



Center for Health Policy and Public Health  
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# POLICY BRIEF

## VIOLENCE AND INJURY PREVENTION SERIES

Brief no.1 Reducing children's  
unintentional injuries

June 2010

*Health is the first  
of all liberties.*

*Henri Amiel*

## Injury Prevention Improves Health and Health Care

This policy brief is informed by the findings of the European Injury Database pilot project in Romania, financed by Kuratorium fur Verkehrssicherheit (KfV) in the framework of the European Project PHASE (G.A. no. 2006123).

### The Health Burden of Pediatric Injuries is Unacceptably High

Children must remain safe to live to their full potential. Traumatic injuries greatly affect children's physical and psychological well-being, can affect their school performance, and can leave them with life-long disabilities. These injuries also affect families, communities, and the health care system. The University of Babes-Bolyai, Center for Health Policy and Public Health established a childhood injury surveillance system in UPU Children Hospital Cluj-Napoca to identify the frequency and characteristics of childhood injuries with the goal of providing information to move prevention efforts forward.

Injuries are the leading cause of death for children and adolescents in Europe and are responsible for more deaths than all other causes combined. Despite this the issue of injury is often neglected and investment is rarely equal to the magnitude of the problem (3).

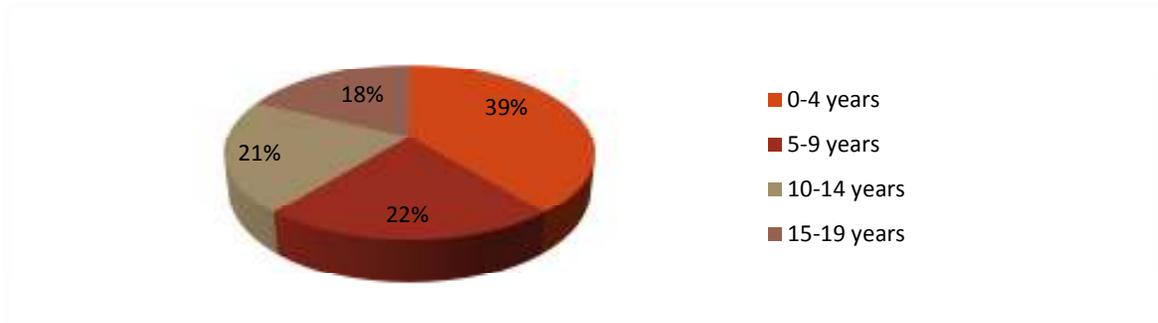
Every six months in Cluj County, one out of every 100 children younger than 4 years old received emergency health care treatment for an injury in 2009. One third of injured children treated in UPU Children Hospital Cluj-Napoca are between 0 and 4 years of age. Children between 0 and 4 years of age suffer two times more injuries than any other age group.

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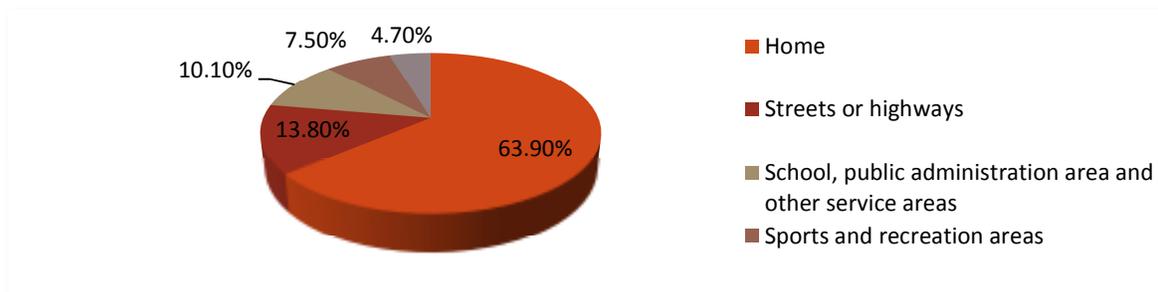
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Figure 1 Age distribution of pediatric injuries



