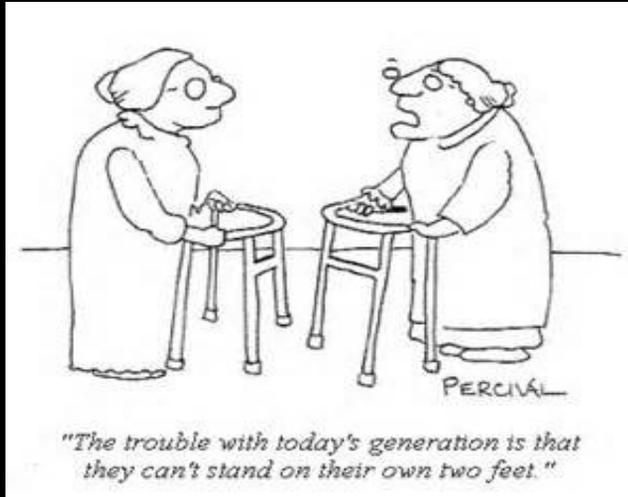


# Injury Prevention



## Injury Prevention

Injury Prevention consists of the intervention that prevents or reduces the likelihood of **INJURY** or **DEATH**.

# Whose Job Is It?

- The TMD and TNC...who has more potential influence than you when it comes to trauma?
- The Injury Prevention Coordinator
- All of the Trauma Team members



“Injury prevention is the responsibility of all trauma team members working in collaboration with the community. The organization of these efforts begins with effective leadership. Each trauma center must have someone in a leadership position who has injury prevention as part of his or her job description (CD18-2). In Level II, III, IV centers, this position may be filled by a Trauma Program Manager with a specific role in prevention efforts detailed in the job description, but only if this role does not negatively affect the work product of the Trauma Program Manager.”

*Resources for Optimal Care of the Injured Patient 2014, (139)*

For the state of Montana: A Designated injury prevention coordinator is only essential for a Regional Trauma Center and Desired for an Area Trauma Hospital.

## Key Elements of an Effective Injury Prevention Program

- Target the community
- Work upstream
- Choose pre-existing proven programs
- Always partner with other organizations
- Embrace the media
- Be politically savvy – you may want a law passed
- Try to utilize past patients who want to share their stories
- Do not forget the data

**Target the community:** Identify the primary causes of injury and death.

**Work upstream:** Identify the root causes of injury and its contributing factors.

**Choose pre-existing proven or programs:** Understand that new program development, assessment, and implementation are complex and time-consuming.

**Always partner with other organizations:** Make use of the fact that other Trauma Centers, prehospital providers, law enforcement agencies, schools, churches, and other organizations are interested and involved in community injury prevention efforts.

**Embrace the media:** Learn to speak effectively, be prepared for the many opportunities that will arise, and allow Trauma Center leaders to become a reliable source for injury prevention information for local print and broadcast media.

**Be politically savvy:** Realize that elected and appointed leaders can help if the Trauma Center understands their goals and the ways to work with them to create effective laws promoting prevention.

**Use past patients:** There is nothing more powerful than the voice of someone who was involved in a traumatic incident and wants to teach others how to be safe

**Do not forget the data:** Develop surveillance and monitoring tools to assess not only the available performance indicators of the Trauma Center's prevention efforts but also the effectiveness of your efforts.

*Resources For The Optimal Care Of The Injured Patient 2014 (140, table 1)*

## Look at the data to determine where to focus your energy

### State and County reports from the State of Montana

- Injury Burden Report: Opportunities For Prevention in Montana:
  - <http://buckleup.mt.gov/docs/dphhs-injury-burden-report.pdf>
    - Preventable Deaths in Montana: Unintentional Injury Deaths by County
  - <http://dphhs.mt.gov/Portals/85/publichealth/Chronic%20Disease/PreventableDeathsInMontanaInjuryAccessible.pdf>

### National and State Reports from the CDC

### Trauma Registry Data

The April 2015 [Preventable Deaths in Montana: Unintentional Injury Deaths by County](#) states; Of deaths due to unintentional injury in Montana, the majority are related to motor vehicle crashes, falls and poisonings. Just this one report provides you a place to start.

