

Quick reference guide

Preventing unintentional injuries among under-15s

This quick reference guide presents the recommendations made in three pieces of NICE guidance: 'Strategies to prevent unintentional injuries among under-15s' (PH29), 'Preventing unintentional injuries among under-15s in the home' (PH30) and 'Preventing unintentional injuries among under-15s: road design' (PH31).

'Strategies to prevent unintentional injuries among under-15s' focuses on strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure. It is for commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, police, fire and rescue services, policy makers, professional bodies, providers of play and leisure facilities, and schools.

It is also for other public, private, voluntary and community organisations and services which have a direct or indirect role in preventing unintentional injuries among children and young people aged under 15.

'Preventing unintentional injuries among under-15s in the home' focuses on home safety assessments and providing safety equipment. It is for commissioners and providers of health services, environmental health services, housing services and associations, local authority children's services, local authority health and wellbeing boards, local authorities and their strategic partnerships, local safeguarding children boards, police, fire and rescue services, Sure Start and children's centres. It is also for practitioners who visit families and carers with children and young people aged under 15 (including GPs, midwives, social workers and health visitors).

'Preventing unintentional injuries among under-15s: road design' focuses on road design and modification. It is for local highway authorities, local strategic partnerships, directors of public health, health professionals who have a responsibility for preventing or treating unintentional injuries affecting children and young people aged under 15 and school travel planners. It may also be of interest to road users.

All three pieces of guidance may be of interest to children, young people, their parents and carers and other members of the public.

NICE public health guidance 29, 30 and 31

Guidance 29 was developed using the NICE public health programme process. Guidance 30 and 31 were developed using the NICE public health intervention process.

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health.



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Background

Definitions

All three pieces of guidance use the term ‘unintentional injuries’ rather than ‘accidents’ as: “most injuries and their precipitating events are predictable and preventable”¹. The term ‘accident’ implies an unpredictable and therefore unavoidable event.

The term ‘vulnerable’ is used to refer to children and young people who are at greater than average risk of an unintentional injury due to one or more factors. As an example, they may be more vulnerable if they:

- are under the age of 5 years (generally, under-5s are more vulnerable to unintentional injuries in the home)
- are over the age of 11 (generally, over-11s are more vulnerable to unintentional injuries on the road)
- have a disability or impairment (physical or learning)
- are from some minority ethnic groups
- live with a family on a low income
- live in accommodation which potentially puts them more at risk (this could include multiple-occupied housing and social and privately rented housing).

Strategies to prevent unintentional injuries among under-15s (PH29)

Topics

The recommendations are divided into six categories: general, workforce training and capacity building, injury surveillance, home safety, outdoor play and leisure, and road safety.

Please note: the absence of recommendations on any particular measures to prevent unintentional injuries is a result of a lack of evidence that met the inclusion criteria for the evidence reviews. It should not be taken as a judgement on whether or not any such measures are effective and cost effective.

National recommendations

The guidance includes some national recommendations to assist local action (see recommendations 1, 5, 7, 10 and 21 [PH29]). The decision on whether these recommendations are taken forward – and how they are prioritised – will be determined by government and subject to statutory regulatory and cost impact assessments.

¹ Davis R, Pless B (2001) BMJ bans ‘accidents’. Accidents are not unpredictable. BMJ 322: 1320–21.

Recommendations: Strategies to prevent unintentional injuries among under-15s (PH29)

General recommendations

Context

The prevention of unintentional injuries among children and young people may not be a priority among local organisations. To ensure prevention activities are accorded the importance they deserve, they need to be incorporated into national objectives aiming to improve the population's health. Local injury prevention coordinators could promote a strategic framework for action and encourage local agencies to work together.

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 1 Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing

Who should take action?

- Local authority children's services and their partnerships, in consultation with local safeguarding children boards.
- Government departments with a responsibility for preparing policy and plans relating to children and young people's health and wellbeing.

What action should they take?

- Ensure local and national plans and strategies for children and young people's health and wellbeing include a commitment to preventing unintentional injuries among them. In particular, the plans and strategies should aim to prevent unintentional injuries among the most vulnerable groups to reduce inequalities in health. This commitment should be part of a wider objective to keep children and young people safe.

- Ensure plans and strategies include the following to prevent unintentional injuries among children and young people:
 - support for cross-departmental and cross-agency working to achieve national and local commitments
 - support for local partnerships, including those with the voluntary sector, and a requirement that they work together to ensure children and young people can lead healthy, active lives
 - information about how partners will collaborate on injury prevention
 - support for data collection on the incidence, severity, type, cause and place of injury (for example, see recommendations 7–8 on injury surveillance [PH29] on pages 9–11)
 - support for monitoring the outcomes of injury prevention initiatives
 - support for the development of workforce capacity in this area, including the provision of suitably trained staff and opportunities for initial and ongoing multi-agency training and development (see recommendations 4–6 [PH29] on pages 7–8).
- Local authorities should report to the local strategic partnership on progress made to meet the commitments set out in the plans and strategies. This should include details on the experiences of children, young people, their parents and carers.

Recommendation 2 Coordinating unintentional injury prevention activities

Who should take action?

- Local authority children’s services and their partnerships, in consultation with local safeguarding children boards.
- Local highway authorities and their road safety partnerships.
- Other local authority services that may have a remit for preventing unintentional injuries such as education, environmental health and trading standards.

What action should they take?

