

A NATIONAL CONTRACT ON ACCIDENTS

ACCIDENTS: Social and economic interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
Government and National Players can:		
A1 Develop <i>New Deal for Communities</i>	No systematic reviews were identified in this area.	
A2 Remove obstacles to partnership	Community-based coalitions can be effective, and may be essential in working with some populations. They have been particularly effective in injury prevention. ^a	a. Kuhn M, Doucet C, Edwards N. Effectiveness of coalitions in heart health promotion, tobacco use reduction, and injury prevention: A systematic review of the literature 1990-1998 Public Health Research, Education and Development Program, Public Health Branch, Ontario Ministry of Health 1999.
A3 Promote parental education (<i>Sure Start</i>)	Group-based parent-training programmes have a positive impact on the behaviour of children between the ages of 3 and 10 years. They also appear more successful than methods that involve working with parents on an individual basis. ^a	a. Barlow J. Systematic Review of the Effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years (second edition). Health Services Research Unit, Department of Public Health, University of Oxford July 1999.
A4 Improve provision of consistent monitoring data	Injury prevention interventions need to be based on accurate data derived from surveillance systems. ^a Community-wide campaigns which use local injury data have resulted in a reduction in the reported incidence of injuries in the home. ^b	a. NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1. b. Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995;1-61.
A5 Co-ordinate Government strategy on accident prevention	No systematic reviews were identified in this area.	

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Local Players and Communities can:		
A6 Monitor care homes for older people	No systematic reviews were identified in this area.	
A7 Promote safety practices at work	<p>General training and education campaigns have generally been unsuccessful in reducing injury rates, but health and safety legislation has been associated with a reduction of injuries in the UK.^a</p> <p>Back injury prevention interventions in the workplace, such as back belt programmes and exercise/flexibility programmes, may be beneficial in preventing back injuries, but more research is needed.^b</p> <p>A review is underway to compare effectiveness of different strategies in reducing time lost from work and in increasing functional status of workers with back and neck pain.^c</p>	<p>a Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995;1-61.</p> <p>b Karas BE. Back injury prevention interventions in the workplace: an integrative review. AAOHN Journal 44:189-96.</p> <p>c Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration for workers with back and neck pain [Protocol for a Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford. Update Software.</p>
A8 Tackle social exclusion (<i>New Deal, urban regeneration</i>)	<p>There is a strong association between poverty and the rate of childhood injuries,^a but it is not clear which interventions are likely to be most effective in diminishing this association.</p> <p>The design of Victorian streets with terraced housing means that there are few available play areas and that on-street parking is ubiquitous. These aspects of housing design are associated with higher rates of accident casualties.^a</p> <p>Structural and legislative measures are known to be the most effective interventions in reducing inequalities.^b</p> <p>Interventions which appear to have been successful at reducing variations in health include systematic and intensive approaches to delivering effective interventions, improvement of accessibility to services, prompts to encourage use of services, multifaceted strategies, collaboration between interest groups, and involvement of peers in the delivery of interventions such as home visiting.^c</p>	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2:(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b Gepkens A, Gunning-Schepers LJ. Interventions to reduce socioeconomic health differences: A review of the international literature. European Journal of Public Health 1996;6:218-26.</p> <p>c NHS Centre for Reviews and Dissemination. Review of the research on the effectiveness of health service interventions to reduce variations in health 1995;3.</p>
A9 Work within health improvement programmes on local partnership to improve local accident	Targeting of high risk households is likely to make the most impact in the prevention of injuries in children, ^a especially when supported by home safety equipment loans or subsidised equipment schemes. ^b	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5).</p> <p>b Towner E, Dowswell T, Simpson G, Jarvis S. Health</p>

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prevention initiatives, eg better identification of highest risks/ priorities/ targets	<p>There is some evidence that Accident Prevention Committees in high risk, deprived populations reduce injuries.^a</p> <p>Coalitions can reduce head injuries, drownings, road crashes, and fractures in older people.^c</p>	<p>promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>c Kuhn M, Doucet C, Edwards N. Effectiveness of coalitions in heart health promotion, tobacco use reduction, and injury prevention: A systematic review of the literature 1990-1998 Public Health Research, Education and Development Program, Public Health Branch, Ontario Ministry of Health 1999.</p>
A10 Promote safety measures to community groups	Community-wide campaigns have resulted in a reduction in the reported incidence of injuries in the home. ^a	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2:(5).</p> <p>Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995;1-61.</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
A11 Raise public awareness of risks	No systematic reviews were identified in this area.	
People can:		
A12 Take opportunities to improve their education, training and employment	No systematic reviews were identified in this area.	

