

## Public Health Programme Guidance

### Strategies to prevent unintentional injuries among under 15's - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Monday 3<sup>rd</sup> November – Monday 1<sup>st</sup> December 2008

<p><i>NICE's role was set out in the 2004 white paper, 'Choosing health'. In it the government set out key principles for helping people make healthier and more informed choices about their health. Once NICE guidance is published, health professionals (and the organisations who employ them) are expected to take it into account. Stakeholder Organisation</i></p>	<p><b>Evidence submitted</b></p>	<p><b>Section</b></p>	<p><b>Comments</b> Please insert each new comment in a new row.</p>	<p><b>Response</b> Please respond to each comment</p>
<p><b>Association of Public Health Observatories</b></p>		<p>General</p>	<p>It is good to see reference to the need to address monitoring systems. The guidance should address issues of measurement, analysis and intervention monitoring – both at local &amp; national level. There is a key need to improve all three aspects to inform appropriate and cost-effective interventions. It would also be good to encourage collaborative approaches to injury measurement and injury prevention monitoring.</p>	<p>Thank you for your comments. Injury surveillance, data collection and analysis are included in the final scope.</p>

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<b>Bradford &amp; Airedale tPCT</b>		4.3.4	Structures within the health service support the commissioning process. It could be possible for PCT's to report, (along with all the other public health data), their profile regarding accidental injury if they commission their A&E depts to provide the data. The data could reflect the demographics, injury type and place of injury. In order to have the more detailed information regarding mechanism of injury, specific products involved etc this could be reintroduced with something along the lines of the old HASS/LASS system. Keeping data gathering local with systems already in place would be cost effective and can feed into a national picture via PCT public health departments.	Thank you for your comments. Injury surveillance, data collection and analysis are included in the final scope.
<b>Cycling England</b>		General	We support the broad nature of this guidance and the manner in which it is designed to complement the other guidance in this set (especially road injuries).	Thank you for your comment.
<b>Cycling England</b>		4.2.1	We note that the draft says the guidance <i>could</i> focus on a number of factors listed. The list appears to be comprehensive so we hope that none of these factors are deliberately excluded.	The draft scope stated that, 'it will not be possible for the guidance to cover all the potential areas' and the purpose of the consultation was to determine priority areas.
<b>Cycling England</b>		General	We would particularly support investigation of the Vision Zero approach adopted in Sweden.	Thank you for your suggestion. When developing the guidance the Committee will be considering international evidence.
<b>Cycling England</b>		4.2.2 a	Sub-national approaches should be considered if they are of a sufficient scale. For example State-wide approaches in Australia could be far larger in scale than some national approaches.	We propose to consider strategies from subnational regions with populations of approximately 1 million people or more (e.g. most US States, or German Lande); comparability to the main jurisdictions of the UK will be the rule of thumb.

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<b>Cycling England</b>		General	We hope that strategies to reduce the incidence of injuries among cyclists will covered in the guidance,	In relation to the road environment, strategies to reduce injuries by road design or by modifying the road environment will be covered. This will include walking and cycling networks.
<b>Department of Health</b>		General	From a National Healthy Schools Programme (NHSP) perspective, any guidance/information could helpfully be disseminated via our whole-school framework. As a programme, NHSP encourages children and young people to acquire the knowledge, skills and understanding to identify risk, and to make healthy choices in the broadest sense (so any guidance that supports this message, will align itself to our programme).	Thank you for your suggestion.
<b>Department of Health</b>		General	In our view, this document has a more open approach than that to road safety; it includes within its scope national and local policies and strategies, primary and secondary legislation, regulation and standards, including local authority bye-laws and statutory instruments, national programmes, campaigns and initiatives, including mass-media campaigns, professional support and workforce development, and national monitoring systems.	Thank you for your comment. We invited stakeholders to comment on what should be prioritised.
<b>Department of Health</b>		General	In our view, the guidance should take into account the work that will arise from local safeguarding children boards, and child death review processes, as these may lead to local interventions to prevent unintentional injuries. We also consider that some form of join-up with national strategies needs to develop.	Thank you for your suggestions. We agree. For example, we will be considering the following National Indicators: N170 – Hospital admissions caused by unintentional and deliberate injuries to children and young people and NI48 – Children killed or seriously injured in road traffic accidents.

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<p><b>Department of Health</b></p>		<p>General</p>	<p>You may be aware that the Chief Medical Officer Accidental Injury Task Force identified examples of inequality (priority areas) and approaches to interventions (headline interventions), which were well tried or most promising, whilst offering the potential to achieve the biggest reduction in accidental deaths and injuries.</p> <p>Specifically, in relation to children and young adults (0 to 24 years), these were:</p> <p><b>Road accidents:</b></p> <ul style="list-style-type: none"> <li>• 20mph speed limits in areas of higher pedestrian activity</li> <li>• local child pedestrian training schemes and safe travel plans</li> <li>• systematic road safety interventions in inner city areas</li> </ul> <p><b>Dwelling fires:</b></p> <ul style="list-style-type: none"> <li>• installation of smoke alarms by fire and rescue services</li> <li>• home risk assessments, safety checks and escape plans</li> <li>• target deprived groups, particularly children in privately rented and temporary accommodation, and households in which people smoke</li> </ul>	
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<p><b>Department of Health</b></p>		<p>General (Cont'd)</p>	<p><b>Play and recreation:</b></p> <ul style="list-style-type: none"> <li>• increase the number of children undertaking cycle training and wearing cycle helmets</li> <li>• produce guidelines for safety in children's sports. strengthen risk and safety education in schools</li> </ul> <p>For information, please see:</p> <p><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4064841">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4064841</a></p>	<p>Thank you for this information.</p>
<p><b>Department of Health</b></p>		<p>Section 4</p>	<p>We welcome the remit to include a focus on parents which, we assume, also includes carers.</p>	<p>Thank you. Carers were included in sections 2 e) and 4.1.1 of the draft scope and will be included in the final scope.</p>

