The importance of accident prevention for school nurses

Emma Hamnett explains why it is important that public health professionals, including school nurses, contribute toward accident prevention.

Every year, around 2 million children attend A&E due to accidents. Over 76,000 of these require admission to hospital—that is nearly 1,500 children a week (The Royal Society for the Prevention of Accidents, no date). Accidental injury is one of the biggest single causes of death in the UK for children over the age of one. More children die each year due to accidents than from illnesses such as leukaemia or meningitis. It is vital that all professionals working with children and parents have the skills and knowledge to identify, prevent and treat such accidents.

Reports have demonstrated strong associations between social deprivation and unintentional injuries. Children from the most deprived areas have hospital admission rates 45% higher than children from the least deprived areas (Public Health England [PHE], 2016a). However, it is important to stress that accidents occur in all walks of life and, often, with more insight the accident could have been prevented.

Not only do accidents frequently cause children immense pain and distress, they can also lead to physical, emotional and psychological scarring. They can result in them missing days of school and can have long-term consequences far beyond the initial injury.

Preventing accidents is one of the six High Impact Areas for health visiting and forms part of PHE's (2016b) priority area Giving Children and Young People the Best Start in Life. The Public Health Outcomes Framework (PHOF) indicator 2.7 incorporates the reduction of hospital admissions from unintentional injuries for children and young people (Department of Health, 2016; PHE, 2016c).

The PHE recommendations focus on five key injury types that they consider to constitute to have the most serious consequences and be the easiest to prevent in under-5s: choking/suffocation, strangulation, falls, burns and scalds, poisoning, and drowning (PHE, 2014). The National Institute for Health and Care Excellence (2015) has also published a report on recommendations and interventions focusing on the prevention of accidents for under-15s.

While overall numbers of accidental deaths have reduced, accidents remain a leading cause of death and injury to children and young people. Most accidents in under-5s take place in the home; however, for over-5s many occur away from home and accidents causing the most serious injuries happen on the roads. Although good progress has been made in reducing road accidents in children aged 0–15, 12–15-year-olds continue to be at high risk of injury on the roads. Child pedestrian deaths in England continue to be higher than many other European countries (Bly et al,
Experimenting with alcohol often leads to A&E attendances in teenagers and there is also a rise in asthma attacks in the teenage years.

Health professionals are urged to make the most of every contact and look for opportunities to educate children in accident prevention in your day-to-day contact with pupils.

It is vital that school nurses and school staff are competent in advising on the first aid elements pertinent to individual health-care plans for specific conditions (First Aid for Life, 2014). Specialist first aid training companies may be able to assist with specific staff training on asthma, anaphylaxis and seizure management. It is important that all staff, including lunchtime supervisors are trained and confident that they could recognise and give immediate care to someone who is choking, or experiencing an anaphylactic reaction.

Emergency asthma inhalers should now be available in schools and all appropriate staff should be able to recognise if someone is experiencing an asthma attack and be confident to calmly manage the situation, referring as necessary (Hammett, 2016). Asthma UK (2016) offers specific advice and support for teenagers learning to manage their own care.

Accident forms can be helpful to give an overview and highlight trends and accident hot spots in schools; therefore, assisting staff to focus on accident prevention in these areas.

First aid training should be sufficient to ensure staff members are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff must never give prescription medicines or undertake health-care procedures without appropriate training (updated to reflect any individual health-care plans).

Schools need to comply with HSE, Ofsted and Early Years requirements in respect to their first aid provision and it is good practice to train all staff members in basic first aid for common injuries and illnesses in school. Thereby reducing the reliance and possible delay in care waiting for the designated first aiders.

Conflict of interest: Emma Hammett is the founder of First Aid for Life.

The author provides this information for guidance and it is not in any way a substitute for medical advice.


Further reading
Burns, falls and emergency calls—the ultimate guide to the prevention and treatment of childhood accidents
Free book available at: www.firstaidforlife.org.uk (just pay postage)

Child Accident Prevention Trust
https://www.captrust.org/

The Royal Society for the Prevention of Accidents
http://www.rospa.com

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