- Ensure there is a child and young person injury prevention coordinator. The aim is to help achieve the commitments set out in local plans and strategies for children and young people’s health and wellbeing. The coordinator could be someone in the local authority, an NHS organisation or another local partner organisation (such as the fire and rescue service or a housing association). Alternatively, the coordinating role could be jointly funded by several local partners.

- Ensure the coordinator:
 - works with local partnerships that include organisations involved with children, young people, their parents and carers
 - develops a 2 to 3-year injury prevention strategy with these partners which is integrated into all relevant local plans and strategies for children and young people’s health and wellbeing
 - networks at regional and national level with other child and young person injury prevention coordinators
 - raises local awareness about the need for prevention activities. This includes sitting on the local safeguarding children board. It also includes acting as a local source of information and advice on prevention
 - monitors progress made on the injury prevention commitments set out in local plans and strategies for children and young people’s health and wellbeing. They should report progress to the director of children’s services.
- Ensure the coordinator understands the range of preventive measures available and is trained – and has the skills – to carry out the above activities. Provide them with both informal and formal learning opportunities. (The former could include using peer support and ‘cascade learning’ within placements. The latter could include the acquisition of qualifications at different stages of a formal career pathway.)
- Ensure specialist learning and training is monitored and evaluated to see what effect it has on the coordinator’s performance. Revise approaches that are found to be ineffective.

Recommendation 3 Identifying and responding to attendances at emergency departments and minor injuries units

Who should take action?

- Staff in emergency departments and minor injuries units, including triage nurses.
- Local child and young person injury prevention coordinators.
- Local safeguarding children boards.
- Liaison health visitors.
- Staff offering out-of-hours health services for children and young people (for example, in walk-in centres).

What action should they take?

- Ensure health visitors, school nurses and GPs are aware of families which might benefit from injury prevention advice and a home safety assessment. Do this by using local protocols to alert them when a child or young person repeatedly needs treatment for unintentional injuries at an emergency department or minor injuries unit. Do the same when a single attendance raises concerns.

Recommendations for workforce training and capacity building

Context

Professional standards are needed to set out the knowledge and skills (or 'competencies') for a range of injury prevention roles within and outside the NHS. Funding to develop these standards and curricula – and the provision of accessible training – is also required.

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 4 Developing professional standards for injury prevention

Who should take action?

- Faculty of Public Health.
- Children's Workforce Development Council (CWDC).
- Royal colleges and professional bodies (for example, the Nursing and Midwifery Council).
- Health Professions Council.
- Sector skills councils.
- Relevant voluntary sector organisations.
- Universities.

What action should they take?

- Develop professional standards for unintentional injury prevention. These should take into account the different roles and responsibilities of professionals working within and outside the NHS. They should also take practitioners' views into account.
- Ensure all relevant organisations incorporate these standards into their professional skills development programmes.

Recommendation 5 Funding the development of injury prevention standards and curricula

Who should take action?

- Department of Health.
- Department for Education.

What action could be taken?

- Encourage funding for educational establishments and organisations to help them develop standards for competencies in – and courses and modules on – the prevention of unintentional injuries among children and young people. The establishments and organisations involved could include: the Faculty of Public Health, the Children’s Workforce Development Council, universities, royal colleges and organisations in the voluntary sector.

Recommendation 6 Providing the wider childcare workforce with access to injury prevention training

Who should take action?

- Local authority children’s services and their partnerships, including local safeguarding children boards.
- Local injury prevention coordinators.
- Commissioners, managers and practitioners working in health, social care and education services.
- Relevant organisations in the voluntary and private sector.

What action should they take?

- Provide access to appropriate education and training in how to prevent unintentional injuries for everyone who works with (or cares for and supports) children, young people and their families. Prioritise those who work directly with children, young people and their families.
- Ensure the education and training:
 - supports the wider child health remit (for example, the promotion of children and young people’s development)
 - helps develop an understanding of the importance of preventing unintentional injuries and their consequences and the preventive measures available.
- Ensure specialist education and training is monitored and evaluated to see what effect it has on practitioner performance. Revise approaches that are found to be ineffective.

Recommendations for injury surveillance

Context

Injury 'surveillance'² is needed to monitor unintentional injuries among children and young people locally, regionally and nationwide. The data gathered could be used as the basis to plan preventive initiatives. Such initiatives may need to take a particular type of injury into account locally or regionally – even though it may not be a major problem nationwide.

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 7 Establishing a national injuries surveillance resource

Who should take action?

- Association of Public Health Observatories.
- College of Emergency Medicine.
- Government departments including Department of Health and its Public Health Service, Department for Education, Department for Transport, Department for Communities and Local Government and the Home Office.
- Office for National Statistics.
- The Information Centre for Health and Social Care.

What action could be taken?

- Establish a national injuries surveillance resource covering all populations and injuries to help monitor injury risks and the effects of preventive measures. It could be provided by a network of agencies but there should be a single point of contact or a coordinating agency. The resource could be part of the proposed 'Information revolution'³.

² Surveillance of any health issue is defined as the: 'systematic, ongoing collection, collation and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community'. Last JM (2007) A dictionary of public health. Oxford: Oxford University Press.