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<p><b>Department of Transport</b></p>		<p>General</p>	<p>This document has a more open approach that for road safety and includes within its scope national and local policies and strategies, primary and secondary legislation, regulation and standards, including local authority bye-laws and statutory instruments, national programmes, campaigns and initiatives, including mass-media campaigns, professional support and workforce development, and national monitoring systems.</p> <p>It asks which approaches are effective and cost effective. It seems that the road safety study has prejudged the outcome of this wider scoping study by focussing only on highway engineering to reduce speed, at the expense of any other road safety intervention.</p> <p>Surely the approach of this broader study to identify the most effective measures should also inform the approach taken on the road safety study, rather than leaping straight to conclusions which, as in the first comment above, have no obvious rationale.</p>	<p>Thank you for your comments. The four guidance documents will be developed in parallel.</p> <p>The draft scope for this guidance on 'Strategies to prevent injuries' (which will be developed using the NICE CPHE programme process) stated that, 'it will not be possible for the guidance to cover all the potential areas' and the purpose of the consultation was to determine priority areas. As a result of the stakeholder consultation, the draft scope focusing on the 'Prevention of injuries in the road setting' (which is being developed using the NICE CPHE intervention process) has been broadened and the final scope now includes a focus on interventions to reduce injuries by modifications to the road environment and road highway design (see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/2">http://www.nice.org.uk/Guidance/PHIG/Wave18/2</a>). In addition, NICE will undertake another piece of guidance to address injuries on the road for this age group that will focus on 'education and protective equipment'.</p> <p>This guidance on 'Strategies to prevent injuries' will focus on legislation, regulation, enforcement and compliance relating to the road, home and external environment. . It will also focus on workforce training, support and capacity building, and injury surveillance, data collection and analysis .</p>
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<p><b>Healthcare Commission</b></p>		<p>General</p>	<p>The Healthcare Commission welcomes the proposed NICE guidance on strategies to prevent unintentional injuries among under 15s as outlined in the draft scope. This is in line with the Healthcare Commission's recommendation that the Department of Health commission NICE "to develop guidance on the prevention of unintentional injury for children under 15 years of age".</p> <p>Assessing healthcare organisations in relation to their use of NICE guidance is an aspect of the Healthcare Commission's current annual health check for all NHS healthcare organisations (specifically in relation to <i>Standards for Better Health</i> core standard 23), so additional guidance will be helpful and will contribute to clarity on the part of healthcare organisations about best practice.</p>	<p>Thank you for your comments.</p>
<p><b>Healthcare Commission</b></p>		<p>General</p>	<p>From April 2009, the Care Quality Commission will take over the work of the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission, and will consider guidance for use in registration requirements for healthcare organisations.</p>	<p>Thank you for this information.</p>
<p><b>Healthcare Commission</b></p>		<p>General</p>	<p>In addition, the Audit Commission's Comprehensive Area Assessment (CAA) includes health components as well as a focus on young people. CAA frameworks are currently under development; this proposed series of guidance may also be helpful in relation to CAA.</p>	<p>Thank you for this information.</p>

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<b>Healthcare Commission</b>		General	It will be helpful for NICE to include this proposed series of guidance in its mapping of NICE guidance in relation to the operating framework – vital signs.	Thank you for your suggestion. The work will support 'Hospital admissions caused by unintended and deliberate injuries' and the final scope has been amended to include reference to 'The Operating Framework 2009-2010 for the NHS in England. Vital Signs'. The NICE Implementation team will also map this suite of guidance against the National Indicator Set (NIS) for Local Authorities.
<b>Hull Partnership</b>		4.2.1	Fractures, dislocations and head injuries are most the common unintentional injuries to children and young people in our area, resulting in emergency admission to hospital – could these be considered within your “range of injuries”?	The final scope does not limit by type of injury.
<b>Hull Partnership</b>		4.2.1	National guidance on data collection for monitoring unintentional injuries would be most welcome.	Thank you for your comment.



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<p><b>Injury Minimization Programme for Schools (IMPS)</b></p>		<p>General</p>	<p>The document says that it will support the following NSF: Long term (neurological conditions DH 2005) which focuses on brain &amp; spinal injury &amp; damage to other parts of the nervous system. Why then has cycling/the wearing of cycle helmets been omitted from preventing road injuries and why have falls been excluded from home injuries? Both most certainly need to be included in Injuries Outside the Home.</p>	<p>Thank you for your comments. The draft scope for this guidance stated that, 'it will not be possible for the guidance to cover all the potential areas'. For example, it is not possible for this work to focus on all settings, all interventions and all injuries. The purpose of the consultation was to determine priority areas.</p> <p>As a result of the stakeholder consultation, the draft scope on 'Preventing unintentional road injuries among under 15s' (which is being developed using the NICE CPHE intervention process) has been broadened and the final scope now includes a focus on reducing injuries by road design or by modifying the road environment – see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/2">http://www.nice.org.uk/Guidance/PHIG/Wave18/2</a> However, it will not cover education of children and their parents/carers and promotion of equipment use such as cycle helmets and high visibility clothing. These interventions will be covered by future guidance to be developed by NICE to address injuries on the road for this age group.</p>
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				<p>Similarly, the draft scope focusing on the 'Prevention of unintentional injuries among under 15s in the home' (which is being developed using the NICE CPHE intervention process) has been broadened and the final scope now includes a focus on the supply and installation of home safety equipment and home risk assessments. It does not limit by type of injury (see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/1">http://www.nice.org.uk/Guidance/PHIG/Wave18/1</a>). The draft scope relating to 'the external environment' will be produced for consultation later in 2009 (see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave19/5">http://www.nice.org.uk/Guidance/PHIG/Wave19/5</a>).</p>
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<b>Injury Minimization Programme for Schools (IMPS)</b>		General	Document acknowledges that the most effective strategies contain a range of prevention activities. Why does the road injury consultation focus only on engineering measures?	Please refer to the previous comment.
<b>Injury Minimization Programme for Schools (IMPS)</b>		General	Who or what has determined the priority areas (injuries in particular settings) these vary according to age. Risks, injuries and causes in a toddler are very different to that of a teenager.	The draft scope outlined a number of areas and the purpose of the consultation was to determine priority areas. Section 3 d) of the draft scope acknowledged that 'a range of factors influence the likelihood of an unintentional injury' - including age. This will be considered during development of the guidance.
<b>Leeds City Council</b>		4.2.1 & 4.3	One of the activities the guidance should focus on is national monitoring systems. There is no comprehensive framework for data collection about unintentional injury in the home. The Home Accident Surveillance system (HASS) final reports were done in 2002 by the DTI. The Audit Commission found that in their report 'Better Safe than Sorry' Feb 2007 that nationally A & E data were consistently inadequate for identifying trends in unintentional injury. They found that data fields within A & E were not always completed. Without good data it is difficult to assess what preventative actions could reduce attendance at A & E and overall injury. It should consider a range of injuries including falls, drowning, poisoning, burns and scalds. Falls, drowning and poisoning should also be included in this guidance as they are a major cause of A&E attendance and hospital admission for 0-15yr olds	Thank you for your comments. Injury surveillance, data collection and analysis will be included in the final scope. It focuses on strategies and approaches and does not limit by type of injury.