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Government and National Players can:		
A13 Develop road safety strategy	<p>Area-wide traffic schemes in the UK (such as traffic calming) appear to have resulted in some reductions in pedestrian injuries^a and can reduce the total number of accidents by over 10%.^b</p> <p>Guard rails and crash cushions (impact attenuators) can reduce the rate and severity of accidents.^c</p> <p>Graduated driver licensing systems and night time curfews have been found to reduce young driver crashes in the USA.^d</p>	<p>a Harborview Injury Prevention and Research Center. Child Pedestrian Injury Interventions. University of Washington. http://depts.washington.edu/hiprc/childinjury.</p> <p>Speller V. Preventing injury in children and young people: a review of the literature and current practice. 1995; Wessex Institute of Public Health Medicine 1997:1-61.</p> <p>b NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5).</p> <p>c Elvik R. The safety of guard rails and crash cushions: a meta-analysis of evidence from evaluation studies. Accident Analysis and Prevention 1995;27:523-49.</p> <p>d Foss RD. Effectiveness of graduated driver licensing in reducing motor vehicle crashes. American Journal of Preventive Medicine 1999;16:47-56.</p>
A14 Ensure safety standards in new buildings	No systematic reviews were identified in this area.	
A15 Continue work on improving product standards	<p>Incidence and severity of head injury are lower in cyclists wearing helmets, and these effects appear to be increased with robustness of helmet design.^a</p> <p>Child-resistant container closures have been shown to reduce home injuries.^b</p>	<p>a Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. Medical Care Research Unit 1996;1-89.</p> <p>NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995;1-61.</p> <p>NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p>

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<p>A16 Monitor standards for sports facilities and equipment</p>	<p>Safety rules for organised sport can reduce injuries in the 15-24 year age group.^a</p> <p>Ankle supports (semi-rigid orthoses or air-cast braces) are effective in preventing ankle injuries during high risk sporting activities.^b Mouth guards can help prevent injuries in rugby.^a</p>	<p>a Coleman P, Munro J, Nicholl J, Harper R, Kent, G, Wild D. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. Medical Care Research Unit 1996:1-89.</p> <p>b Quinn K, Parker P, de Bie R, Rowe B, Handoll H. Interventions for preventing ankle ligament injuries [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p>
<p>A17 Monitor water safety co-ordination at national level</p>	<p>Promoting and monitoring the use of straightforward safety measures in protecting high risk areas eg pool fencing^a can have a substantial impact on overall associated death or injury rates.^b Legislation can help promote the routine use of measures known to be effective.^b</p>	<p>a Thompson DC, Rivara FP. The evaluation of the effectiveness of pool fencing to prevent drowning in children. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</p> <p>b NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
<p>A18 Promote <i>Design for Safety</i></p>	<p>Incidence and severity of head injury are lower in cyclists wearing helmets, and these effects appear to be increased with robustness of helmet design.^a</p> <p>Child resistant container closures have been shown to reduce home injuries.^b</p>	<p>a Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. Medical Care Research Unit 1996:1-89.</p> <p>NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995:1-61.</p> <p>NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p>

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A19 Monitor vehicle safety standards	No evidence was found for formal periodic motor vehicle safety checks and random roadside inspections. ^a	a Coleman P, Munro J, Nicholl J, Harper R, Kent, G, Wild D. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. Medical Care Research Unit 1996:1-89.
A20 Support for pilot schemes and voluntary bodies (eg Child Safety Week)	No systematic reviews were identified in this area.	
A21 Implement EC regulations on accident prevention	No systematic reviews were identified in this area.	
Local Players and Communities can:		
A22 Give greater priority to walking and cycling in local transport plans	No systematic reviews were identified in this area.	
A23 Adopt school travel and green transport plans	No systematic reviews were identified in this area.	
A24 Develop traffic calming and other measures for local safety schemes as part of local transport plans	<p>Area wide traffic schemes in the UK (such as traffic calming) appear to have resulted in some reductions in pedestrian injuries^a and can reduce the total number of accidents by over 10%.^b</p> <p>The provision of crossing patrollers, adoption of measures to redistribute traffic and improvement of the safety parameters of individual roads can reduce the rate and severity of childhood accidents.^a</p>	<p>a Harborview Injury Prevention and Research Center. Child Pedestrian Injury Interventions. University of Washington. 1997 http://depts.washington.edu/hiprc/childinjury.</p> <p>Speller V. Preventing injury in children and young people: a review of the literature and current practice. Wessex Institute of Public Health Medicine 1995:1-61.</p> <p>b NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
A25 Develop safe play areas	<p>There has been little evaluation of the effects of playground layout, equipment and surfacing on injury rates.^a</p> <p>Wood chips and sand appear safer surfacing materials than mats, gravel, grass and asphalt, but more research on playgrounds is needed.^b</p>	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>

