

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

RESOLUTION (76) 6

CONTAINING RECOMMENDATIONS TO GOVERNMENTS ON PREVENTION OF ACCIDENTS IN CHILDHOOD

*(Adopted by the Committee of Ministers on 18 February 1976
at the 254th meeting of the Ministers' Deputies)*

The Committee of Ministers,

Considering that the aim of the Council of Europe is to achieve a greater unity between its Members and that this aim may be pursued inter alia by the adoption of common action in the social and public health fields ;

Expressing considerable concern at the lack of noticeable changes in member states concerning the situation of accidents in childhood since the study undertaken in the framework of the 1970 co-ordinated medical research programme ;

Considering that accidents in childhood still present considerable public health problems ;

Considering that these accidents represent unnecessary costly burdens for the community and often a considerable physical, social and psychological handicap to the child and its family ;

Considering the need for continuous action in the field of prevention of accidents in childhood on local, regional, national and international levels,

I. Recommends governments of member states to implement as fully as possible the measures enumerated in Appendix A and to make use, when introducing these measures, of the model given in Appendix B ;

II. Invites the governments of member states to inform the Secretary General of the Council of Europe every five years of the action taken by them in respect of the present resolution.

Appendix A to Resolution (76) 6

With a view to promoting child safety in member states of the Council of Europe, the following measures should be taken :

I. *Organisation*

1. The possibility should be examined of setting up a national body (whether governmental or non-governmental) which might assume responsibility for, e.g. :

- problem analysis,
- policy decision,
- guidelines formulation.

2. Such a national body should develop effective means of communication with local organisations (governmental or non-governmental) who could be responsible for, e.g. :

- collection of information,
- programme development,
- co-ordination of programme implementation,
- research.

3. If a non-governmental body has been encouraged to serve as the agent of the government for this purpose, then means should be placed at its disposal to render it effective.

II. *Study and research*

1. Research related to child safety should be problem orientated or service orientated.

2. It should be concerned not only with mortality but also rather with child accidents morbidity in respect of :

- different age groups,
- different locations,
- different agents.

3. It should be developed to identify the consequences of injury in terms of long-term and permanent disability.

4. It should be carried out to indicate cost effectiveness of child safety programmes.

5. Such research should use modern epidemiological methods to ensure that ecological circumstances are taken into account.

III. *Education and training*

1. Health education should stress the importance of safety and to this end should emphasise the need for the training of the child, the parent and the teacher and also ensure the active participation in safety behaviour of the child at all ages.

Such programmes of education should constantly be related to psycho-motor development of the child because of the different risks faced by each age group.

2. The responsibilities of doctors and nurses and other health personnel in the promotion of child safety should be clearly recognised and this fact should be incorporated into their training.

3. School curricula should be designed in such a way to include appropriate instruction and practice throughout the school age in safety measures and life-saving procedures.

4. Training measures which are developed to encourage the protection of the child should recognise the importance of active community participation in the implementation of programmes for child safety.

IV. *Legislation and standardisation*

1. Regulations should be constantly reviewed and developed. They should be related to changing patterns of life and to information derived from research and studies.

2. A standard institution should be designated in each country with the means to assess the design and safety aspects of manufactured articles, indoors and outdoors environment, and to keep these standards under close review and to keep close contact in this respect with industry.

3. Whenever possible these national standards should receive international acceptability.

V. *Information services*

1. Governments should give the widest possible distribution to all instances concerned with child safety of both the report prepared by the 1970 co-ordinated medical research team and the present resolution.

2. Governments should indicate in addition to whom they would like the Council of Europe to distribute these publications.

Appendix B to Resolution (76) 6

Plan for a national programme of child safety

Model

THE PROMOTION OF CHILD SAFETY

Model child accident prevention scheme

Statistics

Any national plan designed to prevent accidents must, to be successful, be based on accurate information regarding the causes, the incidence and the results of accidents. Statistical information relating to child accidents and their different causes must be continually available. It is probably practicable on a national scale only to consider mortality figures but these alone will indicate the size of the problem and, if publicised in an understandable form, will attract public awareness to avoidable childhood tragedies and risks which need not happen and could with thought and care so often be prevented. It is also desirable to plan local surveys in different parts of the country where, as well as the mortality figures which will already be known, valuable information will be obtained regarding the vulnerability of children to accidents and to the differing risks which they face. This combination of national mortality figures associated with local morbidity studies will provide a wealth of material upon which an effective plan of prevention can be based. Doctors will play a leading part in the accurate preparation of such data, for they see the victims of these accidents, and the validity of the information will depend greatly on their accurate reporting. It is then necessary, through the popular media of communication such as the radio and the press, to keep the public informed about such accidents so that they cannot claim ignorance of existing dangers and thus will be sympathetic to measures which are taken to reduce them.

Organisation

Government naturally has a leading role to play ; however, it is important that government activity in accident prevention be co-ordinated. In some cases it may be appropriate for a single government department to be concerned ; in others an interdepartmental co-ordinating committee may meet the need. It should be responsible for the collation of information and its distribution, the promotion of legislation, and the stimulation of action by local and regional authorities and by voluntary organisations. It would need to recognise that alone it would achieve little, but that indirectly through the agency of local statutory and voluntary authorities, and with the aid of national propaganda, it could make a substantial impact. At national level it will best achieve this result by establishing a committee widely representative of organisations which are involved.

