kidsafe Centre in Perth. This proved unsuccessful within the time frame of the project. Direct consumer input was encouraged during public consultations, by:

1. Advertising in The Australian newspaper
2. Advertising in all the Kidsafe Centres nationally

Submissions from 5 consumers were received during the public comment process.

3.9 Aboriginal and Torres Strait Islander input in guideline development

Input from Aboriginal and Torres Strait Islander groups was sought during the public consultation phase as follows. The draft guidelines were sent to Aboriginal Health and Medical Research Council of NSW, National Aboriginal Community Controlled Health Organisation, Aboriginal Health Council of WA, and individual Aboriginal Medical Services. One submission was received during public comment relating to the implications of implementing these guidelines for Aboriginal and Torres Strait Islander groups in remote communities.

4 Funding

The organisations funding the guideline development process were:

Funding Organisation	Funding Received	Funding Percentage
Department for Transport, Energy and Infrastructure (DTEI) South Australia	\$10,000	11.1%
Justice and Community Safety Directorate, ACT Government (JACS)	\$5,000	5.6%
Motor Accident Authority of New South Wales (MAA)	\$5,000	5.6%
Motor Accident Insurance Commission of Queensland (MAIC)	\$5,000	5.6%
Northern Territory Department of Health	\$5,000	5.6%

Queensland Roads	\$10,000	11.1%
Royal Automobile Club of Victoria (RACV)	\$5,000	5.6%
The National Roads and Motorists Association of NSW (NRMA)	\$10,000	11.1%
Transport Accident Commission of Victoria (TAC)	\$10,000	11.1%
Transport for New South Wales (RMS)	\$10,000	11.1%
VicRoads – the Victorian Roads Authority	\$10,000	11.1%
Victorian Department of Health	\$5,000	5.6%
TOTAL	\$90,000	100.0%

5 Management of potential competing interests

All steering committee members and technical drafting group members completed NHMRC confidentiality and disclosure of interest (DOI) forms at entry point into the project. All of these were logged in a register. At each stage of the scoping, evidence, draft review and signoff members of the development process were asked to re-declare any changes to their declarations, and this was minuted in meeting notes (there were none). Where relevant, any member of the drafting group who had a competing interest to a particular issue abstained from discussion on that issue.

5.1 Summary of declared interests

No member of either the Technical Drafting Group or the Steering Committee declared any gifts, gratuities or payments.

5.1.1 Technical drafting group

A majority of the members of the Technical Drafting Group have affiliations with various organizations that have an active involvement in child restraints, motor vehicle safety, and injury prevention research. These include the Child Restraint Evaluation Program (CREP), the Centre for Automotive Safety Research (CASR), Kidsafe, the National Panel on Biomechanics of Injury, the Australian Injury Prevention Network, the Association for the Advancement of Automotive Medicine, the Department of Planning, Transport and infrastructure, and the Roads and Maritime Service (RMS - formerly the RTA).

As a result of these affiliations, many Technical Drafting Group members have published research protocols, papers, and reports, and have conducted studies in the field of injury prevention for children in motor vehicle crashes. These affiliations are not expected to result in any conflicts of interest as the members of the Technical Drafting Group were specifically selected for their previous experience and knowledge with regards to child restraints.

Five members of the Technical Drafting Group provide consultation services and advice with regards to child restraint use.

Three members are currently employed within the child restraint industry. Two offer training and education on the use and installation of child restraints, and one is a contractor for CREP. Ali Akhbarian works for an organization that provides paid and free advice to consumers on child

restraint issues and manages a network of child restraint fitting stations in NSW. He did not participate in the discussion around the use of fitting stations for consensus-based recommendation 6.8.8, as this was perceived to be a potential conflict of interest

One member, Julie Brown, declared that she had filed a patent for a modular child restraint system, which is not covered under the current guidelines scope. This patent has subsequently lapsed

Finally, three members of the Technical Drafting Group receive research funding from various sources including the RMS, RACV, NRMA, VicRoads, and an Australian Research Council Linkage Grant.

A more detailed and comprehensive Disclosure of Interest table is listed in Appendix 2.

5.1.2 Steering committee

None of the Steering Committee members currently have any declared ownership interests, research funding or payment/gifts/gratuities related to child restraints (N.B. one member previously worked at the Monash University Accident Research Centre and received research funding).

The Steering Committee members declared a wide range of advisory positions related to child restraint use. Seven of the members are either employed, or provide consulting services. Five of these members are employed by the RAA, RACV, RACQ, or NRMA, which sell child restraints, child restraint accessories, and may also provide fitting services. Of the remaining two members, one works for an organization which is a member of CREP, and the other provides advice to RACQ in his capacity as a chairman of Child Restraint Education & Safe Transport (CREST).

A more detailed and comprehensive Disclosure of Interest table is listed in Appendix 2.

6 References

National Health and Medical Research Council. *Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines*. Melbourne: National Health and Medical Research Council; 2011.

