EMERGENCY NURSES ASSOCIATION
SAFE PRACTICE, SAFE CARE

Position Statement

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The Role of the Emergency Nurse in Injury Prevention

Description

In 2015, the leading cause of death in the U.S. for all people 1–44 years of age was unintentional injury.[1] The most recent World Health Organization report on violence and injury prevention (2014) states more than five million people die annually as a result of acts of violence, road traffic incidents, burns, falls, drowning, poisoning, and other injury events.[2] Nine percent of the world's deaths are a result of injury, almost 1.7 times the number of deaths resulting from tuberculosis, HIV/AIDS, and malaria combined.[2] These statistics illustrate the worldwide public health problem related to injury as a disease entity.[1–5]

For decades, injuries were considered non-preventable because they resulted from acts of random chance; just a part of everyday life.[4] Evidence indicates this theory is simply untrue: there is a predictable pattern to injuries that renders them amenable to prevention efforts. Improvements in technology like airbags, seatbelts, child passenger safety restraints, helmets, and other safety equipment have contributed to thousands of lives being saved.[6] Despite the evidence, failure to use protective equipment in industrial settings and in all types of transport vehicles continues to contribute to the numbers of preventable deaths and injuries. Violence and high-risk behaviors are also major components of these statistics. This public health issue requires public safety leadership;[7] this leadership comes from individual nurses, physicians, EMS providers and professional organizations along with government entities. Emergency nurses are uniquely positioned to promote injury prevention education for patients, caregivers, and their support systems at the time of injury.

The burden continues to be the lost potential of those who die from their injuries and the cost of care for those disabled by injury and facing life-long physical, mental, and financial challenges.[8] Despite being a leading cause of death, unintentional injuries have not provoked the level of detection, intervention, and prevention programs afforded other causes of death and disability. It has been estimated the overall cost of injury approaches three-quarters of a trillion dollars a year.[9]

The science of prevention is currently based on the *Haddon Matrix*, which categorizes the experience of injury into three phases: pre-event, event, and post-event.[10] This seminal concept has been applied internationally and validated multiple times in the literature.[10–12] Carol Runyon, a pioneer in the study of injury prevention, believed that while the matrix helped generate a list of prevention strategies, it did not provide a way to rank them. She introduced the concept of value criteria as a third dimension. Weighted value criteria establish a priority using qualitative and quantitative information.[12] The most effective prevention measures address human factors including physical condition and age, along with socioeconomic, cultural, and environmental factors like attitudes and law enforcement.[11] Strategies should be multidisciplinary and aimed at strengthening individual knowledge and skills, promoting community education, educating providers, fostering coalitions and networks, changing organizational practices, and influencing policy and legislation.[13,14] Injury prevention programs are best when they are evidence-based and demonstrate proven efficacy.[11–13,15]

ENA Position

It is the position of the Emergency Nurses Association that:

1. Injury is a public health problem directly influenced by personal choices and the human factor.

2. Emergency nurses, as members of the frontline care team, are poised to lead in the prevention of injury through evidence-based education, public education, and healthcare advocacy.

3. Emergency nurses identify patients at risk for preventable injury and educate patients, families, and the community on injury prevention strategies and resources.

4. Emergency nurses collaborate with other injury-prevention specialists and make referrals to community resources where available.

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

6. Emergency nurses conduct and participate in multidisciplinary research and implementation of strategies to achieve a safe work environment.

7. Emergency nurses advocate for the promotion of injury prevention through education of the pubic, media, and state and federal legislators.

Background

Preventable injuries will continue to occur as long as people are inclined to practice risky behaviors — the so-called human factor — but improved public health strategies can minimize the consequent deaths and injuries requiring emergency care. McClure et al. (2016) concluded that simply educating individuals about injury risk and providing them with information to reduce their level of risk will not solve the public health problem. Only a shift from an individual to a societal focus could benefit the injury-related health of populations.[7]

Significant advances in the study of injury have been made since 1961. The analysis of injury outcomes and prevention methods has established best practices that have been adopted by partners in the prevention of injuries, including ENA. The landmark 1966 paper, *Accidental death and disability: The neglected disease of modern society*, called for the implementation of prevention strategies.[4] The American College of Surgeons (ACS) publishes injury prevention resources and requires its verified trauma centers to maintain injury prevention programs based on data in the communities where they are located.[13] Multiple efforts have been launched in the civilian and military communities to create trauma systems across the continuum of care that include standardized data sets, injury registries, injury coding, and scoring systems to study and evaluate injury prevention and improve outcomes.[16]

For decades, ENA has assisted emergency nurses in promoting injury prevention education. The Institute for Quality, Safety and Injury Prevention (IQSIP) provides resources to the stretcher-side nurse to support injury prevention efforts. A workplace violence toolkit and a comprehensive toolkit on developing a community injury prevention program are available (see *Resources*). The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program advocates for alcohol related injury prevention education in the emergency department that uses the teachable moments generated by injuries. Injury prevention efforts like SBIRT serve to implement an effective strategy and represents another program that is required of ACS-verified trauma centers.[13] The emergency nurse has an opportunity to make referrals to case management or social services as well as other community-based support services that continue the injury prevention efforts with patients and families.[14] The Trauma Nursing Core Course (TNCC) identifies multiple opportunities for injury prevention at discharge from the ED and for special populations such as the elderly (e.g. fall prevention) and children (e.g. child passenger safety).[17] The ACS's *Stop the Bleed* program supported by ENA is a national campaign to promote awareness and call for action at the grassroots level to encourage bystanders to become empowered, equipped, and trained to help in a bleeding emergency.[18] ENA advocates for a safe work environment and violence prevention in the workplace, and calls for protection of emergency healthcare workers through advocacy efforts at the state and federal level.[19]

Emergency nurses are on the frontline in the direct provision of care to injured patients as part of the overall multidisciplinary trauma team. Injury prevention education presented at the time of injury can be an effective deterrent to repeating risky behavior.[13]

Resources

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