

Public Health Intervention Guidance

Preventing unintentional injuries among under 15s in the home - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Monday 3rd November – Monday 1st December 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Bradford & Airedale tPCT		4.3	One of the expected outcomes is regarding the supply of safety equipment – most 'Home safety equipment schemes' which supply equipment to families with babies will supply stair gates along with the other items i.e. fire guards. The topic area being addressed is very specific and should recommendations be made regarding safety equipment then this would over lap into the topic of falls, water safety etc Given that more children attend A&E because of falls then this aspect should be addressed too.	Thank you for your comment. The scope has been amended accordingly to cover all unintentional injuries in the home included falls,
Bradford & Airedale tPCT		4.2.1	It would be helpful if NICE reviewed prevent unintentional injuries among children and young people aged up to the age of 18	Thank you for your comment, however this is in line with the referral from the Department of Health.
Bradford Early Years, Childcare & Play Service		4.2.2a	We would welcome in due course the development of further NICE guidance on preventing the other forms of accidental injury listed in this paragraph.	Thank you for your comment. The scope has now been amended to include all unintentional injuries in the home in children and young people under 15.
Breastfeeding Network		General	We welcome guidelines in this area.	Thank you and we welcome the Breastfeeding networks contribution
Breastfeeding Network		2 Background	Good to see mentioned that NICE support NSF's and other relevant guidance Such as Choosing Health and Tackling Health Inequalities etc.	Thank you for your comments
Breastfeeding Network		2 Background (f)	Good to see this will complement and support other NICE guidance.	Thank you for your comments

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<p>Breastfeeding Network</p>		<p>4.2.1 Activities / measures that could be covered</p>	<p>We would like to see included in the scope the unintentional injury caused by inappropriate feeding.</p> <p>Breastfeeding has been mentioned in some of the other guidance and is encouraged as best practice but there needs to be some guidelines on limiting the negative effects of inappropriate feeding with infant formula milk and guidelines put in place to reduce the risks for formula fed infants and children.</p> <p>In a similar way to the use of equipment, smoking and road safety babies and children suffer the effects of inappropriate feeding days, weeks and years later. Their injuries may not be visibly apparent, as in the case of a road traffic accidents or scalds and burns but none the less is an unintentional injury, caused by the parent or carer and which impacts on future health.</p> <p>In addition further research needs to establish whether unintentional & intentional injury is reduced by establishing good care practices as in baby friendly hospitals - skin-to-skin and exclusive breastfeeding promote a different style of parenting which may have improved outcomes for children in terms of safety</p> <p>See the UNICEF Baby Friendly Initiative Website for all the research and cost savings:- http://www.babyfriendly.org.uk/page.asp?page=13</p>	<p>Thank you for your comments and suggestion. Due to restriction on time and resources unintentional injury from inappropriate infant feeding cannot be covered in this piece of guidance. There is a facility on the NICE website (www.nice.org.uk) with which to suggest topics for future referral, and we would encourage you to submit your suggested topic.</p>
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Breastfeeding Network		4.2.1	Good to see that injuries from burns and scalds will be covered.	Thank you. The scope has now been amended to include all unintentional injuries in the home among young people and children aged under 15.
Child Accident Prevention Trust (CAPT)		4.2.1	<p>The inclusion of “electrical sockets” is inappropriate as they do not present a real safety risk. “Electrical wiring”, which can be a cause of house fires when it is damaged, would be a more logical inclusion.</p> <p>It is not obvious from the draft scope why the topics included have been selected. We acknowledge that there are known social class gradients for deaths due to house fires and that thermal injuries can be “expensive” injuries in terms of both treatment and impact on general well-being. In terms of the numbers of injuries, a strong case can certainly be made for the inclusion of falls from heights and down stairs and steps; and although accidental poisonings among the under 5s do not result in many deaths, they are numerous and result in the highest proportion of hospital admissions for any type of A&E attendance. We believe that the scope would be strengthened by being more transparent on why the topics have been selected, and conversely why others have been at least temporarily rejected.</p> <p>This section makes no reference to the role of product design (and engineering measures more generally) as an intervention and this approach is not excluded in 4.2.2. We would suggest that it should be added to 4.2.1 as it offers a potentially effective prevention tool.</p>	Thank you for your comments. The scope has now been amended to include all unintentional injuries in the home among young people and children aged under 15. Due to limitations on time and resources we can not cover all aspects of unintentional injuries in the home. This piece of guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 There is also a facility on the NICE website (www.nice.org.uk) with which to suggest future referrals for NICE guidance.

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<p>Child Accident Prevention Trust (CAPT)</p>		<p>4.3 Question 1</p>	<p>Cost effectiveness methodology is not an exact science, especially when in the context of injuries to young children. It would be appropriate to acknowledge that there are different methodologies and to examine interventions using a range of options to see whether different models produce different results.</p>	<p>Thank you for your comment. All NICE guidance has to be based on evidence of effectiveness and cost-effectiveness. The primary measure of cost-effectiveness used by NICE is the QALY. However, where literature or evidence suggest other approaches such as cost utility or cost benefit analysis may be more appropriate NICE will consider these approaches.</p>
<p>Child Accident Prevention Trust (CAPT)</p>		<p>4.3</p>	<p>We believe that it would be valuable to add a further question "What are the gaps in our knowledge?" The assessment methodology has the opportunity to answer this question which would make a useful contribution to the development of a research agenda in this field.</p> <p>Given that there is a lack of high quality evaluation in many areas associated with home injuries to children, it would help the implementation of prevention if an output providing generic advice on the characteristics of effective interventions could be developed.</p>	<p>Thank you for your comment. In the generation of the guidance and the recommendations the Public Health Interventions Advisory Committee (PHIAC), will also generate a set of considerations (see appendix B for an example of potential considerations) where 'what are the gaps in our knowledge?' and suggestion for further research and development of the research agenda in this area may be addressed.</p>
<p>CoGDEM – Council of Gas Detection & Environmental Monitoring</p>		<p>General</p>	<p>CoGDEM's input to this project can only be very narrow and focussed on the subject of carbon monoxide poisoning, and the risks to the under-15s.</p>	<p>We welcome CoGDEM contribution.</p>

