Public Health Programme Guidance

Strategies to prevent unintentional injuries among under-15s: Consultation on Draft Guidance (17th May – 15th June 2010)

Responses to stakeholder comments

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Bicycle Helmet Research Foundation		General		We note an underlying assumption in the recommendations that cycle helmets are of public health benefit and should be promoted. Our work leads us to the conclusion that this assumption is unsafe. The scientific evidence on the effects of cycle helmets needs to be properly reviewed if sound recommendations are to be made. We see no evidence from the material presented this has been done and note a superficial 'Expert Testimony' that did not set the risks involved in cycling in context or explore the controversies in this field. There are large contradictions in the evidence with case controlled and population studies coming to widely different conclusions. The Bicycle Helmet Research Foundation (BHRF) was founded to undertake and encourage the scientific study of the use of bicycle helmets and to provide a resource of factual information and analysis to assist the understanding of a complex subject. The BHRF is pro-cycling and pro-health. It is neither for nor against the use of cycle helmets as a matter of principle, but seeks a comprehensive understanding of their effects based on best scientific endeavour. We would be pleased to contribute to a literature search and provide commentaries for the groups consideration.	The PDG were aware of the debates about cycle helmets. However, the scope of this guidance only relates to helmets while cycling off-road. The final recommendations reflect the PDGs' judgement about the pros and cons of promoting – not mandating – helmet wearing among children while cycling off-road.
Bicycle Helmet Research Foundation		Recommendation 22	23	The promotion of cycle helmets should not precede a thorough review of the evidence in this field. This would attempt to answer these questions: • Is the risk of head injury while cycling compared with other common activities of such a magnitude that it warrants special protective equipment? • Are cycle helmets effective in reducing the risk of head injuries? • Are here any unintended public health consequences to promoting cycle helmets? . The large body of evidence in this field should now be evaluated by	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.

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				NICE. **The BHRF disagrees with the recommendation that the government should promote cycle helmet use**. Such a recommendation is premature and will not stand up to scrutiny. It risks discrediting NICE's reputation for thoroughness. We suggest that any helmet promotion campaigns that do run should collect data as proposed including any effects on the perception of and amount of cycling.	
Bicycle Helmet Research Foundation		Recommendation 26	25	**The BHRF does not agree that retailers should be encouraged to promote helmet use**. We suggest instead that cyclists, or their parents, should be informed about the advantages and disadvantages of helmet wearing and come to an informed decision.	Thank you for your comment. This recommendation has been integrated with recommendation 27 & 28 in the final guidance. The recommendation states that retailers provide point of sale advice.
Bicycle Helmet Research Foundation		Recommendation 27	26	**The BHRF disagrees with this recommendation**. The promotion of cycle helmets by schools would be premature, until the evidence in this field has been properly evaluated (see above) In particular the possibility that helmet promotion may have deleterious public health effects must be evaluated.	Thank you for your comment. This recommendation has been integrated with recommendation 26 & 28 in the final guidance.
Bicycle Helmet Research Foundation		Recommendation 28	26	**The BHRF disagrees with this recommendation**. Banning bare-headed cycling at organised off road cycle events and when hiring a bike would amount to back door compulsion. It would make the London hire scheme unworkable in its present form and would threaten the viability of other cycle hire schemes. There are great practical difficulties with providing hire helmets. (Mexico City has recently repealed its helmet law because it was getting in the way of a public cycle hire scheme, Melbourne is still struggling with how to get a hire scheme started that accommodates their helmet law.) Many off road events such as rides on cycle paths or on playing fields/grass are low risk. A thorough examination of the evidence in this field is needed to look at whether helmets are justified by the risks involved, whether they work in practice and whether there are any adverse effects from promoting them.	Thank you for your comment. This recommendation has been integrated with recommendations 26 & 27 in the final guidance.

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Child Accident Prevention Trust (CAPT)		General		The Child Accident Prevention Trust (CAPT) welcomes the opportunity to comment on this important public health guidance. We support the main thrust of the draft guidance and our comments mainly relate to the changing policy environment and the need to reflect this in the recommendations.	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		General		The political and policy landscape has changed since the general election, and will continue to evolve during the period in which this guidance is further developed and implemented. At the time of writing the outcome of the emergency budget, and its impact on service delivery, is not yet known..	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		General		CAPT believes that it is essential for the issue of children and young people's unintentional injury to have a higher profile and priority among the diverse groups who can influence this agenda.	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		General		However, we also recognise that that the recommendations will need to reflect a shift in focus towards local leadership, action and empowerment. It is more important than ever, therefore, that local stakeholders and champions have the evidence and understanding to be able to make a powerful case for investment, advocacy, action and effective partnership working. Links need to be made across agendas to ensure a more integrated approach to the problem and its wider community context.	Thank you for your comment. The PDG have considered the shift in focus towards local leadership and have revised the recommendations where appropriate.
Child Accident Prevention Trust (CAPT)		General		In considering comments, NICE will wish to update departmental references (eg DfE for DCSF), and to take account of emerging themes and policy directions. For example, the scrapping of centrally driven targets such as PSA 13 (which is the basis for proposed action in recommendation 1) removes a high-level national driver. For the future, the prevention focus will need to address the motivation, incentives and opportunities for action at a local level.	Thank you for your comment. These have been updated.
Child Accident Prevention Trust (CAPT)		General		The continued need for cross-government and integrated working IS timely, given developments such as the Total Place pilots. CAPT's Making the Link programme has highlighted strategy linkages and opportunities for partnership working in this area.	Thank you for your comment.
Child Accident		Introduction		We recognise that there are many agencies who can be involved in	Thank you for your comment. As you

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Prevention Trust (CAPT)				this work and that those named in the Introduction are not an exhaustive listing. However, we suggest that Sure Start Children's centres and Fire and Rescue Services could be explicitly included at the outset, due to their community profile and potential influence for reducing unintentional injury.	note, it is not an exhaustive list. The introduction has been revised and now refers to fire and rescue services, along with commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, policy makers, professional bodies, providers of play and leisure facilities, and schools. It also refers to other public, private, voluntary and community organisations and services which have a direct or indirect role in preventing unintentional injuries.
Child Accident Prevention Trust (CAPT)		Recommendation 1		Similarly, a continuing emphasis on action to reduce health inequalities provides a strong basis for cross-cutting action to tackle disadvantage and its consequences for children's safety, health and well-being.	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		Recommendation 2		The recommendations in the consultation draft are very much supported by CAPT, but they are currently based on organisational structures which were established prior to the general election. NICE will wish to consider future policy direction to ensure the accuracy and credibility of all recommendations, particularly at a time when there is much less emphasis on 'top down' regulation, inspection and performance management. Despite national policy changes, however, it is important that local action is maintained and builds on learning, experience and partnership progress achieved so far. It should be emphasised that partnerships for child injury prevention can have a positive role in empowering and engaging with communities at all levels.	Thank you for your comment. The guidance has been revised to reflect the current policy context and emerging organisational structures.

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Child Accident Prevention Trust (CAPT)		Recommendation 3		The recommendations in the consultation draft are very much supported by CAPT, but they are currently based on organisational structures which were established prior to the general election. NICE will wish to consider future policy direction to ensure the accuracy and credibility of all recommendations, particularly at a time when there is much less emphasis on 'top down' regulation, inspection and performance management. Despite national policy changes, however, it is important that local action is maintained and builds on learning, experience and partnership progress achieved so far. It should be emphasised that partnerships for child injury prevention can have a positive role in empowering and engaging with communities at all levels.	Thank you for your comment. The guidance has been revised to reflect the current policy context and emerging organisational structures.
Child Accident Prevention Trust (CAPT)		Recommendation 4		It may be helpful for the guidance to refer to relevant aspects of the revised "Working together" guidance for safeguarding, reflecting the overlap with circumstances of neglect and families at risk. This also highlights the need for high levels of professional awareness and workforce training in child development and childhood injury.	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		Recommendation 4		In the context of paediatric admissions, the PDG may also wish to take account of the service redesign programme by the NHS Institute for Innovation and Improvement. This aims to achieve significant cost savings by managing a reduction in the numbers of children who would previously been admitted, by treating them as outpatients in the community. (www.library.nhs.uk/). More effective injury prevention strategies would contribute to an overall reduction in the numbers requiring treatment (in whatever location), helping to reduce costs and freeing up precious NHS resources.	Thank you for your comment.
Child Accident Prevention Trust (CAPT)		Recommendation 4		The coalition programme for government aims to "give GPs greater incentives to tackle public health problems". Should there be a specific recommendation for action by GPs (or should they be included in the 'action' category for recommendation 4?	Thank you for your comment. The recommendation has been revised. The list of who should take action has been expanded. The recommendation suggests that GPs should be aware.

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Child Accident Prevention Trust (CAPT)		Recommendation 6		Consider adding NHS (Knowledge and Skills Framework) and the Teaching Public Health Network	Thank you for your comment. The recommendation has been revised.
Child Accident Prevention Trust (CAPT)		Recommendation 32		Suggest addition to the Association of Chief Police Officers (ACPO). A new ACPO Children and Young People's Strategy was launched on 10 June 2010	Thank you for your comment. The PDG have reviewed the recommendation and consider HMIC and the Home Office are the most appropriate bodies to lead this.
Child Accident Prevention Trust (CAPT)		Section 2 Public health need and practice - costs		"Indirect human costs" could include information on subsequent stress and emotional well-being concerns among children, siblings and parents as a result of injury. Research by the Children's Hospital of Philadelphia states that one month after their child was injured, 27 per cent of parents experienced acute stress disorder or significant traumatic stress symptoms. Of those parents, 15 per cent displayed longer term symptoms of post traumatic stress disorder. www.research.chop.edu/publications/press/?ID=522	Thank you for your comments. This is just intended to be a brief summary.
Child Accident Prevention Trust (CAPT)		Section 2 Public health need and practice - costs		In the increasingly difficult economic climate which will form the backdrop to implementation of this guidance, it would be helpful if possible to develop the economic and treatment cost arguments. There may even be transferable approaches fro business case models for investing in health and well-being, such as the Business in the Community "Business Action on Health"	Thank you for your comments. This is just intended to be a brief summary.
CTC		General		Although in parts the document sensibly acknowledges many of the inherent contradictions and perversities of the road safety debate, many of its recommendations are backward, unenlightened and patronising. It makes sweeping generalisations, collapses vigorous debates into one-dimensional, single sentence recommendations and undermines much of the previous guidance issued by NICE on improvement of public health.	Thank you for your comment.

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				CTC does not support cycle helmet compulsion or even promotion. We believe that such actions reduce the number of people cycling. Fewer people cycling means more car trips, leading to greater road danger to others, more air pollution and fewer health-giving active travel journeys, all of which damage public health. Nowhere does the guidance outline whether there is any evidence to support the use of helmets. To understand some of the contradictory evidence around helmets please see: www.cyclehelmets.org	The PDG were aware of the debates about cycle helmets. However, the scope of this guidance only relates to helmets while cycling off-road. The final recommendations reflect the PDGs' judgement about the pros and cons of promoting – not mandating – helmet wearing among children while cycling off-road.
CTC		General		The NICE process, already distracted by a fragmented and opaque structure, appears to have completely lost its way with this particular piece of guidance. This document maintains a culture of fear and supporting – indeed recruiting afresh - a suffocating bureaucracy that will nibble around the edges while ignoring the biggest, most intractable problem: the speed of and danger from widespread car ownership and use. It is clear from much of the evidence stated in the guidance that the benefits from speed reduction far outweigh the benefits of any other intervention and should be the main focus of the guidance. We understand that a large number of child cycling injuries do not occur as a result of collisions with motor vehicles. However, the guidance focuses far too much on helmets as a means of reducing these injuries. NICE could do more to examine the evidence (currently mostly grey literature) for cycle training, an intervention that increases handling skills, gives safety advice and should encourage more cycling – all three contributors to public health. While most children do already wear helmets when being trained, CTC believes	Thank you for your comment. Car ownership and use was not part of the referral from the Department of Health. The guidance makes recommendations that aim to reduce speed. The guidance does not cover equipment on the road. The final guidance recommends that children are encouraged to take up cycle training.

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				the emphasis of cycle training should be on cycling skills, not helmets.	
CTC		General		Cycling is not a particularly risky activity - yet the main barrier to more children taking up cycling is a fear of traffic. Promotional activities that emphasise the risks rather than the health and mobility benefits. Sustrans research from their Bike It project has found that although over half of all children say they would like to get to school by bike, only around 2% actually do. Adult concern about safety is the primary barrier to more children cycling. Guidance that focuses on promoting helmets can only be achieved by campaigns that make cycling look more dangerous than it actually is.	Thank you for your comment. The guidance makes other recommendations that aim to increase road safety.
CTC		General		Using a simple aggregation of HES data from 2007/08 CTC has found that for children under the age of 14 the following were the leading cause of admissions: Falls (slips, trips) 18,516 Fall from height (trees, stairs) 7,631 Fall from playground equipment 7,444 Struck by object 6,426 Fall involving furniture 5,826 Falls when riding cycles 4,868 Leaving aside children being struck by objects (that may or may not be intentional), there are 10 times as many bed days from falls *not involving cycles* than those incurred while cycling. This underlines the need for a better understanding of exposure when assessing risk in order to work out which activities require	Thank you for your comment. The PDG are aware of the different numbers of children involved in the range of accidents. Falls were included in the scope, those occurring in the home are addressed by home safety assessments and those from play ground equipment in the play and leisure section. As explained in the considerations section there are areas where recommendations have not been made due to lack of evidence that met the criteria for the reviews. This explanation is also included in the introductory section of the final guidance. Thank you for your comment. The research recommendations in the final guidance address the need for greater

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				which interventions. It could be argued, for instance, that if helmets gave substantial injury reduction, they might be more use for kids in many walks of life rather than just cycling. Perhaps the guidance could recommend that national government and local authorities better measure rates of different activities amongst children to give a better understanding of the risks of activities?	information on exposure to be collected alongside injury data.
CTC		Recommendation 22	23	There is no evidence in the guidance which supports this recommendation. If NICE is going to recommend measures to promote cycle helmets (without any evidence) then perhaps given the above comments it could also recommend interventions that increase cycling levels and safety, such as cycle training.	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.
CTC		Recommendation 27	26	Once again, there is no evidence presented to support this recommendation. The sentence "ensure travel plans cover off-road routes and encourage children and young people to demonstrate their cycling proficiency and to wear helmets" betrays an astonishing ignorance of the issues around school cycling activities. What does "ensure travel plans cover off-road routes" even mean? If, as suspected, this means that school travel plans include demands for cycle paths then this is a redundant statement. The 'cycling proficiency test' no longer exists: the modern and far superior successor is called Bikeability and NICE might like to understand how it works at www.bikeability.org.uk	Thank you for your comment. Please see previous response. Thank you for your comment. The PDG have reviewed the recommendation and its intention remains unchanged. The draft guidance does not refer to the Cycling Proficiency Test. It does use the noun proficiency. To minimise the chance of misinterpretation the final guidance refers only to cycle training.
CTC		Recommendation 28	26	Please explain logic behind the recommendation that cycle hire centres require the wearing of helmets and that children taking part in off-road bike events are forced to wear helmets. Use of helmets is not	Thank you for your comment. This recommendation has been integrated with recommendations 26 & 27 the final