7 Appendix 1 – Literature review consultant

Dr Elkington has had previous experience in guideline development and has completed a number of literature reviews. In the past six years, Dr Elkington has been the lead author on six narrative reviews as part of her role as consultant to a range of government departments, covering reviews of the evidence on effective Emergency Medical Response for motorcyclists involved in road crashes (for VicRoads), four reviews on the effectiveness of various road safety interventions (for the NSW Roads & Traffic Authority), and one on the role of General Practitioners in the prevention of cancer (for the NSW Cancer Institute); and second author on two systematic reviews: the role of sleep and sleep disorders in commercial vehicle crashes, and preventing injuries to young people.

Dr Elkington has developed evidence-based guidelines and best practice principles for a range of government agencies and non-government organisations including guides to: Safe Celebrating for young people (YouthSafe), Safety Pack: Occupational Health and Safety (WorkCover, NSW), Community-based Safe Driving Programs for Novice Drivers and Passengers (NSW Roads & Traffic Authority) and Managing Loss & Grief in the Aged-Care Industry (WorkCover, NSW). She was appointed as Technical Editor to the NHMRC publication: *Unintentional injury in young males, 15-29 years*, ISBN 0 644 39752 7, Commonwealth of Australia 1997.

8 Appendix 2 – Disclosure of interest tables

8.1 Technical drafting group

Name	Organisation	Employment	Consultancy	Ownership Interests-- A	Ownership Interests- B	Research Funding	Payments, Gifts, Gratuities
Lynne Bilston	Neuroscience Research Australia	Nil	Consultant, advisor for people who do restraint fitting/advice e.g. RTA, RACV, NRMA etc...	Nil	Nil	RACV Research contracts. RTA funding for research. NRMA, RACV, RTA etc... for ARC Linkage related to integrated restraints	Nil
Julie Brown	Neuroscience Research Australia	Nil	Consulted for CREP assessment	Patent for a child restraint design	Nil	Research funded by RTA, NRMA, RACV, VicRoads	Nil
Alexia Lennon	Lecturer, Centre for Accident Research and Road Safety Qld, Queensland University of Technology (QUT)	Nil	Nil	Nil	Nil	Nil	Nil
Judith Charlton	Senior Research Fellow, Associate Director of Education and Research Training at MUARC	Nil	Advice to CRS use/design to organisations such as Holden, RACV, VR, MAA	Nil	Nil	Current: 1) Australian Research Council Linkage Grant with Industry partners GMHolden, RACV, VicRoads, TAC, Britax, ProQuip. 2) RACV. 3) GM Holden. 4) Auto CRC. 5) MAA	Nil
Ali Akbarian	Mobility Engineering	Offering training services in use/fitment of child restraints	Offer free and paid advice in use of fitment of child restraints	The training we offer is via the company that is owned by our family	Nil	Nil	Nil

Robert Anderson	Centre for Automotive Research, University of Queensland	Nil	Nil	Nil	Nil	Nil	Nil
Rebecca Ivers	The George Institute	Nil	Nil	Nil	Nil	Nil	Nil
Melita Leeds	Kidsafe Australia	I have been employed by a not-for-profit charitable organisation for 10 years who have an interest in child car occupant safety through our child restraint installation, checking, hiring and advice service. Fees are charged for these services. All profits are reinvested into undertaking road safety education activities with particular emphasis on occupant protection. This is the only aspect of our organisation's business that may be deemed commercial in relation to occupant safety.	Nil	Nil	Nil	Nil	Not personally, but my employer Kidsafe WA has a partnership/sponsorship arrangement with Britax. All consumers who purchase a Safe-n-Sound child restraint are offered a discount voucher for Kidsafe's installation service. Specific details of this sponsorship are confidential.
Michael Griffiths	Nil	Contractor for the CREP (Child Restraint Evaluation Program)	Road Safety Solutions	Nil	Nil	Nil	Nil

Name	Experience	Affiliations	Participation in Guideline Development	Guideline Endorsement
Lynne Bilston	Multiple media appearances. Lots of academic papers/research	Member of Kidsafe, ACPN, National Panel on Biomechanics of Injury. All advocacy	NeuRA informal recommendations. Advice to Kidsafe. Advice to VicRoads, NRMA and RACV	Nil
Julie Brown	Published, advocated and publically debated on design and assessment issues	CREP program, board member of NSW Kidsafe. Member of Australian College of Road Safety, Australian Injury Prevention Network	Employed at NSW RTA between 1985 - 1998 and was directly involved in development of guidelines, policies and recommendations relating to child occupant safety in cars	NO - however, informally has endorsed numerous guidelines, but not in a formal capacity
Alexia Lennon	Nil	Nil	Nil	Nil
Judith Charlton	Academic papers (Journal papers and reports), media launches and public speaking engagements at schools, community, industry	Australian College of Road Safety (Vic Chapter). AAAM member (Association Advancement of Automotive Medicine)	Auto CRC Report - Child Safety Guidelines. (Vic Kidsafe/Coroner's Office Guidelines on driveway safety for Children)	Nil

