

**THE SUSY SAFE
REGISTRY:
DATA AND
RECOMMENDATIONS**

Final Report 2008-2010

edited by
The Susy Safe Working Group

FrancoAngeli

Informazioni per il lettore

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ACRONYMS USED

CRF: Case Report Form

CSC: Consumer Safety Commission

DG SANCO: Directorate General for Health and Consumer Affairs

EFTA: The European Free Trade Association

ESFBI: European Survey on Foreign Bodies Injuries

FB: Foreign Body

FFB: Food Foreign Bodies

FPCI: Food Products Containing Inedibles

FYROM: Former Yugoslav Republic of Macedonia

ICD: International Classification of Diseases

ICD9-CM: International Classification of Diseases, Ninth Revision, Clinical Modification

ICD931: Foreign body in the ears

ICD932: Foreign body in the nose

ICD933: Foreign body in the pharynx and larynx

ICD934: Foreign body in the trachea, bronchi and lungs

ICD935: Foreign body in the mouth, oesophagus and stomach

NFFB: Non Food Foreign Bodies

PARTICIPATING INSTITUTIONS

The Susy Safe project (SURveillance SYstem on SuffocAtion injuries due to Foreign bodies in European children), aimed at establishing a surveillance registry of control of non-food foreign body injuries. The project lasted for 5 years and was organized in two phases: the first one lasted from the 1st of February 2005 to the 30th of April 2007, while the second one from the 1st of January 2008 to the 31th of Mars 2010. The Susy Safe was co-financed by the European Commission (DGSANCO, Direction Consumer Affairs) and by the European institutions listed in Table 0-1; Italy, in particular, was also the coordinating Country of the project. During the second phase, three countries (South Africa, Argentina and FYROM) jointed the project as associated members (Table 0-2).

All the European and non European partners involved in the Susy Safe project are shown in Table 0-3 and Table 0-4 respectively.

Table 0-1 – Institutions financing the Susy Safe project

Italy

Institutions financing the first phase

Ministero dello Sviluppo Economico – Direzione Generale per l'Armonizzazione del Mercato e la Tutela dei Consumatori, Ufficio D1 – Coordinamento delle attività per la sicurezza e la qualità dei prodotti – Antonella D'Alessandro

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University of Siena – Ear, Nose, and Throat Clinic, Policlinico Le Scotte – Desiderio Passali

Institutions financing the second phase

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France

Institutions financing the first phase

CSC – Commission de la Sécurité des consommateurs – Florence Weill

Institutions financing the second phase

CSC – Commission de la Sécurité des consommateurs – Florence Weill

Germany

Institutions financing the first phase

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Table 0-3 – European partners involved in the project

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Table 0-4 – Non European partners involved in the project

Doctor	Institution	Location
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INTRODUCTION

Susy Safe project has reached an important milestone, after 5 years of synergic work that has seen the participation of 60 units in 26 different countries, together with the European Commission (DG-SANCO, Direction Consumer Affairs)

This extended network has surely been guaranteed from the important cooperation with the European Commission's offices, that made possible this work not only by financially supporting the countries that adhered to it but also by ensuring the correct layout and the correct development of inter-state relationship. The constant endorsement of DG-SANCO has been fundamental for the development of the registry, having as strong background the European science-based policy making..

The role of University of Torino and the University of Padova, under the supervision of Prof. Gregori, has to be enlightened as the technical branch of the project's success, ensuring quality and prestige to the scientific aspects of the project.

The demonstration that the project hit the center of its target is shown by the fact that, during the work that is in phase II many countries showed to be interested and decided to take part to it. From 2005 till 2010 Susy Safe 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 the African ones.

Now it has come the time to organize the information present in the database to ensure the greatest visibility of the results obtained, making them reachable for all those who, for different reasons, face the subject of children's safety, as medical staff, academics, enterprises as well as the world of customers product certification and the customers themselves.

It would be really a pity if the work laboriously carried on for 5 years would not be any longer implemented and would be reduced to a mere static archive of collected information. It's our firm conviction that such database has proved in these years its enormous potential of expansion, due to the extended network that has been created all over the world, making it the most complete database on foreign bodies injuries developed. The next steps should involve an active effort in the recruitment of developing countries.

Ministry of Economic Development (MISE) has undergone an internal re-organization within which the name lists of the people in charge of the various organizational structures have changed. However, the functions that characterize it did not change. The topic of products safety is still a target of central importance for the ministry and for the general management. This means that the management, regarding the recent directive on toys, is working on its adoption and will continue to work in order to ensure efficacious market surveillance. The project is a very useful point and a hint of consideration regarding the future studies about the "suffocation risk", given its uniqueness in the global panorama and its role in children's safety.

1. FOREIGN BODIES INGESTION, INSERTION, ASPIRATION, INHALATION AND ASPHYXIATION: A REVIEW OF THE LITERATURE

Injuries due to ingestion/insertion/aspiration/inhalation of foreign bodies (choking injuries) represent a leading cause of death in children aged 0-3 and are also common in older ages, up to 14 years. The aim of the present review is to assess the burden of this type of injuries in terms of measures such as proportional indicators, incidence rate, odds ratio, risk ratio.

1.1. Search strategy

A computerized literature search in *English* was conducted at: MEDLINE, SafetyLit, Scopus, the Cochrane Library, Embase. The selection of the above-mentioned electronic databases was based on the fact that they are widely regarded as standard information sources in the scientific field. The period of selection was from January 1999 till September 2009 by two members of CEREPRI research experts.

Key words for the literature review included combinations of ‘suffocation’, ‘inhalation’, ‘aspiration’, ‘insertion’, ‘ingestion’, ‘choking’, ‘foreign body’, ‘nuts’, ‘toys’, ‘coin’, ‘needle’, ‘pin’, ‘cap’, ‘battery’, ‘grain’, ‘stick’, ‘metal’, ‘ball’, ‘bone’, ‘balloon’, ‘seeds’, ‘corns’, ‘jewellery’, ‘button’, ‘cap’, ‘pearl’, ‘fruit stone’.

1.2. Selection criteria

Studies were included if they fulfilled the following criteria:

1. published between 1999-2009;
2. age group 0-18 years;
3. there was a measure of effect such as percent, incidence, odds ratio, risk ratio etc. for the variable under investigation;
4. the language was English.