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				a legal requirement and should remain optional. There is no evidence in the guidance which supports this recommendation.	guidance. The wording has been changed to promote use and for hire centres to give advice and provide for those who wish to wear a helmet.
CTC		Recommendation 31	28	Recommendations on road safety are supported.	Thank you for your comment.
CTC		Recommendation 32	28	Recommendations on road safety are supported.	Thank you for your comment.
CTC		Recommendation 33	28	Recommendations on road safety are supported.	Thank you for your comment.
CTC		Recommendation 34	28	Recommendations on road safety are supported.	Thank you for your comment.
CTC		Recommendation 35	28	Recommendations on road safety are supported.	Thank you for your comment.
CTC		Consideration 3.7	38	CTC disagrees. Not only does the individuals likelihood of being involved in a cycle crash tend to decrease with experience, on a population level the risk of injury and death appear to be inversely correlated with exposure. In other words, as cycling levels increase cyclists become better at handling, reducing the risk of injury from non-collision crashes. CTC also believes that the 'safety in numbers' effect may exist because in places with higher levels of cycling drivers may be better skilled in looking out for cyclists and streets may be better designed for cycles. (See www.ctc.org.uk/safetyinnumbers for further info and references)	Thank you for your comment. The scope of this guidance only relates to helmets while cycling off-road.
CTC		Consideration 3.8	38	This does not appear to be the case with drowning. Given the HES data supplied above some of the choices of recommendation are peculiar. There is an obsession with cycle helmets, water and fireworks. Drowning may kill 20 or so children a year but only 169 0-14 year olds were actually admitted to hospital from drowning related incidents and in only 36 cases were swimming pools clearly identified. Clearly drowning is an issue with a very high severity ratio,	Thank you for your comment. As you point out drowning has a very high severity ratio. This fact was part of the deliberations of the PDG and influenced them to make recommendations in this area.

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				with very few injuries but maybe lots of 'near misses'.	
CTC		Consideration 3.9	38	Statements strongly supported.	Thank you for your comment.
CTC		Consideration 3.10	38	Statements strongly supported.	Thank you for your comment.
CTC		Consideration 3.15	39	The acknowledgement that an intervention to reduce injuries may actually reduce numbers taking part in an activity is welcome. This should be a critical definition of which interventions to pursue, and which to avoid. The recommendations range from those which seek to improve passive home safety (ie, thermostatic mixing valves) to road safety (albeit only off-road!) and swimming. While some of these 'risky' behaviours make a contribution to public health through physical activity, others – such as home safety interventions – do not. Furthermore cycling activity can also offer the potential for independent travel and give children skills which can sustain a physically active and environmentally sound future active travel behaviour. Any intervention which deters cycling would therefore have a negative impact on public health – with some putting an estimate that the benefits outweigh the risks by a factor of 20:1 (Hillman, M *Cycling and the Promotion of Health.* Proceedings of PTRC 20th Summer Annual Meeting. 1992) We therefore urge that any recommendation which raises barriers to cycling be removed from the guidance. We also suggest (as above) that NICE recommend that exposure to risk be the primary measure of safety of various activities.	Thank you for your comment. The considerations section does not make recommendations rather it provides a sample of the issues taken into account when drawing up the recommendations. Thank you for your comment. It is accepted that home interventions may not make an additional contribution to a child's health in the way participation in cycling may. However, they do have the advantage that other family members are likely to benefit from them and therefore they contribute to overall public health. Injuries sustained in the home environment may also limit physical activity e.g. falling downstairs. Thank you for this estimate. However, it was published 18 years ago and may no longer reflect the current state.
CTC		Consideration 3.16	40	Again, we agree that exposure to risk should be the focus, not just the numbers of people injured, however we strongly believe that this should not just *supplement* injury data – it is critical to evaluating the	Thank you for your comment. The PDG recognise the importance of exposure data, however it is often lacking. The final

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				risk.	guidance includes this among research recommendations.
CTC		Consideration 3.27	42/44	In the discussion of thermostatic mixing valves the guidance notes the possibility of risk homeostasis in undermining the effectiveness of the intervention (installation of valves may make parents less likely to check that the bath water is not too hot). This is a welcome and surprising statement given the poverty of imagination and understanding of these issues demonstrated elsewhere in the document. Will NICE therefore consider the potential for risk homeostasis in other interventions proposed, such as the recommendations on helmet use – and set out such possibilities in their list of considerations in 3.38 (as 3.38 below)?	Thank you for your comment. Please note that the considerations section provides an example of the issues discussed by the PDG. It does not provide an exhaustive account. The PDG were aware of the debates about cycle helmets. However, the scope of this guidance only relates to helmets while cycling off-road. The final recommendations reflect the PDGs' judgement about the pros and cons of promoting – not mandating – helmet wearing among children while cycling off-road.
CTC		Consideration 3.35	44	We support the statement acknowledging that it is difficult to distinguish between different activities – the example given of whether or not cycling is for transport or for leisure is a useful one. CTC believes that the insistence on wearing helmets imposes barriers to cycling which may do more harm than good. If it can be determined that certain types of cycling have a higher risk we should also examine the relative risks from other leisure activities (e.g. walking or running) before insisting on the application of helmets for cycling in many other circumstances, as discussed in 3.38 (ie, for skateboarding etc).	Thank you for your comment. The guidance does not insist on the wearing of helmets rather it states that they should be encouraged for children while cycling off road.
CTC		Consideration 3.38	45	Note the admission that helmets can have negative effects and can cause injury in some circumstances. Please see above – will NICE state the potential for risk homeostasis undertaken by children, such as demonstrated by children wearing protective equipment in playgrounds? Eg: Morrongiello BA, Walpole B, Lasenby J. 'Understanding children's injury-risk behavior: Wearing	Thank you for your comment. The considerations section provides a sample of the issues taken into account when drawing up the recommendations, it does not provide an exhaustive

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				safety gear can lead to increased risk taking.' *Accident Analysis & Prevention,* 2007 May;39(3):618-23 In the discussion of thermostatic mixing valves the guidance notes the possibility of risk homeostasis in undermining the effectiveness of the intervention (installation of valves may make parents less likely to check that the bath water is not too hot). This is a welcome and surprising statement given the poverty of imagination and understanding of these issues demonstrated elsewhere in the document. Will NICE therefore consider the potential for risk homeostasis in other interventions proposed, such as the recommendations on helmet use – and set out such possibilities in their list of considerations in 3.38?	account.
CTC		Consideration 3.44	46	We support the statement that injury prevention should take into account the need to promote sustainable alternatives to the car. We also support the clear statement that "Reducing traffic speed should help to encourage physically active modes of travel". However, we have great difficulty with the following sentence, that suggests that increasing physically active travel exposes children and young people to 'the risks inherent in this type of transport' ….. While true, we urge NICE to consider the very strong evidence that the risks from increasing active travel are outweighed by the benefits many times over (see above). The health benefits from active travel will always trump any increased exposure to risk.	Thank you for your comment. The version of this consideration in the final guidance mentions that active travel provides health benefits.
CTC		Appendix C	79	Please state references for effectiveness of child helmet use to reduce risks of injury. Evidence statement 5.3 relates to campaigns to increase helmet use – the hospital evidence from the Reading study is inadmissible since it fails to control for any confounding factors and is only a measure of numbers of injuries, not *risk* of injury.	The reviews and the evidence statements are written by an independent review centre. Number of injuries was one of the outcomes of interest identified in the review protocol.

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				None of this material therefore relates to determining the effectiveness or cost-effectiveness of reducing unintentional injuries (as stated in final scope 4.2.1) and therefore we urge that any reference to cycle helmet promotion be removed. NICE claims only to give guidance based on robust evidence. Since this area has very poor and conflicting evidence of overall health benefits (leaving aside supposed benefits accrued from reducing overall levels of cycling following promotion campaigns), we do not feel it is an area upon which NICE can comment. Finally please also note that the statement that campaigns "were effective in increasing compliance with bicycle helmet use" is incorrect, since as stated, these were non-legislative promotional activities, and therefore there is nothing to comply with. We suggest that for the sake of accuracy, the phrase 'compliance with' is therefore removed from the first paragraph.	The deliberative process and expertise of the PDG members set the evidence in context. The reviews have reported the evidence relating to the effectiveness of legislation, regulation and strategic initiatives as outlined in the scope.
Cycling England		General		Cycling England's mission is to get 'more people cycling more safely, more often'. We are therefore interested in road and cycle safety, but believe this should be balanced with the active promotion of increased levels of cycling. We are therefore concerned to limit any focus on safety issues if it might have a detrimental impact on levels of cycling. The draft guidance	Thank you for your comment.
Cycling England		Recommendation 22	Page 23	Add the following issue to the list: 'The extent to which helmet use encourages or discourages cycling'.	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.
Cycling England		Recommendation 27	Page 26	Rather than simply demonstrating cycle proficiency, it is more important that children are offered cycle training, ideally as part of the Bikeability national standard. This includes encouragement of helmet	Thank you for your comment. The final guidance recommends that children are encouraged to undertake cycle training.

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				use.	
Cycling England		Recommendation 28	Page 26	We see no reason why obligatory helmet use should be extended to all off-road events beyond the existing rules for BC events. For example obligatory helmet use for all cycle training would be very likely to reduce uptake, especially among deprived groups. There is no evidence-based rationale for making helmet use obligatory for all types of off-road cycling.	Thank you for your comment. This recommendation has been integrated with recommendations 26 & 27 the final guidance. This bullet has been removed from the final guidance.
Cycling England		Recommendation 36	31	This guidance point does not seem to be strong enough on the need to reduce traffic speeds and actively encourage the creation of 20mph zones. This would be more in line with previous NICE guidance.	Thank you for your comment. The recommendation now cross references to the recent intervention guidance on road design and modification.
Cycling England		Consideration 3.38	P.45	It is not correct to say that it is a fact that 'adults are poor role models when it comes to helmet wearing'. Some adults are; some are not. Suggest amend to 'observation that some adults may not encourage helmet wearing through their own behaviour'.	Thank you for your comment. The final guidance says 'The campaigns could suggest that adults set an example ..'.
Cycling England		Consideration 3.38	p.45	'…skateboarding and water sports'. Surely this should mean '…some high-risk water sports'? Or are we advocating for swimming helmets?	Thank you for your comment. The final guidance says 'some high risk water sports'.
Department of Health		Section 1: Definitions	6	With reference to 'A Safer Way', the wording is technically still correct since it is in past tense, but 'A Safer Way' was formulated under the past administration, and is not current policy.	Thank you for your comment. A revised definition has been added to the final guidance.
Department of Health		Recommendation 1	7	It appears unclear as to what targets to reduce unintentional injuries are referred to here. The Department for Education (DfE) encourages robust targets to be agreed by partnerships at a local level, and for local strategies to be developed in support of them.	Thank you for your comment. The recommendation has been revised and now refers to a commitment to preventing unintentional injuries within the content of local and national plans and strategies for children and young people's health and wellbeing.
Department of Health		Recommendation 2	7	In our view, it is important to highlight the importance of joint commissioning here, to avoid costs being met by one local partner and the benefits by another.	Thank you for your comment. The final guidance refers to local and national plans and strategies that include information about how partners will

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					collaborate on injury prevention.
Department of Health		Recommendation 4	9	It is important that LSCBs are considered here also.Multiple visits to A&E may require child protection investigation.	Thank you for your comment. LSCBs have been added to this recommendation.
Department of Health		Recommendation 14	16/17	We would query how landlords are expected to maintain smoke alarms, that is, would this be the weekly testing of smoke alarms as advised by CLG, or would it be a more general annual test, involving other products? 'Maintain' covers many things, so we feel that this could be more specific.	Thank you for your comment. The PDG decided not to be specific about how or over what periods equipment might be inspected and maintained. The revised recommendation refers to use of the Housing Health and Safety Rating System.
Department of Health		Recommendation 14	16/17	Carbon monoxide detectors are mentioned, but the Department that is responsible is not (this policy area falls within the Health and Safety Executive).	Thank you for your comment. The recommendations have been revised to reflect the current policy context and emerging organisational structures.
Department of Health		Recommendation 14	16	In our view, this recommendation would benefit from a distinction between social and rented accommodation. We would encourage a further investigation to see if this recommendation would be best delivered by local agreements between local authorities, housing associations and private landlords.	Thank you for your comment. The recommendation refers to fitting permanent safety equipment in all social and rented dwellings. Revisions to the definitions include a reference to 'social and privately rented housing'. The final recommendation is aimed at local authorities.
Department of Health		Recommendation 15	18	You may be aware that information on Home Safety Equipment can already be obtained from the Government sponsored Home Safety Equipment Scheme.	Thank you for your comment.
Department of		Recommend	19	You may wish to be aware that home safety assessments can	Thank you for your comment.