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<p><b>London Home &amp; Water Safety Council</b></p>		<p>General</p>	<p>Whilst I personally laud the NICE proposal to focus on burns, scalds and fire prevention, my experience dictates that a broader picture be considered and to add slips, trips and falls basic first aid messages into the equation. A great proportion of scald and burn injuries in the home take place by slipping and tripping over articles left lying around in the kitchen, whilst transporting food and beverages from one room to another with child in arms and carrying same on the stairs. Tripping up and being catapulted onto either a fire or other source of heat is also seen as a problem. Unattended babies rolling and falling off beds and becoming wedged between bed and radiator etc.</p>	<p>This draft scope outlined a number of areas and the purpose of the consultation was to determine priority areas. As a result of the stakeholder consultation, the draft scope focusing on the 'Prevention of injuries in the home setting' (which is being developed using the NICE CPHE intervention process) has been broadened and the final scope now includes a focus on the provision and supply of home safety equipment and home risk assessment – see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/1">http://www.nice.org.uk/Guidance/PHIG/Wave18/1</a> The work focusing on, 'Strategies to prevent injuries' will focus on legislation, regulation, enforcement and compliance in relation to the home, road and external environment. It will also focus on workforce training, support and capacity building, and Injury surveillance, data collection and analysis . It will not limit by type of injury.</p>
<p><b>London Home &amp; Water Safety Council</b></p>		<p>Guidance 4.1.1 /2</p>	<p>It is felt that the age level be raised to a minimum of 16 years so as to capture the school leavers who might then become carers for their siblings or indeed become young parents themselves.</p>	<p>The age parameter reflects the referral from the Department of Health.</p>
<p><b>London Home &amp; Water Safety Council</b></p>		<p>Guidance 4.2.1 Activities</p>	<p>To identify causation and location of injury to refer to the recently developed National Burn Injury Database NIBID . Access to this can be gained through the Dept. of Health or directly through the British Burn Association. <a href="http://www.britishburnsassociation.co.uk">www.britishburnsassociation.co.uk</a> or <a href="http://www.britishburnsassociation.org">www.britishburnsassociation.org</a> Another useful web-site is the International database at <a href="http://www.ibidb.org">www.ibidb.org</a>. <a href="http://www.ibidb.org">Injury Observatory</a></p>	<p>Thank you for this information.</p>

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<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.1 Activities	To add a section on basic immediate first aid response to minimise the injury and scarring factor. Cool the Burn. A quick intervention is VITAL in helping reduce the impact of burns on the skin tissue. Many cultures use a host of extraordinary products in a misguided way. i.e. toothpaste.	Thank you for your suggestion. This scope relates to, 'Strategies to prevent unintentional injuries'. The final scope does not include secondary prevention measures that aim to reduce the severity of an injury through the availability of immediate first aid.
<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.1 Activities	That supply and installation of any safety equipment must be delivered by TRAINED personnel otherwise messages can become confused especially with various newly arrived communities to the UK i.e. – not to just deliver an electric kettle but to make sure the recipient fully understands that it is NOT to be put on the gas cooker !  That adequate consultation be given with various home safety agencies about the potential pros and cons of using cooker guards and electric socket covers	The final scope includes workforce training, development and capacity building.
<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.2	To add falls to list	As mentioned above, this scope will not be limited by type of injury. The draft scope relating to the prevention of injuries in the home has also been broadened and the final scope does not limit by type of injury.
<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.2	To add cold burns to list. Many toddlers and young children suffer freeze burns on fingers and hands whilst helping mum defrost freezer . This results in burns and skin removal and is very painful.	Please refer to the previous comment.
<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.2	To add caustic burns to list. Mouth lip and tongue burns .	Please refer to the previous comment.

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<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.2	To add Cool the Burn to the list.	Please refer to the previous comment.
<b>London Home &amp; Water Safety Council</b>		Guidance 4.2.2	All these above points can be easily adopted into a teaching package for minimal time and effort.	Thank you for your suggestion.
<b>London Home &amp; Water Safety Council</b>		General - other observations	Target groups – ante natal, new mothers, grandparents , school leavers, women's groups in certain communities with a matriarchal culture. Many young brides are subservient to the elder female in the family group who can adhere to old practices if education in this subject is not given.	Section 4.1.1 of the scope includes parents and carers of children and young people aged under 15. This includes all parents and carers.
<b>London Home &amp; Water Safety Council</b>		General - other observations	Use the power of TV soap storylines to disseminate messages	Thank you for your suggestion. The implementation phase of the work will consider delivery strategies.
<b>London Home &amp; Water Safety Council</b>		General	To work with CFOA to ensure that every Home Fire Safety Checks / Home Risk Assessments includes burn/scald prevention messages not just fire prevention and that the deliverer ensures these are covered in the assessment.	Thank you for your suggestions. We hope that Fire Officers are represented on the Programme Development Group.
<b>NHS Cambridgeshire</b>		General	Under 15 age group does not correspond with normal children and young peoples age groups eg. LSCB/ Child Death Overview Panel and NI70 cover under 18's.	The age parameter reflects the referral from the Department of Health.
<b>NHS Cambridgeshire</b>		3b	Analysis of hospital admissions shows that falls is the major cause and home the most frequent setting in admissions for injuries (NI70).	Thank you for this information. The final scope does not limit by type of injury. In addition, the draft scope relating to the prevention of injuries in the home has also been broadened and does not limit by type of injury.

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NHS Cambridgeshire		4.2.2 a)	Well evaluated local initiatives implemented as a result of local strategies should be considered; otherwise you will miss innovative approaches that may make a real difference.	Thank you for your suggestion.
NHS Cambridgeshire		4.3 Q2	Definitely need to focus on disadvantaged families – accidents are a major health inequalities issue.	Section 4.3.2 of the draft scope included a question relating to the prevention and reduction of unintentional injuries among children and young people from disadvantaged families and Appendix B listed considerations, including how different approaches impact on inequalities in health and how children and young people in disadvantaged areas can be targeted effectively and cost effectively.
NHS Cambridgeshire		General	This guidance needs to address responsibility and accountability for injury prevention. Who gets held to account if the inequalities gap in accidents widens?	Inequalities in health will be considered. NICE's role was set out in the 2004 white paper, 'Choosing health'. In it the government set out key principles for helping people make healthier and more informed choices about their health. Once NICE guidance is published, health professionals (and the organisations who employ them) are expected to take it into account. Please access the following link for more information on the role of NICE and the NHS: <a href="http://www.nice.org.uk/aboutnice/whatwedo/niceandthenhs/nice_and_the_nhs.jsp">http://www.nice.org.uk/aboutnice/whatwedo/niceandthenhs/nice_and_the_nhs.jsp</a>
NHS Cambridgeshire		4.3 Q4	The Child Death Overview Panel (CDOP) and NI70 monitor deaths and hospital admissions for accidents. CDOP is responsible to LSCB and CYPSP/ Children's Trust; NI70 is monitored through the LAA process.	Thank you for this information.

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NHS Cambridgeshire		General	Preventing falls and accidents in the home in disadvantaged families should be the focus of this guidance.	We will be focusing on strategies and will not limit the focus by type of injury. In addition, the draft scope relating to the prevention of injuries in the home has also been broadened and the final scope does not limit by type of injury. Questions relating to injury in disadvantaged families are mentioned in section 4.3 and Appendix B.
NHS Cambridgeshire		General	Social marketing research is needed to understand why accidents happen and what can most effectively be done about it. If this research has already been done then it should be included even if not part of a national initiative.	Thank you for your comment.
National Network for Children in Employment and Entertainment (NNCEE)		General	I would raise the issue of the cut off age of 15 years and from a child employment perspective I would suggest that the end of the range should be when a child leaves compulsory education e.g. the Friday in June of the child's year 11 at school. This would mean that the majority of children would be 16 years of age but a small number would be 15 years of age as their 16 <sup>th</sup> birthday would fall within the appropriate academic year.	Thank you for your comment. The age parameter reflects the referral from the Department of Health.
National Network for Children in Employment and Entertainment (NNCEE)		General	I believe that the biggest contribution that the NNCEE can make at this stage is to highlight that there appears to be very little information/statistics for child employment. To date this area of work for children is very much a 'Cinderella' concept despite the fact that there is primary legislation underpinning it: <b>Children &amp; Young Persons Act 1933.</b> <b>Children (Performance) Regulations 1968</b>	Thank you for your contribution.



