



PREVENTION OF CHILDHOOD INJURIES DUE TO DOMESTIC ACCIDENTS

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INTRODUCTION

Domestic accidents involving children represent a major public health issue in Spain, being one of the leading causes of morbidity and mortality in children under 14 years of age, particularly during early childhood. According to data from the Spanish National Institute of Statistics (INE), domestic accidents are among the most frequent causes of hospital admissions and pediatric emergency visits, especially in children under 5 years of age—an especially vulnerable group.

The home, traditionally regarded as a safe environment, is in fact where most accidents in young children occur. Falls, burns, poisonings, wounds, and drownings are among the most common incidents, and their frequency is closely related to children's natural curiosity, motor development, and lack of awareness of surrounding hazards. This age group's vulnerability makes the prevention of domestic accidents a public health priority.

Risk factors include not only the child's age and developmental stage but also the physical environment and the level of caregiver supervision. In households where appropriate safety measures—such as stair gates or safe storage of hazardous substances—are not implemented, the risk of accidents increases significantly.

In this context, awareness campaigns and prevention programs have gained prominence in recent years, promoted by both public and private institutions, with the aim of reducing the incidence of childhood accidents. Nonetheless, domestic accidents remain a significant burden for families and the Spanish healthcare system, underlining the need to further strengthen preventive and educational measures at all levels.

Despite the severity of this issue, existing legislation in Spain on this matter is scarce and outdated. Additionally, there is no regulation addressing critical topics such as the sale of infant walkers.

This introduction lays the foundation for understanding the importance of addressing childhood domestic accidents in Spain and highlights the relevance of prevention and education in this area.

SUMMARY OF EVIDENCE

- Counseling and intervention in primary care settings can reduce unintentional injuries. However, the supporting studies focus on children up to two years old; thus, **the level of evidence for counseling and intervention regarding unintentional domestic injuries is MODERATE.**
- Counseling provided during primary care visits can influence patient behavior, potentially leading to positive outcomes. However, the effectiveness of behavior change depends on several factors, including the clarity of the advice, the patient's readiness to change, and follow-up. Therefore, **the level of evidence that in-office counseling leads to behavioral changes regarding the use or not of safety measures/ safety behaviors, to reduce unintentional injuries at home is LOW.**
- When behavioral changes do occur and are appropriate, there is a reduction in morbidity and mortality associated with unintentional childhood injuries. **The level of evidence supporting the idea that behavioral changes reduce morbidity and mortality from unintentional domestic injuries is MODERATE-HIGH.**
- The use of safety devices—such as socket covers, safety gates, and door and drawer latches—is effective in reducing unintentional injuries at home. However, their effectiveness depends on correct installation and usage; therefore, **the level of evidence is MODERATE.**
- Avoiding the use of infant walkers has been shown to reduce the number of childhood domestic accidents. Moreover, their use provides no proven benefits; thus, **the level of evidence supporting their non-use is HIGH.**

PREVINFAD RECOMMENDATIONS

1. **It is suggested to provide counseling on the prevention of childhood domestic accidents during primary care consultations.**

- Quality of evidence: Moderate
- Strength of recommendation: Weak in favor

2. It is suggested to use protective safety measures to reduce morbidity and mortality from childhood accidents.

- Quality of evidence: Moderate
- Strength of recommendation: Weak in favor

3. The use of infant walkers is not recommended.

- Quality of evidence: High
- Strength of recommendation: Strong against

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