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Health		ation 18		already be obtained from the Safe At Home Scheme. However, such assessments must be done at the request of parents, and not considered forced on them (which may be counter productive).	
Department of Health		Recommend ation 22	23	You may wish to be aware that the Department for Transport (DfT) do this as part of THINK.	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.
Department of Health		Recommend ation 22	23	DfT has an interest in this recommendation despite the fact that the guidance concentrates on off-road areas, because of DfT's interest in cycle safety and promoting cycling activity more generally, and not just on roads. DfT's recent research, PPR446 - the potential for cycle helmets to prevent injury: A review of the evidence, published on 15 December 2009, should be seen as relevant.	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies. Thank you for bringing this document which was published after the completion of the evidence reviews to our attention. It may inform future updates of this guidance or other guidance in this area.
Department of Health		Recommend ation 23	23	The Department for Education (DfE) believe that such campaigns may be better delivered if they are developed locally with local authorities, police and local retailers.	Thank you for your comment. This recommendation has been removed from the final guidance. The later recommendation on local safety campaigns has been retained.
Department of Health		Recommend ation 23	23/24	Firework safety campaigns are recommended, but general fire safety campaigns are not. On page 33, smoke, fire and flames are mentioned as one of the biggest causes of unintentional injury so, in	Thank you for your comment. The recommendations reflect the areas where there was evidence that met the inclusion criteria for

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				our view, it seems odd to focus solely on fireworks. Firework safety policy lies with the Department for Business, Innovation and Skills, not with CLG. Although fire safety campaigns are normally run around Diwali and other festivals at the local level, CLG merely acts as a channel for BIS information and advice to reach fire and rescue services.	the evidence reviews. The absence of recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective. Thank you for this information.
Department of Health		Recommendation 31	28	DfT believe that this recommendation is unrealistic given the decentralised relationship between central and local Government and the prospect of increased local authority autonomy.	Thank you for your comment. This recommendation has been removed from the final guidance. The focus of the recommendation is present in other recommendations in this section.
Department of Health		Recommendation 33	29	DfT believe that this recommendation encourages local authorities to set up road safety partnerships. They are already almost universal. Please consider a recommendation urging health bodies to join them actively.	Thank you for your comment. The final guidance includes a statement about encouraging active involvement of heath bodies in road safety partnerships.
Department of Health		Recommendation 34	30	DfT believe that this recommendation is unrealistic, given the decentralised relationship between central and local Government and the prospect of increased local authority autonomy.	Thank you for your comment. The sentence relating to the DfT has been removed from the final guidance.
Department of Health		Section 2 Current policy and practice	36	Ref to 'Road Safety Strategy 2007': this is the Child road safety strategy. It was formulated under the past administration and is not current policy.	Thank you for your comment. This has been amended in the final guidance.
Department of Health		Section 2	35	Staying Safe and the Children's Plan were policies introduced by the last government. The new coalition government is reviewing policy in this area, which will determine DfE's approach to these issues.	Thank you for your comment. The guidance has been revised to reflect the current policy context.
Department of		Consideratio	3.2.1	Much of this work is being carried forward by the Safe At Home	Thank you for your comment.

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Health		n 3.21		Scheme, which does not appear to have been referenced.	
Department of Health		Consideratio n 3.38	45	Suggestion of introducing helmets into the second-hand bike market: this is ambiguous. Please make clear that the helmets themselves should not be acquired second-hand. DfT's strong advice is not to use second-hand helmets as their history is unknown and they could already be damaged and not provide full protection on impact.	Thank you for spotting this ambiguity. It should refer to the passing down of bikes within and between families.
Institute of Home Safety		General		The guidance has an opening general statement *"The guidance is for national and local policy makers, strategic planners, commissioners, managers and practitioners who have a direct or indirect role in preventing unintentional injuries among children and young people aged under 15"* Could each of your proposals for action to be clarified by stating who should take that action throughout the document? Part of the problem is identifying who has the role of protecting children from accidental injury in the home.	The PDG are aware of this difficulty and discussed the problem of identifying who should take action. Where a lead person or organisation has been identified they are named first in the 'Who should take action' section of the recommendation. Where there is no clear lead organisation those who should take action are listed alphabetically.

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Institute of Home Safety		General		Please see relevant information below which we have been asked to put as a general comment to NICE as part of this consultation process: Thank you for alerting me to the fact that NICE are planning a guideline about home accident prevention. This would be really good. As a child safety expert and a stakeholder I would like to tell you about the difficulties we in the Leicestershire Child Death Review Panel have encountered in this area, so you may be able to relay them back to the NICE guideline team. It seems that there are several organisations involved in child safety, both government and NGO. The difficulty for a panel such as us is that our role is to spot preventable causes of child death and try to ensure they don't happen again. In the example of a child strangled by a blind cord that I have discussed with you, I and a consultant paediatrician and our police Chief Inspector (all on the panel) have really struggled to find information about: CONT.. 1) how many deaths occur each year in the UK for very specific causes (such as blind strangulation) 2) how trading standards deal with data collection and accident prevention (we have now established this at local level but are still struggling as to who to contact at national level) 3) whom we should approach in order to notify our concerns about this death and what we as an expert panel feel about current procedures 4) general information about the roles and scope of organisations such as RoSPA, CAPT, TSA, HSE etc. – each has their own website but a central source of advice or at least information about the roles and contact numbers of these different organisations would be invaluable We would be delighted if you could feed this back to the NICE guideline team	Thank you for your comment. The surveillance recommendations should address the issue of data collection and dissemination.

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Institute of Home Safety		General		One of the members has suggested that as this is a strategic document it should have a wider acknowledgement of other factors in accident prevention, such as parenting support and social factors for example as acknowledged by the Family Nurse Partnership.	Thank you for your comment.
Institute of Home Safety		General		One of the members also would like to comment that to have blanket home safety risk assessments for all under 5's would take intensive time and moves away from targeting resources at those who need them most. They feel that this is out of step with current public health practice.	Thank you for your comment. The final guidance focuses on preventing injuries among all children and young people aged under 15. However, some recommendations prioritise households and age ranges where children and young people are at greatest risk of an unintentional injury, such as those living in some social, rented and temporary dwellings, those aged under 5, and those who may be at increased risk of unintentional injury due to disability or impairment.
Institute of Home Safety		Recommenation 1	7	Currently reads *"Ensure targets to reduce unintentional injuries among children and young people are included in all government white papers and all policy plans of relevance to children's health.* Need to refer also to PCT targets relevant to child's health so that accident prevention is seen (and becomes synonymous with) as important as other targets, i.e. obesity, immunization etc.. This means that reference to what a parent can expect from their health visitor which is detailed in a child's personal health record booklet, includes a parent can expect accident prevention information at the same time as when a child should be immunized.	Thank you for your comment. The recommendation now refers to a commitment to preventing unintentional injuries within the content of local and national plans and strategies for children and young people's health and wellbeing.
Institute of Home Safety		Recommendation 3	8	A permanent Child Injury Prevention Coordinator would be welcome	Thank you for your comment.
Institute of Home Safety		Recommendation 4	9	Recommendation 4 – Is this data to be collected as an anonymous database and in conjunction with pilot data schemes being coordinated by RoSPA?	Thank you for your comment. The PDG have revised the recommendation to refer to the use of local protocols.

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Institute of Home Safety		Recommendation 5	10	Recommendation 5 - You make no mention of funding existing training organizations such as RoSPA and CAPT	Thank you for your comment. The PDG have reviewed the recommendation. Specific named organisations are not mentioned, however 'organisations in the voluntary sector' are.
Institute of Home Safety		Recommendation 6	10	Recommendation 6 – Same as above - You make no mention of funding existing training organizations such as RoSPA and CAPT	Thank you for your comment. The PDG have reviewed the recommendation. Specific named organisations are not mentioned, however 'voluntary sector organisations' are.
Institute of Home Safety		Recommendation 8	12	The document states *"Provide everyone who works with (or cares for) children and young people – directly or indirectly – with access to unintentional injury prevention education and training".* Should there be reference to appropriate training organisations?	Thank you for your comment. The recommendation has been revised accordingly.
Institute of Home Safety		Recommendation 9	13	The document states that *a co-ordinating agency should..* Are you proposing that the Government appoint this agency?	Thank you for your comment. Which agency this should be would be decided by the range of organisations included in the *Who should take action?* section of the recommendation.
Institute of Home Safety		Recommendation 11	14	*"Establishing an enhanced emergency department dataset"* – You only list the following for who should take action - College of Emergency Medicine and the Department of Health – whereas we should be asking those bodies who have expert knowledge on accidents to be part of this reference group to develop the dataset.	Thank you for your comment. The organisation mentioned are currently leading on the development of this and are working in conjunction with the South West Public Health Observatory who lead in injury prevention surveillance.
Institute of Home Safety		Recommendation 12	15	Recommendation 12 – Fully supported but should liaise with the RoSPA pilot data collection project.	Thank you for your comment.
Institute of Home Safety		Recommendation 14	16	Recommendation 14 - We would promote a wider range of safety products such as cupboard locks etc.	Thank you for your comment. Cupboard locks and other non-permanent equipment are included in the related NICE guidance about home safety assessments and equipment provision (see www.nice.org.uk/guidance/ph30).

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Institute of Home Safety		Recommendation 16	16	Recommendation 16 – Fully support	Thank you for your comment.
Institute of Home Safety		Recommendation 18	19	Recommendation 18 – *"where appropriate, supply and install suitable, high quality home safety equipment"* Which equipment? How do projects know what to provide?	Thank you for your comment. The PDG have revised the recommendations. Examples of equipment can be found in recommendation 9.
Institute of Home Safety		Recommendation 19	20	At the beginning of the document you mention that water safety should include bath safety etc.. However this section is primarily outdoor water safety?	Thank you for your comment. The water safety recommendations have been separated in the final guidance with the different components being incorporated into the home and outdoor play and leisure sections as appropriate.
Institute of Home Safety		[Unknown - which area]	8	Guidance should be given to employers for guidance on how to measure competence in this area.	Thank you for your comment. The PDG have reviewed the recommendation and decided not to make recommendations relating to measurement of competence in this area.
NHS Bristol		General		A clearer explanation of why water safety, helmet use and firework safety have been selected for focus in the document would be helpful. Without putting these issues in the context of up to date Hospital Episode Statistics that show the relatively small number of injuries that might be prevented there is a risk that local injury prevention interventions will focus on them rather than the injuries that cause the highest number and rate of emergency admission.	Thank you for your comment. Appendix B of the final guidance describes the development process, including the scope for this work. The recommendations reflect the areas where there was evidence that met the inclusion criteria for the evidence reviews. The absence of recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective.
NHS Bristol		General		The first question that we as local injury prevention partners encountered in developing our strategy for preventing unintentional injuries was "which of the multitude of injury causes should we concentrate on?" Guidance on how to approach this question would	Thank you for your comment. The guidance recommends that local authority children's services and their partnerships should develop local plans and strategies to prevent

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				be useful.	unintentional injuries in their area, based on data about incidence, severity, type, cause and place of injury.
NHS Bristol		General		It may help others to consider our conclusion that was to prioritise injuries that resulting in emergency admissions to under 18's by applying the following criteria: **High numbers –** The higher the number, the greater the priority. **No clearly identified lead –** Some injuries are already addressed by clearly identified lead organisations – road traffic for example. This should not be a priority for local injury prevention co-ordinators, but a watching brief should be maintained and further enquiries made if appropriate. **Some influence appears possible** – Where it may be possible to influence the situation these causes are given higher priority than those where influence would be more difficult. **Increasing trend –** Where numbers and rates of injuries are increasing, this should give emphasis to work on that issue. **Public awareness** and concern about the injury cause should be considered. As a result of applying these criteria we prioritised accidental poisoning, burns and scalds from hot drinks, and home fire safety. A strategy of awareness raising is being pursued relating to these issues. Pedal cyclists involved in non-collision transport incidents and falls from playground equipment were also highlighted because of their high numbers. More information on causes was needed to	Thank you for this information. Many of these areas are addressed within this guidance and the rest of the suite of NICE guidance on unintentional injury. We are pleased to note this initiative

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				define a workable strategy for their reduction, and data gathering is underway.	which is in accord with the surveillance recommendations.
NHS Bristol		General		We welcome wholeheartedly the focus on prevention of unintentional injury and significant harm to children.	Thank you for your comment.
NHS Bristol		General		The draft guidance qualifies the focus on injury prevention with three issues: 1) the benefits of exposing children to risk of (or actual) injury 2) the need to promote sustainable modes of transport and 3) deliver messages about the wider health remit and other health agendas. The rationale for these qualifications is not made clear. This element of the guidance needs to me made explicit so it can be robustly challenged. Removal of these qualifications would improve the consistency and clarity of the guidance.	Thank you for your comment. The PDG view is that these points are important as injury prevention activities need to be considered in the context of the wider public health agenda.
NHS Bristol		General		Comment: NHS Bristol works to integrate injury reduction with transport and activity agendas (in particular) and achieves this by focussing on outcomes. We want more people to achieve and maintain a healthy weight (for example). We ask “what is the most effective way of achieving this and reducing injury rates at the same time?” We have found this a very powerful and helpful way of thinking on these issues and we recommend it to NICE as a means of integrating injury with other agendas.	Thank you for your comment.
NHS Bristol		Section 1	5	We welcome the use of the term unintentional injury as opposed to ‘accident’.	Thank you for your comment.
NHS Bristol		Recommendation 3	8	We welcome the recommendation that supports the appointment of injury prevention coordinators.	Thank you for your comment.
NHS Bristol		Recommendation 3		We suggest that the second bullet point is rephrased, and further roles added thus: “Ensure that the injury prevention coordinator develops consensus on what local injury priorities are and addresses them through a variety	Thank you for your comment. T he PDG decided against stipulating whether the coordinator should have a budget management role. The recommendation includes a remit to monitor the outcomes

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				of partnership, awareness raising and performance management approaches that might include: • (*In addition to the list of tasks and roles outlined in the draft....).* • Managing a budget to enable commissioning of injury prevention interventions and services • Managing performance against national and local injury indicators	of injury prevention initiatives.
NHS Bristol		Recommendation 6	10	The recommendation would better refer to 'competencies' rather than standards. Organisations currently employing injury prevention coordinators may have already developed core competencies as part of their existing personnel management and development frameworks - the NHS Knowledge and Skills Framework for example. It is not helpful to duplicate these arrangements, so the recommendation should apply only to those organisations employing injury prevention staff who have not already developed standards.	Thank you for your comments. The PDG have reviewed the recommendation and retained the reference to standards that take into account the different roles and responsibilities of professionals working within and outside the NHS.
NHS Bristol		Recommendation 7	11	It is unnecessary to recommend to organisations employing staff to lead on injury prevention that those staff "understand the importance of preventing unintentional injuries".	Thank you for your comment. The PDG have reviewed and revised the recommendation.
NHS Bristol		Recommendation 8	11	Local injury co-ordinators should also contribute to training for the wider childcare workforce.	Thank you for your comment. The recommendation has been revised accordingly.
NHS Bristol		Recommendation 8	12 What action should	It is not clear how education and training to reduce unintentional injury can be made more effective by "supporting the wider child health remit". This phrase should be deleted since it refers to	Thank you for your comment. The recommendation has been revised accordingly.