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<p>A26 Install smoke alarms in local and health authority properties</p>	<p>Smoke detector give away programmes appear effective in reducing fire injuries, while community education has not been shown to be effective. The effect on injuries of individual counseling or education has not been studied.^a</p> <p>The use of safety devices in the home, such as smoke detectors and thermostat control for tap water, can reduce the risk of home injuries.^a Targeting of households at high risk, for example low-income households, combined with home visits, education and free distribution of devices is likely to have the greatest impact.^b</p>	<p>b Harborview Injury Prevention and Research center. Fall Injury Interventions. University of Washington. 1997;http://depts.washington.edu/hiprc/childinjury.</p> <p>a Warda L, Tenenbein M, Moffatt ME. House fire Injury prevention update. Part II. A review of the effectiveness of preventive interventions. <i>Injury Prevention</i> 1999;5:212-25. DiGuseppi C, Higgins JPT. Interventions to promote smoke alarms: systematic reviews of controlled trials. <i>Archives of Disease in Childhood</i> 2000;82:341-8.</p> <p>b NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5). Towner E, Dowsell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
<p>A27 Encourage private sector safety checks on appliances</p>	<p>No systematic reviews were identified in this area.</p>	<p>a Hanlon JT, Cutson T, Ruby CM. Drug-related falls in the older adult. <i>Topics in Geriatric Rehabilitation</i> 1995;273:1341-7.</p> <p>b Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software. NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. Effective Health Care 1996:2(4).</p>
<p>A28 Promote/maintain home safety checks for older people</p>	<p>Some falls in the elderly can be prevented by ensuring that the drug regimens used with elderly people are chosen to reduce unwanted side-effects.^a</p> <p>Home assessment and surveillance can reduce falls in frail elderly people. This can be carried out by a variety of health care workers or volunteers.^b</p> <p>Falling in the elderly can be reduced by targeting multiple, identified risk factors in individual patients by behavioural interventions and targeting environmental hazards and other risk factors.^b</p>	<p>a Harborview Injury Prevention and Research center. Fall Injury Interventions. University of Washington. 1997; http://depts.washington.edu/hiprc/childinjury.</p>
<p>A29 Maintain highways, pavements and playgrounds</p>	<p>Wood chips and sand appear safer surfacing materials than mats, gravel, grass and asphalt, but more research on playgrounds is needed.^a</p>	<p>No systematic reviews were identified in this area.</p>
<p>A30 Identify/safeguard potentially hazardous sites (rivers, railways, dumps etc)</p>	<p>No systematic reviews were identified in this area.</p>	<p>No systematic reviews were identified in this area.</p>
<p>A31 Undertake community safety audits/risk assessment</p>	<p>No systematic reviews were identified in this area.</p>	<p>No systematic reviews were identified in this area.</p>

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<p>A32 Ensure well-developed emergency planning</p>	<p>Hospitals with up to date equipment and medical staff trained in trauma care have lower case – fatality rates among accident victims.^a Other factors, such as the use of triage and rapid transportation from the site of the accident to the hospital, can also improve outcome.^a</p> <p>There is no evidence that mortality from major trauma is lower in high volume accident and emergency units or specialised trauma centres than in other facilities.^b</p>	<p>a Nygren A, Alberts A, Brismar B, Dahlgren H, Lekander T, Magnusson S, et al. The treatment and rehabilitation of traffic accident victims (Trafikolycksfall). Stockholm: The Swedish Council on Technology Assessment in Health Care/ Statensberedning för utvärdering av medicinsk metodik (SBU) 1994:182.</p> <p>b NHS Centre for Reviews and Dissemination. Hospital volume and healthcare outcomes, costs and patient access. Effective Health Care 1996:2(8).</p>
People can:		
<p>A33 Maintain household appliances to reduce accidents in the home</p>	<p>No systematic reviews were identified in this area.</p>	
<p>A34 Install and maintain smoke alarms</p>	<p>The use of safety devices in the home, such as smoke detectors and thermostat control for tap water, can reduce the risk of home injuries.^a Targeting of households at high risk, for example low-income households, combined with home visits, education and free distribution of devices is likely to have the greatest impact.^a</p> <p>Counselling as part of child health surveillance may increase smoke alarm ownership and function, but its effect on injuries are unevaluated.^b</p> <p>Smoke detector give away programmes appear effective in reducing fire injuries, while community education has not been shown to be effective. The effect on injuries of individual counselling or education has not been studied.^b</p> <p>Community programmes which involve local participation and use a broad range of interventions can reduce childhood injuries from a wide variety of causes.^a</p>	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b Warda L, Tenenbein M, Moffatt ME. House fire injury prevention update. Part II. A review of the effectiveness of preventive interventions. Injury Prevention 1999;5:212-25. DiGiuseppi C, Higgins JPT. Interventions to promote smoke alarms: systematic reviews of controlled trials. Archives of Disease in Childhood 2000;82:341-8.</p>

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A35	Drive safely and within speed limits	The speed at which a car is driven affects the severity of pedestrian injuries. However, no evaluations of the effectiveness of speed limits were identified. ^a	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996;2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, <i>Health promotion effectiveness reviews</i>. London: Health Education Authority 1996;1.</p>
A36	Wear seatbelts on car journeys	Wearing seat belts reduces the risk of serious injury in road traffic accidents. ^a	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996;2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, <i>Health promotion effectiveness reviews</i>. London: Health Education Authority 1996;1.</p>
A37	Ensure that they play an effective role in workplace safety procedures	No systematic reviews were identified in this area.	