³ See Department of Health (2010) An information revolution: a consultation on proposals. London: Department of Health. Available from www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080

- Ensure the resource includes local, regional and national injury datasets and data sources. For example, it should include data gathered from: emergency departments, walk-in centres, minor injury units, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Hospital Episode Statistics (HES), coroner reports, ambulance call-out reports, fire and rescue service reports, reported road casualty statistics (STATS19) and the child death review process (as data become available).
- The coordinating agency or network of agencies should:
 - ensure datasets can be integrated to provide accurate, anonymised and aggregated statistics on local injuries and their causes
 - collate, manage, analyse and interpret injury-related data (using experienced injury researchers to advise on analysis and interpretation)
 - provide a secure and reliable information system for recording and interrogating data (compliant with the Data Protection Act 1998)
 - monitor the quality of data submissions and datasets
 - report relevant findings to support the monitoring of emergency department service contracts
- provide government departments with advice on developing standardised injury data collection and coding across datasets (for example, for data collected by fire and rescue services and emergency departments)
- identify and develop new data sources for example, data collected by non-governmental agencies and the voluntary sector
- disseminate information locally and regionally and provide a readily available, searchable database for authorised users
- support the European Commission's work on injury surveillance.
- Ensure national guidance on data-sharing protocols⁴ is adopted by all agencies that collect local injury data. This includes: ambulance services, child death overview panels, coroners, emergency departments, fire and rescue services, the Health and Safety Executive and police forces.
- Promote the development of an enhanced national emergency department dataset based on submissions from a representative sample of hospitals. Ensure it includes additional data on events and activities leading to an injury⁵.

⁴ See the NHS Information Governance Toolkit website at www.igt.connectingforhealth.nhs.uk and Department of Health (2007) NHS information governance guidance on legal and professional obligations. London: Department of Health. Available from www.dh.gov.uk/en/Publicationsandstatistics

Also see HM Government (2008) Information sharing: guidance for practitioners and managers. London: Department for Children, Schools and Families and Communities and Local Government. Available from <http://publications.education.gov.uk>

⁵ Such a dataset is being piloted by the Department of Health and the College of Emergency Medicine. It contains similar detail to that previously collected for the Home and Leisure Accident Surveillance Systems [HASS/LASS] and the results are presented as anonymised, aggregated data.

Recommendation 8 Gathering high quality injury data from emergency departments

Who should take action?

- Commissioners of health services.

What action should they take?

- Ensure all hospital trusts are made aware of the data collection requirements for the universal and mandatory A&E (minimum) commissioning dataset.
- Ensure commissioning contracts for emergency departments (including minor injury units and walk-in centres) stipulate that all required data are collected – and to the required A&E (minimum) commissioning dataset standard. Contracts should also stipulate which data collection and submission methods should be used.
- Ensure contracts include financial penalties for failure to meet the requirements of the A&E (minimum) commissioning dataset.
- Ensure all hospital trust injury data are submitted to the NHS Information Centre for Health and Social Care.

Recommendations for home safety

Definitions and context

For the purposes of this guidance, 'home' refers to the home, garden and boundaries of a property. A home safety assessment is the process of systematically identifying potential hazards in these areas, evaluating the risks and providing information or advice on how to reduce them. Other terms commonly used to describe the same process include 'home risk assessment' and 'home safety check'. It may be carried out by a trained assessor or by parents, carers and other householders using an appropriate checklist⁶.

Permanent home safety equipment is defined here as a device that needs to be fitted and cannot easily be modified or removed by the householder. Examples include smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.

Ensuring permanent safety equipment is fitted in homes and the provision of home safety assessments should help prevent unintentional injuries among all under-15s. However, groups facing a higher than average risk of an unintentional injury need to be prioritised. For vulnerable groups see definitions on page 3. (See also NICE public health guidance 30 'Preventing unintentional injuries among under-15s in the home' on pages 14–18.)

Whose health will benefit?

Children and young people aged under 15 and their families (some of the recommendations may also benefit the wider population).

Recommendation 9 Installation and maintenance of permanent safety equipment in social and rented dwellings

Who should take action?

- Local authorities.

What action should they take?

- Consider developing local agreements with housing associations and landlords to ensure permanent home safety equipment is installed and maintained in all social and rented dwellings. Priority should be given to accommodation where children aged under 5 are living. Use the Housing Health and Safety Rating System (HHSRS)⁷. Permanent safety equipment includes:

⁶ Home safety assessment tools are available from: The Royal Society for the Prevention of Accidents (www.rosipa.com) and SafeHome (www.safehome.org.uk).

⁷ The HHSRS is a method for assessing potential risks to the health and safety of occupants in residential properties. It is used by local authorities to assess social and rented dwellings, and to require landlords to carry out remedial action to address any serious hazards (for more details, see <http://communities.gov.uk/documents/housing/pdf/142631.pdf>).

- hard-wired or 10-year, battery-operated smoke alarms
- thermostatic mixer valves for baths
- window restrictors
- carbon monoxide alarms.
- Publicise any local agreements to install and maintain permanent safety equipment. Provide information about these agreements to the following groups and evaluate their awareness:
 - those responsible for social and rented dwellings, such as landlords and social housing providers
 - practitioners with an injury prevention remit or who have an opportunity to help prevent injuries among children and young people
 - practitioners with a role in assessing health and safety in residential properties
 - residents in rented and social dwellings.

Recommendation 10 Incorporating guidance on home safety assessments within relevant national initiatives

Who should take action?

- Department of Health.
- Department for Education.

What action could be taken?

- Ensure national initiatives to improve child health include guidance on delivering home safety assessments and providing safety education to families with a child under 5 or with other children who may be particularly vulnerable to unintentional injuries. (Relevant national initiatives include the Healthy Child Programme⁸.)