Look at your registry data; what preventable injuries and deaths are you seeing in your community?

### 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 979	Unintentional Drowning 393	Unintentional MV Traffic 342	Unintentional MV Traffic 414	Unintentional MV Traffic 6,510	Unintentional Poisoning 8,251	Unintentional Poisoning 8,374	Unintentional Poisoning 10,651	Unintentional Poisoning 6,388	Unintentional Fall 25,464	Unintentional Poisoning 38,851
2	Homicide Unspecified 139	Unintentional MV Traffic 327	Unintentional Drowning 116	Suicide Suffocation 231	Homicide Firearm 3,704	Unintentional MV Traffic 5,776	Unintentional MV Traffic 4,448	Unintentional MV Traffic 5,082	Unintentional MV Traffic 4,502	Unintentional MV Traffic 6,333	Unintentional MV Traffic 33,804
3	Homicide Other Spec., classifiable 74	Unintentional Suffocation 161	Unintentional Fire/ Burn 87	Suicide Firearm 137	Unintentional Poisoning 3,293	Homicide Firearm 3,372	Suicide Firearm 2,948	Suicide Firearm 4,057	Suicide Firearm 3,809	Suicide Firearm 5,113	Unintentional Fall 30,208
4	Unintentional MV Traffic 66	Homicide Unspecified 153	Homicide Firearm 48	Homicide Firearm 94	Suicide Firearm 2,210	Suicide Firearm 2,897	Suicide Suffocation 1,868	Suicide Suffocation 2,007	Unintentional Fall 2,283	Unintentional Drowning 4,316	Suicide Firearm 21,175
5	Undetermined Suffocation 43	Unintentional Fire/ Burn 129	Unintentional Suffocation 44	Unintentional Drowning 83	Suicide Suffocation 1,839	Suicide Suffocation 2,154	Homicide Firearm 1,843	Suicide Poisoning 1,867	Suicide Poisoning 1,528	Unintentional Suffocation 3,616	Homicide Firearm 11,208
6	Undetermined Unspecified 28	Unintentional Pedestrian, Other 39	Unintentional Other Land Transport 29	Unintentional Other Land Transport 49	Unintentional Drowning 501	Suicide Poisoning 716	Suicide Poisoning 1,193	Unintentional Fall 1,366	Suicide Suffocation 1,182	Unintentional Poisoning 1,824	Suicide Suffocation 10,062
7	Unintentional Drowning 23	Homicide Other Spec., classifiable 71	Unintentional Natural/ Environment 22	Unintentional Fire/ Burn 66	Suicide Poisoning 418	Undetermined Poisoning 565	Undetermined Poisoning 633	Homicide Firearm 1,158	Unintentional Suffocation 723	Adverse Effects 1,755	Suicide Poisoning 6,637
8	Homicide Suffocation 22	Unintentional Natural/ Environment 43	Unintentional Pedestrian, Other 18	Unintentional Suffocation 37	Homicide Cut/ Pierce 331	Unintentional Drowning 424	Unintentional Fall 522	Undetermined Poisoning 801	Homicide Firearm 573	Unintentional Fire/ Burn 1,103	Unintentional Suffocation 6,601
9	Unintentional Natural/ Environment 19	Homicide Firearm 39	Homicide Other Specified, NEC* 15	Unintentional Firearm 24	Undetermined Poisoning 219	Homicide Cut/ Pierce 409	Unintentional Drowning 357	Unintentional Suffocation 478	Unintentional Fire/ Burn 564	Suicide Poisoning 905	Unintentional Unspecified 5,407
10	Unintentional Fire/ Burn 17	Unintentional Stroke by or Against 33	Unintentional Firearm 15	Unintentional Poisoning 21	Unintentional Fall 205	Unintentional Fall 305	Homicide Cut/ Pierce 267	Unintentional Drowning 464	Undetermined Poisoning 547	Suicide Suffocation 770	Unintentional Drowning 3,391

\*Not elsewhere classifiable

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



## Now that you have identified the issue you want to tackle...

Research your organization to determine if anyone is already working on the topic you have chosen.