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Government and National Players can:		
A38 Provide education/publicity on drink-drive	Evidence suggests that benzodiazepine use approximately doubles the risk of motor vehicle accidents. ^a Remedial interventions with drink/driving offenders can reduce recidivism and subsequent alcohol-related crashes. ^b	<p>a Thomas RE. Benzodiazepine use and motor vehicle accidents: Systematic review of reported association. <i>Canadian Family Physician</i>. 1998;44:799-807.</p> <p>b Dinh-Zarr T, DiGuiseppi C, Heitman E, Roberts I. Preventing injuries through interventions for problem drinking: a systematic review of randomised controlled trials. [Cochrane Review] In: <i>The Cochrane Library, Issue 1, 2000. Oxford: Update Software.</i> Wells-Parker E, Bangert-Drowns R, McMillen M, Williams M. Final results from a meta-analysis of remedial interventions with drink/drive offenders. <i>Addiction</i> 1995;90:907-26.</p>
A39 Provide education/publicity on speed management	School/young people's education and training for drivers (eg pre-licence driver education) have not been shown to reduce accident rates. ^a	<p>a Vernick JS. Effects of high school driver education on motor vehicle crashes, violations, and licensure. <i>American Journal of Preventive Medicine</i> 1999;16:40-6. Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. <i>Medical Care Research Unit</i> 1996:1-89.</p>
A40 Promote accident prevention through schools programmes (Healthy Schools Award)	School health promotion initiatives can have a positive impact on children's health and behaviour but do not do so consistently. Interventions are able to increase children's knowledge but changing attitudes and behaviour is harder. A multifaceted approach is likely to be most effective. ^a School/young people's education ^b and training for drivers (e.g pre-licence driver education) have not been shown to reduce accident rates. ^c	<p>a Lister-Sharp D, Chapman S, Stewart-Brown S, Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. <i>Health Technology Assessment</i> 1999;3(22).</p> <p>b NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996:2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: <i>Health Education Authority</i> 1996;1.</p> <p>c Vernick JS. Effects of high school driver education on motor vehicle crashes, violations, and licensure. <i>American Journal of Preventive Medicine</i> 1999;16:40-6. Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. <i>Medical Care Research Unit</i> 1996:1-89.</p>

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A41 Promote <i>Safer Routes to School</i>	No systematic reviews were identified in this area.	
A42 Set up Youth Networks, playgroup associations	No systematic reviews were identified in this area.	
A43 Target health action zones/education action zones/ Single Regeneration Budget (SRB)/ <i>New Deal for Communities</i>	There is a strong association between poverty and the rate of childhood injuries. ^a	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5). Gepkens A, Gunning-Schepers LJ. Interventions to reduce socioeconomic health differences: A review of the international literature. <i>European Journal of Public Health</i> 1996;6:218-26.</p> <p>NHS Centre for Reviews and Dissemination. Review of the research on the effectiveness of health service interventions to reduce variations in health 1995;3.</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
Local Players and Communities can:		
A44 Ensure effective provision/loans of safety equipment to target groups	When properly used, child car seat restraints reduce car occupant injuries. ^a In the USA, legislation for the under 4s has been shown to increase the use of car restraints and reduce the rate of injury and death. ^b Free car seat loans and reward/incentive/reinforcement programme increases car restraint use. ^b	<p>a NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b DiGuseppi C. Individual-level injury prevention strategies in the clinical setting. <i>Future Child</i> (in press). Segui-Gomez M. Evaluating interventions that promote the use of rear seats for children. <i>American Journal of Preventive Medicine</i> 1999;16:23-9.</p>
A45 Conduct local campaigns (LEAs) on accidental injury prevention	<p>Community and clinical educational programmes can increase child motor vehicle restraint use in children,^a but the effect appears to decrease over time.^b</p> <p>There is no evidence that counselling of children and their parents by physicians in the clinical setting increases bike helmet purchase.^c</p> <p>Primary care based injury prevention counselling can reduce injuries.^d</p>	<p>a Grossman DC. Effectiveness of health promotion programs to increase motor vehicle occupant restraint use among young children. <i>Am J Prev Med.</i> 1999;16:12-22. Segui-Gomez M. Evaluation interventions that promote the use of rear seats for children. <i>Am J Prev Med</i> 1999;16:23-9.</p> <p>b Grossman DC. Effectiveness of health promotion programs to increase motor vehicle occupant restraint use among young children. <i>American Journal of Preventive Medicine.</i></p>