Recommendation 11 Incorporating home safety assessments and equipment provision within local plans and strategies for children and young people's health and wellbeing

Who should take action?

- Local authority children's services and their partnerships, in consultation with local safeguarding children boards.

What action should they take?

- Ensure home safety assessments and education are incorporated in local plans and strategies for children and young people's health and wellbeing. They should be aimed at families with a child under 5 or with other children who may be particularly vulnerable to unintentional injuries.
- Commission local agencies to offer home safety assessments and, where appropriate, supply and install suitable, high quality home safety equipment. (See recommendation 3 [PH30] on page 17 for more details.)
- Ensure commissions specify that the assessment needs to help parents, carers, older children and young people identify and address the potential risks from water in the home (this includes baths and garden ponds⁹).
- Ensure commissions specify that education, advice and information is needed both during a home safety assessment and during the supply and installation of home safety equipment. (See recommendation 3 [PH30] on page 17 for more details.)

⁸ The three Healthy Child Programme core documents are available at www.dh.gov.uk/en/Healthcare/Children/Maternity/index.htm

⁹ For example, refer to advice from the National Water Safety Forum and leaflets and booklets from the Child Accident Prevention Trust (CAPT) (www.capt.org.uk).

Preventing unintentional injuries among under-15s in the home (PH30)

Context

The recommendations in this guidance cover home safety assessments and the supply and installation of home safety equipment, either delivered separately or together. They also cover education and advice when delivered as part of these interventions.

The recommendations should be implemented as part of a broader strategy to reduce unintentional injuries in the home. This would include the use of regulations and the provision of safety education to prevent such injuries.

Implementation of all the recommendations should ensure a systematic approach can be adopted. This involves prioritising households at greatest risk of unintentional injuries and establishing partnerships to ensure coordinated delivery and follow-up on home safety assessments and equipment interventions. In addition, the recommendations make the consideration of home safety issues a part of routine practice for all practitioners visiting children and young people at home.

Definitions

The process of systematically identifying potential hazards in the home, evaluating the risks and providing information or advice on how to reduce them is described here as a home safety assessment. Other terms commonly used to describe the same process include 'home risk assessment' and 'home safety check'. It may be carried out by a trained assessor or by parents and other householders, using an appropriate checklist¹⁰.

In this guidance, home safety equipment is any device used to prevent injury in the home. This includes door guards and cupboard locks, safety gates and barriers, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.

For the purposes of this guidance, 'home' refers to inside the dwelling itself. It does not include the garden or outbuildings.

¹⁰ Home safety assessment tools are available from: The Royal Society for the Prevention of Accidents (www.rosipa.com) and SafeHome (www.safehome.org.uk).

Recommendations: home safety assessments and providing safety equipment

Whose health will benefit?

Children and young people aged under 15 who are at greatest risk of an unintentional injury and their parents and carers. In particular, those living in disadvantaged circumstances.

Recommendation 1 Prioritising households at greatest risk

Who should take action?

- Local safeguarding children boards.
- Local authority children's services and their partnerships.
- Local strategic partnerships.
- Local authority health and wellbeing boards and partnerships (where they are not part of the local strategic partnership).

What action should they take?

- Determine the types of household where children and young people aged under 15 are at greatest risk of unintentional injury based on surveys, needs assessments and existing datasets (such as local council housing records).
- Prioritise the households identified above for home safety assessments and the supply and installation of home safety equipment (see recommendations 2–3 [PH30] on pages 16–17). 'Priority households' could include those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income. It could also include those living in a property where there is a lack of appropriately installed safety equipment, or one where hazards have been identified through the Housing Health and Safety Rating System (HHSRS)¹¹.
- Provide practitioners who visit children and young people at home with mechanisms¹² for sharing information about households that might need a home safety assessment. This includes health visitors, social workers and GPs.
- Ensure practitioners adhere to good practice on maintaining the confidentiality and security of personal information. (For example, this includes using end-to-end encryption when sharing data with other agencies.)¹³

¹¹ The Housing Health and Safety Rating System (HHSRS) is a risk assessment procedure for residential properties. Available from www.communities.gov.uk

¹² An example might include the common assessment framework (CAF).

¹³ See for example, HM Government (2008) Information sharing: guidance for practitioners and managers. London: Department for Children, Schools and Families and Communities and Local Government. Available from <http://publications.education.gov.uk>

Recommendation 2 Working in partnership

Who should take action?

- Strategic planners and leads with responsibility for child health.
- Fire and rescue services.
- Housing associations.
- Local authorities: leads for children's services, environmental health, accident prevention and home safety and housing.
- Sure Start and children's centres.

What action should they take?

- Establish local partnerships with relevant statutory and voluntary organisations or support existing ones. Partners could include:
 - local community and parent groups
 - organisations employing health and social practitioners who visit children and young people in their homes (for example, health visitors)
 - child care agencies
 - others with a remit to improve the health and wellbeing of children aged under 15
 - local umbrella organisations for private and social landlords
 - those involved in lifestyle and other health initiatives.

