



# 2019 surveillance of unintentional injuries (NICE guidelines PH29, PH30 and PH31)

Surveillance report

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# Surveillance decision

We will not be updating the following guidelines on unintentional injuries at this time:

- Unintentional injuries: prevention strategies for under 15s (NICE guideline PH29)
- Unintentional injuries in the home: interventions for under 15s (NICE guideline PH30)
- Unintentional injuries on the road: interventions for under 15s (NICE guideline PH31)

Please note, for the surveillance of NICE guideline PH29, recommendations 1, 5, 7, 10 and 21 were not considered for aspects of national policy. However, these recommendations were considered at a local or sub-national level.

## Reasons for the decision

### Unintentional injuries: prevention strategies for under 15s (PH29)

Evidence was found to be consistent with the current guideline recommendations on:

- inequalities in injuries attributable to household deprivation and maternal mental health
- injury prevention briefings to parents, with supplementary ongoing training and facilitation for children centre staff
- the use of linked primary, secondary and mortality data
- the installation of permanent home safety equipment
- the benefit of numerous home education interventions
- updating playground equipment
- education, swimming lessons and water safety, and pool fencing as effective strategies to reduce the risk of drowning
- cycling safety education and promotion

- the use of a safe routes to school programme, digital technology measures to increase community engagement, and visual interventions to reduce distracted mobile phone usage
- measures to reduce vehicle speed around schools and playgrounds to reduce average speed in these areas.

For further details and a summary of all evidence identified in surveillance, see [appendix A1](#).

### **Unintentional injuries in the home: interventions for under 15s (PH30)**

The majority of new evidence identified was found to be consistent with current recommendations. This included evidence to support recommendations on coordinated delivery and integrating home safety into other home visits. One stakeholder also provided local evidence of working in partnership and performing home safety assessments which were found to broadly support recommendations.

There was some evidence to suggest that interventions to increase use of window locks and reduce incidents of leaving a child on a high surface showed little benefit. The guideline does not currently make specific recommendations in these areas, therefore until there is further evidence on what interventions may or may not be effective, the recommendations are unlikely to change.

For further details and a summary of all evidence identified in surveillance, see [appendix A2](#).

### **Unintentional injuries on the road: interventions for under 15s (PH31)**

The majority of new evidence was found to be consistent with the current guideline recommendations.

New evidence was identified which supports recommendations on speed limits and speed reduction zones and measures; and on engineering measures to provide safer routes to school. Limited evidence was identified on a tramway right of way engineering intervention to reduce pedestrian motor vehicle collisions but was insufficient to inform a new

recommendation.

For further details and a summary of all evidence identified in surveillance, see [appendix A3](#).

# Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in the following guidelines remain up to date:

- [Unintentional injuries: prevention strategies for under 15s](#) (NICE guideline PH29)
- [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30)
- [Unintentional injuries on the road: interventions for under 15s](#) (NICE guideline PH31)

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews and national policy.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence considered in surveillance

### Search and selection strategy

For details of the individual search and selection strategies used please refer to the following appendices:

- [Appendix A1](#) (unintentional injuries: prevention strategies – NICE guideline PH29)
- [Appendix A2](#) (unintentional injuries in the home – NICE guideline PH30)
- [Appendix A3](#) (unintentional injuries on the road – NICE guideline PH31)

## Intelligence gathered during surveillance

### Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to each of the 3 guidelines.

The following responses were received from 16 topic expert questionnaires sent for each guideline:

- NICE guideline PH29 – 8 responses were received, 5 of the experts felt an update was needed.
- NICE guideline PH30 – 8 responses were received, 6 of the experts felt an update was needed.
- NICE guideline PH31 – 8 responses were received, 4 of the experts felt an update was needed.

In the areas where topic experts felt an update was necessary, no published evidence was identified in the surveillance review to indicate a need for new or updated recommendations. These included:

- Home injuries: new hazards, home safety assessments and equipment provision.
- Road injuries: subgroups who are potentially at greater risk of injury, parking bans around schools.
- Outdoor play and leisure injuries: skate parks.
- Strategies: coverage and quality of hospital admissions data, socioeconomic inequalities and the Healthy Child Programme.

For full details of the topic expert feedback for these 3 guidelines, please see appendices A1–A3.

## Implementation of the guidelines

Topic experts and stakeholders raised concerns around the lack of resources available to implement the guideline recommendations, but this is a general point that is affecting commissioning of all services at the local level and cannot be addressed by the guideline.