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<p>A46 Ensure more effective enforcement – fire, police, trading standards</p>	<p>No systematic reviews were identified in this area.</p>	<p>1999;16:12-22.</p> <p>c DiGiuseppe C. Individual-level injury prevention strategies in the clinical setting. <i>Future Child</i> (in press).</p> <p>d Bass JL. Childhood injury prevention counseling in primary care settings: a critical review of the literature. <i>Pediatrics</i> 1993;92:544-50.</p> <p>e Warda L. House fire injury prevention update. Part II. A review of the effectiveness of preventive interventions. <i>Injury Prevention</i> 1999;5:212-25.</p> <p>DiGiuseppe C, Higgins JPT. Interventions to promote smoke alarms: systematic reviews of controlled trials. <i>Archives of Disease in Childhood</i> 2000;82:341-8.</p>
<p>A47 Put measures in place on prevention (eg stairgates, car seats) and rehabilitation (eg aids for older people)</p>	<p>Soft hip protector pads can reduce the risk of hip fractures amongst elderly people in an institutional setting.^a</p> <p>Free car seat loans and reward/incentive/reinforcement programmes increase car restraint use.^b</p> <p>When properly used, child car seat restraints reduce car occupant injuries.^c In the USA, legislation for the under 4s has increased the use of car restraints and reduced the rate of injury and death.^c</p>	<p>a Parker MJ, Gillespie LD, Gillespie WJ. Hip protectors for preventing hip fractures in the elderly [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software. NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. Effective Health Care 1996:2(4).</p> <p>b DiGiuseppe C. Individual-level injury prevention strategies in the clinical setting. <i>Future Child</i> (in press).</p> <p>c NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996:2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>
<p>A48 Develop private sector promoting safety culture for occupational road use</p>	<p>Evidence suggests that laws and campaigns introducing daytime running lights for cars reduces the number of multi-party daytime accidents by 3-12%.^a However, daytime running car headlights have not been shown to reduce pedestrian injuries.^b</p> <p>Vehicle modifications may reduce the risk of pedestrian injuries.^b</p>	<p>a. Elvik R. A meta-analysis of studies concerning the safety effects of daytime running lights on cars. <i>Accident Analysis and Prevention</i> 1996;28:685-94.</p> <p>b. Harborview Injury Prevention and Research Center. Child Pedestrian Injury Interventions. University of Washington. 1997;http://depts.washington.edu/hiprc/childinjury.</p>

ACCIDENTS: Personal behaviour

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
A49 Promote swimming training	No systematic reviews were identified in this area.	
People can:		
A50 Ensure that cyclists, especially children and young people, wear cycle helmets	<p>The use of cycle helmets by children substantially reduces the rates of serious injury from road traffic accidents.^a</p> <p>Incidence and severity of head injury are lower in cyclists wearing helmets, and these effects appear to be increased with robustness of helmet design.^b</p> <p>Helmets substantially reduce the risk of head, brain and severe brain injury, and injuries to the upper and mid-facial areas.^c</p> <p>Legislation increases the use of helmets in those who continue to cycle and substantially reduces the rates of serious head injury.^a</p> <p>There is no evidence that counselling of children and their parents by physicians in the clinical setting increases bike helmet purchase.^d</p>	<p>a. NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996;2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, <i>Health promotion effectiveness reviews</i>. London: Health Education Authority 1996;1.</p> <p>b Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. <i>Medical Care Research Unit</i> 1996;1-89.</p> <p>c. Thompson DC. Helmets for preventing head and facial injuries in bicyclists [Cochrane Review]. In <i>The Cochrane Library, Issue 1, 2000</i>. Oxford Update Software.</p> <p>d. DiGuseppi C. Individual-level injury prevention strategies in the clinical setting. <i>Future Child</i> (in press).</p>
A51 Avoid drinking and driving (<i>cont</i>)	<p>Remedial interventions with drink/driving offenders can reduce recidivism and subsequent alcohol-related crashes.^a</p> <p>No specific intervention programmes for alcohol misuse prevention in young people have been shown to be effective in the long term.^b</p> <p>Brief interventions in primary care, including assessment of intake and provision of information and advice, have been shown to reduce alcohol consumption by up to 20% in those with consumption levels above recommended guidelines. Brief interventions are as effective as more expensive specialist treatment in this context.^c</p> <p>Alcohol ignition interlock devices appear to be effective in reducing drink driving recidivism.^d</p> <p>In the USA administrative per se laws (the enabling legislation for this action defines failing an alcohol concentration test as suitable grounds for license suspension) seem to have reduced drink driving recidivism in some states but not in others, compared with drivers who were sanctioned through other</p>	<p>a. Dinh-Zarr T, DiGuseppi C, Heitman E, Roberts I. Preventing injuries through interventions for problem drinking: a systematic review of randomised controlled trials. [Cochrane Review] In: <i>The Cochrane Library, Issue 1, 2000</i>. Oxford: Update Software.</p> <p>Wells-Parker E, Bangert-Drowns R, McMillen M, Williams M. Final results from a meta-analysis of remedial interventions with drink/drive offenders. <i>Addiction</i> 1995;90:907-26.</p> <p>b. Foxcroft DR, Lister-Sharp D, Lowe G. Alcohol misuse prevention for young people: a systematic review reveals methodological concerns and lack of reliable evidence of effectiveness. <i>Addiction</i> 1997;92:531-7.</p> <p>c. NHS Centre for Reviews and Dissemination. Brief interventions and alcohol use. <i>Effective Health Care</i> 1993;1(7).</p> <p>d. Coben JH, Larkin GL. Effectiveness of ignition interlock devices in reducing drunk driving recidivism. <i>American Journal of Preventive Medicine</i> 1999;16:81-7.</p> <p>e. McArthur DL. The specific deterrence of administrative per se laws in reducing drunk driving recidivism. <i>American Journal of Preventive Medicine</i> 1999;16:68-75.</p>