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			they take	objectives beyond the scope of the guidance.	
NHS Bristol		Recommendation 8	12	Training should be available to all but targeted at those in most direct contact with children – Children's Centres / SureStart centres and day care providers. Making training equally available to everyone will fail to make optimal use of limited resources.	Thank you for your comment. The recommendation has been revised accordingly.
NHS Bristol		Recommendation 9	12 and 13	The emphasis here seems misplaced. Information on injury is already widely available from a variety of sources as listed in the second bullet point. The priority for us as users of this information is NOT the compilation of existing data into a single point of access but • Promotion of existing sources of data and information • Addressing gaps in data • Addressing data quality issues • Improving understanding of injury causality • Briefing on data issues to achieve a common understanding (of for example) injuries that contribute to vague ICD10 codes like "exposure to unspecified factor" • Briefing on national injury trend data. Why was there a peak in 2006/07? All injury prevention coordinators are having to answer these questions for themselves, individually. Until we have the basics in place extracting additional value from 'overlaying' data sets will be of secondary importance to local practitioners.	Thank you for your comment. The recommendations provide a means of improving existing data collection in terms of both gaps and quality, as well as the collection of more detailed data on a smaller scale. The recommendations make provision for interpretation of the data.
NHS Bristol		Recommendation 14	17	Secure safe storage for medicines and fireguards could be added to the list in the second bullet point.	Thank you for your comment. Fireguards and other non-permanent equipment are included in the related NICE guidance about home safety assessments and

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					equipment provision (see www.nice.org.uk/guidance/ph30).
NHS Bristol		Recommendation 17	19 What action should they take	Home safety assessments should be available to all, but to help reduce inequality in injury rate, resources need to be prioritised for the families who's children are most at risk of injury, not "all families with a child under 5".	Thank you for your comment. The final guidance focuses on preventing injuries among all children and young people aged under 15, however, some recommendations prioritise households and age ranges where children and young people are at greatest risk of unintentional injury, such as social and rented dwellings, those aged under 5, those that live in accommodation which potentially puts them more at risk, and those who may be at increased risk of unintentional injury due to, for example, disability or impairment.
NHS Bristol		Recommendation 18	19	Failure to allocate sufficient resources to address the avoidable hazards identified by home safety assessments commissioned by a PCT would incur potential liability and reputational risks. Guidance on this issue would be helpful.	Thank you for your comment. This is beyond the remit of this NICE guidance.
NHS Bristol		Recommendation 18		We suggest adding a bullet point to "What action should they take" that reads: *Ensure adequate resources are provided to supply equipment and services to all those identified as being in need by the home safety assessments.*	Thank you for your comment. It is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
NHS Bristol		Recommendation 19	20 ff	It is not clear why water safety, helmet use and fireworks have been selected for special attention in this guidance on the production of strategy.	Thank you for your comment. The recommendations reflect the areas where there was evidence that met the inclusion criteria for the evidence reviews. The absence of

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				In 2008-09 in England the four most numerous single causes of serious unintentional injury to under 14's were: 1. Fall from playground equipment (7,026) 2. Foreign body entering eye or other orifice (5,125) 3. Caught crushed jammed between objects (4,112) 4. Pedal cyclist in non-collision transport incident (3,998) It would be logical to develop strategy around the most numerous injuries. What is needed by practitioners is guidance to tackle the most numerous injuries. NICE could helpfully make recommendations on these most numerous causes of serious injury, and/or explain why injury prevention practitioners are being directed to injuries that have a relatively low strike rate.	recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective.
NHS Bristol		Recommendation 20	20 ff	It is not clear why water safety, helmet use and fireworks have been selected for special attention in this guidance on the production of strategy. In 2008-09 in England the four most numerous single causes of serious unintentional injury to under 14's were: 1. Fall from playground equipment (7,026) 2. Foreign body entering eye or other orifice (5,125) 3. Caught crushed jammed between objects (4,112) 4. Pedal cyclist in non-collision transport incident (3,998) It would be logical to develop strategy around the most numerous injuries. What is needed by practitioners is guidance to tackle the most numerous injuries. NICE could helpfully make recommendations on these most numerous causes of serious injury, and/or explain why injury	Thank you for your comment. The recommendations reflect the areas where there was evidence that met the inclusion criteria for the evidence reviews. The absence of recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective.

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				prevention practitioners are being directed to injuries that have a relatively low strike rate.	
NHS Bristol		Recommendation 21	20 ff	It is not clear why water safety, helmet use and fireworks have been selected for special attention in this guidance on the production of strategy. In 2008-09 in England the four most numerous single causes of serious unintentional injury to under 14's were: 1. Fall from playground equipment (7,026) 2. Foreign body entering eye or other orifice (5,125) 3. Caught crushed jammed between objects (4,112) 4. Pedal cyclist in non-collision transport incident (3,998) It would be logical to develop strategy around the most numerous injuries. What is needed by practitioners is guidance to tackle the most numerous injuries. NICE could helpfully make recommendations on these most numerous causes of serious injury, and/or explain why injury prevention practitioners are being directed to injuries that have a relatively low strike rate.	Please see previous response
NHS Bristol		Recommendation 22	20 ff	It is not clear why water safety, helmet use and fireworks have been selected for special attention in this guidance on the production of strategy. In 2008-09 in England the four most numerous single causes of serious unintentional injury to under 14's were: 1. Fall from playground equipment (7,026) 2. Foreign body entering eye or other orifice (5,125) 3. Caught crushed jammed between objects (4,112) 4. Pedal cyclist in non-collision transport incident (3,998)	Please see previous response.

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				It would be logical to develop strategy around the most numerous injuries. What is needed by practitioners is guidance to tackle the most numerous injuries. NICE could helpfully make recommendations on these most numerous causes of serious injury, and/or explain why injury prevention practitioners are being directed to injuries that have a relatively low strike rate.	
NHS Bristol		Recommendation 23	20 ff	It is not clear why water safety, helmet use and fireworks have been selected for special attention in this guidance on the production of strategy. In 2008-09 in England the four most numerous single causes of serious unintentional injury to under 14's were: 1. Fall from playground equipment (7,026) 2. Foreign body entering eye or other orifice (5,125) 3. Caught crushed jammed between objects (4,112) 4. Pedal cyclist in non-collision transport incident (3,998) It would be logical to develop strategy around the most numerous injuries. What is needed by practitioners is guidance to tackle the most numerous injuries. NICE could helpfully make recommendations on these most numerous causes of serious injury, and/or explain why injury prevention practitioners are being directed to injuries that have a relatively low strike rate.	Please see previous response.
NHS Bristol		Recommendation 24	24	P5. *"This guidance identifies national policy options that are most likely to be successful in reducing unintentional injuries among children and young people".*	Thank you for your comment.

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				In this context the first bullet point under *What action should they take* is irrational and appears to be aimed at progressing an agenda aside from that of reducing injury. It should be deleted since is it beyond the scope of the guidance on reducing unintentional injury.	
NHS Bristol		Recommendation 24		*"the policy should take a balanced approach"* During 2008/09 in England, falls from playground equipment was the single biggest cause of emergency admission from non-medical causes in the under 15 age group. Guidance on tackling the No1 serious injury threat to children from external causes needs to be unequivocal in highlighting the need for managers of public play facilities to reduce the numbers of serious injuries from falls from playground equipment. Advocating a balanced approach (whatever that means) is questionable in the case of falls from playground equipment. In keeping with the evolving guidance on play and leisure activities managers should be recommended to record injuries that occur, analysing this data to identify high risk areas and intervening to remove the risk.	Thank you for your comment. The PDG have reviewed the recommendations and are satisfied that they are appropriate. Stakeholders expressed a range of views on the recommendation to take a balanced approach to the assessment of risk. The PDG concur with the view that there are injuries which are preventable by good play ground management. However that should not preclude there being a degree of challenge which, as supported by other stakeholders, helps children to develop physically and emotionally.
NHS Bristol		Recommendation 24		It would be helpful to include recommendations for Children Trusts and Local Children's Safeguarding Boards on how to address the foreseeable, preventable significant harm caused to a large number of under 15's from playground injuries. A credible development would be for safeguarding boards to inquire of local authority, CVS and private play managers what actions are being taken to identify high risk areas and remove the risk beyond merely checking equipment meets current safety standards.	Thank you for your comment. The PDG have reviewed the recommendation and its intention is unchanged.
NHS Bristol		Recommendation 24		Comment: NHS Bristol considers it unethical to balance, discount or trade off the cost/risks/injury that a minority sustain with benefits for a	Thank you for your comment. The recommendation does not suggest that

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				majority.	the majority would benefit from a minority sustaining an injury.
NHS Bristol		Recommendation 24		While the notion of applying balance has been effective in maintaining support for risky play activities it is not evidenced to be effective in reducing childhood injury. Reference to it is beyond the scope of the guidance and it is disappointing to see it referred to in this context. Reference to balancing injuries (risk) and benefit should be deleted.	Thank you for your comment. The PDG have reviewed the recommendations and are satisfied that they are appropriate. Please see previous response to this point.
NHS Bristol		Recommendation 24	24	*"Promote the need .. to develop skills... to manage risks".* We support this recommendation but it is not best placed for inclusion in a section relating to play and leisure facilities, and should be the subject of a separate recommendation about learning to manage risk of injury.	Thank you for your comment. The PDG have reviewed the recommendation and are satisfied that it is appropriately placed.
NHS Bristol		Recommendation 24		No evidence is presented to support the assertion that play facilities can usefully convey learning about risks other than those that are due to the design or use of the facilities themselves. A stronger case can be made to support the use of Learning About Safety by Experiencing Risk (LASER) accredited facilities for this purpose. A recommendation should be added for local strategic partnerships to ensure that an accessible LASER accredited schemes exists to enable children learn about risks of roads, railways, playgrounds, accidental poisoning, water features, burns and scalds, etc.	Please see previous response to this issue. LASER is an intervention and therefore outside the scope of this guidance.
NHS Bristol		Recommendation 24		*"take into account their preferences"* This is not helpful, since the objective of the guidance is not to help create popular recreational facilities but to reduce the numbers of serious injuries that result by developing and implementing play policies.	Thank you for your comment. The PDG have reviewed the recommendation and its intention is unchanged.
NHS Bristol		Recommend			Thank you for your comment. Evidence

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		ation 24		This recommendation is not supported by evidence statement 5.4 which relates to design and safety standards of equipment. It is not clear how the opinions expressed in this recommendation have been formed.	statement 5.4 refers to the use of standards to reduce playground injuries as recommended in the second bullet.
NHS Bristol		Recommend ation 24		Draft guidance on reducing injury from play and leisure contains a useful strategic approach that could be repeated here: Identify high risk environments, activities, and groups. Use the information gathered to ... (we have suggested) *remove, mitigate or minimise unavoidable risks while raising awareness to facilitate their avoidance.*	Thank you for your comment. The two committees worked closely together during the development of guidance. The final guidance on outdoor play and leisure will not be published. This is because of a lack of effectiveness evidence, the low numbers of serious injuries and deaths during outdoor play and leisure, and concerns that standalone guidance might encourage unwarranted risk aversion (with negative consequences for physical activity and play (please see http://guidance.nice.org.uk/PHG/Wave19/5 for details). However, some of the information from the draft guidance has been incorporated into this guidance.
NHS Bristol		Recommend ation 25	25 What action should they take	*"Take a balanced approach..."* The health outcome that the guidance is attempting to secure (reduction in injury) is not enabled by the recommendation that play providers should take a balanced approach. This is likely to lead to more injuries as opposed to fewer injuries, and should be removed.	Thank you for your comment. This recommendation has been integrated with recommendation 24 in the final guidance. Please see previous response to this point.
NHS Bristol		Recommend ation 25		In practice, the balanced approach is unworkable because one cannot legitimately or ethically 'balance' the harm of a serious injury to an individual against any other outcome. Referencing to balancing	Thank you for your comment. This recommendation has been integrated with recommendation 24 in the final

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				injuries or risks should be removed and an approach adopted that is in accordance with the principle of non-malfeasance.	guidance. Please see previous response to this point.
NHS Bristol		Recommendation 25		*"Where equipment or an environment...."* The outcome we are pursuing is reduction in injury, so the focus should be not 'standards' but injury and injury rate. We suggest: *"Where injuries are occurring, identify and address hazards*".	Thank you for your comment. This recommendation has been integrated with recommendation 24 in the final guidance. Please see previous response to this point.
NHS Bristol		Recommendation 31	28 and 30	It would be helpful to indicate that Hospital Episode Statistics (HES) contain data on road injuries that are not captured by STATS19. Road safety partnerships and road safety officers are directed to focus on reducing collision incidents that are captured on the STATS 19 database. HES contains information about non-collision incidents that are more numerous and injurious. It would be helpful for guidance to highlight the value of HES data and Recommend that road safety officers and the Department of Transport to focus on reducing road transport related injuries that do not involve collisions (as well as collision injuries). This would be facilitated by including additional indicators (the transport related elements of National Indicator 070 for example) in the suite of indicators that road safety partnerships are working on.	Thank you for your comment. This recommendation has been removed from the final guidance. The focus of the recommendation is present in other recommendations in this section. In the final guidance the importance of using all sources of data is retained in the recommendation for local authorities and road safety partnerships.
NHS Bristol		Recommendation 34	28 and 30	It would be helpful to indicate that Hospital Episode Statistics (HES) contain data on road injuries that are not captured by STATS19. Road safety partnerships and road safety officers are directed to focus on reducing collision incidents that are captured on the STATS 19 database. HES contains information about non-collision incidents that are more numerous and injurious. It would be helpful for guidance to highlight the value of HES data and Recommend that	Please see previous response.

