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**Office-based counseling for injury prevention**  
Committee on Injury and Poison Prevention  
*Pediatrics* 1994;94;566-567

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



# Office-Based Counseling for Injury Prevention\*

Committee on Injury and Poison Prevention

All children deserve to live in a safe environment. Anticipatory guidance for injury prevention should be an integral part of the medical care provided for all infants, children, and adolescents. This guidance needs to be appropriate for the child's age and locale. Initially it is necessary for the counseling to be directed toward the parent as both the role model for the child's behavior and the person who is most capable of modifying the child's environment. As children mature, counseling should be directed increasingly toward the child or adolescent as they become responsible for their own behavior. Physicians are encouraged to document injury prevention counseling in the medical record.

To help pediatricians implement injury prevention counseling, the American Academy of Pediatrics has developed The Injury Prevention Program (TIPP). TIPP includes a safety counseling schedule, age-appropriate safety surveys, and age-appropriate safety sheets for families to take home. Physicians may use different parts of the TIPP program to supplement their anticipatory guidance. TIPP interventions and the guidelines presented here are based on strategies proven to reduce significant injury.

## INFANTS AND PRESCHOOLERS

Physicians caring for infants and preschool children should advise parents about the following issues.

1. **Traffic safety:** The appropriate use of currently approved child safety restraints needs to be discussed. Use of a car seat should begin with the first ride home from the hospital. Parents need to be reminded of the importance of using their own seat belts.
2. **Burn prevention:** Smoke detectors in the home should be installed and maintained. Hot water temperatures should be set between 120°F and 130°F to avoid scald burns.
3. **Fall prevention:** Window and stairway guards/gates are necessary to prevent falls. Discourage the use of infant walkers.
4. **Poison prevention:** Medicines and household products should be kept out of the sight and reach of children. These items should be purchased and kept in original childproof containers. Parents

need to have a 1-ounce bottle of syrup of ipecac in the home for use as advised by the pediatrician.

5. **Drowning prevention:** Because very young babies drown most commonly in bathtubs and buckets while unsupervised, advise parents to empty and properly store buckets immediately after use and to never leave infants or young children in the bathtub without constant adult supervision. Backyard swimming pools or spas need to be completely fenced to separate them from the house and yard. Although children younger than 5 years old often take swimming lessons, they should never swim unsupervised. It is unlikely that infants can be made "water safe"; in fact the parents of these infants may develop a false sense of security if they believe that their infant can "swim" a few strokes.
6. It is important that parents become trained in infant and child cardiopulmonary resuscitation and learn how to access their local emergency care system (eg, 911).

## SCHOOL AGE CHILDREN

Advice to the parents of elementary school age children begins to be more focused on the child's behavior. The child is included in this process as well while the parents are again reminded of their need to model safe behaviors.

1. **Traffic safety:** The use of seat belts should continue to be emphasized. Remind children and parents that no one should ride in the bed of a pickup truck. All-terrain vehicles should not be used by children less than 16 years of age. Review safe pedestrian practices. Approved bicycle helmets should be worn on every bike ride. The use of protective equipment for in-line skating and skateboarding needs emphasis.
2. **Water safety:** Children 5 years of age and older should be taught to swim and, at the same time, taught appropriate rules for water play. Children must never be allowed to swim alone. Coast Guard-approved personal flotation devices (PFDs) should be worn by every child engaged in any boating activity.
3. **Sports safety:** Adults who supervise children participating in organized sports programs need to emphasize the importance of safety equipment for the particular sport as well as appropriate physical conditioning for that sport.
4. **Firearm safety:** Because of the dangers that in-home firearms, particularly handguns, pose to young children, parents should be encouraged to keep handguns out of the home. If parents choose to keep a

\* This statement has been approved by the Council on Child and Adolescent Health.

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firearm in the home, the unloaded gun and ammunition must be kept in separate locked cabinets.

### ADOLESCENTS

Injury prevention advice to adolescents should be included in a broader discussion of healthy life-style choices, especially alcohol or other drug use. Pediatricians, parents, and schools should remain united in their efforts to promote community choices that, by modifying the adolescent environment, make adolescent risk-taking less likely to result in significant injury. Alcohol-free proms, designated driver programs, and bicycle helmet legislation are examples. Since peer influence often overshadows parental influence, programs such as those teaching conflict resolution and skills to counter negative peer pressure and to reduce risk-taking behavior show promise as other methods to reduce adolescent injury.

Specific areas of injury prevention guidance should include the following.

1. Traffic safety: Encourage seat belt use and discuss the role of alcohol in teenage motor vehicle accidents. Motorcycle helmets and bicycle helmets should be worn on every ride. The use of protective equipment for in-line skating and skateboarding needs emphasis.
2. Water safety: Discuss alcohol use in water-related activities for teens, especially as it relates to diving injuries. The use of Coast Guard-approved personal flotation devices (PFDs) in boating needs to be reviewed.
3. Sports safety: Adolescents participating in organized sports programs need to be reminded of the importance of safety equipment for their particular sport as well as appropriate physical conditioning for that sport.
4. Firearm safety: In-home firearms are particularly dangerous during adolescence due to the potential

for impulsive, unplanned use by teens resulting in either suicide, homicide, or other serious injuries. If parents choose to keep a firearm in the home, the unloaded gun and ammunition must be kept in separate locked cabinets.

### CONCLUSION

Injury remains the leading cause of childhood and adolescent death and disability. Appropriate counseling by pediatricians can alert parents and children to many risky behaviors or environments. Appropriate behavior or environmental change by parents and children will be needed to decrease the number of children with significant injury.

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