ACCIDENTS: Personal behaviour

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>A51 (cont) Avoid drinking and driving</p>	<p>conventional judicial processes.^c</p> <p>Random screening can substantially reduce crash fatalities and injuries.^f</p> <p>Laws in the USA requiring lower legal blood alcohol concentration limits among younger drivers reduce injuries and crashes.^g</p>	<p>f. Peek-Asa C. The effect of random alcohol screening in reducing motor vehicle crash injuries. <i>American Journal of Preventive Medicine</i> 1999;16:57-67.</p> <p>g. Zwering C. Evaluation of the effectiveness of low blood alcohol concentration laws for younger drivers. <i>American Journal of Preventive Medicine</i> 1999;1:76-80.</p>
<p>A52 Undertake effective training to improve road safety skills</p>	<p>A review on education for pedestrians is currently underway.^a</p> <p>School/young people's education and training for drivers (e.g pre-licence driver education) have not been shown to reduce accident rates.^b</p>	<p>a. Duperrex O. Safety education of pedestrians for injury prevention [Protocol for a Cochrane Review]. In The Cochrane Library, Issue 1, 2000. Oxford Update Software .</p> <p>b. Vernick JS. Effects of high school driver education on motor vehicle crashes, violations, and licensure. <i>American Journal of Preventive Medicine</i> 1999;16:40-6.</p> <p>Coleman P. The effectiveness of interventions to prevent accidental injury to young persons aged 15-24 years: a review of the evidence. <i>Medical Care Research Unit</i> 1996;1:89.</p>
<p>A53 Ensure that children and young people take up cycle/pedestrian training</p>	<p>There is little reliable evidence that children can be successfully trained to avoid injury on the roads, although some changes to knowledge and skills have been reported.^a</p> <p>A systematic review on education of pedestrians for injury prevention is currently underway.^b</p>	<p>a. Harborview Injury Prevention and Research Center. Child Pedestrian Injury Interventions. University of Washington. 1997; http://depts.washington.edu/hiprc/childinjury.</p> <p>NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b. Duperrex O. Safety education of pedestrians for injury prevention [Protocol for a Cochrane Review]. In The Cochrane Library, Issue 1, 2000. Oxford Update Software .</p>
<p>A54 Take up physically active lifestyles (to improve bone density and prevent osteoporotic fractures) (cont)</p>	<p>There have been mixed findings about the effect of physical activity to prevent bone loss in postmenopausal women. Some reviews have found that physical activity appears to delay or reduce the loss of bone mineral density (BMD), reduce the risk of osteoporosis,^a and reduce risk factors for hip fracture.^b One review found that exercise training programmes prevented or reversed bone loss of almost 1% per year compared to the controls.^c However, another review found no statistically significant effect on bone mineral density.^d</p>	<p>a. Ernst E. Exercise for female osteoporosis - a systematic review of randomised controlled trials. <i>Sports Medicine</i>. 1998;25:359-68.</p> <p>Kelley GA. Exercise and regional bone mineral density in postmenopausal women: a meta-analytic review of randomized trials. <i>American Journal of Physical Medicine and Rehabilitation</i> 1998;77:76-87.</p> <p>Kelley G. Aerobic exercise and lumbar spine bone mineral density in postmenopausal women: a meta-analysis. <i>Journal</i></p>

ACCIDENTS: Personal behaviour

POLICY

A54 (cont) Take up physically active lifestyles (to improve bone density and prevent osteoporotic fractures)
(cont)

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

Screening post-menopausal women for low bone density has not been shown to reduce the incidence of fractures.^c

There is some evidence to suggest that exercise such as balance training is effective in preventing falls and subsequent injury in older people.^f It is not known whether other single interventions such as exercise alone or health education classes, prevent falls in the elderly. Interventions targeted at both intrinsic and environmental risk factors of individual patients may be more effective.^g

As smoking is a risk factor for osteoporosis, effective smoking prevention interventions may reduce the incidence of osteoporosis.^h

See evidence relevant to C22, H26 in Cancer and Heart Disease and Stroke chapters.

Bisphosphonates appear to prevent and reverse bone lossⁱ and may reduce the risk of fracture^j.

Protocols for seven reviews of interventions to prevent and treat osteoporosis are available.^k

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Province MA, Hadley EC, Hornbrook MC, Lipsitz LA, Miller JP, Mulrow CD, Ory MG, Sattin RW, Tinetti ME, Wolf SL. The effects of exercise on falls in elderly patients: a preplanned meta-analysis of the FICSIT trials. *JAMA* 1996;11:38-54.
- g. **Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly [Cochrane Review] In: *The Cochrane Library*, Issue 1, 2000. Oxford. Update Software.**
- h. **NHS Centre for Reviews and Dissemination: Smoking cessation: What the Health service can do. *Effectiveness Matters* 1998:3(1).**
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ACCIDENTS: Personal behaviour

POLICY

- A54** (*cont*) Take up physically active lifestyles (to improve bone density and prevent osteoporotic fractures)