Ali Akbarian	Regularly talk and offer information sessions to many members of the public and organisations in the use and issues of child restraints use and fitment	Facilitate and train fitters including audits of their services. Mainly in NSW and some in other states	Here provided advice and feedback to organisations on an informal level., including RTA, Kidsafe, QLD ambulance, NRMA, RAC!Q etc...	Nil
Robert Anderson	I contributed to drafting a report to the NTC on child restraint guidelines. I have published several articles on broad anthropometric fit of children and the implications of the results for how guidelines might be posed to ensure high average rates of appropriate restraint choice. I have spoken in the media on a few occasions about the same issue. See attached right for publications	National Panel of Biomechanics of Impact Injury - I am a member; Centre for Automotive Safety Research - I am employed by the Centre; Department of Planning Transport and Infrastructure - I receive research monies; Motor Accident Commission - I receive research monies	Australian Standards Committee - member; National Transport Commission - help draft a policy discussion paper; DPTI Restraint Task force - policy recommendations on restraint fitting services	Nil
Rebecca Ivers	I have published the protocol for a research study I am leading examining effectiveness of programs to increase the use of child restraints. More papers on this and other child restraint studies will be published in 2012. I have recommended in reports I have written to Government about Aboriginal injury that road safety policy and programs should include better access to purchase and installation of child restraints	Nil	Nil	Nil
Melita Leeds	Compatibility of restraints and vehicles for families who have 3 or more children under 7 years of age. Coordinated and presented on Kidsafe WA's pre-legislation change project around professionals who transport children as part of their employment	We work with all child restraint manufacturers to ensure our staff are kept up to date with new product releases and changes to ensure we have the most up to date information when educating the consumer and assisting them to make an informed choice on the safest options for child car restraints. However, we are independent and do not recommend specific brands or models of restraints but instead offer advice on what features they should look for and which restraints have these features or how well they fit in the customers vehicle or will fit with their existing restraints.		
Michael Griffiths	Since late 1976 I have been an advocate for better performing child restraints. I have given countless presentations, and written and presented many research papers	NSW RTA, Standards Australia. CREP consortium. Road Safety Solutions (my company)	Co-wrote the original Guide for fitting stations with Paul Kelly. Co-developer of NSW RTA policy development on use of CRS since 1983-1998. Also involved with Kidsafe, NRMA, AAA, RACV guidelines	Original NSW RTA Fitting Stations Manual. Many NSW RTA brochures. NSW RTA Drivers hand books. UNE Road Safety Course modules

8.2 Steering committee

Name	Organisation	Employment	Consultancy	Ownership Interests – A	Ownership Interests – B	Research Funding	Payments, Gifts, Gratuities
Sue Wicks	Kidsafe Australia	Nil	Nil	Nil	Nil	Nil	Nil
Alysse Gavlik	Department of Infrastructure, Energy and Resources - Tasmania (DIER)	Nil	Nil	Nil	Nil	Nil	Nil
Andrea Petrie	DHHS (TAS Health)	Nil	Nil	Nil	Nil	Nil	Nil
Belinda Maloney	RAA	Royal Automobile Association - Sales of restraints, advice, training of organisations, fitting service, collection of statistics.	Provide child restraint advice to such organisations - Families SA, Novitatech, Disability and Family Day Care Services, DTEI, etc... STDs committee	Nil	Nil	Nil	Nil
Christine Baird	MAA	Nil	Nil	Nil	Nil	Nil	Nil
Christopher Hill	MAIB	Nil	Nil	Nil	Nil	Nil	Nil
Claire Thompson	WA Roads	Nil	Nil	Nil	Nil	Nil	Nil
Craig Newland	Australian Automobile Association	The AAA is a not-for-profit organisation and is the national secretariat for Australia's motoring clubs. The clubs provide advice to members and consumers, and some clubs offer child restraint fitting services, including sales of child restraints - the AAA is not directly involved with these activities	Nil	Nil	Nil	Nil	Nil
David Quinlan	Department of Territory and Municipal Services, ACT (TAMS) - *NOTE* Road safety policy has moved to Justice and Community Safety Directorate (JACS)	Nil	Nil	Nil	Nil	Nil	Nil
Dearne Chisholm	QLD Roads	Nil	Nil	Nil	Nil	Nil	Nil