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CoGDEM		3b	Each year, of the 30-50 carbon monoxide fatalities from home heating appliances, there may be perhaps a dozen children	Thank you for the information and comments you have provided. The scope has now been amended to include all unintentional injuries in the home among young people and children under 15. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 which would cover and depending on the reviews of effectiveness include carbon monoxide detectors.
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CoGDEM		3c	Such lower socioeconomic homes are very unlikely to have a carbon monoxide alarm in their home.	Thank you for your comment
CoGDEM		3d	It is estimated that 80% of homes have a smoke alarm, but less than 25% have a carbon monoxide alarm	Thank you for your comment
CoGDEM		3e	Young people are also much more susceptible to carbon monoxide poisoning than adults (although the elderly become more at risk as they age)	
CoGDEM		3f	Young patients presenting at A&E with symptoms of excess fatigue, headaches, dizziness, nausea etc could be quickly screened against carbon monoxide by a quick, cheap, non-invasive breath test. This could save the NHS the high cost of treating the wrong illness.	Thank you
CoGDEM		4.2.1	Carbon monoxide alarms could be added to the list of safety equipment	
CoGDEM		4.2.1	Awareness of carbon monoxide should feature in the school curriculum	
CoGDEM		4.2.1	Symptoms of carbon monoxide poisoning should be well publicised at GP's surgeries, A&E depts, schools.	Thank you
CoGDEM		4.2.2a	Carbon monoxide poisoning should not be excluded	
				Thank you for your comment. The scope has been amended to include all unintentional injuries in the home among children and young people under 15, and as such carbon monoxide poisoning will be considered.

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College of Occupational Therapists		4.2.1 Activities/Measures	Under the section 4.2.1 Activities/Measures that could be covered I think the focus on national and local policies as well as national programmes, campaigns and initiatives, including mass-media campaigns would be particularly helpful as that will have an influence on the general culture by doing programmes in schools, posters on the bus, radio and TV commercials, leaflets at the GPs, Surestart, etc.	Thank you for your comment. The elements you highlight are beyond the remit of this piece of work. This piece of intervention guidance will focus on all unintentional injuries in the home and will specifically focus on the supply and/or installation of safety equipment, and home risk assessment The guidance being developed using the programme process includes a focus on policy and strategies relating to legislation and regulation, enforcement and compliance. However, it will not cover media campaigns unless in support of these measures.
College of Occupational Therapists		General	Regarding the evidence for various strategies I have no knowledge if they are effective as I have not done research in this area.	Thank you.
College of Occupational Therapists		General	Barriers that reduce access to information could be low income neighborhoods, rural location and/or lack of access to a computer TV or radio.	Thank you for your information and comment
Department of Health		General	We feel that, from a National Healthy Schools Programme (NHSP) perspective, any guidance/information could helpfully be disseminated via our "whole-school framework". As a programme, NHSP encourages children and young people to acquire the knowledge, skills and understanding to identify risk, and to make healthy choices in the broadest sense (so any guidance that supports this message will align itself to our programme).	Thank you for your comment.

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<p>Department of Health</p>		<p>General</p>	<p>In our opinion, the guidance seeks to narrow the scope, but does so by the type of injury rather than the type of intervention, looking at “<i>unintentional injuries from fire, hot fluids, electric sockets and heat-generating appliances</i>” and excluding injuries from “<i>falls, drowning and submersion, suffocation and poisoning</i>”. The rationale for this appears to be clear. It quotes figures for potential casualty savings from more widespread use of smoke detectors, but these date from 2001. We believe that a lot of work to improve that position has already been done since then. The figures we have seen for the Department of Transport’s (DfT) work on the Department for Children, Schools and Families’ (DCSF) child safety target show falls to be the biggest cause of injury with hospital admission, followed by contact with mechanical inanimate forces. However, these appear to have been omitted.</p> <p>The kind of interventions included for fire, scalds and burns take into account education and training, which have been excluded from the road safety study; therefore, we have no objection in principle to this approach. However, could you please consider looking at these kind of interventions for “road safety”.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>
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<p>Department of Health</p>		<p>General</p>	<p>Whilst this is essentially about burns, choking and drowning are in our view, as common causes of childhood death as burns and these should be taken into account. We feel that falls, particularly concerning infants and toddlers, remain a problem. Please note that we are not aware of the current mortality and morbidity rates of poisoning, and the impact of childproof containers in current use, to judge if there is still a need for national guidance.</p> <p>We support the development of separate guidance based on this referral on (in our order of priority) suffocation, drowning/submersion, falls in early years and willingness to be guided by others regarding poisoning (please refer to section 4.2.2a).</p>	<p>Thank you for your comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>
<p>Department of Health</p>		<p>Section 4</p>	<p>We welcome the remit to include a focus on parents which, we assume, also includes carers.</p>	<p>Thank you for your comment. Yes as outlined in Section 4.1.1 carers are included.</p>
<p>East Lancashire PCT</p>	<p>Analysis of Child Admissions to Burnley General Hospital During October 2007. Available from East Lancashire PCT.</p>	<p>general</p>	<p>Consider falls - as this is a major cause on A&E attendance in our area (see BGH Audit)</p>	<p>Thank you for your comment and attached information. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>

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East Lancashire PCT	East Lancashire PCT (2007) Evaluation of the Home Safety Equipment Scheme April 2006 - March 2007. Available from East Lancashire PCT.	4.1.1.	Much of our work has been with disadvantaged families as Home Safety Equipment (HSES) just in Sure Start (disadvantaged areas) –(See HSES Evaluations and Community Practitioner article)	Thank you for your contribution and attached information. I will forward these on to our review team for consideration.
East Lancashire PCT		4.2.1	Need to establish significance of danger of electric sockets - is there any evidence that this is an issue?	Thank you for your comment.
East Lancashire PCT		4.2.1	Consider – irons, hair straighteners also	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
East Lancashire PCT	Analysis of Child Admissions to Burnley General Hospital During October 2007. Available from East Lancashire PCT.	4.2.2.	Consider falls also – (see analysis of attendance at BGH A&E)	Thank you for your comment and attached information. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 .