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				road safety officers and the Department of Transport to focus on reducing road transport related injuries that do not involve collisions (as well as collision injuries). This would be facilitated by including additional indicators (the transport related elements of National Indicator 070 for example) in the suite of indicators that road safety partnerships are working on.	
NHS Bristol		Recommendation 37		NEW REC 37 SUGGESTED Who should take action? Department of Transport What should they do? Add new road safety target to bring non collision cycling injuries into the view of road safety professionals. Commission research into the causes of non-collision cycling injuries so that local injury prevention co-ordinators and others can take action in an informed way. Evidence There is no authoritative source of information on non-collision injuries, even though they are the most numerous type of transport injury in this age group.	Thank you for your comment. Please see the research recommendations in section 4 of the final guidance.
NHS Bristol		Section 2	33 second paragraph	The statement that RTCs cause the largest number of unintentional childhood injuries and deaths appears questionable.	Thank you for your comment. Please see the updated figures in this section.
NHS Bristol		Section 2		Hospital Episode Statistics for 2008/09 show that all transport related secondary causes accounted for 9,762 emergency admissions in the under 15's. All falls discharge codes account for 43,778 of the total number of emergency admissions.	Thank you for your comment.
NHS Bristol		Section 2	34 2nd	*"Minor unintentional injuries are part of growing up..."*	Thank you for your comment. 'Minor

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			paragraph	This paragraph contradicts the spirit of 4th para. page 5 which states that unintentional injures are not inevitable but are predictable and preventable. It should be removed.	injuries' refers to bumps and bruises. The PDG do not believe this is in conflict with the aims of the guidance, which is to prevent serious injuries and deaths.
NHS Bristol		Section 2		The paragraph implies that children benefit from being injured, ("... *help children.... learn*") and should be deleted. Alternative more humane educational approaches have since been developed.	Please see previous response to this issue.
NHS Bristol		Section 2		Since boys take more risks than girls, benefits and harm accruing to children from provision of risky play opportunities will not be gender neutral and the Equalities Impact Assessment might address this.	Thank you for your comment. This was considered in the Equalities Impact assessment.
NHS Bristol		Consideration 3.2	37	The paragraph implies that children benefit from being injured, ("... *help children.... learn*") and should be deleted. Alternative more humane educational approaches have since been developed.	Please see previous responses to this issue.
NHS Bristol		Consideration 3.14		General point re injury surveillance section ….. Our recommendation is to supplement injury data with information about the avoidability and preventability of the injury.	Thank you for your comment.
NHS Bristol		Consideration 3.15	40	It might be of interest to include a note that injury rate (as monitored through attendance at Emergency Department) is likely to be influenced by differing social and cultural expectations of health status. Accessibility of services to speakers of English as a second language may also effect attendance rates.	Thank you for your comment.
NHS Bristol		Consideration 3.16	40	This paragraph needs to be explained. What guidance is being given to practitioners regarding the large numbers of preventable injuries that occur at a low rate of exposure – falls from playground equipment, accidental poisoning or burns and scalds from hot drinks for example? Are practitioners being guided to concentrate focus on injuries that	Thank you for your comment. Please note this work is part of a suite of guidance on the prevention of unintentional injury in children under 15 years. In addition, NICE recently consulted on draft guidance relating to outdoor play end leisure, however the

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				result from very high risk activities but occur with low frequency? It is not clear.	final guidance will not be published. This is because of a lack of effectiveness evidence, the low numbers of serious injuries and deaths during outdoor play and leisure, and concerns that standalone guidance might encourage unwarranted risk aversion (with negative consequences for physical activity and play (please see http://guidance.nice.org.uk/PHG/Wave19/5 for details). However, some of the information from the draft guidance has been incorporated into this guidance.
NHS Bristol		Consideration 3.32	43	NHS Bristol recognises the need for physical activity and outdoor play and leisure as an essential part of a happy and healthy childhood and works to support all kinds of play activity.	Thank you for your comment.
NHS Bristol		Consideration 3.32		We question the opinion (that risk is beneficial) expressed in the first paragraph which is too imprecise to be useful and prejudges the cost effectiveness and/or cost benefit appraisal that may be conducted on proposed interventions. We recommend replacement of the word 'beneficial' with 'unavoidable'.	Thank you for your comment. This consideration has been revised in the final guidance.
NHS Bristol		Consideration 3.32		We do not subscribe to the opinion that there are 'good' and 'bad' risks. This is confuses risks/injuries with benefits. To explain our perspective: There are activities that confer multiple positive health outcomes at a low level of inherent risk of injury (e.g jogging). There are activities that confer negative or unproven health outcomes with a higher level of intrinsic risk of injury (e.g. heavy drinking). Most activity falls somewhere between these polarities. Our strategic task is to identify those activities that most effectively deliver the health outcomes we are seeking, and at the same time identify, remove or reduce risk of injury. The concept of good and bad activities is more	Thank you for your comment. This consideration has been revised in the final guidance.

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				useable. Reference to good and bad risks should be replaced with good and bad activities.	
NHS Bristol		Consideration 3.32		Given the objective of this guidance and the scale of injury that results from play activity we would recommend that guidance on reducing injury does not advocate exposing children to risk of injury.	Thank you for your comment. The considerations section does not make recommendation rather it provides a sample of the issues taken into account when drawing up the recommendations.
NHS Bristol		Consideration 3.34	44	NHS Bristol agrees with the view that children should be as safe as necessary to avoid serious injury, not as safe as possible.	Thank you for your comment.
NHS Bristol		Consideration 3.37	44	Our interest is not so much in whether helmets work as a means of injury prevention, but what the best means of injury prevention are. Without evidence on the effectiveness of training or cycle maintenance regimes, and in the absence of information about the causes of the most numerous cycling injuries arising from non-collision incidents, the emphasis on helmets as a means of preventing cycling injuries appears premature, even though it is the only intervention around which evidence has been gathered and assessed. The emphasis on helmets should be discussed and put into context.	Thank you for your comment. The recommendations reflect the areas where there was evidence that met the inclusion criteria for the evidence reviews. The absence of recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective.
NHS Bristol		Consideration 3.38	44	Our interest is not so much in whether helmets work as a means of injury prevention, but what the best means of injury prevention are. Without evidence on the effectiveness of training or cycle maintenance regimes, and in the absence of information about the causes of the most numerous cycling injuries arising from non-collision incidents, the emphasis on helmets as a means of preventing cycling injuries appears premature, even though it is the only intervention around which evidence has been gathered and assessed. The emphasis on helmets should be discussed and put into context.	Thank you for your comment. Please see previous response.
NHS Bristol		Consideration 3.39	45	Last bullet point This may need rephrasing since no setting is designed for the use of cycle helmets.	Thank you for your comment.

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NHS Bristol		Consideration 3.44	46	It is not clear how sustainable travel can help reduce injury rates and this sentence should be redrafted bearing in mind the objectives of the guidance. NICE appears to be arguing that an increase in injury rate can be tolerated where sustainable travel is the cause. While an understandable political viewpoint, this is not helpful guidance for injury reduction.	Thank you for your comment. The PDG are satisfied that the wording of this consideration is clear , that is injury prevention activities should not discourage sustainable travel.
NHS Bristol		Consideration 3.44		NHS Bristol supports the outcome of increasing modal shift to cycling and walking, but this may best be discussed under separate cover.	Thank you for your comment.
NHS Bristol		Consideration 3.44		The outcome of reducing transport related injury is likely to be best pursued by engineering, danger reduction and education, training and publicity approaches, rather than accepting an increase in the risk to which children are exposed through cycling and walking as suggested by 3.44.	Thank you for your comment. Please see previous comment about current and forthcoming of guidance in these areas.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Section 1	6	The Department for Transport's consultation 'A safer way' sought views on the vision, targets and measures for improving road safety in Great Britain beyond 2010. It included proposals to encourage: 'highway authorities, over time, [to] introduce 20 mph zones or limits into streets which are primarily residential in nature, or other areas where pedestrian and cyclist movements are high (for example, around schools or markets) and which are not part of any major through route'3. This is not a definition of road safety. A possible definition could be "the minimisation of death or injury, personal assault, and concern about the possibility of these, as experienced by users of, workers in, and others affected by the road system, whether these events arise from unintended incidents or from deliberate acts or failures to act by individuals or organisations." it is also important to acknowledge that as well as minimising threats to life and limb it is desirable to minimise material and environmental damage arising from shortcomings in the safety of the road system.	Thank you for your comment. The guidance makes recommendations that aim to increase road safety. A revised definition has been added to the final guidance.
Parliamentary		Recommend	7	In recommendation 1, What Action Should be Taken, we suggest the	Thank you for your comment. Support for cross-

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Advisory Council for Transport Safety (**PACTS**)		ation 1		addition of "Support for cross-departmental working at the local level."	departmental and cross agency-working has been added to this recommendation.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 3	8	Recommendation 3, Who Should Take Action, we suggest the addition of "Local Authorities".	Thank you for your comment. The recommendation has been revised and now refers to local authority children' services and other local authority services that may have a remit for preventing unintentional injuries.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 4	9	Recommendation 4, Who Should Take Action, we suggest the addition of "Local child injury prevention coordinator".	Thank you for your comment. This has been added to this recommendation.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 6	11	Recommendation 6, What Action Should They Take, we suggest we propose an expansion of this to better tease out the role of Universities and voluntary sector.	Thank you for your comment. The PDG have reviewed the recommendation. The voluntary sector and universities are listed under 'Who should take action'.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 9	12	Recommendation 9, Who Should Take Action, we suggest the addition of "Office for National Statistics".	Thank you for your comment. ONS has been added.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 12	15	Recommendation 12, What Action Should They Take, we suggest the addition of "Alignment of injury-type definitions".	Thank you for your comment. The recommendations cover standardisation of data.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommend ation 33	29	Recommendation 33, Who Should Take Action, we suggest the addition of Central/National government" and in What Action Should They Take, I suggest the addition of "Secure Funding Streams" and "Support Local Partnerships by Promoting Good Practice".	Thank you for your comment. The PDG have reviewed the recommendation and consider the local highway authority is the most appropriate body to lead this. They have made some additions along the lines suggested.

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Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommendation 35	31	Recommendation 35, Who Should Take Action, we suggest the addition of "Local Authorities".	Thank you for your comment. The PDG have reviewed the recommendation and added local authorities as suggested.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Recommendation 36	31	Recommendation 36, What Action Should They Take, are playgrounds and schools 'risks' or could this be better put?	Thank you for your comment. The recommendation has been re-worded in the final guidance.
Parliamentary Advisory Council for Transport Safety (**PACTS**)		Section 2	36	At end of section: Other Government Initiatives Include. we suggest the addition of "Child" between "the" and "road".	Thank you for your comment. This has been added to this section of the final guidance.
Road Safety GB (formerly LARSOA)		General		RSGB welcome the opportunity to comment on the public health draft guidance on preventing unintentional injuries among children and young people aged under 15. RSGB look forward to commenting on future pieces of guidance which relate to: • outdoor play and leisure, • road design and modification, • education and protective equipment to prevent unintentional injuries on the road. RSGB welcomes the fact that NICE show an appreciation of the current 'gaps' or limitations in relation to injury data and it's comprehensive collation.	Thank you for your comment. The consultation for these first two pieces of intervention guidance has passed. We welcome your involvement. Details of current consultations can be found at: http://www.nice.org.uk/getinvolved/currentniceconsultations/current_nice_consultations.jsp
Road Safety GB (formerly LARSOA)		Recommendation 1	P7	RSGB welcomes the fact that NICE recommends that targets to reduce unintentional injuries among children and young people are included in all government white papers and all policy plans of relevance to children's health.	Thank you for your comment.
Road Safety GB		Recommend	P7	RSGB also welcomes Recommendation 2, which suggest that the	Thank you for your comment.

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(formerly LARSOA)		ation 2		prevention of unintentional injuries should be incorporated in to local Children and Young People's Plans.	
Road Safety GB (formerly LARSOA)		Recommend ation 3	P8	RSGB supports Recommendation 3, which suggests that a Local child injury prevention co ordinator should be appointed.	Thank you for your comment.
Road Safety GB (formerly LARSOA)		Recommend ation 5	P 10 – 12	Applies to recs for the workforce training section RSGB is most keen to continue to professionalise it's own (local authority Road Safety Officer) workforce through continued training and development (particularly where this accredited or nationally recognised). RSGB is also keen to ensure other organisations with an interest in road safety education, training and publicity, also undertake the appropriate training and gain relevant qualifications to ensure good quality and effective delivery to a recognised standard. As such, RSGB therefore welcomes recommendations 5 – 8 inclusive.	Thank you for your comments.
Road Safety GB (formerly LARSOA)		Recommend ation 9	P12 - 16	Applies to recs for the surveillance section RSGB welcomes NICE's recommendations relating to Injury Surveillance (Recommendations 9 – 13). In particular RSGB are keen to note that NICE acknowledges the current difficulties which relate to data collection and collation (ie not all collisions resulting in injury are reported to the Police and therefore are not captured within the STATS 19 data and the)	Thank you for your comment.
Road Safety GB (formerly LARSOA)		Recommend ation 22	P23-27	Applies to recs for outdoor play and leisure section RSGB welcome these recommendations and look forward to having the opportunity to comment on future pieces of guidance which relate to: • outdoor play and leisure, and • education and protective equipment to prevent unintentional	Thank you for your comment.

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				injuries on the road.	
Road Safety GB (formerly LARSOA)		Recommendation 22	P23	In particular, RSGB are pleased to note that NICE recommends (Recommendation 22) the use of correctly fitted and fastened cycle helmets and the role in which adults play, acting as positive role models for young people.	Thank you for your comment. The promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.
Road Safety GB (formerly LARSOA)		Recommendation 26	P24	RSGB welcomes recommendation 26 which encourages retailers to promote cycle helmet use.	Thank you for your comment. This recommendation has been integrated with recommendation 27 & 28 in the final guidance. These elements have been retained.
Road Safety GB (formerly LARSOA)		Recommendation 27	P26	RSGB welcomes recommendation 27, which encourage local authorities to ensure travel plans cover off road routes and also to encourage children and young people to demonstrate their cycling proficiency and wear helmets.	Thank you for your comment. This recommendation has been integrated with recommendation 26 & 28 in the final guidance. The PDG have reviewed the recommendation and its intention remains unchanged.
Road Safety GB (formerly LARSOA)		Recommendation 31	P28 - 32	Applies to recs for road safety section RSGB welcomes the recommendations for Road Safety and looks forward to being invited to comment on future pieces of guidance including: • road design and modification, • education and protective equipment to prevent unintentional injuries on the road.	Thank you for your comment. Draft recommendation 31 has been removed from the final guidance. Please see previous response about future guidance.
Road Safety GB (formerly LARSOA)		Recommendation 31	P28	RSGB welcomes recommendation 31, particularly the suggestion that reviews should be carried out regularly (although not necessarily every 2 years) and that children and young people should be consulted about their road use and perceptions of risk. This	Thank you for your comment. This recommendation has been removed from the final guidance. These elements are retained in the recommendation covering road safety

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				qualitative evidence would be a welcome addition to quantitative data collection.	reviews.
Road Safety GB (formerly LARSOA)		Recommendation 31	P30	Applies to recs on road safety RSGB welcomes the suggestion that Road Safety Partnerships take the lead on ensuring that local child road safety reviews are carried out regularly.	Thank you for your comment. This recommendation has been removed from the final guidance. These elements are retained in the recommendation covering road safety reviews.
Road Safety GB (formerly LARSOA)		Recommendation 32	P29	RSGB welcomes recoomendation 32, and suggests that the Police should work closely and in partnership with Local Authorities. The partnership element of this work is essential	Thank you for your comment. The wording in the final guidance emphasises the need for partnership work.
Road Safety GB (formerly LARSOA)		Recommendation 33	P29	RSGB welcomes the recommendation (33) that Road Safety Partnerships should be established and managed. This builds on established good practice already ongoing in many local authorities. It is important however, that Local Authorities, who have the statutory duty with relation to road safety, are the lead players in such partnerships.	Thank you for your comment.
Road Safety GB (formerly LARSOA)		Recommendation 34	P31	RSGB welcomes the suggestion that local child road safety policies should be aligned and agencies which share common remits in relation to injury prevention amongst young people, share common targets where appropriate and applicable	Thank you for your comment.
Road Safety GB (formerly LARSOA)		Consideration 3.9	P39	Applies to leg, reg and enforcement section RSGB is pleased to note that NICE acknowledge that it is possible that injuries and fatalities may fall because an initiative intended to reduce injuries could also lead to a reduction in the number of people taking part in a given activity. RSGB feels that in particular, where an activity is portrayed as 'risky' or 'dangerous' then parents may be less keen to allow their children to take part in that activity. This *may* lead to a decrease in casualties, but the activity itself has not become any safer. Casualties have been reduced, but road safety has not been	Thank you for your comment.