Research local community organizations to see if someone is working on the topic you have chosen.



Preventing Falls Among Older Adults



“Our organization needed to work on falls in the elderly. In researching programs offered at our organization, I realized that someone in my organization was already working on fall prevention utilizing the “Stepping On” program offered in the State of Montana. I collaborated with my college, offering additional help to support the program and started collecting data from the program to use as part of our injury prevention program.”

“Our trauma program needed to work on seatbelt usage in our community. In researching my community and collaborating with community members I found our local ‘Buckle Up Montana’ coalition. I did not have to start from scratch, just join the cause.”

# Community Programs in Montana

- Buckle up Montana
  - May include car seat safety
  - Check with your local fire department and law enforcement
- Impaired driving task forces
- Distracted driving
- Underage drinking coalitions
- Stepping On



"It's the latest innovation in office safety. When your computer crashes, an air bag is activated so you won't bang your head in frustration."

## Resources and Programs

STN (Society of Trauma Nurses)

<http://www.traumanurses.org/special-interest-groups/injury-prevention-sig>

CDC (Centers for Disease Control and Prevention)

<http://www.cdc.gov/injury/>

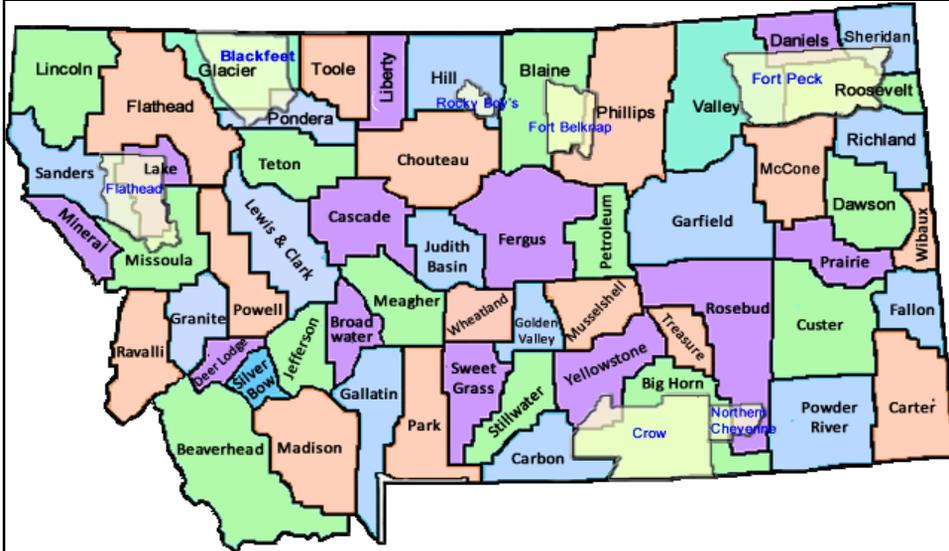
State of Montana

<http://dphhs.mt.gov/publichealth/EMSTS/prevention>

Harborview Injury Prevention and Research Center:

[www.depts.washington.edu/hiprc](http://www.depts.washington.edu/hiprc)

# What are some trauma programs are doing in Montana?



# Beartooth Billings Clinic

- Slide Safe & Dress Smart
- Target Audience – K-12 – Schools that participate in a ski school program at local hills. (In 2014 Beartooth Billings Clinic and Red Lodge Mountain was awarded the “Best Helmet Safety Program” by the National Ski Area Association)

## It’s Your Choice

- Target audience – 8<sup>TH</sup>-12<sup>TH</sup> graders – 3-piece distracted driving program. 1) Distracted Driving outside driving course on a golf cart (St. Vincent’s) and/or a Distracted Driving inside computer simulator (Billings Clinic). 2) Afternoon Assembly (8<sup>th</sup>-12<sup>th</sup> grade with public/parents). This includes live presentations (1 hour) from survivors of distracted driving crashes. 3) Live crash scene (1 hour) this brings it all together for your audience.