Debbie Pahlke	RACQ	Sale of child restraints and child restraint accessories to RACQ members, general public and other organisations or agencies as requested. These restraints and accessories are primarily sources from Britax. Installation of child restraints for RACQ members, the general public and other organisation or agencies. These are provided at a fee. Where a child restraint has been purchased from RACQ, the initial installation and first turn on convertible seats, the installation will be provided as a complimentary service	Consultation with various government and industry bodies in relation to ensuring safer vehicles including child restraints and their use by Queensland motorists. Provision of advice regarding Child Restraints selection and installation to RACQ members, general public and other organisations	Nil	Nil	Nil	Nil
Dr Basuki Suratno	RTA	Nil	Nil	Nil	Nil	Nil	Nil
Dr John F Leditschke	Queensland Child Restraint Education and Safe Travel Committee (CREST)	Nil	Advice to RACQ as Chairman of CREST	Nil	Nil	Nil	Nil
Dr Ron Somers	SA Health	Nil	Nil	Nil	Nil	Nil	Nil
Helen Lindner	VicRoads	Nil	Nil	Nil	Nil	Nil	Nil
Geoffrey Davidson	Justice and Community Safety Directorate (JACS)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Wassman	NT Health	Nil	Nil	Nil	Nil	Nil	Nil
Jack Haley	NRMA	Company sells child restraints on-line	Nil	Nil	Nil	Nil	Nil
Jennifer Fry	Centre for Disease Control, Department of Health (Northern Territory)	Nil	Nil	Nil	Nil	Nil	Nil
Jennifer Malone	Dept of Lands and Planning			Nil	Nil	Nil	Nil
Jennifer Thompson	Vic Health	Nil	Nil	Nil	Nil	Nil	Nil
Jessica Trong	TAC	Nil	The TAC is a member of the Child Restraint Evaluation Program	Nil	Nil	Nil	Nil

Joel Tucker	RACQ	Sale of child restraints and child restraint accessories to RACQ members, general public and other organisations or agencies as requested. These restraints and accessories are primarily sourced from Britax. Installation of child restraints for RACQ members, the general public and other organisation or agencies. These are provided at a fee. Where a child restraint has been purchased from RACQ, the initial installation and first turn on convertible seats, the installation will be provided as a complimentary service	Consultation with various government and industry bodies in relation to ensuring safer vehicles including child restraints and their use by Queensland motorists. Provision of advice regarding Child Restraints selection and installation to RACQ members, general public and other organisations	Nil	Nil	Nil	Nil
Karina Moore	Western Australia Health	Nil	Nil	Nil	Nil	Nil	Nil
Melinda Congiu	RACV	RACV retail outlets sell a small range of child restraints. RACV has a network of child restraint fitters.	Previously worked at MUARC, involved on research projects that looked at child restraint issues	Nil	Nil	Previous work at MUARC	Nil
Peter Bawden	Department of Planning, Transport and Infrastructure - Government of South Australia	Nil	Nil	Nil	Nil	Nil	Nil
Samantha Cockfield	Transport Accident Commission	Nil	Nil	Nil	Nil	Nil	Nil
Shaan Myall	Dept of Lands and Planning	Nil	Nil	Nil	Nil	Nil	Nil

Name	Experience	Affiliations	Participation in Guideline Development	Guideline Endorsement
Sue Wicks	Spoke and published on appropriate and correct restraint usage and operating child car restraint fitting services. Development and delivery of child car restraint fitting training	Employed by Kidsafe. Member of the Australian Injury Prevention Network. Child Car Restraint Reference Group (COA). Member of Australian Standard for Child Restraints	Nil	Nil
Alysse Gavlik	Nil	Nil	Nil	Nil
Andrea Petrie	Nil	Nil	Nil	Nil
Belinda Maloney	Media through RAA. Submissions to Govt on Road Rules, etc...	CS-085 Committee - Child restraint STDs. (AAA Rep)	Internal RAA brochures + fact sheets + website Dept Transport, Energy + Infrastructure brochure + Website	Submissions to Government on legislation (SA). DTEI Brochure
Christine	Nil	Nil	Nil	Nil

Baird				
Christopher Hill	Nil	Nil	Nil	Nil
Claire Thompson	Nil	Nil	Chaired an interagency committee responsible for developing and implementing child restraint laws for WA. This can be found in the road traffic CODE (2000) on the following website: www.slp.wa.gov.au	ORS was involved in commenting on the national guide "A simple guide to child restraints - how you can protect your child" but I believe it was never finalised. As chair of our restraints legislation steering group I have been involved in state policy development in the CCR area, also providing advice regarding exemption to regulation
Craig Newland	Research papers on dynamic performance of child restraints. Has given oral presentation of material contained in research papers.	The AAA is an advocacy organisation with road safety as a key advocacy issue and interacts with a broad range of stakeholders.	Member of Standards Australia committee C5-085 (Child Restraints for use in Motor Vehicles) since 2000	Nil
David Quinlan	Nil	Nil	Nil	Nil
Dearne Chisholm	Nil	Nil	Nil	Nil
Debbie Pahlke	Provision of information sessions to various community and educational groups in Queensland on Child Restraints, their selection and installation as part of our advocacy message. Those sessions and programs are provided free of charge. However, a fee is charged for the information sessions conducted by our Drive Education team and which involve Child Restraint issues	Member of Queensland Child Restraint Education and Safe Travel Committee (CREST)	Nil	Nil
Dr Basuki Suratno	I have a few papers about child restraint issues and manage child restraint evaluation program	Project manager of CREP, Authorized Restraint Fitting Station Scheme. Austroads representative in CS-085 committee. Biomechanics Panel	I am involved in the implementation of child restraint laws in NSW. Exemption for children with disability. Restraint fitting station manual. Brochures, DVDs	I developed, managed and endorsed Authorized fitting station scheme and CREP
Dr John F Leditschke	Multiple media appearances as an advocate for ASA affirmed infant and child restraints and consequences of inappropriate adherence of restraints and incorrect	Member Kidsafe Qld: Past national president. Member Royal Australasia College of Surgeon, Trauma Committee Queensland	CREST - Subcommittee of the RACS Queensland Trauma Committee. RACS QLD Trauma Committee	Nil