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

REFERENCES

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- j. Karpf DB, Shapiro DR, Seeman E et al. Prevention of nonvertebral fractures by alendronate: a meta-analysis. *JAMA*. 1997;227:1159-64.
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See Tai S, Parsons T, Rutherford O, Illiffe S. Physical activity for the prevention and treatment of osteoporosis

ACCIDENTS: Personal behaviour

POLICY

A55 Ensure a healthy diet (with sufficient calcium and vitamin D intake for bone health)

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

Vitamin D and calcium supplements for people on steroids can prevent osteoporosis.^a It is not yet clear whether Vitamin D injections with or without the addition of calcium supplements in healthy people can prevent osteoporosis.^b

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ACCIDENTS: Services interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
Government and National Players can:		
A56 Develop and implement <i>National Service Framework for Older People</i>	No systematic reviews were identified in this area.	
Local Players and Communities can:		
A57 Continue reviews of medication, eyesight in older people (over 75 check)	There is no evidence that community-based screening of asymptomatic older people results in improvements in vision. ^a	a Smeeth L, Iliffe S. Community screening for visual impairment in the elderly [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software.
A58 Promote safety awareness, with risk assessment of fallers, on discharge from hospital	<p>Soft hip protector pads can reduce the risk of hip fractures amongst elderly people in an institutional setting.^a</p> <p>Some falls in the elderly can be prevented by ensuring that the drug regimens used by elderly people are chosen to reduce unwanted side-effects.^b Home assessment and surveillance can reduce falls in frail elderly people. This can be carried out by a variety of health care workers or volunteers.^c</p> <p>Falling in the elderly can be reduced by targeting multiple, identified risk factors in individual patients by behavioural interventions, and by targeting environmental hazards and other risk factors.^d</p> <p>Screening for osteoporosis has not been shown to be effective in preventing fractures in the elderly.^e</p>	<p>a Parker MJ, Gillespie LD, Gillespie WG. Hip protectors for preventing hip fractures in the elderly [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software. NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. Effective Health Care 1996:2(4).</p> <p>b Hanlon JT, Cutson T, Ruby CM. Drug-related falls in the older adult. <i>Topics in Geriatric Rehabilitation</i> 1995;273:1341-7.</p> <p>c Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software. NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. Effective Health Care 1996:2(4).</p> <p>d Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly. [Cochrane Review] In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software. NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. Effective Health Care 1996:2(4). Province MA, Hadley EC, Hornbrook MC, Lipsitz LA, Miller JP, Mulrow CD, Ory MG, Sattin RW, Tinetti ME, Wolf SL. The effects of exercise on falls in elderly patients:</p>

ACCIDENTS: Services interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>A59 Promote local initiatives on physical activity in older people</p>	<p>There is some evidence to suggest exercise such as balance training is effective in preventing falls and subsequent injury in older people.^a</p> <p>There is some evidence to suggest that exercise such as balance training is effective in preventing falls and subsequent injury in older people.^a It is not known whether other single interventions such as exercise alone or health education classes, prevent falls in the elderly. Interventions targeted at both intrinsic and environmental risk factors of individual patients may be more effective.^b</p>	<p>a preplanned meta-analysis of the FICSIT trials. <i>JAMA</i> 1996;11:38-54.</p> <p>e NHS Centre for Reviews and Dissemination. Screening for osteoporosis to prevent fractures. <i>Effective Health Care</i> 1992:1(1).</p> <p>a NHS Centre for Reviews and Dissemination. Preventing falls and subsequent injury in older people. <i>Effective Health Care</i> 1996:2(4). Province MA, Hadley EC, Hornbrook MC, Lipsitz LA, Miller JP, Mulrow CD, Ory MG, Sattin RW, Tinetti ME, Wolf SL. The effects of exercise on falls in elderly patients: a preplanned meta-analysis of the FICSIT trials. <i>JAMA</i> 1996;11:38-54.</p> <p>b Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly [Cochrane Review] In: <i>The Cochrane Library, Issue 1, 2000. Oxford. Update Software.</i></p>
<p>A60 Promote family support – accident awareness, parenting skills</p>	<p>Child resistant containers have been shown to reduce home injuries.^a</p> <p>There is some evidence to suggest that childhood injury prevention counselling in primary care settings can be effective in increasing the use of safety equipment in the home.^b</p> <p>Home based social support, such as that provided by health visitors, is effective in reducing child injury rates.^a</p> <p>Home visiting programmes have the potential to significantly reduce the rates of childhood injury.^c</p> <p>Families are more likely to test and lower hot water temperature after receiving counselling in the clinical setting.^d</p>	<p>a. NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996:2(5). Speller V. Preventing injury in children and young people: a review of the literature and current practice. <i>Wessex Institute of Public Health Medicine</i> 1995;1-61. Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b. Bass JL, Christoffel KK, Widome M, Boyle W, Scheidt MD, Stanwick R, Roberts K. Childhood injury prevention counselling in primary care settings: a critical review of the literature. <i>Pediatrics</i> 1993;92:544-50. DiGiuseppe C. Individual-level injury prevention strategies in the clinical setting. <i>Future-Child</i> (in press). NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. <i>Effective Health Care</i> 1996:2(5). Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p>

