

How to reduce unintentional injuries in under 5-year olds

40,000 under 5-year olds are admitted to hospital every year due to injuries¹. Unintentional injuries are a leading cause of acquired disability and preventable death for children aged 1 to 4².

The majority of these injuries are preventable and the long-term consequences can be devastating. Head injuries from falls down stairs can lead to memory loss, learning problems and even personality changes. The emotional impact of a life-long scar from a serious scald can cause untold misery for children and their parents.

A social gradient exists in the rates of unintentional injuries. This means that rates of unintentional injury in under 5-year olds are higher in children from economically disadvantaged backgrounds compared to those children from advantaged backgrounds³.

A report published by Public Health England (PHE)⁴ states *“The reduction of unintentional injuries in childhood remains an important public health priority”* (p.4).

It cites the importance of local leadership to steer agencies to address the reduction of unintentional injuries collaboratively. It highlights both the need to train and equip all staff who work in early years to prioritise the reduction of unintentional injuries in children and the role of health visitors. It also advocates for a focus on the five most common injuries in under 5-year olds. This Good Practice Points (GPP) resource identifies the opportunities for health visitors to reduce unintentional injuries and the most common unintentional injuries in children under 5-years old.

Most injuries can be prevented, often through simple and cost-free changes to daily parental routines. Below are key points in effective engagement with parents and guidance to reduce injuries.

Opportunities for engagement

- Parents are often surprised by their child’s physical and cognitive abilities and therefore unprepared for the injury hazards their child is exposed to. Child development reviews offer an opportunity to raise awareness of key hazards. This can help parents stay one step ahead of their child.
- Safety advice given during home visits can be particularly effective as it is tailored to each family’s living environment. There is evidence that home visiting programmes may help reduce the risk of injury for such infants and children⁵.
- Health visitors can be supported to optimise their contacts with families to promote child safety by knowledge of useful resources. One such resource,

produced by Public Health England (PHE) and Child Accident Prevention Trust (CAPT), can prompt conversations about the prevention of unintentional injury around the most common injuries⁶.

Preventing unintentional injuries

- Health visitors can find local and national data to help inform their practice and advice they offer via visiting⁷ <https://bit.ly/34ZGWdi>
- A child’s attendance at hospital with an unintentional injury provides a health visitor with an ideal time to contact that family. It is the opportunity to support the family and reduce future risk of injury. Support does need to be offered carefully since parents may feel very upset at what has happened.
- Asking for an explanation of an injury is important, especially if there are frequent injuries. If necessary, safeguarding guidelines need to be followed⁸.

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For additional resources see www.ihv.org.uk

The information in this GPP version was created on 22/07/2021.

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Effectively engaging parents

- Busy parents often think that preventing injuries will take time and money they don't have. Explain how building simple steps into everyday routines can mean that injury prevention quickly becomes second nature, e.g. always returning cleaning products to a cupboard out of a child's reach, place kettles and mugs to the back of work surfaces and sides⁹.
- Getting down on the floor to view potential hazards from a child's eye level can be revealing.
- Offering reminders and being a good role model can help parents feel supported rather than criticised. Reminders given in context, for instance putting hot drinks out of reach of newly-walking toddlers, can help messages hit home¹⁰.
- Posters, printed resources and short films can reinforce safety messages effectively. Many parents, especially those with poor literacy or from different cultures, may benefit from picture-based resources (visit the CAPT website (<https://bit.ly/3x3BVfd>)¹¹ for free resources in a number of different languages).
- Ensure all family members, such as grandparents, are aware of safety advice. Medicines, tablets and hearing aid batteries carried in handbags, in coat pockets or left around are hazardous to children.

Home safety

- Young children are most at risk of being seriously injured in the home. The five most severe and preventable injuries are:
 - burns and scalds
 - suspected poisonings
 - falls
 - threats to breathing
 - drowning.
- **Burns and scalds.** Hot drinks are the most common reason for hospital admissions, with thermal injuries peaking between 1 and 2 years. Hair straightener burns are on the increase, with crawlers and toddlers at greatest risk. In just 5 seconds, a toddler can suffer a severe scald from hot bath water. "Cold in first and top up with hot" is the rule of thumb. Help parents think of safe places out of a young child's reach and consider their next stage of development.