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				improved. Conversely, RSGB suggests that in some instances, the actual numbers of people injured undertaking an activity could rise, particularly if this is associated in a large increase in the number of people taking part in that activity. For example a large modal shift from car to pedal cycle, could lead to an increase in the number of pedal cycle casualties although the rate of injury may actually decrease and statistically (when comparing numbers injured, with numbers cycling and distance cycle) cycling may in fact have become safer.	
RoSPA		General	General	RoSPA welcomes the recommendations but they have high resource implications and will be extremely difficult to put in place without extra staff and funding.	Thank you for your comment. The PDG were aware of the resource implications, however it is for local agencies to determine how they prioritise.
RoSPA		General		Evaluation is mentioned in parts of the document but there is little evidence in the guidelines on how and why this should be done. Evaluation is important for sustainability, targeting, improvement of services and the justification of job roles and funding. This should be strengthened throughout the document.	Thank you for your comment. Evaluation is likely to be specific to the individual intervention and area and circumstances, therefore further details are not provided.
RoSPA		General		It is appreciated that the term 'unintentional injuries' is used in place of 'accidents' to shift the emphasis from unavoidable inevitabilities to avoidable incidents. The emphasis then is on regarding a high proportion of injuries as being preventable. In the play sector it is widely acknowledged that exposure to managed levels of risk, with consequent injury possibility, is a desirable facet of the child's right to play. The concentration with this guidance is all about reducing unintentional injuries without recognition of the possibility that the risk of such an injury (of a minor nature) is a benefit of the activity of play. This is not likely to be a position with which NICE will be comfortable, but it is important to make the belief known.	The final guidance acknowledges that children need to be challenged, so it recommends a balanced approach to assessing the risks and benefits of play and leisure activities. The aim is to reduce serious injuries and deaths that are preventable.

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RoSPA		General		Most of the road safety issues contained in the draft guidance are related to road engineering. There is little mention of other measures, such as driver training and education and in-car safety.	Thank you for your comment. This guidance is focused on the strategic support for the intervention guidance on road modification and design. Driver training and education, and in car safety were excluded from the intervention scope.
RoSPA		Introduction	6	The text does not appear to be a definition of road safety. It refers to the "A Safer Way" Consultation are correctly states that it included proposals to introduce 20 mph limits and zones. The consultation included many other wide ranging proposals, as well as proposed targets for reducing road death and injuries (including a target to reduce the annual total of road deaths and serious injuries to children and young people aged 0–17) by at least 50 per cent against a baseline of the 2004–08 average by 2020. The current road safety strategy period and casualty reduction targets are for the decade 2000 – 2010. The new strategy has not yet been published, but we recommend NICE's guidance reflect the new strategy and targets when (if) published by the new government.	Thank you for your comment. A revised definition has been added to the final guidance. Thank you for your comment. The final guidance includes the latest information available at the time of publication.
RoSPA		Recommendation 1	Page 7	This needs to ensure that accident prevention targets are considered to be a health issue along with other areas such has immunization, obesity, neglect and abuse etc. It is important that the accident prevention agenda is not only written into local authority white papers but all those relation to PCTs and Care Trusts. A target for reducing unintentional injuries appears to be laudable, but the definition of the level of injury is not included. Minor cuts, scrapes, bruises, abrasions and the like are often a natural outcome of playful activities. Without evidence to the contrary, it would appear	Thank you for your comment. The guidance reflects the referral from the Department of Health, which did not include other health areas. Please note that recommendation 1now refers to local and national plans and strategies. The recommendations call for risk benefit assessment and the considerations section makes reference to the benefits

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				that the only way to reduce such minor injuries is to reduce children's opportunities for play. This would be an infringement of their right to play (United Nations Convention on the Rights of the Child, article 31).	of activities. The PDG do not wish to reduce children's opportunities for play.
RoSPA		Recommendation 2	Page 7	The recommendation to include a commitment to prevent unintentional injuries raises the same concerns as above. The use of the term prevent indicates that there is an ultimate target of zero unintentional injuries. This assumes an "unachievable goal of absolute safety." (Health and Safety Executive, Managing Risk in Play Provision - A Position Statement, 2002, published by National Children's Bureau on behalf of the Play Safety Forum).	Thank you for your comment. The final recommendation does not refer to targets.
RoSPA		Recommendation 3	Page 8	RoSPA welcomes the suggestion of local child injury prevention coordinators.	Thank you for your comment.
RoSPA		Recommendation 4	Page 9	There is no suggestion on how this data is going to be collected.	Thank you for your comment. The PDG have reviewed the recommendation to refer to use of local protocols.
RoSPA		Recommendation 5		Discusses the need for injury prevention training but there is no descriptive means of further details to outline what this would be. The broad nature of injury prevention would require a sound understanding of the principles of injury prevention to. The training would also need to be reviewed to allow for consistency throughout the country. Initiating training doesn't necessarily indicate a high level of competency, due to the complexity of understanding risk and the emotive nature of injury prevention, competency frameworks could be used to ensure practitioners etc. are effectively undertaking their role.	Thank you for your comment. The focus of your comment was present in other draft recommendations. Please refer to revised recommendations 4- 6.
RoSPA		Recommendation 7		Discusses the need for injury prevention training but there is no descriptive means of further details to outline what this would be. The broad nature of injury prevention would require a sound understanding of the principles of injury prevention to. The training would also need to be reviewed to allow for consistency throughout	Thank you for your comments. The PDG have reviewed the recommendations. The final recommendation focuses on a child and young person injury prevention coordinator; other recommendations

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				the country. Initiating training doesn't necessarily indicate a high level of competency, due to the complexity of understanding risk and the emotive nature of injury prevention, competency frameworks could be used to ensure practitioners etc. are effectively undertaking their role.	focus on workforce training and capacity building.
RoSPA		Recommendation 8		Discusses the need for injury prevention training but there is no descriptive means of further details to outline what this would be. The broad nature of injury prevention would require a sound understanding of the principles of injury prevention to. The training would also need to be reviewed to allow for consistency throughout the country. Initiating training doesn't necessarily indicate a high level of competency, due to the complexity of understanding risk and the emotive nature of injury prevention, competency frameworks could be used to ensure practitioners etc. are effectively undertaking their role.	Thank you for your comment. The focus of your comment was present in other draft recommendations. Please refer to revised recommendations 4- 6.
RoSPA		Recommendation 9	Page 12/13	RoSPA strongly supports this recommendation. As recommended previously in the RoSPA paper, 'Feasibility of establishing a UK-wide injury database, (Jan 2009), existing structures of the Injury Observatory for Britain and Ireland (IOBI) and South West Public Health Observatory (SWPHO) could form the basis for such a national injuries surveillance resource. Additional sources of injury causation data could include the department for Business, Innovation and Skills (BIS) and the Trading Standards Institute. For the work of such a national injuries surveillance resource (or a 'data management centre') to be worthwhile, RoSPA believes it is essential for the resource to co-ordinate, manage, collate, analyse	Thank you for your comment. The PDG were aware of the activity of these groups when making the recommendation. Expert testimony was received from SWPHO. The datasets given in the recommendation are examples and are not intended as an exhaustive list. The guidance recommends co-ordination, collation, analysis and dissemination of the data.

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				and disseminate UK data. The information must be publicly available to ensure widespread dissemination, enabling organisations and individuals to understand relative risk and to take appropriate measures to reduce the risk and severity of injury.	
RoSPA		Recommendation 10	Page 14	RoSPA supports this recommendation in that the Commissioning Data Set already collected in A&E Departments in England should be assessed and possibly improved/extended to provide more comprehensive data than at present. The caveat is that RoSPA recognises that there is a trade-off between the cost of collecting more data in every A&E department and the quality and value of the data that is collected. Sufficient injury causation data may be collected from a representative sample of A&E departments rather than every department in the country.	Thank you for your comment. The recommendations call for only the minimum commissioning data set to be collected from all emergency departments which is the current requirement but which is, in many cases, not completely fulfilled. The enhanced data set is to be collected by a representative sample of departments.
RoSPA		Recommendation 11	Page 14	Same comment as for recommendation 10.	Thank you for your comment. Please see previous response for recommendation 10.
RoSPA		Recommendation 12	Page 15	RoSPA strongly supports this recommendation and adds that it is vitally important for a representative sample of A&E Departments to continuously collect a comprehensive set of injury causation data. This data set should be based on the AWISS dataset and be sufficient for reporting requirements to the European Union's Injury Database to allow international comparisons & benchmarking. It should also be sufficient for statisticians to make pro-rata extrapolations to give a national picture of main causes of injury by various demographic and geographic groups. Continuous surveillance is essential to recognise new trends in injury causation, caused by new products/behaviours or success in public health campaigns and injury prevention initiatives. SWPHO are currently working with 3 A&E Departments (RD&E Exeter, St Mary's London, John Radcliffe, Oxford) to test the practicality of collecting this enhanced version of the AWISS dataset.	Thank you for your comment. Thank you for your comment. The PDG were aware of the activity of these groups when making the recommendation. Expert testimony was received from SWPHO.

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RoSPA		Recommendation 13	Page 13	RoSPA strongly supports the recommendation to disseminate the information but adds that the strategic partnerships must include non-government agencies such as the 3rd sector. Charities have a crucial role in spreading public health messages to parts of society that aren't reached by the Government or the media. Charities such as RoSPA can add considerable value by helping to analyse the data and interpret it in ways that make it readily understood by sections of the media and target segments of the population. Much of the information should be made freely available online, by allowing users to interrogate the data for themselves. RoSPA strongly supports measures to improve the collection, co-ordination and reliability of injury data for all forms of accidental injury.	Thank you for your comment. The identification and development of new data sources for example, data collected by non-governmental agencies and the voluntary sector is included in the final guidance. The recommendations make provision for online access by authorised users. Thank you for your comment.
RoSPA		Recommendation 14	Page 16	RoSPA welcomes the suggestion of the fitting of Home Safety equipment but questions why you have only included the recommendation of permanent devices. This would also take time to establish if new regulations are to be established.	Thank you for your comments. This programme guidance examined evidence on strategies and fitted (i.e. 'permanent') safety equipment. In contrast, the related NICE guidance about home safety assessments and equipment provision (see www.nice.org.uk/guidance/ph30) focuses on any device used to prevent injury in the home, including door guards and cupboard locks, safety gates and barriers, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors. This guidance has been revised to advise that the term 'permanent safety equipment' is used to describe items that need to be fitted into the home and cannot be easily modified or removed by the householder, such as smoke alarms,

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					window restrictors and thermostatic mixing valves. The PDG acknowledges that this would take time to establish and the economic modeling noted that more valid, reliable and in particular longer term research is required in order to establish the extent to which the specific strategic policies will achieve greater coverage or uptake of the interventions, and over what time period this would be achieved.
RoSPA		Recommendation 15	Page 17	RoSPA welcomes this educational aspect but there is little evidence of any suggestions in the guidelines on how this should be delivered. The recommendations concentrate on the supply and installation of equipment but do not allow for the fact that: •Risks can be reduced by raising awareness and through education giving people the choice to make informed decisions about their own safety. •There is not a piece of safety equipment to cover every risk in the home – education therefore must be provided Many homes require a greater level of intervention that is not addressed by fitting safety equipment.	Thank you for your comment. The PDG have reviewed the recommendation and have decided: i) not to stipulate specific modes of delivery; ii), to refer to providing information about local agreements to install and maintain permanent safety equipment; iii) to ensure national initiatives to improve child health include guidance on delivering home safety assessments and iv) to ensure assessment and education are incorporated into local plans and strategies.
RoSPA		Recommendation 15	Page 18	"Practitioners with a role in enforcing home safety regulations and legislation"? – This statement needs defining is it referring to the regulations recommended in Recommendation 14.	Thank you for your comment. The recommendations have been revised.
RoSPA		Recommendation 16		RoSPA welcomes the recommendation of Home Safety assessments and is already putting this in place with the Safe At Home - National Home Safety Equipment Scheme but local delivery providers do not have the staff and resources to implement this – dedicated funding for staff, administration and the supply and fitting of equipment would	Thank you for your comment. The PDG were aware of the resource implications, however it is for local organisations to determine how they prioritise and coordinate their activities to make the

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				need to be provided.	most efficient use of the resources available.
RoSPA		Recommendation 17		RoSPA welcomes the recommendation of Home Safety assessments and is already putting this in place with the Safe At Home - National Home Safety Equipment Scheme but local delivery providers do not have the staff and resources to implement this – dedicated funding for staff, administration and the supply and fitting of equipment would need to be provided.	Thank you for your comment. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
RoSPA		Recommendation 18		RoSPA welcomes the recommendation of Home Safety assessments and is already putting this in place with the Safe At Home - National Home Safety Equipment Scheme but local delivery providers do not have the staff and resources to implement this – dedicated funding for staff, administration and the supply and fitting of equipment would need to be provided.	Thank you for your comment. It is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
RoSPA		Recommendation 19	Page 20	Should include pools and stipulate the involvement of pool operators including lifeguards. Lifeguards won't necessarily look to educate and provide water safety information; therefore the responsibility should lie with the centre. Swimming instructors are more commonly known as teachers and coaches. This list should also include Outdoor Activity Centres, as these often provide water sport activities which should also include water safety education.	Thank you for your comment. The final guidance includes swimming pool managers and outdoor activity centre managers.
RoSPA		Recommendation 20,	Page 21 Page 22	Again the 'who should take action' list should be changed to reflect the above comments Providing education is a good tool when the information being provided is correct and useful. Steps have been taken to unify the messages promoted for water safety and further work needs to be done to ensure that recourses meet an agreed criteria. Measures will also need to be taken to make the information readily available.	Thank you for your comment. This recommendation has been merged with the previous recommendation in the final guidance.
RoSPA		Recommend	Page 22	"Identify and minimising the risk" (what actions should they take) is a	Thank you for your comment. Wording to

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		ation 21		very generic statement that could be detrimental to activities if misunderstood. Recommended wording could be: *Identifying and minimise the risk of drowning without negatively affecting the benefits of the activity.* This should be linked with risk analysis and management procedures. The list of those who should take action in should also include leisure centre pool operators.	this effect has been incorporated into the final guidance.
RoSPA		Recommend ation 22	Page 23	RoSPA supports this recommendation, but we do not understand why the scope has been limited to off-road cycling. *"what* action should be taken", 1st bullet point should consider the specific use of BMX and mountain bike riding.	Thank you for your comment. The scope was limited to off road cycling as this complemented the scope for a related piece of NICE guidance on outdoor play and leisure. There is also a related piece of NICE guidance relating to the road, however this focus on road design and excludes protective equipment.
RoSPA		Recommend ation 23		Recommendations 29 and 30 should follow on from 23.	Thank you for your comment. The draft guidance was organised according to the different levels of organisations who may take action. The order of the recommendations in the final guidance has been revised.
RoSPA		Recommend ation 23	Page 23	RoSPA understand that 2005 was the last time that UK-wide firework injury figures were published (by the former DTI), so the use of the word "maintain" is interesting. Are emergency departments are still collecting data as before, but it is just not being published at national level? RoSPA would like to see the reinstatement of the national publication of firework injury figures (as still happens in Northern Ireland).	Thank you for your comment. Firework injuries are included in hospital episode statistics (HES) data. Thank you for your comment.

