

# The Role of the Emergency Nurse in Injury Prevention

## Position Statement



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# The Role of the Emergency Nurse in Injury Prevention

## Description

From 2018 to 2019, there was a significant increase (3.5%) in the number of people dying as a result of unintentional injury in the United States. Unintentional injury was the leading cause of death for all people 1 to 44 years of age (Heron, 2021). The most recent World Health Organization (WHO) report on violence and injury prevention (2022) states that more than 4.4 million people die annually as a result of acts of violence, road traffic incidents, burns, falls, drowning, poisoning, and other injury events (WHO, 2022). An estimated eight percent of the world's deaths are a result of injury (WHO, 2022). These statistics illustrate the worldwide public health problem related to injury as a disease entity (Centers for Disease Control and Prevention [CDC], n.d.-a, n.d.-b; Heron, 2021; National Research Council and National Academy of Sciences, 1966; Sleet et al., 2011; WHO, 2022).

For decades, injuries were considered nonpreventable because they resulted from acts of random chance; they were thought to be just a part of everyday life (National Research Council and National Academy of Sciences, 1966). Evidence indicates this common belief that injury results from random acts is untrue: there is a predictable pattern to injuries that renders them amenable to prevention efforts. Improvements in technology such as airbags, seatbelts, child passenger safety restraints, helmets, and other safety equipment have contributed to thousands of lives being saved (WHO, 2022.). Prevention through design (PtD) is a concept that has been introduced into design, building, and architecture to minimize injuries, illnesses (CDC, n.d.-c). 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. As part of the public health solution to this issue, public safety leadership is required (McClure et al., 2016). This leadership needs to be provided by individual nurses, physicians, emergency medical service providers, as well as professional organizations and the government as a whole. 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 (Peterson et al., 2021). 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. In 2019, injuries cost an estimated \$4.2 trillion in economic cost (Peterson et al. 2021).

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 (Haddon, 1980). This seminal concept has been applied internationally and validated multiple times in the literature (Doza et al., 2023; Haddon, 1980; Johnson et al., 2018; Khorsandi et al., 2021; Larsen et al., 2019; Menon et al., 2022; Runyan, 1998; Siva & Tatebe, 2020; Scott-Parker & MacKay, 2015).

Carol Runyan, 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 (Runyan, 1998). The most effective prevention measures address human factors including physical condition and age, along with socioeconomic, cultural, and environmental factors (Scott-Parker & MacKay, 2015). Strategies can 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 (American College of Surgeons Committee

on Trauma, 2022a; Melzer-Lange et al., 2013). Injury prevention programs are best when they are evidence-based and demonstrate proven efficacy (American College of Surgeons Committee on Trauma, 2022a; Runyan, 1998; Scott-Parker & MacKay, 2015; Sise & Sise, 2006).

### ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Injury is a public health problem directly influenced by personal choices and human factors.
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 public; media; and local, state, and federal legislators.

### Background

Preventable injuries will continue to occur as long as people are inclined to engage in risky behaviors (the human factor) but improved public health strategies can minimize the number of 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 (McClure et al., 2016).

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 (National Research Council and National Academy of Sciences, 1966). 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 (American College of Surgeons Committee on Trauma, 2022a). 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 (American College of Surgeons Committee on Trauma, 2022a).

For decades, ENA has assisted emergency nurses in promoting injury prevention education. ENA provides resources to the stretcher-side nurse to support injury prevention. A toolkit for mitigating workplace violence and a comprehensive toolkit on developing a community injury prevention program are available (see the "Resources" section). 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 recommended as an injury prevention focus area of ACS-verified trauma centers (American College of Surgeons Committee on Trauma, 2022a).

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 (Melzer-Lange et al., 2013). 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) (Blansfield, 2020).

The Safe Kids Worldwide training program for child passenger safety (n.d.) provides certification for child passenger safety technicians and instructors and is considered a gold standard. 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 (U.S. Department of Homeland Security, 2022).

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. 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 (American College of Surgeons Committee on Trauma, 2022b).

## Resources

ENA has injury prevention resources available in the Practice Resource Library section of ENA University (<https://www.ena.org/enau/practice-resource-library>).

American College of Surgeons. (n.d.). Injury prevention resources. <https://www.facs.org/quality-programs/trauma/advocacy-and-injury-prevention/injury-prevention-resources/>

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American Organization for Nursing Leadership /Emergency Nurses Association Toolkit for Mitigating Violence in the Workplace (2022). <https://enau.ena.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=%2b6URsgoEA%2fOYNfGKhIW6bw%3d%3d>

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