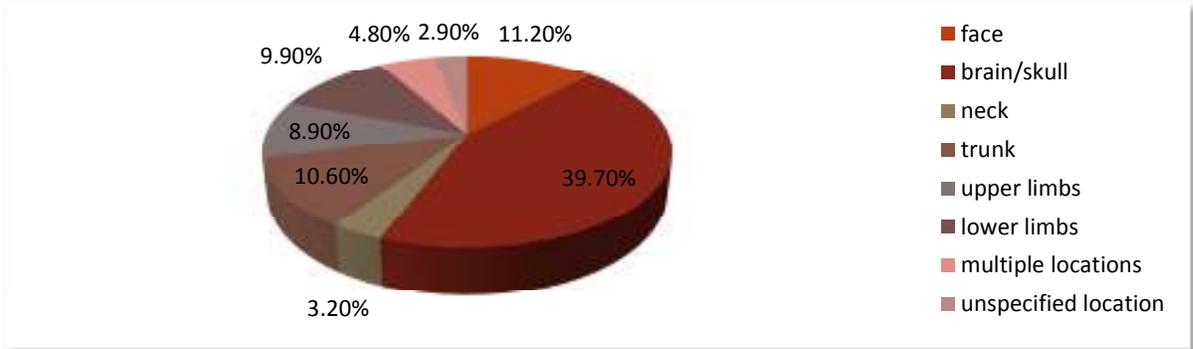
Two thirds of injuries occur in home settings:

Figure 2 Distribution of injuries by place of occurrence



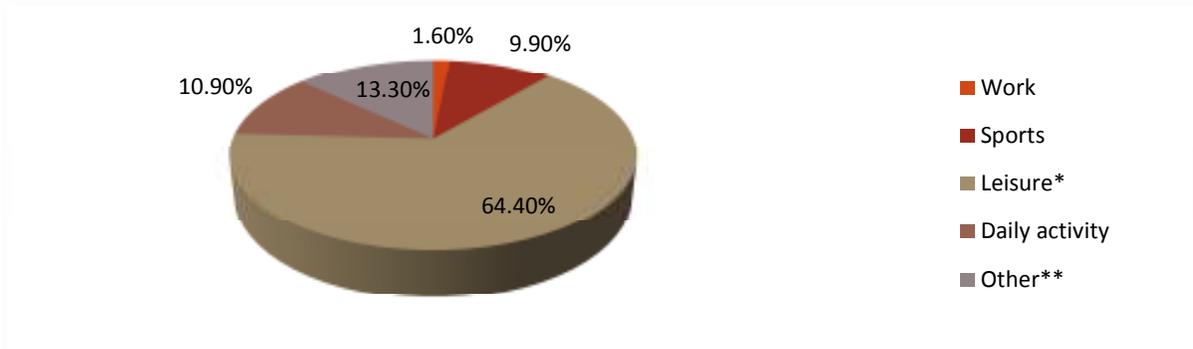
And more than two thirds of children sustained injuries to their head region, 40% affecting the brain and/or the skull. These injuries have a strong potential for life-long disability, and also increase the risk for future injury.

**Figure 3 Distribution of injuries by injured body part**



The majority of the children were injured during leisure activities. One strong potential area for prevention is modification of children’s environments, including play grounds, different service areas and public places that children have access to.

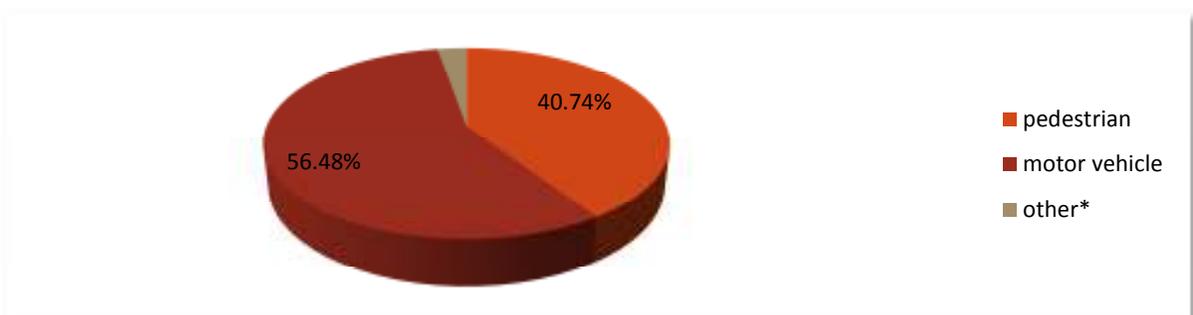
**Figure 4 Distribution of injuries by the type of activity conducted when injured**



*\*leisure activities include play; \*\*other includes unspecified activities*

Transport related injuries represent 10.8% of the case load, of which more than half were motor vehicle injuries.