	anchorage of infant and child in the restraint. Spokesperson for Kidsafe Qld; Paediatric Surgeon Royal Children's Hospital, Brisbane; Past Chairman Trauma Committee			
Dr Ron Somers	Nil	Nil	Nil	Nil
Geoffrey Davidson	Nil	Nil	Nil	Nil
Helen Lindner	CREP - VicRoads is a financial partner. VicRoads review of child restraints for children with a disability. VicRoads published article on child restraints for children with a disability. Presented at conferences on child restraint related topics.	TOCAN member - Transportation of Children and Youth with Additional Needs. CREP. NeuRA - funds research projects. VicRoads - Employee. Kidsafe - Vice president Victoria, General member of Kidsafe national council. Kindergarten Parents Victoria, children's services and the centre for Excellence in child and family welfare - provided support. RACV - VicRoads supports RACV through the provision of training support and resources.	VicRoads - child restraint publications, issues relating to the Road Safety Road Rules Victoria - Prepared Gov+ Gazette notices, Australian Road Rules Maintenance Group - provide advice relating to restraints; will be working on updating the child restraint fitter's manual. AS/NZS 4370: Child restraints for children with a disability - Chair and drafting leader.	CREP. VicRoads - road rules related issues. Gov+ Gazette notice
Jack Haley	Long history of advocacy on using better child restraint systems	Sell child-restraints online. EA, MPBII, CREP, NeRA funding. AAA representative on AS committee	Nil	Nil
Jennifer Fry	Nil	In my role as project and policy officer, community paediatrics in the Department of Health NT, I will be working with the Board of Kidsafe NT who provide installation and fitting advice on child car restraints	Nil	Nil
Jennifer Malone	Nil	Nil	Only in my position as a policy advisor to Government and on National committees such as Austroads Safety Task Force	Only in my position as a policy advisor to Government and on National committees such as Austroads Safety Task Force
Jennifer Thompson	Nil	As the policy officer responsible for administering Kidsafe Victoria's funding from the Dept of Health I have an association, but no interest in the outcomes of this project (other than its long term benefits to policy development).	Nil	Nil
Jessica Trong	The TAC is a member of the Child Restraint Evaluation Program (CREP) which has published results on child restraint safety	member of CREP. Member of Australasian College of Road Safety - runs services on child restraint safety sometimes	As part of the TAC's involvement in the CREP	As part of the TAC's involvement in the CREP

Joel Tucker	Provision of information sessions to various community and educational groups in Queensland on Child Restraints, their selection and installation as part of our advocacy message. Those sessions and programs are provided free of charge. However, a fee is charged for the information sessions conducted by our Drive Education team and which involve Child Restraint issues	Member of Queensland Child Restraint Education and Safe Travel Committee (CREST)	Nil	Nil
Karina Moore	Nil	Member of the Australian Injury Prevention Network.	Nil	Nil
Melinda Congiu	Published research reports and papers, presented at conferences and spoken in the media on child restraint issues	RACV is a partner on the Child Restraint Evaluation Program (CREP). RACV sells child restraint. RACV has network of child restraint fitters	Developed RACV recommendations and advice for website, brochures and other resources. TOCAN, transportation of children and adolescents with additional needs working group	Nil
Peter Bawden	Nil	Nil	Nil	Nil
Nil	As a road safety professional employed by the Transport Accident Commission I am asked from time to time about child restraints (fitment issues, fit for purpose issues, age of use advice etc). At times this information would have been provided in public forums such as print media, conferences and seminars.	As a road safety professional employed by the Transport Accident Commission I am involved in programs involved in the assessment and promotion of child restraints (for consumer information purposes only).	Nil	Nil
Shaan Myall		Committee member of Kidsafe NT	Only in my position as a policy advisor to Government and on National committees such as Austroads Safety Task Force	Only in my position as a policy advisor to Government.