## Views of stakeholders

Stakeholders were consulted on the decision to not update NICE guidelines PH29, PH30 and PH31. Responses were received from 2 local authorities, Public Health England, the Royal College of Paediatrics and Child Health, and London Fire Brigade.

### Unintentional injuries: prevention strategies for under 15s

Overall, 4 stakeholders commented, of whom 3 agreed and 1 disagreed with the decision to not update the guideline.

One stakeholder suggested updating several areas of the guideline. However, no evidence was submitted or identified in the surveillance review to support proposed changes to the recommendations. The areas included:

- The need to notify fire and rescue services of observed repeated fire or injury risk ([recommendation 3](#) for identifying and responding to emergency department attendances). However, the guideline recommends ensuring that health visitors, school nurses and GPs are aware of families which might benefit from injury prevention advice and a home safety assessment. This encompasses prevention of all unintentional injuries, including fire related, and the need to notify fire and rescue services where risk or injury is repeatedly observed.
- Sources of national data on fire related injuries for [recommendation 8](#) on gathering high quality data. The National Fire Chief Council's Data team was proposed as a source of national data on fire related injuries. This will be noted for consideration alongside further data on unintentional injuries that is awaited to strengthen the coverage and quality of hospital admissions data.
- Establishing acceptable and unacceptable levels of risk for outdoor play and leisure relating to [recommendation 12](#) in developing policies in this area. However, the guideline advice is to ensure that a policy takes a balanced approach to assessing the risks and benefits of play and leisure environments and activities and avoids excessive risk aversion.
- The concern that advice for cycling training and off-road helmet use ([recommendation 15](#)) could impact adversely on perceived safety and deter rather than encourage cycling. When developing the guideline, the committee was aware of the debate on cycle helmets.
- Changes to the text of recommendation 9 on smoke and carbon monoxide alarms in the home were also suggested but this recommendation is already proposed for editorial amendment to bring it in line with current legislation.

### **Unintentional injuries in the home: interventions for under 15s**

Overall, 3 stakeholders commented and all disagreed with the decision not to update the guideline. Stakeholders queried the proposal not to add recommendations on new hazards that have emerged since the guideline was published, such as button batteries, trampolines and hair straighteners. However, as no evidence was identified on interventions to reduce unintentional injury from the new hazards, recommendations are unlikely to be impacted. There is a related research recommendation covering home safety interventions to drive research activity. Despite disagreeing with the overall decision not to update the guideline, the proposed changes and new evidence highlighted were broadly consistent with the current recommendations. One stakeholder called for new

recommendations to provide a framework for health referrals during home safety assessments; however, this is out of scope for the guideline, so no changes will be made at this point.

### **Unintentional injuries on the road: interventions for under 15s**

Overall, 6 stakeholders commented, of whom 3 agreed and 3 disagreed with the decision to not update the guideline. Stakeholders suggested a number of changes to recommendations. One suggestion was to include car manufacturers in the 'who should take action' section of recommendation 1, but this would be out of scope as their role is limited to secondary prevention design measures. One stakeholder noted that the evidence base around 20 mph zones had strengthened and that there was value in sharing this with relevant professionals. Whilst the additional evidence supports the current recommendation 3, it does not indicate any revision to the guideline is needed.

See appendices [B1](#), [B2](#) and [B3](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

## **Equalities**

Information identified by intelligence gathering and stakeholders highlighted that fatal and serious injuries among pedestrians and cyclists aged 5 to 14 years are significantly higher in the 20% most deprived areas compared with the 20% least deprived. The same information also highlighted that the transition from primary to secondary school appears to be associated with an increased risk of injury. These disparities are highlighted in the current guidance and no evidence was found during surveillance to suggest that current recommendations, which recommend needs assessment and strategies to reduce inequalities, are not appropriate to address them.

One stakeholder highlighted evidence to suggest that there are still social inequalities that exist in childhood unintentional injuries at home and on the road. This is consistent with the current recommendations across the guidelines, which advise that households and areas at high risk of injury are prioritised when delivering prevention services.

