Injury Prevention

Description
Injury is the leading cause of death for people ages 1-44 in the United States and constitutes a public health problem.\(^1\) The economic burden is enormous and for those who survive, disability, loss of productivity, and a negative impact to their general health can be overwhelming.\(^3\)

Historically, injuries were thought to be unavoidable accidents, a part of everyday life.\(^3,5\) However, evidence shows they do not happen by chance. “Injuries follow a predictable pattern, thus making them preventable.”\(^5\) Indeed, recent findings indicate injury prevention behaviors can and do save lives. The proper use of seatbelts, frontal airbags, motorcycle helmets, child safety seats, and restraints have contributed to saving thousands of lives.\(^6\) However, violent behavior, risk-taking behavior, and non-use of protective equipment when working with machinery, driving, or playing sports/recreation continue to contribute to injury being a public health problem.

Much of today’s science of prevention is based on Haddon’s Matrix that divides the injury experience into the pre-event, event, and post-event phases.\(^3,7,9\) Injury prevention measures range across human factors (age and physical condition), environmental factors, and social factors (attitudes and law enforcement).\(^3,8\) Strategies are aimed at education or persuading people to change behavior; regulatory enforcement; and/or involuntary methods such as product or environmental improvements.\(^10\)

ENA Position
It is the position of the Emergency Nurses Association that:

1. Injury is a preventable public health problem.

2. Emergency nurses, as frontline care providers for injured patients, are accountable to be leaders in the prevention and control of injury through education, advocacy, patient care, and exemplary behavior.

3. Emergency nurses proactively incorporate evidence-based injury prevention education into practice, identify patients at risk, and inform and instruct patients, families, and the community regarding the risks for injury and injury prevention strategies.

4. Emergency nurses collaborate with interprofessional colleagues to develop injury prevention and control programs.

5. Emergency nurses promote and support the establishment of trauma care systems.

6. Emergency nurses participate in and conduct research related to injury prevention.

7. Emergency nurses assist in the development and implementation of a safe working environment for themselves and others.

8. Emergency nurses educate the public, media, and legislators, and advocate for the promotion of injury prevention and control.
Position Statement

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Background

Since 1961, there have been significant advancements in the study of injury, contributing to a scientific foundation for the analysis of injury outcomes and prevention methods.\(^3\) As far back as 1966 in a landmark paper, \textit{Accidental death and disability: The neglected disease of modern society}, there was call to implement prevention strategies.\(^1\) Since 1976, the American College of Surgeons (ACS) has published a series of guidelines for the care of injured patients.\(^10\) In spite of efforts, the book \textit{Injury in America: A continuing health problem}, published in 1985, proclaimed “injury is the principal public health problem in America today.”\(^2\) Since that time, with numerous efforts from civilian and military experience, and trauma and emergency professionals, trauma systems have been developed to include standardized injury registries, injury coding, injury scoring, and outcome analysis, all of which facilitate the study and evaluation of injury and trauma prevention.\(^10\)

For decades ENA has been dedicated to trauma education, advocating for injury prevention and developing programs such as the Trauma Nursing Core Course (TNCC), Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT), and more recently, the Workplace Violence Toolkit. During the 1980s ENA supported the injury prevention program Emergency Nurses Cancel Alcohol Related Emergencies (ENCARE), developing a provider training manual and Take Care programs to address public health issues such as falls prevention, safe mobility, safe driving decisions, and pedestrian safety.\(^1\) ENA’s \textit{National Scorecard on State Highway Laws}, a 6-point evaluation of each state’s highway safety laws, was “the first outreach of its kind in an effort to enhance collaboration at the local, state, and national level to encourage the adoption and implementation of effective injury prevention programs and policies.”\(^11\) In 2001 ENCARE became the Injury Prevention Institute and in 2010 ENCAE was integrated into the Institute for Quality, Safety and Injury Prevention (IQSIP). The ENA \textit{Barbara A. Foley Quality, Safety and Injury Prevention Award} honors a nurse who distinguishes herself/himself by improving outcomes in the emergency setting at the local, state, or national level.\(^5\)

Emergency nurses provide direct care of injured persons, with support from trauma coordinators, trauma outreach coordinators, trauma program managers/directors, etc. Emergency nurses are uniquely positioned to generate a positive impact related to injury prevention with every patient/family/community interaction.

Resources


http://www.nhtsa.gov/


http://www.safekids.org/

References

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This Position Statement replaces position statements: Motor Vehicle Safety; Motor Vehicle Occupant Protection; and Unintentional Sport and Recreation Injuries.

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