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East Lancashire PCT	Evaluation Report on the Home Safety Equipment Scheme in Burnley and Pendle. Contact East Lancashire PCT.	4.3 Q 1	Need to make “the Safer Choice the Easy Choice” by offering low cost equipment (see Community Practitioner article and Leeds University Reports)	Thank you for your comments and attached information. I will forward these on to our review team for consideration. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
East Lancashire PCT	East Lancashire PCT (2007) Evaluation of the Home Safety Equipment Scheme April 2006 - March 2007. Available from East Lancashire PCT.	4.3 Q 1	Fitting is crucial to compliance (see HSES Evaluation)	
East Lancashire PCT		4.3 Q 1	Partnerships i.e. with Fire Service can reduce/share costs (see CP Article) Strategy and Strategy Action Plan)	
East Lancashire PCT		4.3 Q 1	Seasonal Multi Agency Events i.e. Christmas, Eid Firework Safety Events provide opportunities to reinforce messages	
East Lancashire PCT		4.3 Q2	Need to consider parents and carers perception of risk – i.e. holding a baby and a hot drink	
East Lancashire PCT		4.3 Q2	Consider parents perception of children’s level of understanding	
East Lancashire PCT		4.3 Q2	Effective partnerships enable sustainability and enhance other work/campaigns	

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East Lancashire PCT		4.3 Q2	Important to leave instruction for equipment i.e. smoke alarms	
East Lancashire PCT		4.3 Q2	10 YEAR Smoke Alarms would improve compliance (batteries cannot be removed or used in other items)	
East Lancashire PCT	Evaluation Report on the Home Safety Equipment Scheme in Burnley and Pendle. Contact East Lancashire PCT.	general	Low cost equipment and fitting enhances compliance – “make the safer choice the Easy choice” (see Leeds University Report) “Normalise “ safe behaviour - leads to social and cultural approval (for fireguards in minority ethnic families for example) Offer service at transition points i.e. new parents – more receptive Targeted service to disadvantaged families – population wide education/advice to all – Narrows the health gap Evaluation important and need to involve all service users - families receiving intervention and referrers i.e. Health Visitors/Social workers to ensure continuous improvement to meet local need	
Electrical Safety Council		General	The Electrical Safety Council would be pleased to offer its technical support to the project on any matters relating to electrical safety.	Thank you and we welcome the Electrical Safety Councils contribution

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<p>Electrical Safety Council</p>	<p>Electrical Safety Council (2008) Briefing Note: Raising School Children's Awareness Campaign. Available from www.switchedonkids.org.uk</p>	<p>General/Draft Scope</p>	<p>The Scope: in terms of electrical safety issues, the scope is too narrow and should be broadened out to cover accidental fires and injuries caused by electrical installations and appliances.</p> <p>The Electrical Safety Council has published a wide range of information aimed at promoting electrical safety for children. For instance, we have a website for children, www.switchedonkids.org.uk.</p>	<p>Thank you for your comment and attached literature. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15'. It would be useful if you could send through any specific information, effectiveness literature and cost effectiveness information that you feel would be important with regard to the wider issues mentioned in your comment.</p>
<p>Electrical Safety Council</p>		<p>2(e)</p>	<p>Geographical Scope: of project is not clear. Is it intended to cover the whole of the UK, as there is no mention throughout the document of Scotland or Northern Ireland.</p>	<p>Thank you for your comment. NICE guidance applies to England.</p>
<p>Electrical Safety Council</p>		<p>3(a), (b) and (c)</p>	<p>Injury Data Statistics: there is currently no co-ordinated UK-wide approach to the collection of home and leisure accidents data. Accurate statistical data is a vital tool to monitor and direct resources for accident prevention and should be addressed within the scope of this project.</p> <p>ESC has partnered RoSPA and Intertek to commission a study on the feasibility of setting up a new UK-wide injury surveillance system. Findings of this study are due to be published shortly.</p>	<p>Thank you for this information. Monitoring and evaluation, although important, is beyond the remit of this piece of guidance. It would be useful if you could forward any information or references regarding surveillance and monitoring as this element will be considered in the accompanying unintentional injury programme guidance (see http://www.nice.org.uk/Guidance/PHPG/Wave17/12)</p>

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Electrical Safety Council		3(d)	Fires: many fires are caused by poorly maintained electrical installations. The scope should consider recommending that electrical installations are periodically inspected to check their condition.	Thank you for your comment. This is the scoping document and only outlines what the guidance will aim to address. NICE makes decision based on the best available evidence of effectiveness and cost effectiveness. It would be most useful if you could submit any evidence or references that you have that outline the point you make.
Electrical Safety Council		4.1.1	Groups covered: we would suggest that the report incorporates a breakdown of home owner-occupancy, social housing and private landlord housing injury rates to determine whether these factors have an impact on outcomes.	Thank you for your comment. We will provide detail with regard to context when generating guidance and recommendations where evidence allows.
Electrical Safety Council		4.2.1	Electric socket-outlets: we are unable to confirm whether or not these are a particular hazard to children, as there is a lack of relevant injury data. There has been recent debate about the safety issues surrounding the need for socket covers and perhaps this is something that could be included in the scope.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Electrical Safety Council		4.2.1	Heat-generating appliances: the scope of the project should be expanded to include child-appealing, counterfeit and sub-standard electrical appliances.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15

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Electrical Safety Council		4.2.1	Hair straighteners: scope of the project should include hair straighteners, as there is growing evidence of the increased risk to children of burns.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Electrical Safety Council		4.2.1	Supply and installation of safety equipment: the project should consider the benefits of installing RCD (residual current device) protection for power circuits. This protection can significantly reduce the risk from electric shock, both for installations and electrical appliances.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.
Gloucestershire Fire & Rescue Service	Gloucestershire Fire & Rescue Service - Vision on working with young people.	General	Gloucestershire FRS has over 15 years experience of preventing unintentional injuries and has developed a range of initiatives for young people up to 15 and over. (Appendix A). This will be enhanced by the design and build of a Life Skills Centre, which will consist of a range of risk and safety scenarios (based on the actual and perceived risks in Gloucestershire) in which young people can experience and respond to events, which they may face in their communities but without exposing them to danger.	We welcome Gloucester Fire and Rescue Service contribution.
Gloucestershire Fire & Rescue Service		4.2.1	There should be an overriding emphasis on targeted activity on those groups identified as being 'at risk' rather than a socio-economic group. In addition any activity delivered should be evaluated in terms of quality and impact over a period of time.	Thank you for your comment