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<p><b>National Network for Children in Employment and Entertainment (NNCEE)</b></p>		<p>General</p>	<p>Many people are unaware of the various regulations and professional colleagues are now becoming more aware of the regulations and of the NNCEE, as it raises the whole profile on behalf of children. I believe that I am correct in saying that whilst local authorities keep general statistics there is no central statistical recording and information on accidents are not gathered largely I feel because of a lack of report to child employment teams. It also has to be mentioned that the resourcing of child employment/entertainment by local authorities is very varied and sketchy to say the least, without a lead by Government it seems that local authorities do not necessarily include this area of children's work in their list of priorities of which there are many.</p>	<p>Thank you for your comments.</p>
<p><b>National Network for Children in Employment and Entertainment (NNCEE)</b></p>		<p>General</p>	<p>My understanding from 2 years ago is that the HSE records of reported accidents did not. (does not?) show ages of people who have had an accident making it extremely difficult to gain either a local or national set of figures.</p> <p>I therefore believe that your initiative can be instrumental in raising the profile of non-intended accidents to children who are employed or who take part in an area of the entertainment world.</p>	<p>Thank you for your comments.</p>

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<p><b>National Network for Children in Employment and Entertainment (NNCEE)</b></p>	<p>McKechnie, J., Anderson, S. &amp; Hobbs, S. (2005) Cumbria's working youngsters: Exploring their experiences. Paisley: University of Paisley and NSPCC</p>	<p>General</p>	<p>I believe again that I correct in saying that research for child employment and entertainment is not very extensive. Some has been undertaken by Professor Carolyn (Essex University and Director of the Children's Legal Centre) and by Professor Jim McKechnie (University of the West of Scotland head of the Child Employment Research Group)</p> <p>I have spoken with Jim during the past week and he has allowed me to send to you a file that is a report on some of his work for the NSPCC and Cumbria County Council. I found within the report (pages 16 – 20/21) some interesting comments and findings within the research especially some of the accidents that children had but where they didn't report them or believed it was their fault.</p>	<p>Thank you for this information.</p>
<p><b>National Network for Children in Employment and Entertainment (NNCEE)</b></p>		<p>General</p>	<p>Jim has expressed to me that he is happy for you to contact him regarding this research and that he is happy to play a part in your initiative his contact details are as follows:</p> <p>University of the West of Scotland Paisley Room L123 (Paisley Campus) PA1 2BE Scotland Tel: 0141 848 3784 E-mail: <a href="mailto:jim.mckechnie@uws.ac.uk">jim.mckechnie@uws.ac.uk</a> Main University Tel: 0141 848 3000 Fax: 0141 848 3891 Email: <a href="mailto:info@uws.ac.uk">info@uws.ac.uk</a></p>	<p>Thank you for this information.</p>

## Public Health Programme Guidance

### Strategies to prevent unintentional injuries among under 15's - Consultation on the Draft Scope: Stakeholder Comments and Response Table

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<p><b>National Network for Children in Employment and Entertainment (NNCEE)</b></p>		<p>General</p>	<p>I am concerned that after looking at Jim Mckechnie's research and believing the Cumbria is generally a rural county if the research findings were to be replicated across the country and particularly within more densely populated and commercial areas then there may be a whole raft of issues affecting child safety/accidents that may largely be unknown.</p>	<p>Thank you for your comment. As mentioned in the document, 'Methods for the development of Public Health Guidance', 'The review of evidence also assesses the applicability of each study's findings to specific populations and settings in England'. (See page 8. Accessible via <a href="http://www.nice.org.uk/aboutnice/howwework/developing_nice_public_health_guidance.jsp">http://www.nice.org.uk/aboutnice/howwework/developing_nice_public_health_guidance.jsp</a>)</p>
<p><b>PEACH Unit (Dept. of Child Health, University of Glasgow)</b></p>		<p>General</p>	<p>This initiative is extremely welcome and long overdue - the DH Accidental Injury Task Force Report was published in 2002 with little follow up action.</p>	<p>Thank you for your comment.</p>
<p><b>PEACH Unit</b></p>		<p>General</p>	<p>The focus of the guidance appears to be England and Wales. What will be the status of the guidance in the other home countries?</p>	<p>NICE public health guidance only applies to England.</p>
<p><b>PEACH Unit</b></p>		<p>General</p>	<p>The four topics - homes, roads, leisure and strategies - appear sensible, except that three are settings while the fourth is a response.</p>	<p>As detailed on the first page of the draft scope, the guidance focusing on strategies will be developed using the public health programme process. This will compliment the three guidance documents being developed using the public health intervention process which will focus on the home, road and leisure settings.</p>

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<b>PEACH Unit</b>		General	The remit is to identify evidence of effectiveness and cost-effectiveness of preventive measures. An equally or more useful econometric analysis would be cost-benefit analysis.	Thank you for your comment. The primary measure of cost-effectiveness used by NICE is the Quality Adjusted Life Year (QALY). Where, however, literature or evidence suggests other approaches such as cost utility or cost benefit analysis may be more appropriate, NICE will consider these approaches.
<b>PEACH Unit</b>		4.2.2	The exclusion of local and individual initiatives, and of treatment/rehabilitation, is unnecessarily restrictive.	<p>The scope for this guidance, which will be developed using the public health programme process, has been revised and will focus on legislation, regulation, enforcement and compliance in relation to reducing injuries by road design or by modifying the road environment; the supply and installation of home safety equipment, and home risk assessments; workforce training, development and capacity building, and monitoring and evaluation. It will limit by type of injury. Guidance developed using the public health intervention process will focus on local and individual initiatives.</p> <p>NICE public health guidance focuses on the promotion of good health and the prevention of ill health. It does not focus on treatment and rehabilitation.</p>
<b>Play England</b>		general	Play England welcomes the chance to respond to <i>Strategies to prevent unintentional injuries among under 15s: draft scope consultation</i> . Play England is the leading national play organisation in England, working under the aegis of the National Children's Bureau and funded by the Big Lottery Fund. We also hold contacts with DCSF and DCMS.	Thank you for this information.