ACCIDENTS: Services interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
A61 Take part in <i>Healthy Schools</i> programmes	School health promotion initiatives can have a positive impact on children's health and behaviour but do not do so consistently. Interventions are able to increase children's knowledge but changing attitudes and behaviour is harder. A multifaceted approach is likely to be most effective. ^a	<p>c. Roberts I. Does home visiting prevent childhood injury: a systematic review of randomised controlled trials. <i>BMJ</i> 1996;312:29-33.</p> <p>Hodnett ED, Roberts I. Home-based social support for socially disadvantaged mothers [Cochrane Review]. In: The Cochrane Library, Issue 1, 2000. Oxford: Update Software .</p> <p>d. DiGiuseppi C. Individual-level injury prevention strategies in the clinical setting. <i>Future Child</i> (in press).</p>
A62 Provide local alcohol services	No systematic reviews were identified in this area.	<p>a. Lister-Sharp D, Chapman S, Stewart-Brown S, Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. Health Technology Assessment 1999;3(22).</p>
A63 Ensure integrated service provision	No systematic reviews were identified in this area.	<p>a. NHS Centre for Reviews and Dissemination. Preventing unintentional injuries in children and young adolescents. Effective Health Care 1996;2(5).</p> <p>Towner E, Dowswell T, Simpson G, Jarvis S. Health promotion in childhood and young adolescence for the prevention of unintentional injuries, Health promotion effectiveness reviews. London: Health Education Authority 1996;1.</p> <p>b. Duperrex O. Safety education of pedestrians for injury prevention [Protocol for a Cochrane Review]. In The Cochrane Library, Issue 1, 2000. Oxford Update Software.</p>
A64 Provide pedestrian training for children	<p>There is no strong evidence to suggest that children can be successfully trained to avoid injury on the roads.^a</p> <p>A systematic review is currently underway on safety education for pedestrians.^b</p>	
A65 Promote cycle proficiency schemes	No systematic reviews were identified in this area.	
People can:		
A66 Have regular eye-tests	There is no evidence that community-based screening of asymptomatic older people results in improvements in vision. ^a	<p>a. Smeeth L, Illiffe S. Community screening for visual impairment in the elderly [Cochrane Review]. In The Cochrane Library, Issue 1, 2000. Oxford. Update Software.</p>

ACCIDENTS: Services interventions

POLICY

A67 Learn basic resuscitation/emergency skills

SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE

Defibrillation by basic life support personnel appears to reduce the risk of mortality among out-of-hospital cardiac arrest victims in ventricular fibrillation.^a

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ACCIDENTS: Additional evidence

Treatment of trauma

There is no evidence that medical anti-shock trousers (pneumatic anti-shock garments) reduce mortality, length of hospitalisation or length of ICU stay in trauma patients.^a

High dose methylprednisolone in the acute management of spinal cord injury can improve neurological recovery.^b

Treatment of critically ill patients

There is no evidence that colloid solutions are of any benefit in fluid resuscitation, either used alone or in combination with hypertonic crystalloids.^c

There is no evidence that one colloid solution is more effective or safe than any other in the treatment of critically ill patients.^d

There is evidence that albumin increases the risk of death in critically ill patients.^e

Hyperbaric oxygen in the treatment of nonpregnant adults with acute carbon monoxide poisoning has not been shown to reduce neurologic symptoms one month after treatment.^f

Treatment for musculoskeletal injuries

Shock absorbing insoles in footwear reduce stress fractures in athletes and military personnel. Rehabilitation after tibial stress fractures is aided by pneumatic bracing.^g

Antibiotic prophylaxis reduces wound, urinary and respiratory tract infections in patients undergoing surgery for closed fracture fixation.^h

Condylcephalic nails (in particular Ender nails) for hip fractures increase fracture healing complications, re-operation, residual pain and deformity compared with extramedullary implants.ⁱ

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- a Dickinson K, Roberts I. Medical anti-shock trousers (pneumatic anti-shock garments) for circulatory support in patients with trauma [Cochrane Review]. In *The Cochrane Library*, Issue 1, 2000. Oxford Update Software .
 - b Bracken MB. Pharmacological interventions for acute spinal cord injury [Cochrane Review] In: *The Cochrane Library*, Issue 1, 2000. Oxford: Update Software.
 - c Alderson P, Schierhout G, Roberts I, Bunn F. Colloids versus crystalloids for fluid resuscitation of critically ill patients [Cochrane Review] In: *The Cochrane Library*, Issue 1, 2000. Oxford: Update Software.
 - d Bunn F, Alderson P, Hawkins V. Colloid solutions for fluid resuscitation [Cochrane Review]. In: *The Cochrane Library*, Issue 1, 2000. Oxford: Update Software .
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The efficacy of calcitonin for fracture prevention in steroid-induced osteoporosis remains to be established.^j

No differences have been found in comparisons of methods of conservative treatment for wrist fractures.^k

Reviews of the effective and safe management of specific accidental injuries are the focus of 23 further complete Cochrane reviews^l and 29 protocols for Cochrane reviews.^m

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