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<p>Gloucestershire Fire & Rescue Service</p>		<p>4.3</p>	<p>Question 1</p> <p>An evaluation of the Life Skills – Learning for Living Programme (Oxford Evaluation Team; 2003) (Bristol Life Skills Centre) suggests that the Life Skills programme is succeeding in improving children's knowledge and their self-confidence and capacity to put what they know into effect. It suggests that interactive safety skills programmes can bridge the gap between knowledge and actual performance and successful results.</p> <p>Key messages on risks at the appropriate time have a greater impact. Gloucestershire Fire and Rescue Service continues to deliver bonfire talks to key stage 1 & 2 each year in the two weeks running up to bonfire night. This we believe contributes to the fact that for the 13th year Gloucestershire has not had any serious injuries or deaths due to fireworks or burn injuries.</p> <p>All of our initiatives consider the consequences of an individual's actions not only on themselves but also the victim and the relatives. According to the evaluation of these initiatives from participants this has a significant impact on them and is cited as a major reason for them not exposing themselves to such risks in the future</p>	<p>Thank you for your comment and reference. You mention that you have conducted a number of evaluations. It would be most useful if you could forward these through to us as well as any other evidence you feel would be useful to consider.</p>
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<p>Gloucestershire Fire & Rescue Service</p>		<p>4.3</p>	<p>Question 2</p> <p>A major barrier to such interventions is the lack of time within the school year, the pressures on teachers to deliver an already intensive curriculum and the competing number of agencies seeking the attention of the same age groups. The ability to provide an integrated partnership prevention programme would be more efficient and effective.</p>	<p>Thank you for your comment</p>
<p>Healthcare Commission</p>		<p>General</p>	<p>The Healthcare Commission welcomes the proposed NICE guidance on preventing unintentional injuries among under 15s in the home as outlined in the draft scope. This is in line with the Healthcare Commission's recommendation that the Department of Health commission NICE "to develop guidance on the prevention of unintentional injury for children under 15 years of age".</p> <p>Assessing healthcare organisations in relation to their use of NICE guidance is an aspect of the Healthcare Commission's current annual health check for all NHS healthcare organisations (specifically in relation to <i>Standards for Better Health</i> core standard 23), so additional guidance will be helpful and will contribute to clarity on the part of healthcare organisations about best practice.</p>	<p>Thank you and we welcome the Healthcare Commissions contribution.</p>

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Healthcare Commission		General	From April 2009, the Care Quality Commission will take over the work of the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission, and will consider guidance for use in registration requirements for healthcare organisations.	Thank you for your comment
Healthcare Commission		General	In addition, the Audit Commission's Comprehensive Area Assessment (CAA) includes health components as well as a focus on young people. CAA frameworks are currently under development; this proposed series of guidance may also be helpful in relation to CAA.	Thank you for your comment
Healthcare Commission		General	It will be helpful for NICE to include this proposed series of guidance in its mapping of NICE guidance in relation to the operating framework – vital signs.	Thank you for your comment
Healthcare Commission		4.2.2 (p 7)	The Healthcare Commission would welcome development of separate guidance on preventing falls, drowning and submersion, suffocation and poisoning in the home as part of the proposed set of guidance addressing prevention of unintentional injuries among under 15s as falls and poisoning constitute the first and third most common cause of admissions in under 15 year olds (HES data 2005/6).	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 .
Injury Minimization Programme for Schools		general	Lack of consistently collected data	Thank you for your comment

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<p>Injury Minimization Programme for Schools</p>		<p>4.2.2</p>	<p>The huge impact that the media has should not be ignored. The majority of families from lower socioeconomic groups have access to a television and this influences their lives greatly. Responsible broadcasting could easily be included within soap operas for example. Messages about safety i.e. fitting a smoke alarm, showing someone treating a burn or scold by running it under cold water, could be depicted easily.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 'National and local media campaigns' will not be covered due to resource and time restrictions. There is also a facility on NICE website (www.nice.org.uk) with which to suggest topics for referral and we would encourage you to submit your suggestions.</p>
<p>Injury Minimization Programme for Schools</p>		<p>4.2.2</p>	<p>Falls should be covered separately</p>	<p>Thank you for comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>
<p>Injury Minimization Programme for Schools</p>		<p>General</p>	<p>Unintentional outcome may be if the government see this as a very narrow focus then health education programmes that delivery a broad based message e.g injury minimization programme for schools (I.M.P.S.) may be jepordised for future PCT and county council funding</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>

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Injury Minimization Programme for Schools		General	What evidence is there for including electric sockets? How many children are killed or seriously in the home by accidental injury related to household electric sockets?	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.
Injury Minimization Programme for Schools		General	Whilst fire, burns and scalds responsible for a significant number of deaths and serious injury in young children, suffocation (choking, etc) is also a major cause of accident death. Falls and accidental poisoning are a major cause of hospital admission. Falls in particular feature heavily in the DH serious injury criteria (an admission of at least 3 days).	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.
Injury Minimization Programme for Schools		General	In an ideal world where money/funding is unlimited projects designed to focus on a specific injury type are perhaps ideal but in the current economic climate a more generic programme which focuses on a number of accidental injuries that particular age-groups are susceptible to may be the answer?	Thank you for your comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Institute of Home Safety		General	We would suggest that Fire Safety is covered very well through the UK Fire and Rescue Services intervention strategies and should be linked to this guidance, however is it a good use of time to rewrite this agenda wholly?	Thank you for your comment

