

Appendix B1: Stakeholder consultation comments table

2019 surveillance of PH29 Unintentional injuries: prevention strategies for under 15s (2010)

Consultation dates: Monday 12 to Thursday 29 August 2019

1. Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	<p>National recommendations - No Comment</p> <p>General recommendations</p> <p>Recommendation 3: When repeated fire risk/injury is observed local Fire and Rescue Services should be notified if not already on the list. In London, London Fire Brigade have the capability to look into JFIS referrals or Home Fire Safety Visits for the household when identified.</p> <p>Recommendations for workforce training and capacity building</p> <p>Recommendation 4: London Fire Brigade (LFB) would not lead on this – but would like to be updated.</p> <p>Recommendation 6: London Fire Brigade (LFB) would not lead on this – but would like to be updated.</p>	<p>Thank you for your comments on specific recommendations. Please see our responses to each comment below.</p> <p>Recommendation 3: The guideline recommends ensuring that health visitors, school nurses and GPs are aware of families which might benefit from injury prevention advice and a home safety assessment. This encompasses prevention of all unintentional injuries, including fire related, and the need to notify fire and rescue services where risk or injury is repeatedly observed.</p> <p>Recommendation 4 and 6: Any future changes to these recommendations will be consulted upon and stakeholders will have the opportunity to comment.</p> <p>Recommendations 8 and 10: Thank you for highlighting the National Fire Chief Council's Data team as a source of national data on fire related injuries. This will be noted as a potential source of real world</p>