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RoSPA		Recommendation 24	Page 24	The wording here perhaps usefully addresses some of the concerns with the targets noted at 2. and 3. above. The requirement to comply with British and European standards is not one that is realistically workable, nor desirable. Playground equipment standards have been introduced into the UK in 1959, 1979, 1998 and 2008. There is some equipment in place that predates the 1959 standard, and much that predates the 1998 and 1979 standards. What is important is compliance with the general principles of protection from safety standards, rather than strict compliance to the letter of the standards. Expert and intelligent application of standards is preferred for playgrounds and playground equipment standards. There is well-developed guidance published by Play England (jointly published by DCMS and DCSF) in this area.	Thank you for your comment. The PDG have reviewed the recommendation, the final guidance states they should be taken into account as part of the risk-benefit assessment.
RoSPA		Recommendation 25		As per above.	Thank you for your comment. This recommendation has been integrated with recommendation 24 in the final guidance. Please see previous response.
RoSPA		Recommendation 27	26	RoSPA supports these recommendations, but we do not understand why the scope has been limited to off-road cycling.	Thank you for your comment. The scope was limited to off road cycling as this complemented the scope for a related piece of NICE guidance on outdoor play and leisure. There is also a related piece of NICE guidance relating to the road, however this focuses on road design and excludes protective equipment.
RoSPA		Recommendation 28	26	RoSPA supports these recommendations, but we do not understand why the scope has been limited to off-road cycling.	Please see previous responses to this issue.
RoSPA		Recommendation 29		Recommendations 29 and 30 should follow on from 23.	Thank you for your comment. This recommendation has been removed from the final guidance. The content is retained in the

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					following recommendation.
RoSPA		Recommendation 30		Recommendations 29 and 30 should follow on from 23.	Thank you for your comment. The draft guidance was organised according to the different levels of organisations who may take action. The order in the final guidance has been revised.
RoSPA		Recommendation 31	28	The DfT already publish guidance to local authorities on conducting child road safety audits. It is not clear whether the child safety reviews in this recommendation are the same thing or separate.	Thank you for your comment. This recommendation has been removed from the final guidance.
RoSPA		Recommendation 33	29	Presumably NICE is aware that Road Safety Partnerships already exist.	Thank you for your comment. The PDG are aware of the existence of road safety partnerships however they are not universal. The recommendation has been altered to say maintain existing RSPs and establish one where none exists.
RoSPA		Recommendation 36	31	RoSPA supports this recommendation, but suggests there needs to be much more focus on helping drivers to choose to drive at safe speeds. Many drivers unintentionally exceed the speed limit, often without realising it. Modern cars are so powerful and comfortable they give drivers little sensation of their speed. It is too easy to creep above the limit, and in particular, many drivers believe it is difficult to drive a modern car at no more than 30 mph on a road with a 30 mph limit. There are some simple and practical things drivers who find it difficult to stay with speed limits can do to help themselves, and there are ways of engineering roads and vehicles to make this easier still. The over-riding principle of speed limit signing should be to ensure that the limit is always as clear and obvious as possible. Drivers should not be expected to work out what the speed limit is.	Thank you for your comment. The recommendation has been re-worded in the final guidance to make this clearer. Thank you for your comment. Earlier recommendations address this issue.

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				Consideration should be given to ways of making the reasons for speed limits on particular roads, especially roads which have a speeding problem, more obvious to the road users. This could be by providing information at the roadside or through local publicity campaigns.	
RoSPA		Recommendation 36		**… continued …** **Speed Limits** Speed limits should always be clearly and consistently marked. This requires greater use of speed limit repeater signs and speed limit road markings. Where there is a speeding problem involving vehicles with a different speed limit to cars, the benefits of showing the limits for the different types of vehicles should be investigated. This may have the added benefit of reminding car drivers that other vehicles on the road, such as HGVs, have lower limits. **30 mph Repeater Signs** A trial of the effects of using 30mph repeater signs should be conducted. If this was effective in reducing speeding, the prohibition on using repeater sign on 30 mph roads with street lamps should be rescinded to enable Highway Authorities to put repeater signs or roundels on roads which have a speeding problem, or where accident data showed a speed-related crash problem. Repeater signs are not the only way of informing drivers of the prevailing speed limit. Other methods should be developed.	Please see previous response.
RoSPA		Recommendation 36		**… continued …** **Vehicle-Activated Signs** Vehicle-activated signs are a way of making drivers aware of their	Please see previous response.

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				speed and upcoming dangers on the road. They are popular among drivers and effective in reducing mean speed. Their use should be considered on a more widespread basis. **Motor Manufacturers** Motor manufacturers should consider how they design cars to give drivers more awareness and better information about their actual speed. They should consider how they can improve the design of speedometers to help drivers maintain their awareness of their speed and to encourage drivers to stay within speed limits. **Employers** Employers should introduce Safer Speed policies, as part of their normal management of health and safety at work, to help ensure that staff who drive for work purposes are able to do so at safe and appropriate speeds. It needs to be much, much easier for drivers to choose to drive at safe speeds. This requires education, training and publicity, better and more consistent roadside information about the posted speed limits and improving vehicle design so that drivers are more aware of the speed at which they are travelling.	
RoSPA		Consideration 3.6	Pp 37 & 38	A very good example of the need to design safety measures for children separately from adults is the fact that children in cars need to be protected by using child car restraints, not just the adult seat belt.	Thank you for your comment.
RoSPA		Consideration 3.32		A risk benefit analysis should be put in place not just a distinction between good and bad risk. By doing so you can indentify whether doing an activity is beneficial enough to warrant the exposure to hazards and degree of risk, if so the risk should be accepted and managed.	Thank you for your comment. A risk benefit analysis is included in the recommendation. Please see section 1 of the guidance document.

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RoSPA		Consideration 3.34		RoSPA welcomes this comment.	Thank you for your comment.
RoSPA		Consideration 3.38		RoSPA would support promoting new cycle helmets in the second-hand bike market but would strongly advise against promoting second hand cycle helmets. This is a similar situation for personal floatation devices such as buoyancy aids and life jackets.	Thank you for spotting this ambiguity. It should refer to the passing down of bikes within and between families.
RoSPA		Consideration 3.39		Protection against broken arms and legs is difficult to achieve in a playground without severely limiting the possibility of falls. Impact absorbing surfaces should assist in preventing serious head injuries but do not stop long bone fractures i.e. arms and legs. To stop such occurrences falls would need to be prevented, which would nullify children's options for exciting play.	Thank you for your comment. This consideration acknowledges the need for prevention of long bone fractures.
Royal College of Nursing		General		The Royal College of Nursing welcomes these strategies to prevent unintentional injury among under 15s. They are comprehensive and clearly articulated and will contribute to child health safety.	Thank you for your comment.
Royal College of Paediatrics and Child Health		General		The RCPCH thinks this guidance is very helpful. Identifying the organisations that should take action under specific recommendations is key to increasing the likelihood that such recommendations will be implemented. The recommendations for including the prevention of injury in government papers and policies and in children's and young people's plans, appointing local child injury prevention coordinators, funding their and others' training, and supporting national injury surveillance are very important infrastructural issues, which are essential to provide the capability and capacity to support the more specific recommendations on actions to reduce particular types of hazards or injuries. We think it is very important that interventions are implemented or overseen by well trained individuals and that data sources are	Thank you for your comments. Thank you for your comment. The guidance makes recommendations

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				developed to help target and evaluate the various initiatives. Piecemeal adoption of specific recommendations would run high risks of inefficiency and reduced effectiveness. The appointment of local coordinators is essential to provide local leadership and advocacy roles.	relating to a local child and young person injury prevention co-ordinator; the development of professional standards for injury prevention and providing the wider childcare workforce with access injury prevention training.
Royal College of Paediatrics and Child Health		General		The College is very disappointed that the document is entirely focussed on the situation in England. We understand that the remit was from the Department of Health in London and hence the paper is technically correct in only referencing government strategies relevant to England. We also understand that NICE public health guidance relates only to England and is not for Wales, Scotland or Northern Ireland. However, the need for childhood injury prevention is the same across the UK. The College believes that the guidance is also relevant to the rest of the UK and should be adopted by governments and institutions in Scotland, Wales and Northern Ireland.	Thank you for your comment. As you are aware the status of the guidance relates to NICE's formal remit for public health guidance in England only.
Royal College of Paediatrics and Child Health		Section 1	6	We are concerned by the use of the term 'permanent' home safety device. A smoke alarm may be permanent, but if the battery has stopped working or been removed then the 'permanence' becomes irrelevant. We note there is a move towards hard wired alarms, but given the numbers of homes in the UK, this will take time to become standard. Similarly, as noted later, thermostatic mixer valves can be disabled and window restrictors can be altered.	Thank you for your comment. The guidance defines 'permanent safety equipment' as any device that needs to be fitted and cannot easily be modified or removed by the householder such as smoke alarms, window restrictors and thermostatic mixing valves.
Royal College of Paediatrics and Child Health		Recommendation 1	7	In the section, Who should take action, we note there are many other Government departments with a stake in this issue. We recommend either that all be listed, or a statement that the list given is not exhaustive be included. We think this should apply for other recommendations where Government departments are listed.	Thank you for your comment. The recommendation has been revised.
Royal College of Paediatrics and		Recommendation 4	9	We think there should surely be provision made for a single attendance that is sufficiently worrying to prompt action to be taken.	Thank you for your comment. This has been

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Child Health					added to this recommendation.
Royal College of Paediatrics and Child Health		Recommendation 6	10	Clarify what is meant by 'injury competencies'.	Thank you for your comment. The PDG have reviewed the recommendation to refer to 'professional standards for unintentional injury prevention'.
Royal College of Paediatrics and Child Health		Recommendation 9	12	Applies to injury surveillance section We note that these need the involvement of experienced injury researchers to analyse and interpret the data.	Thank you for your comment. The use of experienced injury researchers in assisting interpretation of the data has been added to the recommendation.
Royal College of Paediatrics and Child Health		Recommendation 14	17	We note that safety equipment needs not just to be permanent, but also non-modifiable by the tenant.	Thank you for your comment. The home safety definitions and context section has been revised accordingly.
Royal College of Paediatrics and Child Health		Recommendation 14	17	The guidance states that hard-wired smoke alarms should be fitted to all social and rented properties. This is fine as an aim, and we think current legislation or building regulations specifies such for new build properties. However, we are not sure it is feasible or cost-effective to insist on this for all existing properties, and this is contrary to existing practice. Fire and Rescue Authorities fit smoke alarms with long life batteries across the country. The guidance does not discuss this issue in any great detail. Clearly, hard wired alarms are better but we have not seen any supporting data on the marginal cost-effectiveness of moving from Fire and Rescue Service fitted long life battery alarms versus hard wire alarms for existing properties. It would be good to see more detail on the evidence and discussions on which this sub-recommendation is based.	Thank you for your comment. The recommendation refers to social and rented dwellings. The PDG have reviewed the recommendation and it now refers to 'hard-wired or 10-year, battery-operated smoke alarms'.
Royal College of Paediatrics and Child Health		Appendix B	58	We have a fairly minor methodological query about the inclusion only of papers on injury risk factors that have "adjusted" for other variables even when such adjustment (as in the case of gender differences in injury) seems rather meaningless.	Thank you for your comment. Unintentional injuries, like many public health problems, are typically a result of multiple and sometimes interacting causes. It was decided to include

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					only studies that were multivariable (i.e. based on ≥1 potential predictor factor) and undertook a multivariate analysis (i.e. an analysis that adjusts for possible confounders using methods such as regression analysis). Data was extracted at a level of detail to allow the reader to form a qualitative judgement on the representativeness of population selection (and sample size), the type or quality of injury outcome definition and the degree of multivariate analysis.
Royal College of Paediatrics and Child Health		Appendix C	67	We are concerned about the fragmented and confusing way the reports are presented. We have had great difficulty understanding the territory that each report covers and how they relate to each other and to the underlying evidence. That will create an obstacle to accessibility. It would be good to see them brought together in a more integrated and digestible fashion.	Thank you for your comments.
Royal Society for the Prevention of Accidents - RoSPA		General		RoSPA welcomes NICE's Consultation on the Draft Scope for Preventing unintentional injuries among under 15s and thanks NICE for the opportunity to comment.	Thank you for your comment.
South West Public Health Observatory		Recommendation 1	7	In the 3rd bullet point under 'What action could be taken' – think it would help to insert the word 'cause' so that this reads 'support to collect data on incidence, severity, type, cause and place of injury'	Thank you for your comment. This has been added to this recommendation.
South West Public Health Observatory		Appendix B	62	In the list under website searches - please could you spell out the full name 'Injury Observatory for Britain and Ireland (IOBI)'	Thank you for your comment. This has been added to this section of the final guidance.
Transport and Health Studies Group		General	n/a	The recommendations relating to cycling in this guidance rest upon the assumption that cycling is a relatively high risk activity for children. Taken in a general sense, this is not the case. About 85% of British children own bicycles, and use of bicycles is a common form	Thank you for your comment. The recommendations reflect the areas where there was evidence that met the inclusion criteria for the evidence reviews. The