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<p>Institute of Home Safety</p>		<p>General</p>	<p>Electric Sockets are not seen to be an area where there is a large amount of accidental injuries therefore its inclusion in this guidance seems unjustified.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>
<p>Institute of Home Safety</p>		<p>General</p>	<p>Hot fluids and heat generating appliances – there is a consensus of data that hair straighteners in particular are a new area causing burn injuries to children; recent data from BIBID can help immensely in identifying areas of injury patterns which can be addressed. http://www.ibidb.org/</p>	<p>Thank you for your comments</p>

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<p>Institute of Home Safety</p>		<p>On page 7 - 4.2.2</p>	<p>Areas are listed that will <u>not</u> be covered however many of these are much more fundamentally a problem than electrical sockets. We would like to draw your attention to a document produced by the North West Public Health Observatory: <u>Arrowe Park Trauma Figures</u>:</p> <p>The following link is of interest as it shows trauma attendances to A&E from a hospital in the Liverpool Area, and breaks down age, where in the home and to which age accidental injury happened, was it a fall..</p> <p>If you look at the <u>0-4 age group</u>, the falls represent the greatest presentations to A&E, however look at where they happened. The Living – Dining Room area is much more prevalent than the stairs. 348 presentations as opposed to 185. In fact, home bedroom is more prevalent than the stairs.</p> <p>What we don't know however, is what is causing this?</p> <p>We would recommend engaging this organization to see if there are further details about causes, etc.. Many projects offering the provision of safety equipment concentrate on the stairs as the primary cause of a fall in the home for a young child.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>
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<p>Institute of Home Safety</p>		<p>On page 7 - 4.2.2 (cont'd)</p>	<p>It may be that the figures below are a result of an existing scheme fitting safety gates on stairs in an area related to this hospital, and this has the strong impact of reducing accidental injuries on stairs. Further knowledge on this would be very useful for guidance.</p> <p>Other Public Health Observatories could also be engaged for any other data availability such as this.</p> <p>What is clear is that the greatest number of presentations is for falls, across the ages, and, therefore, this should be a priority for guidance for intervention that is effective.</p> <p>It is also clear that there is a strong gender bias towards male presentations across all ages.</p> <p>http://www.nwpho.org.uk/ait/reports/Arrowe%20Park%20monthly%20bulletin%20Aug07%20to%20Jul08.pdf</p> <p>Our colleagues in Home Safety Scotland also present their findings locally that falls at home are the main cause of injury at home resulting in hospital admissions from ISD Data and suggest that therefore <u>not</u> prioritising this within this guidance would seem inappropriate</p>	<p>Thank you for your comments and information weblinks. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15</p>
<p>Institute of Home Safety</p>		<p>Page 8: 4.3</p>	<p>You may be interested in the following research with relevance to outcomes than can be considered as evidence with particular reference to the provision of TMV's:</p> <p>www.injuryobservatory.net/documents/Jane_Stewart.ppt</p>	<p>Thank you for the web link. We will forward this through to our review team.</p>

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<p>Institute of Home Safety</p>		<p>Page 5</p>	<p>(d) Sprinkler Systems are mentioned and at the moment, to the best of our knowledge, these are not funded for fitting by the fire service in the same way that smoke alarms are, yet they seem to be 100% effective in reducing deaths and injuries due to fire.</p> <p>A recent document from BERR entitled “Safer Houses – Celebrating 20 years of fire prevention in the Home” stated:</p> <p><i>Government signalled its strong support for the fire and rescue services moving to a prevention-based approach by investing £25m pump priming capital into the Home Fire Risk Check (HFRC) initiative.</i></p> <p><i>It aimed to deliver free smoke alarms to 1.25 million vulnerable households, as part of a home visit that provided personalised fire safety advice to householders. <u>Fire and Rescue services could also use the funding to install sprinklers where the risk merited such an approach.</u></i></p> <p>Given that children whose parents have never worked or who are long term un-employed are 37 times more likely to die as result of exposure to smoke, fire or flames, then targeting this area specifically for the fitting of sprinkler systems seems appropriate.</p>	<p>Thank you for your comment.</p>
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<p>Institute of Home Safety</p>		<p>General</p>	<p>Media education should be uniform with all parties giving the same messages – they need to talk to one another. Currently different areas have different opinions of effectiveness.</p> <p>We would suggest that central guidance should be drawn up and this could be used as a basis for all local campaigns.</p> <p>There are also many respected organizations that produce Home Safety Checks or risk assessments, such as the Injury Observatory.</p> <p>We would also like to address the issue of misconception about the role of accident prevention equipment, particularly safety gates, within accident prevention projects. Many projects give feedback that they are often asked by colleagues to fit safety gates in areas of vulnerability that, in the project's opinion, require a greater level of intervention. For example, across a set of French doors leading out to a balcony on a first floor accommodation, and perhaps for a child of 28 months.</p>	<p>Thank you for you comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 'National and local media campaigns' will not be covered due to resource and time restrictions. There is also a facility on NICE website (www.nice.org.uk) with which to suggest topics for referral and we would encourage you to submit your suggestions</p>
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<p>Institute of Home Safety</p>		<p>General</p>	<p>There are two issues here – one, that this needs a level of intervention over and above a safety gate, as a safety gate will only ever be child resistant, has age guidance only up to the age of 24 months within the safety standard and can be climbed over; and secondly that the provision of this product in this situation would give the carers a false level of security to the child's detriment.</p> <p>We would recommend engaging projects who currently deliver a service for the supply of safety equipment whose experience would benefit the guidance.</p> <p>Guidance relating to how professionals address situations of concern about accidental injury would therefore be useful for the future.</p> <p>Reference within the guidance to the Health and Housing Safety Rating System to address hazards with severe outcome potential for children in accommodation would be a good idea</p>	<p>Thank you for your comment. Your point is well made. The views and experiences of practitioners in the field is an important part of the NICE process of guidance development. There are a number of opportunities for contributions of this kind to effect the guidance development process. There is the stakeholder process not only on this stage (scope development) but also on reviews of effectiveness and the final draft recommendations and guidance. There is a validation or fieldwork phase once the draft guidance has been developed where practitioners from the field are consulted with regards to the draft guidance. Practitioners response to the draft guidance are recorded and presented to PHAC who use this report to shape and if required change the recommendations. Further details of these processes are available on the NICE website (www.nice.org.uk) .</p> <p>PHAC will consider the relevance of the Housing Safety Rating Systems when developing guidance and it may also be considered in the guidance being developed using the programme process</p>
<p>Institute of Home Safety</p>		<p>General</p>	<p>We would recommend that LASER schemes are recommended for addressing hazard awareness for children. These are becoming more available and therefore accessible across the country.</p>	<p>Thank you for your comment.</p>