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<p><b>Play England</b></p>		<p>Question 1</p>	<p>Firstly, it is important that the scope looks at different degrees of injury. Playground accidents do not very often involve serious injury. The summary statement outlined in <i>Managing Risk in Play provision</i><sup>1</sup> notes that:</p> <p>‘Children need and want to take risk when they play. Play Provision aims to respond to these wishes by offering children stimulating, challenging environments for exploring and developing their abilities. In doing this, play provision aims to manage the level of risk so that children are not exposed to unacceptable risk of death or serious injury.’</p> <p>As noted in the guidance, the majority of unintentional injuries in children and young people happen on the road. This is at a time when the number of children playing in the streets has rapidly declined over the last few generations. In 1973, a study by the Department of the Environment (1973)<sup>2</sup> mentions that approximately 75 per cent of children observed in the study played on the roads and pavements in their neighbourhood. However, the National Travel Survey 2005 statistics<sup>3</sup> says that approximately only 15 per cent of children between the ages of 5 and 15 played on the streets. Play England’s (2007)<sup>4</sup> own research carried out by ICM demonstrates that 71% of adults report to have played in the street or area near their home everyday when they were a child. This compares to only 21% of children today.</p>	<p>Thank you for your suggestion and for this information.</p>
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<sup>1</sup> Play Safety Forum (2008) *Managing Risk in Play Provision*. London: Play England

<sup>2</sup> Department of the Environment. (1973). ‘Children at Play: Design Bulletin 27.’ London: HMSO cited in Lacey, L. (2007). ‘Street Play: A literature review’. London. Play England

<sup>3</sup> Department for Transport. (2006a). ‘National Travel Survey 2005.’ Transport Statistics. [www.dft.gov.uk](http://www.dft.gov.uk)

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<p><b>Play England</b></p>		<p>Question 1 (cont'd)</p>	<p>Play England proposes that the 'scoop' looks at how councils' can improve the environment around where children and young people live and go to schools.</p> <p>Councils need to support applications for Home Zones and similar concepts, and greater investment in cycling and walking schemes. All new residential developments and regeneration projects should consider children, young people and other residents' needs for playing, walking and cycling and ensuring public spaces are popular and well used.</p> <p>Transport Research Laboratory (TRL) evaluations<sup>5</sup> of Home Zones found consistent support from adult and child residents for the measures introduced in their streets. Five out of the seven evaluations suggested a positive impact on children's play opportunities. Over two-thirds of the adults interviewed thought that the Home Zone had made it safer for children walking and cycling and just over half thought that children should play in the street now that it was a home zone.</p>	<p>Thank you for your proposal.</p> <p>The draft scope for this guidance, which will be developed using the public health programme process, has been revised and will focus on legislation and regulation, enforcement and compliance. It will also focus on workforce training, development and capacity building, and monitoring and evaluation. The draft scope for the road setting guidance, which will be developed using the public health intervention process, has been revised and the final scope focuses on local or regional interventions to reduce injuries by road design or by modifying the road environment – see <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/2">http://www.nice.org.uk/Guidance/PHIG/Wave18/2</a>.</p>
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<sup>4</sup> Play England (2007) Research commissioned for Playday 2007. London. Play England.

<sup>5</sup> Layfield, R, Chinn, L and Nicholls, D (2003) *Pilot Home Zone Schemes: Evaluation of The Methleys, Leeds (TRL 586)*. Wokingham: Transport Research Laboratory

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<p><b>Play England</b></p>		<p>Question 1 cont'd</p>	<p>Another review of Home Zone schemes (Gill 2006<sup>6</sup>) looked at 41 cases and their usage of shared streets and average road speed. 36% had an average speed of 10-15 mph, and another 36% had an average speed of 15-20mph. Added to this, when asked about the level of children's play in the neighbourhood after the schemes had been implemented, just over 50% of residents reported an increase, and there were no schemes where a decrease was noted.</p> <p>Local authorities could also be encouraged to monitor the impact of 'twenty mph zones' as one way to support the reduction in road accidents. The are bring in encouraged by the government through <i>Fair Play</i><sup>7</sup> to introduce 'twenty mph zones' but the scoop could investigate how this impacts on the numbers of children play-out as well as reduction in injuries. The challenge is to increase numbers of children playing out whilst reducing accidents. Clear information needs to be provided to local authorities about the benefits to children and pedestrians to encourage as little variation as possible.</p>	<p>Thank you for this information and your suggestions.</p>
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<sup>6</sup> Gill, T. (2006b). 'Home Zones in the UK: History, Policy and Impact on Children and Youth.' *Children, Youth and Environments*. 16(1): 90-103.

<sup>7</sup> DCSF (2008) *Fair Play: A consultation on the Play Strategy*. London. Department for Children Schools and Families

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<p><b>Play England</b></p>		<p>Question 1 cont'd</p>	<p>Hull's 20mph zones have reduced the number of people killed or seriously injured by 90 per cent.<sup>8</sup> TRL undertook research in 1996<sup>9</sup>. One of the key findings of the study was the support for the notion that a reduction of 1mph in speed reduces the likelihood of being involved in an accident by 5%. Children were reported to be major beneficiaries of self-enforced traffic calming schemes including 20mph zones through reduced casualties.</p> <p>TRL (2003)<sup>10</sup> conducted a review of 20 mph zones in London Boroughs. The study looked at approximately 137 20 mph zones. study found that mean traffic speeds within the zones was about 17mph, representing a reduction by about 9 mph, with traffic flows reducing by about 15% since 20 mph zone installation. The 20 mph zones reduced frequency of road user casualties within the zones by 45% and frequency of fatal or serious casualties by 57%.</p>	<p>Thank you for this information.</p>
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<sup>8</sup> Sustrans (2006) *Stay safe on the school journey: Safe routes to school*. Sustrans

<sup>9</sup> TRL. (1996). 'TRL Report 215 – Review of Traffic Calming Schemes in 20mph Zones.' cited in: British Medical Association. (1997). 'Road Transport and Health.' London: BMA pp. 54-55.

<sup>10</sup>TRL. (2003). 'Review of 20 Mph Zones in London Boroughs.'



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<p><b>Play England</b></p>		<p>Question 1 cont'd</p>	<p>Children and young people also need spaces where they can play and take risks and current government thinking suggests that we need to strike the right balance between providing safety and risk. <i>Fair play</i> states that 'Through taking risks whilst playing children and young people learn how to manage risk – helping them to stay safe.'</p> <p>As outlined in <i>Fair Play</i>, the government proposes to test a range of effective models through the play pathfinders to identify good practice in improving routes to play. We believe that local transport plans should include safe routes to play and these should be linked to school travel plans. The scoop could therefore look at the impact of safe routes to school on reduced accidents and increase numbers of children using safe route to school.</p>	<p>Thank you for this information. Please refer to our response above.</p>
<p><b>Play England</b></p>		<p>Question 2</p>	<p>Studies show that road traffic is also an issue of concern for some ethnic minority children and young people and children and young people from disadvantaged families who are more likely to be victims of road accidents as pedestrians – with Asian children being particularly vulnerable.<sup>11</sup></p> <p>Therefore home zones, traffic calming zones and shared space concepts should be focused on areas where there are high concentrations of children and young people from these communities. This would work towards combating the inequality of the higher proportions of ethnic minority and disadvantaged children and young people being involved in road accidents.</p>	<p>Thank you for this information and your suggestions.</p>