8.3 Project staff

Name	Organisation	Employment	Consultancy	Ownership Interests – A	Ownership Interests – B	Research Funding	Payments, Gifts, Gratuities
Dr Jane Elkington	Jane Elkington & Associates	Nil	Nil	Nil	Nil	Nil	Nil
Philippa Crooks	Neuroscience Research Australia	Nil	Nil	Nil	Nil	Nil	Nil
Stevan Nikolin	Neuroscience Research Australia	Nil	Nil	Nil	Nil	Nil	Nil

Name	Experience	Affiliations	Participation in Guideline Development	Guideline Endorsement
Dr Jane Elkington	Epidemiologist and road safety consultant	Independent Consultant	Systematic literature review, document drafting	N/A
Philippa Crooks	Research papers on child restraint practices in culturally and linguistically diverse families and on promoting optimal child restraint practices She has presented the research findings at a conference.	Employed by Neuroscience Research Australia	Administrative and logistical support	N/A
Stevan Nikolin	Research papers on Family Day Care Victoria employee/user knowledge of child restraints. Has given oral presentation of material contained in research papers.	Employed by Neuroscience Research Australia	Administrative and logistical support, document editing	N/A

9 Appendix 3 - Summary of responses to public comments received

Below is a *summary* of the responses to more than 400 comments received during public comment for the proposed National Best Practice Guidelines on the Safe Restraint of Children Travelling in Motor Vehicles, developed jointly by Neuroscience Research Australia and Kidsafe. There were many minor editorial, stylistic, terminology and wording changes suggested, that are not listed in detail below, but which have been addressed. The revised document has had thorough editorial and stylistic checking done.

The responses (summarised as dot points below) were developed by the Technical Drafting Group, and changes reflected in the revised Guidelines. The responses were reviewed by the Technical Drafting Group who subsequently suggested changes to the Guideline. These changes are summarised below. The revised Guideline was then submitted to NHMRC for approval after endorsement by the developing organizations and project Steering Committee Organizations.

Major Issues Raised:

1. Recommending a minimum age of 2 years for transition to forward facing child restraint use
 - There is no evidence base for the benefits of extended use of rear facing restraints compared to Australian forward-facing restraints, and the international studies that have shown a benefit all are based on restraints that are fundamentally different in design to those used in Australia
 - There are currently few, if any, restraints available in Australia that accommodate children up to 2 years of age in a rear facing position, although these may become more available in the future, due to upcoming changes in AS/NZS 1754
 - The technical drafting group considered that the recommendation should remain to keep children rear facing for as long as they fit within their rear facing restraint. In addition, a new practice point has been added encouraging parents and carers to exhaust all options within a given restraint category before transitioning to the next restraint category, which will encourage parents to use a Type A2 rear facing restraint (or a Type A2/B convertible rearward/forward-facing restraint) after an infant outgrows their Type A1 infant carrier.
2. Clearer recommendations needed for children who outgrow their booster seat, but are not tall enough to obtain good adult seat belt fit, as assessed by the '5 step test'
 - There was valid concern that children may outgrow many of the Type E booster seats currently available before they reach the 145-150cm typical height at which a child can obtain good adult belt fit.
 - Current Type E booster seats are designed to accommodate children *at least* up to 128cm, and Type F booster seats *at least* up to 138cm. Many of the available booster seats accommodate children well beyond these heights, including some adjustable height booster seats accommodating children up to approximately 150cm, however some booster seats only accommodate children up to these minimum heights.
 - The technical drafting group reconsidered the wording and evidence base for booster seat use, and decided to restructure the recommendation and evidence table to reflect that the strongest evidence is available for children aged approximately 4-8 years old, and that the

evidence base for 9-12 year olds (i.e. those who might fall into this 'gap') is more indirect, relying on limited injury data and anthropometric studies demonstrating poor seat belt fit. There is also considerable variation in vehicle seat size, and child body size in this age group. The revised wording recommends using a booster seat up until a child can achieve good belt fit as assessed by the '5 step test', and recommends that parents should exhaust all booster seat options before using a seat belt for a child who has outgrown their current booster seat, but does not meet the '5 step' test.

3. Clearer explanation of convertible child restraints and their use
 - To clarify the use of convertible restraints and transitions between different restraint modes in convertible restraints, an additional practice point was drafted.
4. Additional factors to consider when choosing the seating position for a given child, including the needs of other occupants, availability of child restraint anchorage points, potential interactions between a child and other occupants or restraints installed, seat belt buckle accessibility for seat belt and booster seat users, and prioritizing seat belt and booster seat users into lap-sash seat belt positions
 - When more than one occupant is seated in the rear seat, the choice of seating position for each child becomes more complex, and is a balance between the needs of all occupants, and the physical space and anchorage requirements for restraints being used.
 - These additional factors were added to the seating position practice points.
5. Some clarification of the 'strength' of the wording used to recommend practices when there is a legal requirement that is relevant to the practice.
 - The draft guidelines utilised terms describing the evidence as initially suggested by the Office of NHMRC. After further consultation with the Office of NHMRC, the wording was revised to clarify meaning in line with NHMRC Procedures and requirements for meeting the 2011 standard for clinical practice guidelines (2011). This was particularly important in situations where there is a legal requirement to follow a specific practice.
6. Reference to the upcoming accessories for child restraint standard, AS/NZS 8005, and mention of this where accessories are not supplied with a child restraint.
 - An additional practice point was drafted recommending that accessories not supplied with the restraint by the manufacturer or certified to AS/NZS 8005 should not be used
7. Inclusion of new restraint types (Type G, Type A4) in the upcoming edition of the Child Restraints Standard, AS/NZS 1754 (2013).
 - Additional practice points were drafted to mention these new restraint types, noting that there is no evidence regarding their safety or performance
8. Consistent terminology for the lower (ISOFIX) anchorages that will be introduced in the upcoming edition of the Child Restraints Standard, AS/NZS 1754 (2013).
 - The lower anchorages have now been termed "ISOFIX lower anchorages" throughout.
9. Clarification of the recommendations for use of restraints certified to AS/NZS 1754 prior to 2010, which specify weight ranges rather than shoulder height.
 - The technical drafting group discussed this issue at length. Several key points considered were:
 - The weight ranges specified by AS/NZS 1754 (2004) and earlier were not evidence based, but were rather approximations of ages that had been recommended to use specific types of restraints prior to the nomination of weight ranges