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Institute of Home Safety		General	In all accidents it is not just the number but severity of injury that is also key. There is little evidence as to the effectiveness of safety equipment schemes much is anecdotal. Supervision is also a key factor a key report DTI “ The role of parental supervision and accidents in the home June 2001 URN 00/1218.	Thank you for your comment
Leeds City Council		1 Guidance title And 4.2.2 a) also 4.3 Question 1.	Falls, drowning and poisoning should also be included in this guidance as they are a major cause of A&E attendance and hospital admission for 0-15yr olds. Falls are by far the most common causes of accidents in the home; they account for 44% of all children’s accidents and over 28,000 children receive treatment for poisoning, or suspected poisoning accidents every year according to RoSPA.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 .
Leeds City Council		1.1 short title	The short title is misleading as the guidance does not cover falls and other causes of unintentional injury in the home. If falls are not to be included in the guidance then the short title perhaps should be; Preventing unintentional thermal injuries among under 15s in the home. However, I would urge you to include at least Falls and possibly other causes of unintentional injury in the guidance or in a parallel guidance.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15

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Leeds City Council		4.3 Question 2 Barriers to implementation.	There is no comprehensive framework for data collection. The Home Accident Surveillance system (HASS) final reports were done in 2002 by the DTI. The Audit commission found that in their report 'Better Safe than Sorry' Feb 2007 that nationally A & E data were consistently inadequate for identifying trends in unintentional injury. They found that data fields within A & E were not always completed. Without good data it is difficult to assess what preventative actions could reduce attendance at A & E and overall injury.	Thank you for your comment. Monitoring and evaluation of unintentional injury in the home is beyond the remit of this piece of guidance. Guidance being developed using the programme process will include a focus on monitoring and evaluation.
Leeds City Council		General	It is good to see that NICE is addressing the issue of home safety for the under 15's. The limited focus of the guidance on thermal injuries is a concern needs to include other types of injury as those following the guidance may feel that they do not need to address the other causes of unintentional injury. In terms of the age group, the causes of unintentional injury in the home for those aged under 5 is different to those aged 5 – 15yrs . And some consideration could be given to how the guidance can be organised to reflect this.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
NHS Cambridgeshire		General 1	The focus is too narrow and there is a real danger of diversion of resources to implement guidance at the expense of interventions that might have much greater impact.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15

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NHS Cambridgeshire		General 2	Falls are the major cause of hospital admissions for accidents in the home setting and should be covered in disadvantaged families.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
NHS Cambridgeshire		General 3	This narrow focus is not at all family friendly. We need to be taking an approach of raising safety awareness in disadvantaged families with practical advice and support so that they are empowered to prevent accidents in their home and community. It needs a much more holistic approach.	Thank you for your comment.
NHS Cambridgeshire		General 4	Needs social marketing research to understand why people don't take steps to prevent accidents – is it knowledge, attitudes, lifestyle, poverty, lack of funds, resources, or practical alternatives?	Thank you for your comment.
PEACH Unit (Dept. of Child Health, University of Glasgow)		General	The focus of the guidance appears to be England and Wales. What will be the status of the guidance in the other home countries?	NICE public health guidance only applies to England.
PEACH Unit		Sections 4.2.1 & 4.2.2a	The exclusion of falls, ingestions, drownings and suffocations seems arbitrary and unjustified. Prioritising injuries from heat and electrical sockets in the guidance sends a message to users that other causes of home injuries are less significant when they may be of equal or more importance in terms of morbidity/mortality.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15

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<p>PEACH Unit</p>		<p>Section 4.2.2 b & c</p>	<p>The exclusion of policy and legislative change, national media campaigns and primary preventive measures such as early years interventions seems odd.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15, National and local media campaigns, and Policy and legislative change are beyond the remit of intervention guidance due to resource and time restrictions. Guidance being developed using the programme process includes policy and strategies relating to legislation and regulation, enforcement and compliance. It will also focus on monitoring and evaluation. See http://www.nice.org.uk/Guidance/PHPG/Wave17/12)</p>
<p>Royal College of Nursing</p>		<p>General</p>	<p>The RCN welcomes proposals to develop this guidance. The draft scope is well set out, comprehensive and easy to read.</p>	<p>Thank you and we welcome the Royal Collage of Nursing's contributions.</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>As it stands, the title fails to address the full scope of the directive. This is due to the fact that under 5's are at greater risk of home injury due to the greater exposure in terms of time spent at home. This then means that much of the evidence available and most of the outcomes produced by this study will refer to this age group only.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15. It is not possible for NICE to comment on evidence or potential evidence until reviews of effectiveness have been finalised and guidance further developed, but your point is noted.</p>

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Royal College of Paediatrics and Child Health		General	In addition, the title considers only one type of home injury (burns etc) and while important, it's not clear why this group of injuries are identified as the priority. The College believes that the guidance should be retitled 'Preventing thermal injuries to the under 15s in the home' as this is the focus of the scope.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Royal College of Paediatrics and Child Health		General	The College believes that the scope should address children under 11 years sustaining thermal injuries in the home as it is well recognised that there are two peaks to childhood burns – at 5-14 months, occurring predominantly in the home, and teenagers (boys more than girls) occurring outside the home.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Royal College of Paediatrics and Child Health		General	The College does not believe that the prevention of caustic or radiation burns should be excluded given that thermal injuries are the sole remit of the guideline.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Royal College of Paediatrics and Child Health		General	The College feels that the guideline should include other unintentional injuries, including drowning, suffocation and poisoning, at least in children under 5 years.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 .