Co-ordination

Local "weeks" devoted to accident prevention with exhibitions and talks in public meeting places and in schools and clinics can prove highly rewarding ; an imaginatively prepared exhibition with an adequacy of simple colourful information, together with practical talks, can well excite more interest and response than the impersonal poster or the national radio programme. Such "weeks", perhaps at yearly intervals, could be devoted to different forms of childhood accident and their prevention.

This continuing local activity in the interests of promoting child safety will require the active support of local organisations and individuals and can best be created and maintained by the establishment of local representative committees who would work under the guidance of and in association with the local health authorities. The latter will turn for advice to their medical officers of health who rightly regard child safety as an important part of child health, but others should be equally involved. The architect, too, has a responsibility to see that safe homes are designed for the protection as well as the comfort of their occupants. Then again the town planning officer has a duty to ensure that the environment which he is creating recognises the need for road safety, and has play spaces which are easily accessible, provide scope for adventure and are yet safe. Industry, too, has a concern with child safety, for management should recognise that its employees will be more effective and more contented in the knowledge that their children are being safely cared for during their time at work in the factory or the office.

Research

Local surveys of accident morbidity, which will need the co-operation of doctors and hospitals, will attract considerable local interest and will form the basis upon which local research can be conducted ; research not only into the incidence of accidents and their causes but also into the effectiveness of the various forms of accident prevention which are practised. Research which enables an evaluation of methods of accident prevention is all-important : there is a tendency to believe that continuous propaganda on orthodox and traditional lines will achieve the best results, but it may well prove that the public becomes no longer receptive to such measures and that new, as yet untried, approaches will for a time prove far more rewarding. The other advantage of such local studies and research is that it will involve local people who may well prove more influential and effective than remote central departments and agencies ; studies have shown that a locally based education programme of accident prevention, if maintained, can be highly successful. Local surveys should however be undertaken on a planned and co-ordinated basis in order to ensure that the results are nationally representative.

Legislation and standards

With advances in scientific knowledge, life for the individual and the family becomes more sophisticated and in some respects more dangerous ; equipment in the home becomes more complicated and elaborate and road traffic becomes more congested and at the same time often travels at greater speeds. There is a limit to what goodwill and exhortation can achieve, and an appliance, even a child's toy, may prove to be so dangerous that to prevent further manufacture or to render it safe legislation may prove necessary ; in the same way the speed of vehicles in heavily populated areas may need to be controlled by law more strictly. Many examples are to be found in different countries of necessary legislation which has proved to be effective, e.g. poisons control, but it should only be considered when all other measures have failed. The writing of "standards" for articles, appliances and building materials is now the accepted practice in many countries and some, e.g. colour of electric wiring, are internationally agreed. Legislation, if necessary, can sometimes be based on such standards.

Education and training

Finally, one comes to probably the most important form of accident prevention—education. It is not always clearly appreciated that the small child of pre-school age is rarely aware of the dangers that exist in and around his home and the importance of adequate supervision cannot be over-stressed. This is essentially the responsibility of the parents, who themselves may sometimes be ignorant of some of the risks, for it is equally important for them to teach the child about these hazards and at the same time to protect him as far as it is humanly possible from those which he cannot avoid unaided.

The child watches the adult and tends to learn from such experience, but the adult is not always the best teacher. The educational curriculum should include instruction in accident prevention and life saving since this is an important part of the process of growing to maturity—not always recognised. Teachers themselves need to be persuaded of the merit of this and should be able confidently to give instruction in this ; for this purpose it needs to form part of their training and to be included in their own curriculum. There is no advantage in delaying this aspect of child education until a certain age is reached because, generally speaking, the earlier the age at which such instruction begins the more likely it is for the knowledge to be retained—and this feature of the educational system should continue throughout the school-days. Education does not stop there, because continuing health education should form a valuable part of every country's governmental programme and should be an important feature of the work of doctors, nurses and health visitors whether with individual patients or in their work in clinics and hospitals. The medical officer of health has an essential role. There is nevertheless a limit to the effect which they can achieve, and the assistance of the various means of dissemination of information on a large scale, such as the newspapers or the radio or television, should be sought. It is tempting to imagine that the public in any country can benefit from a mass of detailed instruction presented in the shortest possible time, but experience suggests that for most people one feature concerned with one aspect of child safety at a time, presented in the simplest terms, is more likely to be understood, learnt and retained. Health education, for its greatest success, requires the advice and experience of the medical officer of health, the teacher, the epidemiologist and the expert in ways of communication.

As the control of disease becomes firmer, as surgical skills become more far-reaching, as anaesthetics become more sophisticated and drugs more precise in their action, so accidents loom larger as a leading cause of death and disability. It thus becomes vitally necessary to develop and employ the most effective means of preventing them. Similar types of accident affect all age groups and thus similar means of protection can be equally successful, but too often children are the victims because of lack of supervision, training or sheer unawareness of the risks which they face. The government, the manufacturer, the parent, the teacher and the statutory authorities all bear a responsibility.

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