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	<p>Recommendations for injury surveillance</p> <p>Recommendation 8: Fire Rescue Services already collect data nationally on injuries (regardless of age) through the IRS (Incident Recording System) – London Fire Brigade would suggest tying into the National Fire Chief Council's Data team.</p> <p>Recommendations for home safety</p> <p>Recommendation 9: This should be changed to incorporate “Hard-wired or 10 year sealed for life battery-operated smoke alarms in all rooms of fire risk” and; “Heat alarms in kitchens in place of smoke alarms” as well as; “Detection linked to telecare where appropriate”</p> <p>Recommendation 10: London Fire Brigade would suggest tying into the National Fire Chief Council's Data team. Recommendations for outdoor play and leisure - No Comment</p> <p>Recommendation 13 Providing education and advice on water safety – London Fire Brigade (LFB) suggest addition from the LFB Drowning Prevention Strategy:</p> <p>Who should take action? Injury prevention coordinators and health practitioners (for example, health visitors and school nurses).</p> <ul style="list-style-type: none"> • Lifeguards. • Outdoor activity and holiday centre managers. • Schools. • Swimming instructors. • Swimming pool managers. • Local authorities responsible for open swimming areas. <p>What action should they take?</p> <ul style="list-style-type: none"> • Know which groups of children and young people are at 	<p>evidence. NICE is considering how real world data may be further used to inform guideline development. The recommendation is considered to remain valid while further sources of data on unintentional injuries are awaited to strengthen the coverage and quality of hospital admissions data.</p> <p>Recommendation 9: Thank you for the proposed amendments to the text. An amendment is already proposed to remove this bullet point with a cross referral to be added to the up to date Smoke and Carbon Monoxide Alarm (England) Regulations 2015. The recommendation will also be amended to include an updated footnote linking to the current Housing health and safety rating system (HHSRS) guidance.</p> <p>Recommendation 12: Thank you for suggesting additional advice to not undertake activities bearing an unacceptable level of risk. The recommendation advises ensuring that a policy takes a balanced approach to assessing the risks and benefits of play and leisure environments and activities, which would include determining acceptable levels of risk. NICE guideline PH29 also recommends provision of information, advice and education about risk management for assessing the level of risk.</p> <p>Recommendations 13 and 14: Thank you for suggesting additional advice from the LFB drowning prevention strategy to include local authorities under the 'Who should take action' section. Local authorities are covered in recommendation 12 for developing local policy towards water safety. Recommendations 13 and 14 focus on education and advice on water safety from specific providers of leisure facilities, some of whom would be under the control of local authorities. As such, these recommendations are not targeted at local authorities at an overarching level but more at an operational</p>
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	<p>high risk of drowning – and when that risk is increased. For example, children with certain medical conditions may be more at risk and boys are more likely to be at risk than girls. In addition, older children are more likely to drown outside the home.</p> <ul style="list-style-type: none"> • Provide children, young people, their parents and carers with information and education on water safety in play and leisure environments. This should be appropriate to the age, developmental stage and experience of the child or young person and meet the household's particular needs and circumstances. It should be readily available in a suitable format. It should also be factually correct and consistent. • Ensure the information and education: <ul style="list-style-type: none"> o helps parents, carers, older children and young people identify and address the potential risks from water in the wider environment (this includes lakes, canals, rivers and on the coast) o stresses the importance of proper supervision, particularly for younger children, and describes in detail what this means. • Provide timely information and advice, for example, during the holiday season and for dealing with conditions such as heatwaves and extreme cold. (Ice might form on ponds, rivers and lakes during extreme cold spells; people are more likely to voluntarily enter the water during heatwaves and drown as a result of cold-water shock)) This could include clearly displayed information at appropriate locations. • Encourage children, young people, their parents and carers to become competent swimmers and to learn other water safety skills (for example, so that they know how to effect a rescue). • Ensure swimming lessons include general and specific water safety information. Specific information could include detail on the meaning of different coastal warning flags. It should also raise children and young people's 	<p>level specific to leisure provision, as reflected in the 'Who should take action' list.</p> <p>Recommendation 15: Thank you for commenting on the advice relating to campaigns and cycle helmets. The recommendation is focused on off-road cycle safety, for which there is evidence that helmets and cycle training are effective in preventing unintentional injuries. Recommendations have been made about promoting cycle helmets but not about making them compulsory. When developing the guideline, the committee was aware of the debate on cycle helmets, which generally concerns on-road use. Promoting the benefits of cycling is covered by NICE's guideline on physical activity: walking and cycling and local authorities are expected to use both guidelines for encouraging safe cycling.</p> <p>Recommendation 17: Thank you for highlighting the need to consider, in addition to children's needs, behaviour change informed by statistics, and the utilisation of national forums for road safety interventions. The recommendation does advise ensuring that the road safety partnership draws on all available information (such as demographics and risk-exposure data) to plan road injury reduction programmes, as part of the local community safety strategy. It also advises gaining local information from other professional partnerships, children's councils and neighbourhood forums. As such, the recommendation is not restricted to needs assessment but also incorporates behaviour change at a broader level of strategic planning.</p> <p>Recommendation 18: Thank you for suggesting that findings are related to other surrounding groups' data. The recommendation advises that child safety reviews should consider all road injury data collected by road safety partners, which should incorporate the surrounding groups you refer to.</p>
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	<p>awareness of how difficult it is to assess and manage the hazards posed by water in a range of different outdoor environments.</p> <p>Recommendation 14 Water safety advice for leisure providers – suggested addition from the LFB Drowning Prevention Strategy:</p> <p>Who should take action? Leisure facility and open water swimming providers such as leisure centre and pool operators, boat hire companies, hoteliers, holiday companies and tour operators and local authorities.</p> <p>What action should they take?</p> <ul style="list-style-type: none"> • By using risk analysis and management procedures to identify where there may be a risk of drowning. Minimise that risk, wherever possible, without discouraging swimming. • Provide water safety information in a range of languages and formats. This could include clearly displayed information at appropriate locations. Ensure provision is timely. For example, ensure it is provided during the holiday season and in extreme weather conditions such as heatwaves and extreme cold. (Ice might form on ponds, rivers and lakes during extreme cold spells; people are more likely to voluntarily enter the water during heatwaves and drown as a result of cold-water shock) • Recommendation 12 -The reference here is to managing risk and ensuring that excessive risk is not there. The last comment states “Where equipment and the environment cannot be modified” information, advice and education will be given on risk management and safety equipment. No reference to not carrying out the activity if the risk is too high. It requires a partnership approach to determine what level of risk is acceptable and what level of intervention is 	<p>Recommendation 19: Thank you for suggesting feedback mechanisms to senior local managers to secure funding and buy in of the schemes being undertaken. This recommendation is focused on aligning local child road safety policies, including reviewing local partners' priorities and strategies to ensure they are coordinated. It does not cover local funding and advocacy aspects for the schemes, and no evidence was identified in the surveillance review to indicate any impact on this advice.</p> <p>Recommendations 20 and 21: Thank you for your comments relating to speed limit enforcement and compliance. The recommendations focus on strategic policies and regulatory or legal frameworks for guiding or promoting the planning or implementation of measures relating to the design and modification of highways, roads and streets in order to reduce speeds, promote safer driving, separate flows of different types of road user, or promote safer behaviours amongst other road users. No evidence was identified in the surveillance review to indicate any impact on this advice, which is considered to remain valid.</p>
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		<p>required.</p> <ul style="list-style-type: none"> • Recommendation 15 – Road Safety Campaigners often discuss the promotion of wearing cycle helmets infers that cycling is dangerous and will reduce the numbers undertaking the activity and that will receive the health benefits of cycling. • Recommendation 17- Those working in Road Safety should not focus on solely the needs of children and young people, but should apply proportionate consideration based on the statistics and the ability to influence behaviour change to reduce injuries to children and young people. Additionally, to create, or explore and use existing national forums for road safety that provide and promote a framework for safe and effective youth road safety interventions. • Recommendation 18 –Consideration must be taken in relating findings with other surrounding groups data. • Recommendation 19 – There should be a chance for feedback to senior local managers to secure funding and buy in of the schemes being undertaken. • Recommendations 20 & 21 – Ensuring the avoidance of prosecution or capture is not seen as an enjoyable risk taking activity. Police are often used as the first point of call to enforce speed limits, rather than behavioural change to make the drivers want to drive slower. 	
Royal College of Paediatrics and Child Health	Yes	New evidence generally consistent with and unlikely to change existing guideline for prevention strategies, but see below.	Thank you for your comment.
Public Health England	Yes	In 2018, Public Health England published a series of reports providing guidance on actions for local authorities and their partners to take to help develop injury	Thank you for your comments. The highlighted documents were identified in the surveillance review and have been included in the