One stakeholder called for home safety assessments and follow-ups to be available for all

children and not just targeted groups. It is acknowledged that recommendations across the guidelines will be interpreted in the context of varying budgetary constraints, which is why specific advice is given on how to prioritise those at highest risk of unintentional injuries if resources are limited (see recommendations on [home safety](#) in NICE guideline PH29 and [recommendations 1 and 3](#) in NICE guideline PH30). The original guideline committee considered these recommendations important, given that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups.

## Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended.

### Unintentional injuries: prevention strategies (PH29)

- Recommendation 4: In the 'who should take action' section:
  - Remove mention of Children's Workforce Development Council because this no longer exists.
  - Health Professions Council is now Health and Care Professions Council and should be changed accordingly.
- Recommendation 5: 'Department of Health' should be changed to 'Department of Health and Social Care'.
- Recommendation 7: In the 'who should take action' section:
  - Remove 'Association of Public Health Observatories' as these no longer exist.
  - 'Department of Health and its Public Health Service' should be changed to 'Department of Health and Social Care and Public Health England'.
  - 'Department for Communities and Local Government' should be changed to 'Ministry of Housing, Communities and Local Government'.
  - 'Data Protection Act 1998' should be replaced by 'Data Protection Act 2018'

- Recommendation 16: In the 'who should take action' section, 'Primary care and hospital trusts' should be replaced by 'Clinical commissioning groups and hospital trusts'.
- Footnote 3: The broken link should be amended to direct to the following policy document URL: <https://www.gov.uk/government/publications/an-information-revolution-summary-of-responses-to-the-consultation>.
- Footnote 4:
  - The broken link to the Information Governance Toolkit should be replaced by the following link: <https://www.igt.hscic.gov.uk/>.
  - The archived link to NHS Information Governance – Guidance on Legal and Professional Obligations should be replaced by the following link: <https://www.gov.uk/government/publications/nhs-information-governance-legal-and-professional-obligations>.
  - The cross reference and link to 'HM Government (2008) Information sharing: guidance for practitioners and managers. London: Department for Children, Schools and Families and Communities and Local Government' should be replaced by 'HM Government (2015) [Information sharing advice for safeguarding practitioners](#). London: Department for Education'.
- Footnote 7: The archived link to the Housing Health and Safety Rating System (HHSRS) should be replaced by <https://www.gov.uk/government/collections/housing-health-and-safety-rating-system-hhsrs-guidance>.
- Footnote 8: The link directs to an archived version of the Healthy Child Programme and should be replaced by the following URL: <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>.
- Recommendation 9: The bullet points referring to smoke and carbon monoxide alarms should be removed, and a cross referral added after the remaining bullets to state: 'For duties about installing and maintaining smoke and carbon monoxide alarms, refer to the [Smoke and Carbon Monoxide Alarm \(England\) Regulations 2015](#)'.
- Footnote 13: The broken link to 'Firework safety: be media wise!' should be replaced by 'See Department for Business, Energy & Industrial Strategy (2010): [Firework safety: be media wise!](#)'

## Unintentional injuries in the home (PH30)

- Recommendation 2: The cross referral to NICE guideline PH9 needs updating. This guideline has been updated and replaced by the NICE guideline on community engagement: improving health and wellbeing and reducing health inequalities (NG44).
- Footnote 3: The link to the HHSRS should be replaced with the following link: <https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-guidance-for-landlords-and-property-related-professionals>.
- Footnote 4: The 'Common Assessment Framework' has been replaced by the 'Early Help Assessment'. The footnote should be amended to reflect this change.
- Footnote 5: This should be replaced with a link to recent information sharing advice for safeguarding practitioners: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>.

## Unintentional injuries on the road (PH31)

- Recommendation 1: The cross referral to NICE guideline PH9 needs updating. This guideline has been updated and replaced by the NICE guideline on Community engagement: improving health and wellbeing and reducing health inequalities (NG44).
- Recommendation 2: The cross reference to 'Manual for streets' should be replaced with the updated 'Manual for streets 2'.
- Recommendation 3: Add the following text to recommendation 3: 'When introducing engineering measures to reduce speed, consider promoting smooth driving and speed reduction to minimise pollution (see NICE's guideline on air pollution: outdoor air quality and health)'.
- Section 3.11: The link to 'Social value judgements: principles for the development of NICE guidance' should be changed to a link to 'Social value judgements: principles for the development of NICE guidance'.
- Footnote 4, in the considerations section, includes a cross referral that needs to be updated to 'Transport analysis guidance'.

## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations across the 3 guidelines, we decided that no update is necessary.

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