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Royal College of Paediatrics and Child Health		General	The College believes that it is essential that the full DH referral is addressed, but is concerned about the time frames for this given that the proposal appears to be that each type of home injury is addressed individually. The order in which they are addressed should be based on the burden of injury type and the rationale behind decisions published.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Royal College of Paediatrics and Child Health		General	Again, further to the above, there has been a considerable amount of work carried out around the burn type injuries identified for this piece of work. Many of the interventions are well known. Other injury types may benefit more from being the focus of the first review so that the evidence of effectiveness is highlighted (or not, as the case maybe), thereby encouraging more work in the area.	Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15
Royal College of Paediatrics and Child Health		General	This is a much broader approach than intended for the road injuries guidance and we believe more of what should be aimed for in the road injuries guidance.	Thank you for your comment.
Royal College of Paediatrics and Child Health		General	One of the questions should aim to examine the effects of different interventions on the inequalities gap, since this is essential to deciding which intervention should be employed. Different types of intervention are likely to be taken up differentially between deprivation groups.	Thank you for your comment. The issue of effectiveness on the 'inequalities gap' is something that PHIAC may consider in the generation of this guidance and its recommendations. This is outlined in the considerations section of the guidance and examples of other 'potential' considerations are provided for reference in Appendix b of the scope.

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<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The scope does not encompass the vital area of recommended safety standards for products within the home related to scalds/contact burns. For instance, will this document be addressing the vital question of domestic boiler temperatures? The UK is well behind other industrialised nations in not setting a maximum temperature for domestic hot water which has been shown to have a significant impact on domestic scalds to children.</p>	<p>Thank you for your comment. The accompanying programme guidance on unintentional injuries will consider policies and strategies relating to legislation and regulation, enforcement and compliance. It will also focus on monitoring and evaluation. Please see the NICE website for further details (http://www.nice.org.uk/Guidance/PHPG/Wave17/12) The draft scope for this guidance has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15 .</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The College is disappointed by the scope of all three documents and would like to see more work and consultation on the scope of the proposals before the full assessment process begins. Without this, we believe that significant effort will be required to produce guidelines that will have relatively little impact or value.</p>	<p>Thank you for your comment</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The exclusion of important causes of injury in the home (falls, ingestions, drowning and suffocation) seems arbitrary and unjustified.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>

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<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The exclusion of policy and legislative change, national media campaigns and primary preventive measures such as early years interventions is puzzling; some of these excluded actions are potentially the most effective.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15, National and local media campaigns, and Policy and legislative change are beyond the remit of intervention guidance, 'National and local media campaigns' will not be covered unless it is associated with either of the two interventions outlined above. This is due to resource and time restrictions. Guidance being developed using the programme process will consider policies and strategies relating to legislation and regulation, enforcement and compliance. It will also focus on monitoring and evaluation.</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>This initiative is extremely welcome and long overdue - the DH Accidental Injury Task Force Report was published in 2002 with little follow up action.</p>	<p>Thank you for your comment</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The four topics - homes, roads, leisure and strategies - appear sensible, except that three are settings while the fourth is a policy response. The rationale for this approach is unclear.</p>	<p>Thank you for your comment</p>
<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The remit is to identify evidence of effectiveness and cost-effectiveness of preventive measures. An equally or more useful econometric analysis would be cost-benefit analysis as a means of demonstrating the enormous savings that are achievable through effective prevention.</p>	<p>Thank you for your comment. All NICE guidance has to be based on evidence of effectiveness and cost-effectiveness. The primary measure of cost-effectiveness used by NICE is the 'quality adjusted life year' (QALY). However, where literature or evidence suggest other approaches such as cost utility or cost benefit analysis may be more appropriate NICE will consider these approaches.</p>

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<p>Royal College of Paediatrics and Child Health</p>		<p>General</p>	<p>The consultation process is confusing and unwieldy in that three separate sets of documents are involved when one would have been sufficient.</p>	<p>Thank you for your comments</p>
<p>Royal Society for the Prevention of Accidents (RoSPA)</p>		<p>Policy and legislative change</p>	<p>The scopes highlights how many children die or are admitted to hospital from fires, burns and scalds but appears to ignore the potential benefits of new legislation/regulation. Legislation &/or regulation could make it mandatory for housebuilders to include domestic sprinklers and thermostatic mixing valves (TMVs) in new homes. These items could have a major impact on reducing the number of burns and scalds. Evidence suggests that:</p> <ul style="list-style-type: none"> • Unintentional injuries and deaths from fire, burns and scalds are highest among children and young people from lower socioeconomic groups. • Those whose parents have never worked or who are long term unemployed are 13 times more likely to die as a result of exposure to smoke, fire or flames <p>In these areas, where it is difficult to develop a culture of risk awareness and appropriate behaviour, it may be more effective to introduce passive prevention strategies relying on automatic devices (such as introducing sprinklers and TMVs).</p>	<p>Thank you for your comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15. Guidance being developed using the programme process will consider policies and strategies relating to legislation and regulation, enforcement and compliance. It will also focus on monitoring and evaluation, and workforce development.</p>

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Preventing unintentional injuries among under 15s in the home - Consultation on the Draft Scope: Stakeholder Comments and Response Table

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<p>RoSPA</p>		<p>Policy and legislative change</p>	<p>For more information see: http://www.rospa.com/homesafety/advice/general/scalds.htm http://www.rospa.com/homesafety/advice/fire/policy.htm</p> <p>RoSPA's approach to managing the risk of being scalded by bath water is different. Despite our enthusiasm for sprinklers and TMVs, RoSPA does not recommend the use of any devices that change colour with the temperature (e.g. bath plugs or bath thermometers). This is because of the danger of people relying on the device and either misusing the device or misunderstanding the reading. Instead, RoSPA recommends a low-tech approach of raising awareness of the dangers of hot water and adopting simple techniques such as "cold water first" or testing the temperature of the water by using an elbow .</p>	<p>Thank you for your comments and we welcome RoSPA's contribution.</p>
<p>RoSPA</p>		<p>Socket covers</p>	<p>The number of electrocutions and electrical burns for under 15s is particularly small. I would therefore question the emphasis on the fitting of socket covers.</p> <p>Modern 13-amp power sockets made to BS 1363:1995 incorporate a shutter mechanism, which prevents inappropriate access to the live connectors. Having integral safety shutters, they are widely judged to be of the safest design currently installed in Europe. There is no need, in RoSPA's view, for additional socket covers to be used.</p>	<p>Thank you for your comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>