Button batteries are bright and shiny and therefore very attractive to children. A button battery can cause damage in three ways: first, it can create an electrical current; second, it can put pressure on sensitive tissues;

and third, it can leak harmful chemicals from the battery. All of these can cause burns to the throat or stomach. If swallowed, a battery can get lodged in the oesophagus and the burn can extend through to major blood vessels, causing internal bleeding, sometimes fatally.¹²

- **Poisons.** Medicines, especially everyday painkillers, are the most common cause of suspected poisoning in hospital admissions. Many cleaning products, including detergent liquid tabs, also bring serious risks. "Out of sight and out of reach" is the message. Remind parents that child-resistant tops are not child-proof. Some 3-4 year olds can open them in seconds.
- **Falls.** Safety equipment can help to prevent serious falls¹³. Safety gates are needed as soon as babies start crawling, while windows need locks to prevent them opening too wide. Help parents get into the habit of always strapping their baby or young child into the highchair or baby seats every time. Avoid the use of baby walkers that can propel a child at speed.
- **Threats to breathing.** This area accounts for the highest number of deaths for under 5-year olds. To help prevent choking, advise parents against prop-feeding babies and to cut food into small pieces for young children. Nappy sacks need to be moved out of reach of young babies to reduce suffocation risks. Hanging blind cords should be tied back to a cleat hook to prevent strangulation. Advise parents to supervise play where balloons are available and to remove burst balloons immediately to avoid choking.
- **Drowning.** Babies can drown silently in just 5cm of water. Remind parents that babies and young children should never be left alone in the bath, even for a moment, and encourage parents to get into the habit of getting everything ready before bath time. Canals, rivers, streams, garden ponds and beaches also pose serious risks.

Road safety

- **Car seats.** Selecting the right car seat for the child's weight and height is key, alongside choosing the right seat for the car. Do not buy a second-hand car seat as it might be damaged or incomplete and not work properly in a crash.
- **Pedestrians.** Teaching young children to hold hands or using walking reins is an essential first step in helping them to be safe. Children do not understand speed and distance accurately until at least 8 years of age. Please see guidance by RoSPA on road safety for children with additional needs¹⁴ - <https://bit.ly/3fVW6GH>

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Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

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New and emerging risks

- New risks to children emerge all the time. For example, CAPT has recently raised awareness of poisoning and choking risks to young children from high strength magnets that are often used in children's toys. Particular risks are products from online marketplaces which can bypass consumer safety protection.
- To keep up-to-date, subscribe to CAPT's e-bulletin CAPT News by visiting the charity's website: <https://bit.ly/3x3BVfD>¹¹

Good Practice Points for health visitors

- The Royal Society for the Prevention of Accidents (RoSPA) cites some factors that appear to be associated with an increase in unintentional injuries¹⁵. Examples include:
 - morning time, when families are busy meeting deadlines such as leaving for preschool, getting ready for work
 - late afternoon and early evening, when meals are being prepared for example
 - additional stressors, such as a bereavement, may mean that the family pattern is disrupted
 - if the child is in an unfamiliar place, such as someone else's home and families are socialising, there are more distractions and parents may not pay as much attention to their child's safety
 - where housing is overcrowded.
- We know that some children are at greater risk of unintentional injury¹⁶ and health visitors can be a consistent voice promoting their safety, raising the importance of child safety at all contacts, and gently challenging where they observe any scenario which places a child at increased risk of an unintentional injury.
- Health visitors can support parents in reducing unintentional injuries by promoting awareness of hazards and encouraging safe habits to be implemented, such as putting away and storing cleaning products. None of these measures cost money. Health visitors can also share information about local schemes to promote home safety, perhaps liaising to provide resources or ensure a home visit to assist a family.
- Health visitors have a crucial leadership, coordination and delivery role within the Healthy Child Programme and are ideally placed to mobilise local partnerships to develop a local child unintentional injuries strategy. PHE has developed a practical 4-step plan to support local collaborative working through a systematic and evidence-driven approach to improve population health⁴. <https://bit.ly/3fYBoGf>

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This GPP was originally commissioned by the Department of Health and written by the Child Accident Prevention Trust (CAPT).

Reviewed in 2021 by:

Dr Toity Deave, iHV Fellow and Assoc. Professor for Family and Child Health, Centre for Academic Child Health, University of the West of England, Bristol.

Ian Evans, Child Accident Prevention Trust (Training and Consultancy)

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Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

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