- Use these partnerships to:
 - help collect information on specific households where children and young people aged under 15 may be at greatest risk of an unintentional injury (see recommendation 1 [PH30] on page 15). The collection and sharing of information should adhere to the standards referred to in recommendation 1
 - help determine and address barriers to creating a safe home environment. (For example, the cost of equipment, cultural norms, issues of trust or a lack of control over the home environment may all be barriers to installing safety equipment)
 - get the community involved (as outlined in NICE public health guidance 9 'Community engagement'). For example, local 'community champions' could be used to promote home safety interventions and help practitioners gain the trust of householders
 - carry out home safety assessments¹⁴ and supply and install home safety equipment, in line with recommendation 3 (PH30) on page 17.

¹⁴ Home safety assessment tools are available from: The Royal Society for the Prevention of Accidents (www.rosipa.com) and SafeHome (www.safehome.org.uk).

Recommendation 3 Coordinated delivery

Who should take action?

- Those who carry out home safety assessments and provide home safety equipment (see recommendation 2 [PH30] on page 16).

What action should they take?

- Offer home safety assessments to the households prioritised in recommendations 1–2 ([PH30] on pages 15–16). Where appropriate, supply and install suitable, high quality home safety equipment. Home safety equipment should adhere to the British ‘Kite mark’ standards or the equivalent European standard. Where resources are limited, it may be necessary to narrow down further the households being prioritised (for example, to those with children under the age of 5 years).
- Ensure the assessment, supply and installation of equipment is tailored to meet the household’s specific needs and circumstances. Factors to take into account include:
 - the developmental age of the children (in relation to any equipment installed)
 - whether or not a child or family member has a disability
 - cultural and religious beliefs
 - whether or not English is the first language
 - levels of literacy
 - the level of control people have over their home environment. (Many people may not have the authority to agree to an installation, for example, tenants of social and private landlords and those who are unable to make household or financial decisions)
 - the household’s perception of, and degree of trust in, authority.
- Ensure education, advice and information is given during a home safety assessment, and during the supply and installation of home safety equipment. This should emphasise the need to be vigilant about home safety and explain how to maintain and check home safety equipment. It should also explain why safety equipment has been installed – and the danger of disabling it. In addition, useful links and contacts should be provided in case of a home safety problem.

Recommendation 4 Follow-up on home safety assessments and interventions**Who should take action?**

- Those who carry out home safety assessments and provide home safety equipment (see recommendations 2 and 3 [PH30] on pages 16–17).

What action should they take?

- Prevent duplication of effort by keeping a record of households that have been given safety advice or equipment. (It may be possible to use an existing local database.) Ensure the records are accessible to all those with a direct or indirect responsibility for preventing unintentional injuries in the home.
- Adhere to the standards referred to in recommendation 1 ([PH30] on page 15) in relation to the collection and sharing of information.
- Use the records to identify when maintenance and follow-up are required, to feed into strategic planning and to prioritise future interventions (see recommendation 1 [PH30] on page 15).
- Contact homes identified as being in need of an equipment maintenance check or follow-up. Offer to revisit them to see if the equipment is still appropriate and functional (and in case of a product recall or faults). Ascertain whether there are any new requirements (for example, due to changes in the building or the family). Reinforce home safety messages during these visits.

Recommendation 5 Integrating home safety into other home visits**Who should take action?**

- Practitioners who visit families and carers with children and young people aged under 15. This includes GPs, midwives, social workers and health visitors.

What action should they take?

- Recognise the importance of measures to prevent unintentional injuries in the home among children and young people aged under 15, particularly among those living in disadvantaged circumstances.
- Provide child-focused home safety advice. If the family or carers agree, refer them to agencies that can undertake a home safety assessment and can supply and install home safety equipment.
- Encourage parents, carers and others living with children and young people aged under 15 to conduct their own home safety assessment. They should use an appropriate tool, as outlined in recommendation 3 (PH30) on page 17.

Recommendations for outdoor play and leisure

Context

Children and young people learn, develop and mature when playing and taking part in activities that challenge them. Their participation in regular physical activity and outdoor play and leisure is important for their growth, development and general health and wellbeing – in both the short and long term. (For example, it can help reduce the risk of obesity and cardiovascular disease.)

The type of hazards encountered during outdoor activities will vary for different age groups and according to where they take place. Likewise, the factors to be considered when addressing and balancing risks and benefits will also differ. For example, where children and young people go off-road cycling will vary, depending on their age and experience: younger children are most likely to cycle in gardens and parks, while older children and young people may get involved in activities such as BMX racing or mountain biking.

These recommendations cover preventive activities at the strategic level (for example, the need to monitor compliance with safety standards). This does not imply that they are the only actions that could be taken to prevent unintentional injuries outdoors and during play and leisure.

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 12 Developing policies for public outdoor play and leisure

Who should take action?

- Head teachers and school governors.
- Local strategic partnerships.
- Play and leisure providers in the public, private, voluntary and community sector. This includes representatives of the leisure industry, parish and town councils and early years services. It also includes private providers of outdoor play facilities that are open to the public, such as pubs and hotels.
- Public, private, voluntary and community sector managers and decision makers responsible for play and leisure policies.

What action should they take?