<sup>11</sup> Department of Transport, Road accident involvement of children from ethnic minorities (No.19)  
[www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/roadaccidentinvolvementofchi4740?page=1#a1000](http://www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme1/roadaccidentinvolvementofchi4740?page=1#a1000)

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<p><b>Play England</b></p>		<p>Question 3</p>	<p><i>Fair Play</i> has highlighted the intention of the government to deliver training for planning, green space and highways professionals aimed at rising awareness of children and young peoples play needs. NICE should recommend that all local authority departments take part in the training.</p> <p>This training could be championed by DCS. This is increasing relevant since <i>Fair Play</i>; suggests that they will be issuing statutory guidance on Children's Trusts outlining the role of DCSs in working closely with Chief Executives to champion children's environmental wellbeing. Part of this guidance would explain DCSs role to work closely with transport, parks, planning and environmental agencies on action to secure children's wellbeing in relation to green space, road traffic and climate change. <i>Delivering Fair Play – guidance on implementing the play strategy</i>, is due to be published at the end of November.</p>	<p>Thank you for this information and your suggestions</p>
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<p><b>Play England</b></p>		<p>Question 4</p>	<p>Although we want to reduce the number of children and young people involved in road accidents, we do not want this to happen by children spending more time indoors. 20mph area must be the maximum speed in residential areas and any evaluation of 20mph zones must look specifically at the impact these have on the time children and young people spend outside in their local streets and neighbourhoods</p> <p>The National Transport survey collects data about children playing in the streets but does not routinely analyse this data. We suggest that this analysis become routine and published annually alongside accident data to see if it is possible to identify and trends and links.</p> <p>The scope should also investigate the severity and numbers of playground accidents. These are often reported in the media as being more frequent and serve than in reality. Any scoop that investigates this would help alleviate fear of the numbers of accidents and reduce fear of local authorities being sued for playground accidents.</p>	<p>Thank you for this information and your suggestions.</p> <p>As mentioned on the first page of the draft scope, forthcoming guidance developed using the public health intervention process will focus on preventing unintentional injuries among under 15s in the external environment. It is expected to cover the sports and leisure environment. Publication is expected in October 2010 and a scope will be produced for consultation later in 2009.</p>
<p><b>Royal College of Nursing</b></p>		<p>general</p>	<p>This is a well presented document that is clear, concise and easy to read.</p>	<p>Thank you for your comment.</p>
<p><b>Royal College of Nursing</b></p>		<p>1.1</p>	<p>The short title needs to include the word 'people'</p>	

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<b>Royal College of Nursing</b>		4.3	In relation to expected outcomes: the first 3 need to be more specific. They ought to indicate that there will be 'reduction' rather than a 'change'. 'Change' could constitute an upward trend, and this is clearly not an anticipated outcome.	We also need to consider whether strategies might increase injuries, hence our interest in 'change' rather than solely reduction.
<b>Royal College of Paediatrics and Child Health</b>		General	The exclusion of local and individual initiatives is unnecessarily restrictive; the distinction local and national, and between population based and individual activities may not be clear-cut.	The draft scope for this guidance, which will be developed using the public health programme process, has been revised and will focus on legislation, regulation, enforcement and compliance. It will also focus on workforce training, development and capacity building, and monitoring and evaluation. The draft scope for the road setting guidance, which will be developed using the public health intervention process, has been revised and the final scope focuses on local or regional interventions. The draft scope for the home setting, which will also be developed using the public health intervention process and which has also been revised, the final scope focuses on local interventions.
<b>Royal College of Paediatrics and Child Health</b>		General	The exclusion of treatment/rehabilitation is unnecessarily restrictive. Prompt, effective treatment makes an important contribution to injury outcome and is arguably a key component of prevention.	NICE public health guidance focuses on the promotion of good health and the prevention of ill health. It does not focus on treatment and rehabilitation.
<b>Royal College of Paediatrics and Child Health</b>		General	This initiative is extremely welcome and long overdue - the DH Accidental Injury Task Force Report was published in 2002 with little follow up action.	Thank you for your comments.

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<b>Royal College of Paediatrics and Child Health</b>		General	The focus of the guidance appears to be England and Wales. What will be the status of the guidance in the other home countries? As N Ireland and Scotland have historically had higher injury mortality rates than the rest of the UK, it is essential that these countries become fully engaged in the initiative.	NICE public health guidance only applies to England.
<b>Royal College of Paediatrics and Child Health</b>		General	The four topics - homes, roads, leisure and strategies - appear sensible, except that three are settings while the fourth is a policy response. The rationale for this approach is unclear.	These reflect the referrals from the Department of Health. This guidance is being developed using the public health programme process and is intended to complement the guidance developed using the public health intervention process. The former focuses on strategies and policies and the later focuses on settings.
<b>Royal College of Paediatrics and Child Health</b>		General	The remit is to identify evidence of effectiveness and cost-effectiveness of preventive measures. An equally or more useful econometric analysis would be cost-benefit analysis as a means of demonstrating the enormous savings that are achievable through effective prevention.	Thank you for your comment. The primary measure of cost-effectiveness used by NICE is the Quality Adjusted Life Year (QALY). Where, however, literature or evidence suggests other approaches such as cost utility or cost benefit analysis may be more appropriate, NICE will consider these approaches.
<b>Royal College of Paediatrics and Child Health</b>		General	The consultation process is confusing and unwieldy in that three separate sets of documents are involved when one would have been sufficient. This one is particular could be incorporated into the other 2.	Please refer to the referrals from the Department of Health. Unintentional injury is a broad area that is difficult to cover within one guidance document. Our aim is to produce a complementary suite of guidance. We do, however, acknowledge your comment and that we may need to reconsider the content of the draft scope template when developing a suite of guidance.

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<p><b>Royal College of Paediatrics and Child Health</b></p>		<p>4.2.2</p>	<p>This contradicts 4.2.1 - i.e., 'National and local policies and strategies' focus but in 4.2.2 it is only 'National'. It is not clear why this is.</p>	<p>Section 4.2.2a) proposed to exclude local initiatives 'unless they are part of a national initiative' – ie to exclude, for example, local community approaches not supported by a national initiatives. As mentioned above, the draft scope for this guidance, which will be developed using the public health programme process, has been revised and will focus on legislation, regulation, enforcement and compliance. It will also focus on workforce training and development and capacity building, monitoring and evaluation.</p>
<p><b>Royal College of Paediatrics and Child Health</b></p>		<p>4.3</p>	<p>Question 2. Should state upper age limit – is this only limited to national approach? It needs to explain the outcome – point 9 does not fit with any of the questions and therefore will not be answered by these.</p> <p>Also 'protection' will include protection from intentional injuries which is not part of the remit. Point 10 – again none of the questions address this so it cannot be an outcome.</p>	<p>Thank you for your comments. Question 2 has been amended to state the upper age limit. As mentioned above, the focus of the draft scope has been amended.</p> <p>'Protection' is an important part of the 'Staying Safe Action Plan' which includes 'accidents' and is not limited to 'intentional injuries'. We will not be focusing on intentional injuries.</p> <p>Regarding 'Point 9' and 'Point 10', we are also interested in i) the perceptions of parents and carers, and ii) attitudes, knowledge, social skills and behaviours, as they could act as barriers and/or facilitators to implementing initiatives. Point 1.4 and Annex C of the 'Staying Safe Action Plan' acknowledge the role of parent/carers perceptions.</p>