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		prevention strategies for children and young people. These are available here: https://www.gov.uk/government/publications/reducing-unintentional-injuries-among-children-and-young-people	evidence summary. As the PHE report is broadly consistent with NICE guideline PH29, it is unlikely to impact but has been highlighted as a complementary resource.
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2. Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	Thank you.
Royal College of Paediatrics and Child Health	No	No comment	Thank you.
Public Health England	No	No comment	Thank you.

3. Do you have any comments on equality issues?

Stakeholder	Overall response	Comments	NICE response
London Fire Brigade	No	No comment	Thank you.
Royal College of Paediatrics and Child Health	Yes	Evidence clearly states young children from socially disadvantaged background and where maternal mental health is poor at greatest risk. Current targeted health visiting should help meet this increased need, however, many families will be missed and guidance needs to take account of how we disseminate important public health	Thank you for your comment. We acknowledge that recommendations across the guideline will be interpreted in the context of varying budgetary constraints, which is why specific advice is given on how to prioritise those at highest risk of unintentional injuries if resources are limited. The original guideline

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		<p>messages effectively to all parents of young children. For example, many families miss their 2 year HV review and birth visit is not always best time to deliver information relevant to risks that are distant in time. School nurse services are cited within guidance as a potential route for dissemination of information but again, resources are limited and most school nurse work is highly targeted so universal coverage will not be effectively achieved. This approach sends confusing mixed messages to children, families and young people. Yes, those from socially deprived/complex background are at higher risks but accidents can happen to anyone, any child, any family.</p>	<p>committee considered these recommendations important, given that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups.</p> <p>However, the guideline also covers wider strategies on how to prevent unintentional injuries in children. These cover what strategies and measures can be taken by organisations to focus on home safety for <u>all</u> children under 15. Because this area is adequately covered by the current recommendations, no impact on the guidelines is expected.</p>
Public Health England	Yes	<p>Significant social gradients exist across both unintentional injuries in and around the home and on the roads.</p> <p>Analysis shows that emergency hospital admission rate for unintentional injuries among the under-fives is 38% higher for children from the most deprived areas compared with children from the least deprived. (1)</p> <p>Previous research indicates that for some injury types this inequality may be much larger (2). For example, children living in the most disadvantaged areas have a 50% higher risk of being burned, scalded or poisoned resulting in primary or secondary care attendance than those in the most advantaged areas (3).</p> <p>1. Siegler V and Al-Hamad A. Social inequalities in fatal childhood accidents and assaults: England and Wales, 2001–03. Health Statistics Quarterly. 2010. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Uni</p>	<p>Thank you for your comments on the social gradients that exist across unintentional injuries in and around the home and on the roads. During the development of the original guideline, the committee acknowledged that unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups. This led to the development of recommendation 9 to 11 for home safety and recommendations 17-21 for road safety, which emphasise the importance of prioritising households at greatest risk. These include vulnerable groups such as children aged under 5 and those living in temporary, rented and social housing with families on a low income. As the evidence you have highlighted indicates that this trend in health inequalities remains, the recommendations are considered still valid and unlikely to change.</p> <p>The epidemiological evidence you have highlighted does not meet the inclusion criteria for this surveillance review, however the Public Health England Report which cites these studies has been considered and is summarised in Appendix A1.</p>

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		<p>ntentional_injuries_under_fives_in_home.pdf</p> <p>2. Hippisley-Cox et al. 1992-7. op cit. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf</p> <p>3. Orton E, Kendrick D, West J et al, Independent risk factors for injury in pre-school children: three population-based nested case-control studies using routine primary care data. http://injuryprevention.bmj.com/content/18/Suppl_1/A231.3. Cited in https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf</p>	
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