- Restraint design principles specify that the best restraint is one that best matches the geometry of an occupant, so that the child's match to the restraint size is the best determinant of optimal restraint performance
 - For a child who still fits within a forward-facing restraint, in terms of their size and shoulder height, exceeding the nominal mass range of a restraint is only a concern if this poses a risk of exceeding the structural strength of a restraint.
 - Australian forward-facing restraints are tested with a 23kg dummy (5kg heavier than the 18kg nominal upper mass limit)
 - None of the technical drafting group nor other experts consulted by the drafting group chair were aware of any instances of structural failure of Australian forward-facing restraints due to overloading, even in very severe crashes where the forces are much higher than in the Standards or Child Restraint Evaluation Program test conditions.
 - In booster seats, the overwhelming majority of the restraint forces are carried by the seat belt, so the weight limit of the booster seat does not have a role in the engineering design of the seat. Moreover, the primary role of the booster seat is to reposition the seat belt so that it is placed over the strongest parts of the skeleton, not to transmit the restraint forces through its structure.
 - Australian booster seats (type E) are tested with a 32kg dummy (6kg heavier than the 26kg nominal upper mass limit).
 - Many booster seats sold in Australia are nearly identical to models sold internationally for children much heavier than 26kg.
 - On balance, the technical drafting group agreed unanimously that wording the recommendation similarly for both newer restraints with shoulder height markers and older restraints without them provides the best protection for child occupants, and reduces the confusion associated with children being deemed too large for one restraint certified to AS/NZS 1754 (2004) or earlier, but suitable to use it for an identical model certified to AS/NZS (2010). In particular, exceeding the mass limit of a forward-facing child restraint (Type B) by a small amount (1-3kg) is unlikely to pose a significant risk of structural failure to the restraint. The nominal upper mass limit for booster seats is of limited relevance to the performance of a booster seat's primary role of guiding the seat belt.
 - The wording for convertible infant restraints was revised to clarify these issues also.
10. The use of child safety harnesses in lap-only seating belt positions, including on additional (dickie) seats where they are legally required for children under 7 years of age in some states
- In some states, the use of a child safety harnesses is mandatory for children under 7 years of age when they are seated in an additional seat installed in a cargo area of a vehicle ('dickie' seat) if that additional seat is only supplied with a lap-only belt. This does not apply to children using lap-only belts in 'regular' seating positions.
 - The technical drafting group reconsidered the relative risk of injury of lap only belts compared to lap-only belts with child safety harnesses. There is no direct evidence comparing these two situations, but both are known to be associated with abdominal injury due to the lap belt riding up into the child's abdomen.
 - The technical drafting group concluded that for children under 7 years who have outgrown their forward-facing child restraint and are sitting in a regular vehicle seat, the first choice is

to use a booster seat with a lap-sash seat belt. If this is not possible and the child must sit in a seating position with a lap-only belt, then the child should use a booster seat with a child safety harness, together with a booster seat that has been proven not to allow the child to slip under the belt when used in combination with a child safety harness. It is not recommended that children use lap-only belts, nor lap-only belts with child safety harnesses, unless the only other option is to be unrestrained.

