4.3 Health promotion in schools

4.3.11 Injury prevention

Background
In Australia, injury prevention is a National Health Priority Area. In a given day, 5000 children are injured, with 170 children admitted to hospital and one child dying. In Western Australia children who have sustained injury account for 25% of all presentations at Princess Margaret Hospital Emergency Department. The focus of this guideline is on unintentional injury including, motor vehicle injuries, pedestrian and bicycle injuries, burns, falls, poisoning, drowning and suffocation.

Children and young people often do not have the ability to properly assess the risks involved in new activities and avoid potential dangers, and are therefore particularly vulnerable to injury. Common causes of injury vary according to developmental stage of childhood, and the hazards children are exposed at each stage. Children aged five to nine years have the highest rate of injury related to falls, a large proportion of which involve playground equipment. Other leading causes of unintentional injury include drowning or near-drowning incidents, burns and poisoning. Despite large declines over the last two decades, road transport accidents remain the most common external cause of death from injury among children and young people. Newly licensed young people are especially at risk of injury from road accidents for reasons including inexperience and risk taking.

Boys are at a higher risk for most types of childhood injury. Children from low socioeconomic backgrounds and Indigenous children also have a higher risk of injury-related morbidity and mortality. Single parenthood, parental drug or alcohol abuse, low maternal education, young maternal age at birth, living in remote areas, poor housing and large family size are other risk factors associated with injury in children.

The short term consequences of injury to a child include absence from school, associated impacts on learning and development, health care costs and parental loss of income. Injuries which are non-fatal but result in long term disability can have lasting effects on social and emotional development and occupational roles. In 2003, more than 120,000 adult Australians had a disabling condition which was caused by injury that occurred before 20 years of age.

Childhood mortality and morbidity as a result of injury can be effectively reduced through the implementation of prevention strategies. In addition, the link between alcohol and injury has been well established, and requires specific attention.

General principles
Children aged 5-14 years learn much about the world around them through observation and play. As they develop cognitively and physically their exposure to different settings broadens from the home, to school, sporting environments, streets and neighbourhoods. Each setting presents its own hazards and opportunities for prevention.
Over the age of 14 years most young people become more independent and make more decisions for themselves. This developmental stage is associated with new social pressures, the need to be accepted by peers, greater freedom, experimentation and risk-taking, lack of experience, feelings of immortality, and the use of alcohol and other drugs.¹

Strategies can be developed in partnership with the school and wider community to address local areas of concern, such as safety in homes, playgrounds, farms, sports, water and swimming areas; and in relation to cars, bicycles and motorbikes.

Key messages

- Injury prevention should focus on avoiding serious injury, while recognising the child and adolescent need for new experiences, challenges and learning.
- Prevention strategies for adolescents should include initiatives in the areas of alcohol and substance use, and mental health and resilience.⁹

Role of the community health staff

In practice, community health nurses should work collaboratively with other Community Health, Public and/or Population Health staff (e.g. health promotion officers) as part of a School Health Service team. Whilst community health nurses are not solely responsible for health promotion within schools, it is acknowledged that school staff frequently turn to the community health nurse for guidance and advice on effective school health promotion approaches.

This guideline has suggested injury prevention strategies suitable for the school setting. Depending on capacity and existing expertise within the school community, the community health nurse’s role in developing or delivering these strategies can vary greatly between being a leader, a catalyst for action or a point of reference for advice to others within the school community.

The strategies in this guideline have been structured around the three major components of the Health Promoting Schools Framework. Below are some suggestions which may assist nurses to identify what their role within each of these components may be.

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<tr>
<th>School curriculum, teaching and learning:</th>
<th>o Actively seek to be informed about and support curriculum in learning outcome areas</th>
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<tbody>
<tr>
<td></td>
<td>o Advocate where there are gaps in curriculum areas</td>
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<td></td>
<td>o Provide resources and information to assist teachers in delivery of teaching and learning</td>
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<tr>
<td>School environment, policies and practices</td>
<td>o Advocate to develop Injury Prevention policies</td>
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<td>o Assist in the development of school policies which have an impact on health</td>
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Partnerships with the community

- Be aware of existing services and support personnel within the school and wider community
- Promote a coordinated and holistic approach to health related issues
- Advocate for the involvement of parents, health professionals and other members of the wider community in the prevention of injury.
- Link individuals and families to appropriate services to assist with health and safety concerns

Curriculum, teaching and learning

- Identify and plan for professional development and training on injury prevention in schools.
- Encourage schools to adopt an injury prevention focus in several curriculum areas. Some examples are:
  - Safe driving and road safety (adolescents)
  - Traffic and road safety (children)
  - Swimming and water safety.
  - Physical education and sports safety.
  - Personal protective equipment and safety equipment in relevant learning areas.
- In health education, address the role of alcohol in the Australian culture and the relationship it has with injuries e.g. violence, road trauma, self-harm, drowning, falls and work-related injuries. This learning should be contextual and relevant for young people.

School environment, policies and practices

- Assess current policies, structures and processes which impact on injury prevention and identify strengths, weaknesses and areas which can be addressed. For example;
  - Compulsory use of bicycle helmets and seat-belts on school premises.
  - Use of the Australian standard for Playgrounds (AS 4685:2004)
  - Traffic-calming devices in school zones.
- Encourage the school to keep data about injuries at school and to review at regular intervals.
- Develop a whole of school injury prevention policy and ascertain how it will be implemented. The effectiveness of policies and procedures depends on the proactive nature of the school, staff and parents.
• Ensure school policies provide a balance between the risks that playgrounds pose and the benefits they have on child development.

• Promote a safe environment within the school and local community. Include the socio-cultural environment (varies with gender, age and cultural background) and the physical environment (roads, vehicles, buildings) as well as addressing individual behaviour.

• Ensure students are involved in decision making wherever possible.

Partnerships with the Community

• Provide information to the broader community to increase awareness of injuries and their prevention. Advocate for a greater commitment to sharing information, resources, funds and opportunities to reduce injuries.

• Encourage a positive safety culture within the school and wider community. This relates to individuals, families, communities, organisations and local governments all realising that injuries are preventable and investing in injury prevention is worthwhile.

• Consider the local community and identify injury ‘trouble spots’. Advocate with local authorities to address issues.

Related professional development

• KidSafe WA website has information about professional development: http://www.kidsafewa.com.au/upcomingevents.html

Related policies, procedures and guidelines

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<tr>
<th>4.2.3 Health promotion sub-policy</th>
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</thead>
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<tr>
<td>4.3.2 Health promoting school model</td>
</tr>
<tr>
<td>4.3.6 Promoting mental health and resilience in schools</td>
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Useful resources

KidSafe WA: find information about current news and events, fact sheets, resources and program information to help you keep kids safe http://www.kidsafewa.com.au/


Injury Control Council of Western Australia (ICCWA): ICCWA is the peak not for profit organisation involved in injury prevention and community safety promotion in

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Date Reviewed: August 2014
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NSQHS Standards: 1.7, 1.18

Main Roads Western Australia Office of Road Safety: information on children and road safety, youth and road safety and novice drivers. Also has games and quizzes which can be used by students. http://www.ors.wa.gov.au/


Policy Owner
Portfolio
Director Statewide Policy Unit. School aged children

References