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				of play and local transport. Despite this, only 8% of child head injury admissions are cycling related. This works out at an annual rate per capita of about 1 in 5,000. This is a very low incidence of injury. Falls in walking are in fact the greatest cause of child head injuries. Our own analysis of barriers to cycling highlights misperception of risk as one of the most serious problems. We would therefore bring to your attention the following comments in response to the draft guidelines.	absence of recommendations on any particular measures should not be taken as a judgement on whether or not any such measures are effective and cost effective.
Transport and Health Studies Group		Recommendation 22	23	**Promoting cycle helmet use - government**. This recommendation applies to off-road cycling. The THSG believes that a guarded approach should be taken. As previously noted, the general risk for children cycling is very low, thus blanket helmet campaigns are not measured in relation to the risk. We are concerned that harm would be done by exaggerating the risk in relation to the considerable health benefits of exercise. On the other hand, children may engage in high risk types of cycling such as stunt riding or technical mountain biking. Helmet use thus may be justified in specific circumstances, as with the use of walking helmets on building sites and driving helmets in motor sport, etc.	Thank you for your comment. This recommendation has been removed from the final guidance. However, the promotion of correctly fitted and fastened cycle helmets by children cycling off-road is retained in another recommendation for local agencies.
Transport and Health Studies Group		Recommendation 26	25	**Promotion of helmet use by retailers and cycle hire.** THSG comments similar as for Rec'n 22. We agree that retailers should have guidance on correct fitting of helmets and realistic information, and cautions, as regards effectiveness. We disagree that helmets should be actively promoted at these outlets	Thank you for your comment. This recommendation has been integrated with recommendation 27 & 28 in the final guidance. These elements have been retained.
Transport and Health Studies Group		Recommendation 27	26	**Promotion of helmets by local agencies (schools).** THSG recognises the importance of active travel to school to tackle obesity, congestion and introduce children to regular cycling as a form of daily transport. While we support training schemes, we do not support helmet promotion in schools for two reasons: 1. the risk in cycling as a mode of transport does not warrant distinguishing it from walking; whereas, convincing children and their	Thank you for your comment. The PDG do not consider that the promotion of cycle helmets constitutes

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				parents that cycling is relatively dangerous is misleading them and in conflict with the objective of large modal shifts to active travel by all ages; 2. convincing children and their parents that cycling is relatively dangerous may be expected to encourage driving at the earliest age, for perceived safety reasons. However, our risk analysis shows that young people are more at risk as drivers than as cyclists, and they impose great risk on third parties as drivers. There is thus a danger that a knock-on effect of helmet promotion would be an increase in road deaths.	convincing children and their parents that cycling is relatively dangerous. The referral from the Department for Health was covered children and young people aged 15 and under. As the minimum driving in the UK is 17 this issue is not relevant to this guidance.
Transport and Health Studies Group		Recommendation 28	26	**Promotion of cycle helmets – event organisers**. THSG comments similar here as previous. Off-road cycling events may or may not involve cycling over rough ground; similarly, cycle hire schemes are most likely to be in places with relatively safe off-road paths or quiet lanes. Cycle training by its nature will take place in a safe environment. Thus obliging such events organisers to ensure the use of helmets is not measured against risk in a sensible way. Incidentally, it is unlikely that cycle hire schemes would be able to maintain a stock of clean, unblemished helmets. The helmets would deteriorate, would suffer unknown damage in use and would be a hygiene problem. How would they be inspected? Many cycle hire schemes would simply shut due to cost or liability implications, thus harming active travel goals. We do not support these recommendations.	Thank you for your comment. This recommendation has been integrated with recommendations 26 & 27 the final guidance. This bullet has been removed from the final guidance. The wording for cycle hire centres has been changed to recommend they give advice about the advantages of wearing a helmet and provide for those who wish to one. Horse riding and trekking centres manage the issues you raise.
Transport and Health Studies Group		Appendix A	n/a	Expert Testimony #5 – epidemiology and effectiveness of cycle helmets. ET5 presents data on cyclist casualty rates and trends in cycle helmet use. It is seriously deficient in two ways: 1. It does not set the risk of cycling in context. In fact, the risk to children whether walking or cycling is very similar; yet no explanation is given for the focus on helmets only for cycling;	Thank you for your comment. The deliberative process and expertise of the PDG members set the evidence in context. PPR446 states “A specialist biomechanical assessment of over 100 police forensic cyclist

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				2. It repeats this claim: "10-16% of deaths would have been prevented had a helmet been worn". This has been taken from the recent literature review of helmet effectiveness by the DfT (PPR446). The claim has no scientific foundation. It is the opinion of the PPR446 authors, presented as scientific conclusion. This is explicit in the body of the report. In pp35-37, the authors acknowledge the claim has no scientific basis. THSG is not alone in objecting to the presentation of opinion as fact. The DfT has agreed to reconsider the current presentation of conclusions. The true scientific conclusion of PPR446 is that the authors could find no medical evidence by which the effectiveness of helmets could be judged. This is very similar to the THSG conclusion; that mass helmet use does not affect serious or fatal injury trends. THSG strongly recommends that ET5 be altered to reflect a fair summary of the PPR446 findings, and in any case the above claim should not be repeated.	fatality reports predicted that between 10 and 16% could have been prevented if they had worn an appropriate cycle helmet." This statement was accepted and repeated in good faith. Thank you for bringing these proposed revisions to our attention.
Unite/CPHVA		General		This is superb, comprehensive guidance for a very important area of public health. Whilst all accidents will never be prevented and children learn from taking risks, obvious risks must be reduced and parents and all those working with children educated to understand the aetiology of accidents and their role in preventing them. However prevention is also essential through environmental change and enforcement and it is helpful that this guidance is so comprehensive outlining all participants contributions.	Thank you for your comment.
Unite/CPHVA		General		Health visiting teams should be playing a huge part in supporting accident prevention in the under 5s. They provide universal services so are best placed, not only through home visiting, but by having the opportunity to build a relationship of trust with parents and using this to influence parental choices. Whilst mentioned early on in the guidance we feel this needs much more emphasis, especially as	Thank you for your comment. Health visitors are mentioned in some of the recommendations in the final guidance.

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				disinvestment in this service has reduced the capacity of all health visiting teams to now perform this role in universally.	
Unite/CPHVA		General		There is one big gap which is there is no mention of teaching parent first aid and resuscitation, (secondary prevention) to reduce the impact of accidents and alongside reduce the risk of cot death. Where I worked in practice 10 years ago every health visitor was trained by paramedics to deliver this training to every family. We raised funds to provide infant dummies in every centre. The paramedics also ran evening classes so fathers could attend and we ran sessions in supermarkets for grandparents and other carers. Parents were taught to resuscitate, deal with choking and told what to do if they thought their child might have ingested something dangerous. Over a 3 year period I was made aware of 3 parents who successfully resuscitated their infants following such training. It would be helpful to consider including it in the guidance. It could be delivered by staff and nursery nurses in health visitor teams	Thank you for your comment. We acknowledge the importance of secondary prevention, however the guidance is focused on prevention of the circumstances that initially lead to the injury.
Unite/CPHVA		Recommendation 1	7	We strongly support this. However targets must be set in terms of percentages as there is huge local variation according to environmental and demographic factors. The danger would be that having reached the 'target' then no further effort would be needed to eradicate unintentional injuries. Surely the paragraph should say 'Ensure that all government white papers and policy documents of relevance to children's health are written with the aim of eliminating all possible unintentional injuries among children and young people'	Thank you for your comment. The final recommendation does not refer to targets.
Unite/CPHVA		Recommendation 2	7	Strongly support. Effective prevention requires focused cross agency working. We agree there is a need to develop the workforce, this is particularly important for universal health visiting services. Health visitors are best placed to identify and respond to risk. Prior to cuts in their numbers this was standard practice as part of the universal healthy child programme	Thank you for your comment.
Unite/CPHVA		Recommendation 3	8	Yes very important and this person must have the capacity to work strategically and across agencies as outlined. Please use the name 'local child *and young person* injury co-ordinator, as otherwise we are	Thank you for your comment. The recommendation has been revised and now refers to child and young person injury

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				concerned that teenage issues will not have the same weighting.	prevention coordinator to help achieve commitments set out in local plans and strategies.
Unite/CPHVA		Recommendation 4	9	There is also a helpful additional role for this liaison health visitor to be a resource on safety issues as well as safeguarding for the A&E staff – there is a good model at Queen Alexandra Hospital in Cosham, Hants which has an afterhours service in A&E staffed by health visitors who also provide the liaison role. Child protection and safety issues are often closely linked, perhaps this point needs to be made?	Thank you for your comment.
Unite/CPHVA		Recommendation 4	9	Under 'who should take action' please add 'commissioners of provider services'	Thank you for your comment. The PDG have reviewed the recommendation and have decided not to include commissioners of services as responsible for alerting health visitors, school nurses and GPs.
Unite/CPHVA		Recommendation 4	9	Under 'what action should they take?' please add 'commissioners of primary care services should commission sufficient liaison health visitors with sufficient hours of work to cover all services which provide out of hours care'	Thank you for your comment. The PDG have reviewed the recommendation and have decided not to add this point.
Unite/CPHVA		Recommendation 4	9	Under 'who should take action' please add 'staff in all healthcare sites which offer 'out of hours' provision for children'. Although 'walk in' services do not currently treat children, this recommendation needs to cater for the future configuration of health services.	Thank you for your comment. This has been added to this recommendation.
Unite/CPHVA		Recommendation 4	9	Under 'what action should they take', the wording 'alert health visitors, school nurses and GPs etc' is too vague. Please change to 'alert HVs, SNs and GPs using local protocol' as this will imply that a protocol must be in use	Thank you for your comment. This has been added to this recommendation.
Unite/CPHVA		Recommendation 4	9	Under 'what action should they take' please define 'repeatedly'. Alternatively say 'alert HVs, SNs, and GPs , according to local	Thank you for your comment. The PDG have

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				protocol, at each occasion the child or young person attends emergency care, and highlight the number and frequency of previous visits'	reviewed and revised the recommendation.
Unite/CPHVA		Recommendation 4	9	Please add that school-aged children and young people must have the school attended recorded, so that any repetitive behaviours connected to the child or young person attending that school can be highlighted (eg fighting or bullying on the school bus or outside the school gates or in the local shopping centre)	Thank you for your comment. The PDG have reviewed the recommendation and have decided not to add this point.
Unite/CPHVA		Recommendation 4	9	Under 'what action should they take' please add 'The aim is to ensure HVs, SNs and GPs are aware of those families or schools which might benefit from injury prevention advice and school safety assessments'	Thank you for your comment. The recommendation refers to home safety and not school safety and mentions 'families which might benefit from injury prevention advice and a home safety assessment.'
Unite/CPHVA		Recommendation 5	10	Care must be taken to reduce duplication which is expensive. It may be more effective to fund the CAPT or a similar expert organisation to develop these with the professional bodies so a core programme is just adjusted to the audience?	Thank you for your comment.
Unite/CPHVA		Recommendation 6	10/11	Standards for nurses and health visitors need to be reflected in the Nursing and Midwifery Council curriculum standards and essential skill sets	Thank you for your comment. The Nursing and Midwifery Council has been added as an example of a professional body.
Unite/CPHVA		Recommendation 6	10/11	Standards for allied health professionals need to be reflected in the Health Professions Council publications	Thank you for your comment. This has been added to the recommendation.
Unite/CPHVA		Recommendation 7	11	Would it not be better to have nationally endorsed training developed by experts in the field? That would raise the standards and reduce the risk of a postcode lottery. Accident prevention is a specialist area and local expertise may not be sufficient outside individual groups of professionals managing the different aspects such as the under 5s, road safety etc.	Thank you for your comment. The PDG have reviewed the recommendations. The final recommendation focuses on a child and young person injury prevention coordinator; other recommendations focus on workforce training and capacity

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					building.
Unite/CPHVA		Recommendation 8	11	Agreed. However, under 'what action should they take' please specify that *occasional* 'baby sitters' such as teenagers in the local area, or grandparents are able to access this training, and ensure that it is evaluated.	Thank you for your comment. The PDG reviewed the recommendations. Recommendation 6 now refers to those who work with (or care for and support) children, young people and their families.
Unite/CPHVA		Recommendation 9	13	Excellent	Thank you for your comment.
Unite/CPHVA		Recommendation 10	14	Agreed	Thank you for your comment.
Unite/CPHVA		Recommendation 11	14	Whilst data sets are important there is no specific mention of teaching all children's workers to understand the link between developmental age and risk. That is how accidents are prevented, when this information is shared with parents and build into local environmental planning	Thank you for your comment. We envisage that this would be covered in the training and workforce development.
Unite/CPHVA		Recommendation 12	15	Very important, as is the system for recording. It is also helpful to record the events leading up to the accident. Also information such as that the mother is depressed or that there is evidence of substance abuse will heighten the health visitor's surveillance of the family	Thank you for your comment.
Unite/CPHVA		Recommendation 13	15	Agreed	Thank you for your comment.
Unite/CPHVA		Recommendation 14		Excellent	Thank you for your comment.
Unite/CPHVA		Recommendation 15		Agreed	Thank you for your comment.
Unite/CPHVA		Recommendation 16		Excellent, guidance could be expanded	Thank you for your comment.
Unite/CPHVA		Recommendation 17		Agreed	Thank you for your comment.
Unite/CPHVA		Recommendation 18		We are really concerned by how this recommendation may be interpreted and its potential cost. The health visitor team have	Thank you for your comment. NICE has produced a costing tool to support

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				reasons to visit every family with under 5s in their homes and should be carrying out these assessments and advising the family accordingly at key developmental stages such as 8-12 months. Most families are very conscientious about providing safety equipment, this 'safety' net of access to assessment and equipment should be provided for the few who are unlikely to provide the equipment themselves. That is how many home loan schemes operate. What would be helpful would be to offer reduced cost safety equipment for all those participating in a health visitor led assessment, for example families could be provided with a 20% discount at participating stores. The cost of this equipment can really mount up.	implementation of this guidance. However, it is for local organisations to determine how they prioritise and coordinate their activities to make the most efficient use of the resources available.
Unite/CPHVA		Recommendation 19		At the same time as discussing safety health visitors can provide many other health promotion messages, assess the family emotional wellbeing, parenting capacity, nutrition etc. That is much more cost effective and very acceptable to parents where it is commissioned.	Thank you for your comment. The PDG have considered who should take action and are of the view that the most appropriate people are included.
Unite/CPHVA		Recommendation 20	20	Please define 'Injury prevention practitioners' – members of the health visitor team should be the prime IPP for the under 5s as they supply the universal service, and school nurses, working with the Healthy Schools programme should be instrumental for school-aged children and young people. There should be clarity with regard to this in the guidance so that their service is commissioned to deliver this key role. Currently their contribution to preventing accidents is being severely challenged in many areas. It would be interesting to know if accident attendances at A&E amongst the under 5s have risen as the numbers of trained health visitors have fallen? Are schools keeping good records of 'their' accidents?	Thank you for your comment. The term is in common usage and the PDG do not consider a definition is required.
Unite/CPHVA		Recommendation 20		Agreed. But many local authority swimming pools are under threat of closure owing to 'cuts', so this recommendation could become compromised.	Thank you for your comment.
Unite/CPHVA		Recommendation 21		NB that recommendations 21-30 = Agreed	Thank you for your comment.
Unite/CPHVA		Recommendation 30		Schools should also be involved	Thank you for your comment. Schools have been added to the list of who should

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					take action.
Unite/CPHVA		Recommendation 31		NB that recommendations 31-36 = Agreed	Thank you for your comment.