- It is not recommended that children be seated in a lap-only belt equipped additional seat installed in the cargo area of a vehicle unless the only other option is to be unrestrained
11. Addition of definitions of all restraint 'types' from AS/NZS 1754
 - These have been added to the glossary
 12. Clarification that children with additional needs (physical, cognitive or behavioural) are not covered by these guidelines
 - This has been further clarified in the scope of the guidelines, and reference made to the need to individually assess children with additional needs, in line with the guidelines embodied in AS/NZS 4370
 13. Clarification of transition for rearward facing restraints
 - The definition for when a child has outgrown their rearward facing restraint has been expanded, in similar terms as had been previously done for forward-facing restraints
 14. Clarification of suitability of using child restraints in side facing and rearward facing seats if there are no other options available
 - There is no available evidence regarding the performance of modern Australian restraints in side facing or rearward facing seating positions. This usage is currently considered to be illegal, as it is proscribed by AS/NZS 1754 which specifies that child restraints can only be used in forward-facing seating positions.
 - The technical drafting group discussed the options for remote areas where the only form of transport is a 'troop carrier' vehicle with side facing seats and also the use of child restraints in rearward facing or 'rotational' seating positions. These cannot be recommended because they are currently illegal, but the drafting group recommends that additional research be conducted into the safety of children restrained in side and rearward facing seats. This research could be used to guide future recommendations and possible changes to AS/NZS 1754.
 15. Clarification of the suitability of rearward-facing seats for children using seat belts
 - There is currently no evidence available regarding the safety of rearward facing or 'rotational' seating for children who are large enough to use seat belts. Such seating positions are not widely available in cars in Australia. Restraint design principles suggest that provided these seats have backs that are high enough to give full support to the head in a frontal collision, they may be suitable for use by older children.
 16. Clarification of best practice for children under 2 on long distance coaches if installation of a child restraint is not possible
 - There is little evidence about whether children under 12 months would benefit from the use of a seatbelt on a long distance coach. It was decided that the recommendation should be that 'best practice' for all children is to be restrained in their size-appropriate restraint on long distance coaches, irrespective of age.

17. Recommendation for disposal of old or damaged restraints
 - The practice point covering the use of old and damaged restraints have been reworded to recommend that such restraints be disposed of in such a way that they cannot be re-used.
18. Clarification of crash severity beyond which a child restraint should not be re-used
 - ‘Moderate to severe crashes’ was previously defined in the text. This has been clarified further, and will be included in the consumer documents developed from the guidelines
19. Additional guidance not to use blankets, wraps or padding inside the harness of a child restraint
 - This has been added to the recommendation not to use padding inside the harness of a child restraint
20. Differentiating between active tensioning devices and ‘gated buckles’ and locking clips
 - The practice point on belt tensioners has been reworded to clarify the differences between devices that actively tighten the belt (e.g. ratchet-type devices) and locking clips.
21. In some states there is no scheme for accrediting child restraint fitters, the recommendation of using an ‘accredited’ restraint fitter is impractical
 - The word ‘accredited’ has been removed, but explanatory text in the consumer documents will note that where an accreditation scheme exists, carers should look for this.
22. Clarification of not installing a restraint with a top tether strap where the top tether strap may fall into a gap between a split folding seat, or off the side of “captain’s chair” style seating positions.
 - This practice point wording has been refined to further specify these conditions that could adversely affect tether strap performance
23. The need to provide a ‘hierarchical’ set of practices for complex situations where several children must all be restrained in the same vehicle and the ‘ideal’ cannot be achieved for all children simultaneously
 - This will be included in the consumer documents being developed based on the guidelines
24. Consideration of encroachment of a front seat being pushed back (if a child is seated there) on a child seated behind
 - There is little data specifically addressing the effects of the front seat position on a child seated behind, and the relative risk to the front seated child from an active passenger airbag compared to a rear seated child with the front seat pushed back are not known. However, there are reports of children sustaining head injuries from striking the rear of the front seat, but the role of the front seat position has not been studied. No specific recommendation can be made regarding this, however a comment on the potential for a rear seated child to interact with the rear of the front seat has been added to the practice point covering this issue to alert parents and carers to this issue.
25. Recommending not to allow twists in harnesses
 - Current laboratory studies have shown that while 1-2 twists do not compromise restraint performance unless they allow additional slack in the harness, when combined with other minor forms of incorrect use, the effect can be cumulative.
 - The recommendation was reworded to include mention of avoiding twists in harnesses
26. Recommending that parents/carers regularly inspect the child’s restraint installation, in addition to regular professional inspections.
 - An additional practice point was drafted recommending that parents and carers regularly check the installation and fit of their child’s restraint.

27. Use of second hand restraints

- An additional practice point was drafted recommending that 2nd hand restraints whose history is unknown not be used

28. The potential danger of long top tether straps dangling out car doors

- A recent case of serious head injury to a child where a tether strap became entangled with the car wheel after hanging out the door was discussed. An additional practice point was drafted recommending that excess webbing from tether straps be secured so that it cannot hang out of car doors or be reached by a child

29. Recommendations relating to motorcycles

- Motorcycles were considered to be outside the scope of these guidelines, but a note recommending against children travelling on motorcycles was included in the scope where this exclusion is mentioned.

30. Recommendations relating to use of infant carriers out of vehicles

- This was deemed to be out of scope, as the guidelines only cover travelling in cars. This was clarified in the guidelines scope.

31. The potential danger of untethered booster seats when not occupied

- The potential for unrestrained unoccupied restraints (e.g. booster seats) to become projectiles in a vehicle was considered to be worthy of note, and an additional practice point was drafted to cover this.

32. Linking of the guidelines to mandatory labelling requirements of AS/NZS 1754 and road rules

- The technical drafting group considered this and agreed that the legislative requirements should be clearly laid out (as currently) but that the recommendations needed to focus on best practice. Cross links to the relevant sections on the legislative requirements have been included in the revised document and will be included in the consumer documents.