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RoSPA		Injury patterns	<p>The scope risks treating all age groups the same when we know that babies, toddlers and children all have different injury patterns. It also doesn't appear to take seasonality into account – primary school children have far higher injury rates during summer months because they are enjoying outdoor activities.</p>	Thank you for your comments
RoSPA		Education	<p>RoSPA welcomes the inclusion of education, risk assessments and training but would suggest that the guidelines include recommendations for the funding of this work. In particular, specific posts should be introduced to coordinate local interventions in the same way that road safety is delivered.</p> <p>The main barriers in implementing effective and cost effective interventions to prevent unintentional injuries are:</p> <ul style="list-style-type: none"> • Lack of funding • Absence of local practitioners within local authorities and health authorities with a direct accident prevention remit. • Demonstrating cost-benefit evidence of a change in attitude and behaviour of parents and carers towards the safety of children • Lack of local injury data 	<p>Thank you for your comment. NICE guidelines and recommendations are based on and led by the best available evidence. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15. Where other intervention elements for example educational interventions are part of either of the interventions outline above (Supply and /or installation of safety equipment, and/or home risk assessment) they will be considered.</p>

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<p>RoSPA</p>		<p>Data</p>	<p>Detailed data must be analysed to develop appropriate guidance. Up to date data is simply no longer available for home and leisure injuries. How will detailed guidelines be developed without the detail of the circumstances causing the injury?</p> <p>The lack of data means that we risk ignoring the big problems with the greatest chance of success. We have good data for fire and road safety but none for home or leisure. There is therefore a risk that the lack of data could result in a very narrow evidence base of what interventions are effective in cutting accident rates.</p> <p>The scope does not address whether NICE should use QALY &/or DALY in its evaluation process. The use of QALY and DALY would show the high cost to the NHS of burns and the relatively low cost of fractures</p> <p>In order for any accident prevention work to be targeted effectively and then fully evaluated, we need to re-instate a national injury data collection system.</p> <p>For an update on the feasibility of establishing a UK-wide injury database visit: http://www.rospa.com/hassandlass/update.htm</p>	<p>Thank you for your comment. NICE guidance is informed by the 'best available evidence'. In developing the recommendations, the Public Health Interventions Advisory Committee (PHIAC) will also generate a set of considerations (see appendix B of the scope document for an example of potential considerations). These may include a comment on the gaps in knowledge/data and suggestions for further research.</p> <p>All NICE guidance is informed by evidence of effectiveness and cost-effectiveness. The primary measure of cost-effectiveness used by NICE is the 'quality adjusted life year' (QALY). However, where literature or evidence suggest other approaches such as cost utility or cost benefit analysis may be more appropriate NICE will consider these approaches.</p>
<p>Telford and Wrekin PCT</p>		<p>General</p>	<p>Telford and Wrekin Primary Care Trust – School Nurse Team support this document but have asked what is the schools role to increase the awareness of safety and accident prevention?</p>	<p>Thank you for your comment . At this stage of the process we are unable to outline what the schools role would be in raising awareness of safety and accident prevention. NICE is led by the best available evidence in the generation of its guidance and recommendations.</p>

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<p>Telford and Wrekin PCT</p>		<p>General</p>	<p>Telford and Wrekin Primary Care Trust – Health Improvement welcome this guidance. However, on page 7 – 4.2 you list areas that will not be covered which includes falls, drowning and submersion, suffocation and poisoning. I would like to draw your attention to the Child Accident Prevention Trust website regarding incidence of injuries especially regarding falls accounting for the largest number of accidents both in the home and outside</p>	<p>Thank you for your comments. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on ‘interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>
<p>Telford and Wrekin PCT</p>		<p>General</p>	<p>Shropshire Fire and Rescue Service welcome any draft guidance designed at reducing accidents. One area of concern for the service would be a lack of direction regarding the recognition within the document of effective partners and partnership working. The Fire Service will willingly contribute to any programmes that will support the accident reduction agenda.</p>	<p>Thank you for your comment and we welcome your contribution.</p>
<p>University of the West of England</p>		<p>General</p>	<p>The University of the West of England together with the Universities of Nottingham, Newcastle, East Anglia and Leicester and the Child Accident Prevention Trust (PI D Kendrick from Nottingham) have been funded by the NIHR to conduct a 5 year programme of research on ‘Keeping children safe at Home’ targeted at children under the age of 5 years. This programme will begin in March 2009. There are some areas of potential overlap with the NICE guidance work on home injuries and we feel that it would be useful to discuss these issues at an early stage, so that the work of the programme is complimentary to that been conducted by NICE.</p>	<p>Thank you for you comment and contribution.</p>

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<p>University of the West of England</p>		<p>4.1.1</p>	<p>'Children and young people aged under 15' – infants, especially pre-mobile infants have different risks associated with home injuries compared to older children. It would be preferable if the guidance included all children and acknowledged this difference. For clarity, groups that will be covered could be defined as 'children and young people aged 0-14 years'</p>	<p>Thank you for your comment. Yes this is correct the group covered by this guidance are children and young people under 15.</p>
<p>University of the West of England</p>		<p>4.2.2</p>	<p>Activities that will not be covered. The exclusion of falls, drowning and submersion, suffocation and poisoning is inappropriate. Practitioners need a single source of evidence on the prevention of all injury types. Falls are the single commonest mechanism of injuries in children. Many drowning, suffocation and poisoning events are potentially preventable. Failing to include these appears to be an omission. If it is perceived that preparation of single injury type intervention guidance is preferable, then the intention to subsequently develop guidance for the prevention of falls, drowning and submersion, suffocation and poisoning should be clearly stated.</p>	<p>Thank you for your comment. The draft scope has now been amended to include all unintentional injuries in the home. This guidance will focus on 'interventions which supply and/or install safety equipment and/or home risk assessment to prevent unintentional injury in the home in young people and children under 15.</p>