- Ensure a policy is in place which:
 - takes a balanced approach to assessing the risks and benefits of play and leisure environments and activities (see NICE public health guidance 17 ‘Promoting physical activity for children and young people’)
 - counters excessive risk aversion
 - promotes the need for children and young people to develop skills to assess and manage risks, according to their age and ability
 - takes into account children and young people’s preferences about the types of outdoor play and leisure activities they want to participate in
 - is inclusive, taking into account the needs of all children and young people, including those from lower socioeconomic groups, those from minority ethnic groups with specific cultural requirements and those who have a disability.
- Use local information and data on environments, equipment and behaviour that pose a risk of serious unintentional injury to help plan prevention initiatives. Include information and data provided by practitioners, play and leisure providers, children, young people, their parents and carers.
- Focus prevention initiatives on groups most at risk of an unintentional injury. Initiatives could include modification of equipment and the environment, and the provision of information, education and safety equipment.
- Take into account the principles of British and European standards covering equipment and the environment (where they exist) as part of a risk-benefit assessment of outdoor play and leisure environments. This includes standards covering playgrounds, fairgrounds, toy safety and swimming pools, as well as those for inspection and maintenance.
- Where equipment and the environment cannot be modified, provide information, advice and education about risk management and the use of any appropriate safety equipment.

Recommendation 13 Providing education and advice on water safety

Who should take action?

- Injury prevention coordinators and health practitioners (for example, health visitors and school nurses).
- Lifeguards.
- Outdoor activity and holiday centre managers.
- Schools.
- Swimming instructors.
- Swimming pool managers.

What action should they take?

- Know which groups of children and young people are at high risk of drowning – and when that risk is increased. For example, children with certain medical conditions may be more at risk and boys are more likely to be at risk than girls. In addition, older children are more likely to drown outside the home.
- Provide children, young people, their parents and carers with information¹⁵ and education on water safety in play and leisure environments. This should be appropriate to the age, developmental stage and experience of the child or young person and meet the household's particular needs and circumstances. It should be readily available in a suitable format. It should also be factually correct and consistent.

- Ensure the information and education:
 - helps parents, carers, older children and young people identify and address the potential risks from water in the wider environment (this includes lakes, canals, rivers and on the coast)
 - stresses the importance of proper supervision, particularly for younger children, and describes in detail what this means.
- Provide timely information and advice, for example, during the holiday season and for dealing with conditions such as heatwaves and extreme cold. (Ice might form on ponds, rivers and lakes during extreme cold spells.) This could include clearly displayed information at appropriate locations.
- Encourage children, young people, their parents and carers to become competent swimmers and to learn other water safety skills (for example, so that they know how to effect a rescue).
- Ensure swimming lessons include general and specific water safety information. Specific information could include detail on the meaning of different coastal warning flags. It should also raise children and young people's awareness of how difficult it is to assess and manage the hazards posed by water in a range of different outdoor environments.

¹⁵ For example, advice from the National Water Safety Forum, the RoSPA water safety code for children (www.rospace.com) and the Child Accident Prevention Trust leaflets and booklets (www.capt.org.uk).

Recommendation 14 Water safety advice for leisure providers

Who should take action?

- Leisure facility providers such as leisure centre and pool operators, boat hire companies, hoteliers, holiday companies and tour operators.

What action should they take?

- Use risk analysis and management procedures to identify where there may be a risk of drowning. Minimise that risk, wherever possible, without discouraging swimming.
- Provide water safety information in a range of languages and formats. This could include clearly displayed information at appropriate locations. Ensure provision is timely. For example, ensure it is provided during the holiday season and in extreme weather conditions such as heatwaves and extreme cold. (Ice might form on ponds, rivers and lakes during extreme cold spells.)

Recommendation 15 Advising on off-road cycle safety

Who should take action?

- NHS and other health organisations.
- Local authorities.
- Schools and school travel advisers.
- Injury prevention coordinators.
- Police.
- Retail outlets and cycle hire centres.

What action should they take?

- NHS, other health organisations and local authorities should use local information campaigns and ongoing education to encourage cycle training and promote the use of correctly fitted and fastened cycle helmets while cycling off the road. Campaigns could focus on younger children learning to cycle, for example in gardens and parks, and on older children and young people who go BMX racing or mountain biking. The campaigns could suggest that adults set an example by wearing helmets whenever they cycle.
- Schools, school travel advisers, injury prevention coordinators, local authorities and the police should ensure travel plans cover off-road routes. They should also encourage children and young people to undertake cycle training and to wear cycle helmets.

- Retailers should provide point-of-sale advice on the correct fitting of cycle helmets (this includes online sales). They should also consider setting up a certified retailer scheme like that run by the British Equestrian Trade Association¹⁶.
- Cycle hire centres should advise about the advantages of children and young people wearing correctly fitted and fastened cycle helmets. They should provide them if requested.

Recommendation 16 Conducting local firework safety campaigns

Who should take action?

- Environmental health officers.
- Fire service.
- Primary care and hospital trusts.
- Injury prevention coordinators.
- Local authority children's services and their partnerships.
- Police.
- Schools.
- Trading standards officers.

What action should they take?

- Use emergency department surveillance data to inform local firework injury prevention campaigns.
- Conduct local firework injury prevention campaigns¹⁷ during the lead up to all celebrations and festivals where fireworks are used. This includes Bonfire Night, New Year and Diwali. Use the principles of behaviour change¹⁸ to inform campaign planning, delivery and evaluation. Evaluate the effectiveness of campaigns.
- Trading standards officers should ensure adults are given the firework safety code when they buy fireworks, as a condition of the licence to store and sell fireworks. The code should be available in a range of languages and formats.

