



Prevention in children and adolescents AEPap/PAPPS

Traffic child injury prevention

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RECOMMENDATIONS

Clinical trials about interventions of brief counselling in the medical office are very scarce or inexistent for many clinical questions, as for instance the counselling on injury prevention, and when they exist the risk of bias is very high due to factors such as the obvious difficulties in the blinding of the intervention, usual short follow-up of the participants or confounding factors that appear in a setting where patients communicate among them, contaminating the groups. Most intervention studies on counselling are before-after studies, measuring intermediate outcomes: acquired knowledge, attitudes, even acquired skills, but hardly ever a study assesses accidents or injuries.

These limitations explain the hesitation when issuing conclusions and assigning a grade of recommendation in traffic injury prevention, extensive to what also happens in domestic and leisure injuries. Nevertheless, the lack of evidence is not evidence of ineffectiveness and as the objective is relevant, the balance risk-benefit of interventions like using helmets by cyclists induces to recommend that counselling should take place.

PreInfad recommendations

The progressive reduction in traffic accident rate in Spain in the last years is the result of a combination of legislative measures, community campaigns, better health emergencies care and population consciousness raising.

There are few research papers on the professional counselling on traffic injury prevention in children and adolescents in the primary care office.

However, given the relevance of the effect to be obtained, the effectiveness of child restraint systems and the use of helmets, and still the too high figures in mortality and morbidity that traffic accidents produce in children and adolescents, PrevInfad formulates the following recommendations:

- We recommend that primary care professionals offer counselling on the use of child restraint systems and the use of helmet in bicycles and motorbikes, in the well child visits and in other favorable situations such as care in case of traffic injury of any seriousness.

B recommendation

- There is insufficient evidence on the effectiveness of brief counselling in the medical office on road safety education, child and adolescent safety as drivers, child as motorbike passenger and school transport.

I statement

- Community wide campaigns have proven to be effective. We recommend that the Pediatrics' professional, when performing community work proper to primary care, take part and promote this kind of educational campaigns in his/her setting.

B recommendation