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<b>Telford and Wrekin PCT</b>		General	Can guidance include monitoring outcomes and the 'so what' factor – what difference did the intervention make. Especially areas where it is difficult to prove that the particular intervention made a difference, for example, campaigns and education - especially in changing knowledge, attitude, skills and behaviour.	The draft scope for this guidance, 'Strategies to prevent unintentional injuries under 15s' has been revised and will focus legislation, regulation, enforcement and compliance. It will also focus on workforce training, development and capacity building, and monitoring and evaluation. Attitudes, knowledge, social skills and behaviour are listed as expected outcomes of interest in section 4.3.
<b>Telford and Wrekin PCT</b>		General	Telford and Wrekin Primary Care Trust – School Nurse Team support this document but have asked what is the schools role to increase the awareness of safety and accident prevention?	Thank you for your question. This guidance will focus on strategies and policies and will not include school-based educational interventions.
<b>Telford and Wrekin PCT</b>		General	Shropshire Fire and Rescue Service also welcome any draft guidance designed at reducing domestic accidents. One area of concern for the service would be a lack of direction regarding the recognition within the document of effective partners and partnership working. The Fire Service will willingly contribute to any programmes that will support the accident reduction agenda.	Thank you for your offer to contribute.

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<p><b>UK Youth Parliament</b></p>		<p>General</p>	<p>Many thanks for including UKYP in your email to interested organisations with regards to Unintentional Injury to Under 15s. Young people from UKYP, I am sure, would be interested in participating in a consultation on these subjects – particularly road injuries, but your process is very adult orientated. Would NICE be interested in undertaking a young people only consultation to feed into your more general consultation for this area of work?</p>	<p>Thank you for your suggestion. We will be reviewing young people's participation in this work once we have formed the 'Programme Development Group' (PDG). We note your organisation's potential interest in any consultation work with young people.</p> <p>We aim to incorporate the perspectives of children and young people (and parents/carers) in the development of NICE guidance through various means such as:</p> <ul style="list-style-type: none"> <li>- Community membership of the programme development group and/or testimony to the group</li> <li>- Finding and using relevant research evidence on the views and experiences of children and young people (and parents/carers)</li> <li>- Contributions from stakeholder organisations on the views of children and young people, or parents/carers, and</li> <li>- Consultation with children/young people, for example, to test out draft recommendations - or occasional primary research on major issues not covered by the research literature.</li> </ul>
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<p><b>University of the West of England</b></p>		<p>General</p>	<p>(1) NICE guidance is primarily aimed at audiences in England but reviews of the evidence will be drawn for the international literature, WHO/UNICEF is publishing the 'World Report on Child Injury Prevention' and WHO European Region the 'European Report on Child Injury Prevention' on 10<sup>th</sup> December 2008. Is there any scope for summarising the evidence that is relevant to the contexts of low and middle income countries? Could there be collaboration with the Department for International Development (DFID)?</p> <p>(2) Does 'children under 15' include pre-mobile infants? Strategies may differ for different ages. If inclusive, may be better to state 'Children 0-14 years'</p> <p>(3) The Steering group needs to be informed by the views of children and young people. Instead of token representation, a separate exercise of consulting young people should be considered to feed into the group considering strategies.</p>	<p>Thank you for this information and for raising this question. The primary concern will be to respond to the Department of Health of Health referral and in doing so international literature will be utilised.</p> <p>Yes, 'children under 15' will include pre mobile infants from birth upwards.</p> <p>Thank you for your suggestion. We agree that the views of children and young people need to inform the work of the group developing this guidance - the 'Programme Development Group' (PDG). We will be reviewing young people's participation in this work once we have formed the PDG.</p> <p>We aim to incorporate the perspectives of children and young people (and parents/carers) in the development of NICE guidance through various means such as:</p> <ul style="list-style-type: none"> <li>- Community membership of the programme development group and/or testimony to the group</li> <li>- Finding and using relevant research evidence on the views and experiences of children and young people (and parents/carers)</li> <li>- Contributions from stakeholder organisations on the views of children and young people, or parents/carers, and</li> <li>- Consultation with children/young people, for example, to test out draft recommendations - or occasional primary research on major issues not covered by the research literature.</li> </ul>
<p><b>University of the West of England</b></p>		<p>3c / 3d</p>	<p>Unequal burden of injury associated with boys. E.g. see Pearson J, Jeffrey S &amp; Stone D. Varying gender pattern of childhood injury mortality overtime in Scotland. ADC 2008. Doi:10.1136/adc.2008.148403</p>	<p>Thank you for this information.</p>

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### Strategies to prevent unintentional injuries among under 15's - Consultation on the Draft Scope: Stakeholder Comments and Response Table

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<p><b>University of the West of England</b></p>		<p>4.2.1</p>	<p>1) The guidance should cover the major causes of death, specifically; roads, fires, suffocation/choking, &amp; drowning. Of these the road environment should be the priority due to our need to encourage children to use outside space for physical activity in efforts to reduce the incidence of childhood obesity. Encouraging more children to walk and cycle to school will result in higher numbers of road casualties unless safety interventions are considered alongside programmes to enhance activity.</p> <p>2) Practitioners will want this guidance to be broad in its coverage. It needs to include falls (which are the major mechanism of non-fatal childhood injuries)</p> <p>3) National monitoring systems are very important and neglected in recent years following the cessation of HASS and LASS.</p>	<p>Thank you for your suggestions.</p> <p>The draft scope for this guidance, which will be developed using the public health programme process, stated that, 'it will not be possible for the guidance to cover all the potential areas' and the purpose of the consultation was to determine priority areas. The draft scope has been revised and will focus on legislation, regulation, enforcement and compliance. It will also focus on workforce training, development and capacity building, and monitoring and evaluation.</p> <p>The draft scope for the road setting guidance, which will be developed using the public health intervention process, has been revised and the final scope now focuses on local or regional interventions to reduce injuries by road design or by modifying the road environment. It does not limit by type of injury. See <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/2">http://www.nice.org.uk/Guidance/PHIG/Wave18/2</a></p> <p>The draft scope for the home setting guidance, which will be developed using the public health intervention process, has been revised and the final scope focuses on the provision and supply of home safety equipment and home risk assessment. It does not limit by the way that the injury occurred or type of injury.</p> <p>You may also like to refer to published NICE guidance on commonly used methods to increase physical activity, including community based walking and cycling programmes (<a href="http://www.nice.org.uk/Guidance/PH2">http://www.nice.org.uk/Guidance/PH2</a>) and physical activity and the environment (<a href="http://www.nice.org.uk/Guidance/PH8">http://www.nice.org.uk/Guidance/PH8</a>) and guidance in development focusing on physical activity for children (<a href="http://www.nice.org.uk/Guidance/PHPG/Wave12/16">http://www.nice.org.uk/Guidance/PHPG/Wave12/16</a>).</p>
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## Public Health Programme Guidance