¹⁶ Visit www.beta-uk.org/

¹⁷ See Department for Business Innovation and Skills (2010) Firework safety: be media wise! [online] Available from <http://bis.ecgroup.net/Publications/ConsumerIssues/ProductSafetyFireworks.aspx>

¹⁸ See NICE public health guidance 6 Behaviour change (2007). Available from www.nice.org.uk/guidance/PH6

Recommendations for road safety

Context

These recommendations propose that those responsible for road safety should focus on the needs of local children and young people. This includes helping drivers to reduce their speed in areas where children and young people are present. They should be read in conjunction with recommendations made in NICE public health guidance 31 'Preventing unintentional road injuries among under-15s: road design', see pages 28–31.

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 17 Maintaining and managing road safety partnerships

Who should take action?

- Local highway authorities.

What action should they take?

- Maintain the existing road safety partnership (or establish one where none exists) to help plan, coordinate and manage road safety activities. It should include the road safety team, fire and rescue services, the injury prevention coordinator, the NHS, police, local education authorities and local safeguarding children boards.
- Ensure the health sector plays an active role in the partnership (see NICE public health guidance 31 'Preventing unintentional injuries among under-15s: road design' on pages 28–31).
- Nominate a member of staff who is responsible for road safety partnership work.
- Work with the partners listed in the first action point above, children and young people's services, relevant voluntary sector organisations and others to identify and manage road environments that pose a high risk to children and young people.
- Secure funding streams for local road safety initiatives and support these partnerships by promoting good practice.

- Ensure the road safety partnership develops policies, strategies and programmes which are based on an understanding of how children and young people use (and wish to use) their environment. This involves consulting parents and carers about their children's road use and safety. It also involves gaining local information from other professional partnerships, children's councils and neighbourhood forums.
- Ensure the road safety partnership draws on all available information (such as demographics and risk-exposure data) to plan road injury reduction programmes, as part of the local community safety strategy. The programmes should take into account how injury risk differs according to age and road type. They should also reflect the increased risks facing children and young people from disadvantaged areas and communities.
- Evaluate programmes using a range of outcome measures, including road injury data. A variety of evaluation methods should be used, such as controlled trials, 'stepped-wedge' trials (sequential rollout to all participants) and process evaluations.

Recommendation 18 Carrying out local child road safety reviews and consultations

Who should take action?

- Local highway authorities and their road safety partnerships (see recommendation 17 [PH29] on page 24).

What action should they take?

- Ensure local child road safety reviews are carried out at least every 3 years. To ensure consistency within regions, ensure they include the following:
 - all road injury data collected by road safety partners
 - data which can identify whether some social groups experience more injuries than others (inequalities data)
 - risks to local children and young people
 - information about all types of journey, not just those to and from school.
- Ensure local children and young people, particularly those from disadvantaged communities, are consulted about their road use and their opinions about the risks involved. In addition, consult parents and carers about their children's road use and safety.
- Use the reviews and consultation findings to inform local initiatives to reduce road injuries among children and young people.
- Evaluate the impact of initiatives on local policies (including health inequalities policy), practice and injuries.

Recommendation 19 Aligning local child road safety policies

Who should take action?

- Local authority children's services and their partnerships, in consultation with local safeguarding children boards.
- Local highway authorities and their road safety partnerships.

What action should they take?

- Review local partners' priorities and strategies to ensure they are coordinated.
- Involve the local injury prevention coordinator in the development of the child road safety review and liaise with them about consultations with the local community.
- Ensure consistency between the road injury prevention priorities and strategies within child safety policies, local plans and strategies for children and young people's health and wellbeing, the road safety strategy and local authority community safety plans. (This includes ensuring consistency at all levels within non-unitary organisations.)

Recommendation 20 Promoting and enforcing speed reduction

Who should take action?

- Local highway authorities and their road safety partnerships.

What action should they take?

- Use signage, road design and engineering measures to reduce vehicle speeds on roads where children and young people are likely to be, such as those passing playgrounds or schools (see NICE public health guidance 31 'Preventing unintentional injuries among under-15s: road design' on pages 28–31).
- Use signage to warn drivers of the likely presence of children and young people in areas that they frequent (such as schools and playgrounds) and the need to comply with safety measures.
- Use national and local education and media campaigns to promote the benefits of safety initiatives – including 20 mph speed limits and zones – in areas frequented by children and young people.
- Evaluate compliance with speed limits.
- Where evaluation shows that compliance is poor, work with the police to improve it through education and, where necessary, enforcement activities.

Recommendation 21 Involving the police in driver education initiatives and activities to reduce traffic speed

Who should take action?

- Her Majesty's Inspectorate of Constabulary.
- The Home Office.

What action could be taken?

- Include road safety and enforcement in Her Majesty's Inspectorate of Constabulary (HMIC) evaluation tools (report cards) to ensure both are considered when police priorities are set.
- Encourage the police to work with other local partners (see recommendations 17–20 [PH29] on pages 24–26) on road safety issues in relation to children and young people aged under 15. In particular, encourage the police to contribute to driver education initiatives on the need for compliance with speed limits.
- Encourage the police to work with the existing road safety partnership (or with relevant agencies if there is no such partnership) to determine areas where vehicle speeds need to be reduced. Draw upon the knowledge of safer neighbourhood teams and the demographic and consultation data within community safety plans to understand local children and young people's use of the road environment.

Preventing unintentional injuries among under-15s: road design (PH31)

Context

The recommendations in this guidance cover 20 miles per hour (mph) limits, 20 mph zones and engineering measures to reduce speed or make routes safer, reflecting the evidence identified and expert discussions. The absence of recommendations on any other measures is a result of a lack of evidence that met the inclusion criteria for the evidence reviews. It should not be taken as a judgement on whether or not any other measures are effective and cost effective.