## Lids Save Lives ice cream giveaway

- Target Audience – 0-15 year olds – Collaborative helmet injury prevention program with local police department and hospital Trauma Services. Kids are cited with a ticket for wearing a helmet. The ticket is redeemable for one free small ice cream cone at 1 of 3 ice cream locations in town.

### Slide Safe & Dress Smart

TARGET AUDIENCE – K-12 – Schools that participate in a ski/school program at local hills. Most schools want us to present to the entire school (broken up into 2-3 age groups) the first year. Once this is accomplished, we encourage the school to invite us back the following year to present to the “first grade” that is eligible to participate in their program and any new students that will be participating. This will allow the program some longevity. (In 2014 Beartooth Billings Clinic and Red Lodge Mountain was awarded the “Best Helmet Safety Program” by the National Ski Area Association)

“The focus of this program is proper dress, nutrition, on-hill safety and courtesy. The program also stresses the importance of taking part in lessons to learn and improve the skills to maintain speed control, and to never ski alone. Additionally, it educates parents and children on the value of helmet use, proper fitting, and effects of a concussion, along with an offer for a helmet at a reduced price”.

### Lids Save Lives – Ice Cream Giveaway

TARGET AUDIENCE – 0-15 YEAR OLDS – Collaborative helmet injury prevention program with local police department and hospital Trauma Services. Kids are cited with a ticket for wearing a helmet. The ticket is redeemable for one free small ice cream cone at 1 of 3 ice cream locations in town.

“The program is designed to recognize children who protect themselves while enjoying their summer activities. This program is a great partnership to encourage the kids on positive habit reinforcement. The kids are caught wearing a helmet, whether riding a horse, bike, skate board, a razor, motorcycle or 4-wheeler. The program also gives the local police department positive public relations to interact with the younger members of our communities”.

### It’s Your Choice

TARGET AUDIENCE – 8<sup>TH</sup>-12<sup>TH</sup> GRADERS – 3 Piece distracted driving program. 1) 8<sup>th</sup>/9<sup>th</sup> graders morning session (2-3 hours) with one or both, Distracted Driving outside driving course on a golf cart (St. Vincents) and/or a Distracted Driving inside computer simulator (Billings Clinic). 2) Afternoon Assembly (8<sup>th</sup>-12<sup>th</sup> grade with public/parents). This includes live presentations (1 hour) from survivors of distracted driving crashes. Use your community members, MHP, short videos, Public Health, Trauma Medical Director and Coordinator, DUI task force member, etc... 3) Live crash scene (1 hour) this brings it all together for your audience. Utilize all of your local agencies; Law, EMS, Fire, MHP, Funeral Home, Flight Team, school kids (usually 3-4 depending on how long you want to make the presentation), community members. Additionally, this program would be done near a big school event such as prom or graduation and for local agencies it is a “Team Course”. You can also incorporate the local hospital to exempt and triage patients from the scene.....

“This injury prevention program will feature a convincing distracted driving motor vehicle crash dramatization as well as guest speakers who have compelling firsthand experience with such crashes –survivors, law enforcement officers, local emergency service volunteers and medical trauma specialists. Guests will learn how these sometimes fatal crashes have impacted victims, families and communities, plus how to help prevent these unnecessary injuries and deaths. The principle actions that cause distracted driving and lead to vehicle crashes are; driver’s state of mind, electronic devices, eating, reading, applying makeup, smoking, day dreaming while driving just to name a few”.