**Figure 5 Distribution of transport injuries**



## What can hospital administrations do?

The emergency department, supported by the hospital administration, in collaboration with the Center for Health Policy and Public Health, can initiate the following measures:

- ✓ **Support** the trauma registry as an ongoing system to evaluate quality of care.
  - Identify variables that can be used as quality indicators and use them to systematically measure quality of care to increase health care and health status
  - Support the implementation of an electronic database format for the trauma registry
  - Standardized data collection procedures to track and characterize childhood injuries
- ✓ **Collect and analyze** injury data to identify high-risk groups and their geographic location. This information will facilitate the development and improvement of interventions and will help determine the nature and magnitude of childhood injuries and their burden on the health-care system
- ✓ **Participate** in the process of policy development through data collection and evaluation. Some of the domains that we could provide facts on and actively participate in changing are seat belt laws, guidelines for children restraining systems, building guidelines for safe homes.
- ✓ Sustain the development of a **strategic plan** with specific action steps for injury prevention that includes resources and organizations responsible. The starting point is a critical step in this planning and is represented by the quality of data and information that is required to assess the current.
- ✓ **Design, implement, and evaluate** injury prevention programs locally in cooperation with other agencies and organizations. This could be turned into long term objectives as regional and then national initiatives that could have a huge impact on children's health through safety education.

## What can the Ministry of Public Health do?

Some of the responsibilities of the health care system are stated to be injury surveillance and prevention & control in the Strategic Plan for 2008-2010. The health care system can reduce the burden of injuries by taking a lead role in injury prevention. Some of the recommended actions that proved to be successful around the world are:

- Legislation, regulation and enforcement
- Product modification
- Environmental modification
- Education, skills development and advocacy
- Emergency care and rehabilitation

A combination of these factors can gain the greatest reductions of injuries.

As a result, the Ministry of Public Health, together with decentralized authorities, could act towards the support of electronically database that comprises injuries and prevention methods, in order to:

- ✓ **Support proven, cost-effective interventions.** Take advantage of the proven, cost-effective injury prevention programs and policies that are already implemented in different European Union countries.
- ✓ **Integrate injury prevention efforts.**

- ✓ **Support mutual collaboration.** The support of academic and non-governmental institutions and build mutual collaboration can boost up the health care reform.
- ✓ **Promote partnerships** between clinicians, community groups, public administration institutions, and public health professionals.
- ✓ **Help create electronically patients' records** that include injury and violence related information.
- ✓ **Build capacity.** Develop injury prevention tools for health care providers and promote their correct usage with the help of continuous medical education trainings and workshops.
- ✓ **Investigate the opportunity of initiating policies** on the usage of safety products: e.g. helmet use, child seat and booster seat use, safety pads for different sport and safety guidelines and protocols for play grounds, educational institutions, and service areas. Many developed countries have reduces their child injury deaths by up to 50% by:

- enforcing safety laws such as requiring child-resistant closures for medicines or poisons;
- modifying products like stairway railings, so children will not try to squeeze through or get stuck in the gaps;
- requiring environmental changes, such as fencing around pools;
- conducting public awareness campaigns about injury prevention; and
- Providing better, child-oriented emergency care. (World Report on Child Injury Prevention, World Health Organization, 2008)

- ✓ Support research institutions and community organizations that develop and pilot research projects that help document children injuries and new prevention approaches.

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**Keep in mind that:**

*Many developed countries have reduces their child injury deaths **by up to 50%** by:*

- ☑ *Enforcing safety laws such as requiring child-resistant closures for medicines or poisons;*
  - ☑ *Modifying products like stairway railings, so children will not try to squeeze through or get stuck in the gaps;*
  - ☑ *Requiring environmental changes, such as fencing around pools;*
  - ☑ *Conducting public awareness campaigns about injury prevention; and*
  - ☑ *Providing better, child-oriented emergency care. (World Report on Child Injury Prevention, World Health Organization, 2008)*
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**Together, we can ensure that children live safely and injury-free!**