

# Keeping children safe—new guide for preventing child accidental injuries in the under fives

July 13 2016, by Emma Thorne

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Credit: University of Nottingham

Researchers from The University of Nottingham have worked with the Child Accident Prevention Trust to produce a guide to help commissioners of children's health services ensure accident prevention is a key part of health visiting, children's centres and family services.

Each year, around 60 children die, 40,000 are admitted to hospital and 450,000 attend emergency departments in England because of an accidental injury at home. Most of these injuries result from falls, poisonings, burns and scalds, and the majority are preventable.

The guide – the first of its kind to be produced - is based on [Keeping Children Safe](#), a five-year programme of research led by Professor Denise Kendrick in the University's School of Medicine and funded by

the National Institute for Health Research (NIHR) aimed at increasing evidence-based child injury prevention.

The research programme included a series of reviews and analyses synthesising findings from a large number of existing studies about what works to prevent child accidents and which interventions are cost-effective and studies exploring relationships between safety equipment use and [home safety](#) behaviours and falls, poisonings and scalds. Findings from these studies were used to create the guide for commissioners.

## **Key messages**

The research programme found that some safety equipment such as smoke alarms, safety gates on stairs and thermostatic mixer valves to reduce hot tap water temperature were effective in reducing the risk of injury. Some home safety behaviours were also effective in reducing the risk of injuries, including keeping poisons locked away or out of reach, putting medicines or household products away immediately after use, not changing nappies on high surfaces, not leaving hot drinks within children's reach and teaching children safety rules. The programme also found that the most effective interventions to increase safety equipment use and home safety behaviours included education plus home safety checks and providing and fitting equipment. These, and other findings are incorporated as 'key messages' in the guide for inclusion in the Healthy Child Programme delivered by health visiting teams and for early years and family services provide by children's centres and other providers.

Professor Kendrick said: "Accidental injuries to children are such an important public health problem, but one that unfortunately doesn't always receive the attention it deserves.

"Our guide is the first of its kind and gives commissioners of child health services evidence-based information about what needs to be included in [service](#) specifications for children's services.

## **Authorative information**

"Local Authorities are currently working on commissioning health visiting services, so this guide is very timely for them. Many early-years services are undergoing significant reorganisation across the country, and our guide provides clear recommendations on child injury prevention to incorporate into existing and newly configured services. Our guide also provides advice for public health commissioners about partnership working with social housing providers, landlord organisations, housing maintenance services and with fire and rescue services particularly around the prevention of fires, burns and scalds."

Commenting on the findings, Child Accident Prevention Trust (CAPT) Chief Executive, Katrina Phillips said: "Nothing like this exists. The guide means that commissioners have authoritative information about what works in reducing accidents for the under-fives at their fingertips. It dovetails well with NICE guidance PH29 and PH30 and supports action areas identified by PHE in Reducing Unintentional Injuries in and around the home among children under five years (2014). It is also very timely, with local authorities now making plans for 2017 for health visiting, early years and family support services."

Provided by University of Nottingham

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