# Community Medical Center, Missoula

Osprey Helmet Giveaway Brain & Spinal Cord Injury Prevention:

- Every summer, CMC's staff fit and give away helmets at an Osprey minor league baseball game. Helmets are purchased from donations by companies in the Missoula community.

ThinkFirst Heads-Up Brain & Spinal Cord Injury Prevention:

- Programs present medical education and problem-solving examples to get children from pre-school through high school and beyond to think about choices, and to "use their minds to protect their bodies."

Stepping On

- A program that empowers older adults to carry out health behaviors that: reduce the risks of falls, improve self-management and increase quality of life.

SafeKids Missoula:

- A multi-disciplinary group formed to promote safety and education to children in our community. Members include Rural Fire, City Fire, Montana Highway Patrol, and representatives from both local hospitals. SafeKids motto is, preventing injuries: at home, at play and on the way.

1. Community Outreach: Osprey Helmet Giveaway Brain & Spinal Cord Injury Prevention: Every summer, CMC's staff fit and give away helmets at an Osprey minor league baseball game. Helmets are purchased from donations by companies in the Missoula community. "Helmet fitters" have the opportunity to meet and interact with 80-100 Missoulians and provide education through hands-on materials and games regarding sporting safety, particularly prevention of brain and spinal cord injury.
2. Community Outreach: ThinkFirst Head-Up Brain & Spinal Cord Injury Prevention: ThinkFirst-Head-Up started at Community Medical Center in 1989. The national program was initiated by two Florida neurosurgeons, who over the course of a July 4th weekend admitted seven teenagers who had sustained spinal cord or traumatic brain injuries. The neurosurgeons channeled their frustrations into developing ThinkFirst, an injury prevention program designed to educate students about the prevention of brain and spinal cord injuries. ThinkFirst was well received and other states who were interested received training in implementing the program. It is the only prevention program in the U.S. that was developed and is implemented with a medical perspective. ThinkFirst programs present medical education and problem-solving examples to get children, from pre-school through high school and beyond, to think about choices, and to "use their minds to protect their bodies." Research indicated scare tactics don't work, however education does.
3. The Stepping On program for Missoula: Stepping on is a seven weeks fall prevention class that incorporates behavior change theory. Stepping On is a program that empowers older adults to carry out health behaviors that reduce the risks of falls, improve self-management and increase quality of life.
4. SafeKids Missoula: is a multi-disciplinary group formed to promote safety and education to children in our community. Members include Rural Fire, City Fire, Montana Highway Patrol, and representatives from both local hospitals. SafeKids' motto is, preventing injuries: at home, at play and on the way. SafeKids Missoula holds an annual fall safety fair for the children of Missoula and surrounding counties.
5. Community Outreach: University of Montana, PBS, and CMC: Distracted driving- keep eyes on the road.

# Kalispell Regional Healthcare

## Helmet Program

- Sell at-cost helmets: bicycle, multisport, ski, horse
- Yearly safety fair that includes exhibits and free kids' bicycle helmets purchased with grant money

## Trauma Nurses Talk Tough

- Multiple presentations for all age groups on making good choices to prevent injury, real cases are used as examples

## Save The Brain

- Concussion awareness and treatment program includes extensive community education and resources after injury

## Safe Kids Safe Communities Kalispell

- Community partnership that includes Buckle Up Montana and Impaired driving

## Stepping On

- Is a program that has been researched and proven to reduce falls in older adults by 30%

## How do you know if your program is working?

The success of your programs can be hard to measure.

- Trauma Registry data
- Community data

It can be hard to measure the success of your activities. When you put a helmet on a kid you are not going to be there the first time he falls and the only thing between him and the cement is the helmet you put on his head.

Again look at your registry data to see if you are making a difference. If you started a bicycle helmet program, you may not see any change in the number of patients being treated, but you may see a difference in the number of helmeted riders which should reduce the severity of head injuries seen.

Community groups receiving government funding usually keep some local statistics.

# Most of all, have fun!

Injury prevention activities give the Trauma Program and ED staff the opportunity to create positive connections with the community.