The recommendations in this guidance should be implemented as part of a broader strategy that includes driver and public education and enforcement activities.

Definitions

Engineering measures to reduce speed or make routes safer comprise physical features such as speed humps, chicanes or changes in traffic priority (that is, changes in the right for traffic to proceed). These may be used on single roads or across a larger area.

20 mph limits are imposed using signs at the start and end of roads covered by the limit and reminder signs at points in between (terminal and repeater signing).

20 mph zones are areas where engineering measures must be used to slow traffic.

Recommendations: road design and modification

Whose health will benefit?

Children and young people aged under 15, although there may also be benefits for the wider population.

Recommendation 1 Health advocacy and engagement

Who should take action?

- Directors of public health and other health professionals with responsibility for preventing or treating injuries.
- Local strategic partnerships.

What action should they take?

- Ensure a senior public health position includes leading on, and responsibility for, the health sector's involvement in injury prevention and risk reduction.
- Support and promote changes to the road environment as part of a broader strategy to prevent injuries and the risk of injuries.
- Support coordinated working between health professionals and local highways authorities to promote changes to the road environment.

Recommendation 2 Needs assessment and planning

Who should take action?

- Local highways authorities.

What action should they take?

- Work with other partners to introduce engineering measures to reduce speed as part of a broad strategy to prevent injuries and the risk of injuries (see recommendation 1 [PH31] on page 29). These measures should be:
 - developed after considering data on risk of injury (such as traffic speed and volume) and injuries (including levels of casualties, their age, the groups involved and where they occur)
 - designed and constructed in line with current good practice guidelines and case studies (such as ‘Manual for streets’¹⁹), and determined by local context and the characteristics of the site (including physical limitations such as geological considerations)
 - designed taking into account all road users (not just car users), including vulnerable road users (such as pedestrians, cyclists and those with impaired mobility)
- developed using effective processes of community engagement to seek the views of children, young people, their parents and carers (as outlined in NICE public health guidance 9 ‘Community engagement’) and with involvement of other interested parties such as the emergency services and local businesses
- implemented based on local priorities for modifying the transport infrastructure
- evaluated for their effect in terms of reducing the risk of injury and reducing the number of actual injuries
- evaluated for any unintended consequences, such as the impact on the number of people walking or cycling or on injury rates in neighbouring streets.

¹⁹ www.dft.gov.uk/pgr/sustainable/manforstreets/

Recommendation 3 Measures to reduce speed

Who should take action?

- Local highways authorities.
- Local strategic partnerships.

What action should they take?

- Introduce engineering measures to reduce speed in streets that are primarily residential or where pedestrian and cyclist movements are high. These measures could include:
 - speed reduction features (for example, traffic-calming measures on single streets, or 20 mph zones across wider areas)
 - changes to the speed limit with signing only (20 mph limits) where current average speeds are low enough, in line with Department for Transport guidelines.
- Implement city or town-wide 20 mph limits and zones on appropriate roads. Use factors such as traffic volume, speed and function to determine which roads are appropriate.
- Consider changes to speed limits and appropriate engineering measures on rural roads where the risk of injury is relatively high, in line with Department for Transport guidance.
- Take account of the factors identified in recommendation 2 ([PH31] on page 30) when introducing measures.

Recommendation 4 Popular routes

Who should take action?

- Directors of public health.
- Local highways authorities.
- Local strategic partnerships.
- Public health professionals with an injury prevention remit.
- School travel planners.

What action should they take?

- Consider opportunities to develop engineering measures to provide safer routes commonly used by children and young people, including to school and other destinations (such as parks, colleges and recreational sites). This should be done as part of the development of a broad package of measures to address travel, for instance when developing school travel plans.
- Include school governors and head teachers in discussions about changes relating to school travel.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice. For details see our website at www.nice.org.uk/guidance/PH29
www.nice.org.uk/guidance/PH30
www.nice.org.uk/guidance/PH31

Further information

You can download the following from www.nice.org.uk/guidance/PH29
www.nice.org.uk/guidance/PH30
www.nice.org.uk/guidance/PH31

- A quick reference guide (this document) for professionals and the public.
- The guidance – the recommendations and details of how they were developed.
- Details of all the evidence that was considered and other background information.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote N2351.

The NICE website has a screen reader service called Browsealoud which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

Related NICE guidance

For more information about NICE guidance that has been issued or is in development, see www.nice.org.uk

- Promoting physical activity for children and young people. NICE public health guidance 17 (2009). Available from www.nice.org.uk/guidance/PH17
- When to suspect child maltreatment. NICE clinical guideline 89 (2009). Available from www.nice.org.uk/guidance/CG89
- Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/guidance/PH9
- Physical activity and the environment. NICE public health guidance 8 (2008). Available from www.nice.org.uk/guidance/PH8
- Behaviour change. NICE public health guidance 6 (2007). Available from www.nice.org.uk/guidance/PH6
- Routine postnatal care of women and their babies. NICE clinical guideline 37 (2006). Available from www.nice.org.uk/guidance/CG37

Updating the recommendations

This guidance will be reviewed 3 years after publication to determine whether all or part of it should be updated. Information on the progress of any update will be posted at www.nice.org.uk/guidance/PH29
www.nice.org.uk/guidance/PH30
www.nice.org.uk/guidance/PH31

This guidance represents the views of NICE and was arrived at after careful consideration of the evidence available. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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