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University of the West of England		4.3 Question 4	A monitoring system cannot prevent or reduce injury. This question should be rephrased 'What type of monitoring systems are effective and cost-effective in detecting changes in unintentional injuries in children aged 0-15 years?'	Thank you for your suggestion. The draft scope has been amended accordingly.
University of the West of England		4.3 Expected outcomes	<p>1) Unintentional injuries – 'injuries' needs to be defined. For example is this fatal <u>and</u> non-fatal injuries? If non-fatal are included (I believe they should be) is there a level of severity that provides a cut-off for inclusion? If so, how is that level of severity to be determined? Different ways of assessing severity are used in the published literature, e.g. (i) self care vs medically attended vs hospital admissions, (ii) use of time away from usual activities, (iii) use of formal severity scales such as the Abbreviated Injury Score. Does 'injury' include both physical and psychological injuries?</p> <p>2) Perceptions of parents / carers about safety – this is a very challenging outcome and as such may not be valuable as a measure of effectiveness. Public perception of risk does not equate to actual risk – take the example of stranger danger and meningitis which are over perceived by the public as being major causes of risk when in reality many activities that children engage in carry far greater risks.</p>	<p>Thank you for your comments. Unintentional injuries will include fatal and non-fatal injuries. There will not be a level of severity that provides a 'cut off' for inclusion.</p> <p>The search strategy will not impose restrictions on definitions of severity and/or injury. It is anticipated that the search results should be obtained that reflect all levels of severity and all injuries.</p> <p>We appreciate that public perception of risk may not equate to actual risk, however, we are also interested in i) the perceptions of parents and carers, and ii) attitudes, knowledge, social skills and behaviours, as they could act as barriers and/or facilitators to implementing initiatives. Point 1.4 and Annex C of the 'Staying Safe Action Plan' acknowledges the role of parent/carer perceptions.</p>
UNITE/CPHVA		4.3, 1	I have seen research, but can't remember where, that teaching children first aid reduces their number and severity of accidents	Thank you for your comment.
UNITE/CPHVA			Teaching first aid 'in depth' leads to children learning to 'assess the situation'	Thank you for this information.
UNITE/CPHVA			Dishwasher manufacturers must change their advice about washing cutlery; all knives and points should be pointing towards the floor.	Thank you for this information.

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UNITE/CPHVA			Junior Citizen schemes which are run by the police, bring together a multi-agency team to teach year 6 about safety. The police have the 'clout' to make these effective.	Thank you for this information.
UNITE/CPHVA			We need much better road signs for drivers so that they know what the local speed limit is, ie a speed limit sign on every lamp post.	Thank you for this suggestion. The draft scope for the road setting guidance, which will be developed using the public health intervention process, has been revised and the final scope focuses on local or regional interventions to reduce injuries by road design or by modifying the road environment. It will not limit by type of injury. See <a href="http://www.nice.org.uk/Guidance/PHIG/Wave18/2">http://www.nice.org.uk/Guidance/PHIG/Wave18/2</a>
UNITE/CPHVA		4,3, 2	Teach parents 'in depth' first aid at Children's centres; parents and carers could become qualified first aiders	Thank you for your suggestion.
UNITE/CPHVA		4.3, 2 contd.	When first aid is taught at school by school nurses, it is non stigmatising, and does appeal to the children from lower socio-economic groups, as it is a practical topic which they can excel at, and discussion leads to a greater understanding of risk.	Thank you for this information.
UNITE/CPHVA			CO <sup>2</sup> monitors need to be made freely available, especially portable ones which can be taken to friend's houses or to holiday caravans.	Thank you for your suggestion.
UNITE/CPHVA			There need to be dog wardens to teach about responsible keeping of dogs and to pass on details to police where owners do not keep dogs on a lead	Thank you for your suggestion.
UNITE/CPHVA			We need park keepers, trained in communication with young people	Thank you for your suggestion.
UNITE/CPHVA			Detached youth workers should trawl areas where young people undertake risk taking behaviour, and steer them into organised activities	Thank you for your suggestion.
UNITE/CPHVA			We need cheap and reliable out of school activities	Thank you for your suggestion.

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UNITE/CPHVA			All out of school sport or sporting activity needs to be staffed by qualified personnel/ referees/ sports coaches	Thank you for your suggestion.
UNITE/CPHVA		4.3, 3	Junior citizen schemes	Thank you for your suggestion.
UNITE/CPHVA			Healthy Schools programme	Thank you for your suggestion.
UNITE/CPHVA			Some professionals (electricity, gas, police) go into schools to alert children about dangers which have led to recent accidents. This needs to happen regularly and across the country	Thank you for your suggestion.
UNITE/CPHVA			We need a national 'how to communicate with children' campaign for all who come across children, but do not work with them.	Thank you for your suggestion.
UNITE/CPHVA		4.3 4	School accident books must be rigorously kept (standardised) and this information must feed into the school's assessment for well-being.	Thank you for your suggestion.
UNITE/CPHVA			Leadership: this needs to be given to the school nurse	Thank you for your suggestion.
UNITE/CPHVA			Information obtained from the accident book must be assessed and lead to work streams in conjunction with the Healthy Schools co-ordinator and	Thank you for your suggestion.
UNITE/CPHVA			Feedback on all school initiatives needs to be fed back to parents/carers	Thank you for your suggestion. We acknowledge the importance of parent/carer involvement.
UNITE/CPHVA			There needs to be a rigorous system to record accurate details of accidents to children under 15 which must be co-ordinated across GPs, A&E, walk-in centres, health centres etc. Details of children need to adhere to Laming criteria, so that school trends can be noted and acted upon by the school nurse.	The draft scope for this guidance, which will be developed using the public health programme process, has been amended and will focus on legislation, regulation, enforcement and compliance. It will also focus on workforce training development and capacity building, and monitoring and evaluation.
UNITE/CPHVA		4.3, 5	Money is usually the reason why Junior Citizen schemes don't go ahead	Thank you for this information.

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UNITE/CPHVA			There is too little time in the national curriculum to teach safety	Thank you for this information.
UNITE/CPHVA		4.3, 5 contd.	Safety is no one's responsibility ( so make it the responsibility of the school nurse at school, and the PCT outside of school)	Thank you for this suggestion.
UNITE/CPHVA			There is a general lack of adherence to laws which are not seen as important. Parking on the yellow lines outside a school should receive a fine EVERY TIME	Thank you for this information. As mentioned above, this scope will focus on legislation, regulation, enforcement and compliance.
UNITE/CPHVA			Owners of dogs which are not kept under control should receive a fine EVERY TIME	Thank you for this suggestion.