

## Promoting Safety and Injury Prevention

Ensuring children remain safe from harm or injury requires ongoing participation by families and children themselves. Safety and injury prevention counseling is an important educational and motivational tool that pediatric health care professionals have long recognized is essential for helping families keep their children safe. There are 2 general categories of injuries.

- **Unintentional injuries** result from various mechanisms, including motor vehicle crashes, falls, burns, poisoning, drowning, firearms, recreational activities and sports, and drug and poison ingestions. Unintentional injuries continue to be a leading cause of death and morbidity among infants, children, and youth 1 through 24 years of age.<sup>1</sup>
- **Intentional injuries** result from behaviors designed to hurt oneself or others, such as assault, suicide, and homicide. Pediatric health care professionals should be alert to the possibility of violence in a child's environment, as children exposed to violence are more likely to exhibit violent behaviors.<sup>2</sup>

Guidance on interventions and strategies to ensure safety and prevent injuries targets 3 domains:

- The age and developmental status of the child
- The child's environment and exposure to potential risks
- The circumstances surrounding the event leading to injury, including behaviors of the child and caregivers

The health supervision visit provides an opportunity to assess the parents' and the child's current safety risks and discuss strategies to address them. Health care professionals can then tailor anticipatory guidance to encourage and praise positive behaviors, discuss further risks, and recommend resources and interventions that promote safety.<sup>3</sup>

### SAFE SLEEPING ENVIRONMENTS

Sudden Unexpected Infant Death (SUID) describes infants less than 1 year of age who die unexpectedly during sleep. SUID is an umbrella term that includes Sudden Infant Death Syndrome (SIDS) and Accidental Suffocation and Strangulation in Bed. Despite efforts aimed at promoting safe sleep, SUID remains the single leading cause of preventable death in infants.<sup>1</sup> Many sleep-related deaths involve aspects of the sleep environment, such as suffocation from soft bedding, overlay (when another person rolls on top of or against the infant), wedging or entrapment (when an infant gets trapped between 2 objects, such as the mattress and the wall), and strangulation (when something presses on or wraps around the infant's head and neck, blocking the airway).

Pediatric health care professionals should work with families to understand their views about infant sleep, room sharing, and bed sharing. Promoting Safety and Injury Prevention

### ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting [aap.org/brightfutures](http://aap.org/brightfutures).



### Evidence-based recommendations from the AAP Task Force on Sudden Infant Death Syndrome for reducing SIDS and other sleep-related infant deaths include the following:<sup>4</sup>

- The supine sleep position is safest for every sleep; lateral or prone sleeping is associated with increased risk and is not advised.
- A separate but nearby sleep environment is safest for the infant (“in your room but not in your bed”). The infant’s crib, bassinet, or play yard can be placed immediately next to the parents’ bed.
- Parents or other caregivers should not share a bed with their infant. Accumulating evidence reveals increased risk of SUID for infants who share a bed with others.
  - The risk is further increased if parents smoke, use drugs or alcohol, or take medications that cause drowsiness or fatigue or induce a deep sleep.
  - Parents should never sleep with their infant on a sofa or couch.
  - There are no methods to safely bed share, and there is no evidence that devices claiming to make bed sharing “safe” reduce the risk of SIDS. They are not to be recommended.
  - Provide separate sleep areas for twins and other multiples.
- Infants should always be placed on a firm, flat sleep surface (eg, mattress in a safety-approved crib) covered by a fitted sheet, with no other bedding or soft objects in the sleep space, for every sleep. Bumper pads are not recommended.
- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
  - Sitting devices such as car safety seats, strollers, swings, infant carriers, and infant slings are not recommended for routine sleep. The sleep surface should be flat and not inclined.
  - Infants younger than 4 months of age are particularly at risk, because they may assume positions that can create a risk of suffocation or airway obstruction or may not be able to move out of a potentially asphyxiating position.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS. If breastfeeding occurs in the mother’s bed, the infant should be returned to the infant’s separate sleep place when the mother is drowsy or ready for sleep.
- A pacifier should be offered for naps and night sleep.
- Do not smoke during pregnancy. Avoid alcohol and drugs during and after pregnancy.
- Do not allow smoking in the child’s environment.
- Avoid overheating the infant. Do not over-bundle the infant or set the room temperature too high.
- Use of home cardiorespiratory monitors is not effective as a strategy to reduce the risk of SIDS.
- No evidence is available to recommend swaddling as a strategy to reduce SIDS risk. When an infant exhibits signs of attempting to roll, swaddling should no longer be used.
- Infants should be fully immunized according to the AAP and CDC recommended immunization schedules. No evidence exists that links immunizations to SIDS.
- Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk reduction recommendations from birth.
- Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.

Abbreviations: AAP, American Academy of Pediatrics; CDC, Centers for Disease Control and Prevention; NICU, neonatal intensive care unit; SIDS, sudden infant death syndrome; SUID, sudden unexpected infant death

Reproduced with permission from American Academy of Pediatrics. Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleeping environment. *Pediatrics*. 2022;150(1):e2022057990.

## FIREARM SAFETY

Firearm injuries and deaths are a worsening public health problem. A 2015 national survey found that approximately 7% of US children (4.6 million) live in homes in which at least one firearm is stored loaded and unlocked.<sup>5</sup> This estimate is more than double the estimate reported in a 2002 nationally representative survey.<sup>6</sup> Unsafe firearm storage practices can lead to unintentional access for children and adolescents, increasing the risk for serious unintentional or intentional injury and death.<sup>7</sup>

Although the safest home for a child is one without guns, families may have guns in the home for protection and/or sport. Firearm safety educational programs designed to teach children to avoid firearms have not been shown to be effective. However, engaging parents and caregivers in conversations on firearm storage practices can help normalize them and encourage action that can help mitigate the risk of death and injury to children.<sup>7</sup> Utilizing safe firearm storage equipment can increase safe storage practices in the home.

The AAP Council on Injury, Violence, and Poison Prevention Executive Committee recommends that pediatric health care professionals counsel parents about the following<sup>7</sup>:

- Children and adolescents who have access to firearms are at increased risk of firearm injuries and deaths. Access to guns can occur in their own home and also in the homes of others (eg, relatives, friends).
- For households with firearms, the importance of safe storage—defined as storing the firearm unloaded with the ammunition and firearm stored and locked away separately—must be emphasized. Firearms can be secured with gun lockboxes/safes, cable locks, or trigger locks.
- Removing or restricting access to firearms is critical when there are children or adolescents in the home who have risk factors for harming themselves or others (eg, mental or behavioral health concerns, substance use disorders, a history of interpersonal violence).

Pediatric health care professionals can incorporate and normalize these discussions with parents by including them as part of their routine safety anticipatory guidance, including about motor vehicle safety, water safety, home safety, and substance use disorders.



## PREVENTION OF DROWNING

Among US children ages 1 through 4 years, drowning is the single leading cause of death.<sup>1</sup>

The AAP Council on Injury, Violence, and Poison Prevention developed recommendations for preventing drowning. These recommendations state that pediatric health care professionals should<sup>8</sup>:

- Know the drowning risks in the local area and appropriately tailor prevention guidance to caregivers (eg, buckets, bathtubs, ownership and access to swimming pools, natural open water, boating). Messages can be targeted by age, sex, risk of drowning, and geographical location.
- Tailor anticipatory guidance related to drowning risks for children/youth with special health care needs where closer supervision may be recommended (eg, children with epilepsy, autism spectrum disorder, and cardiac arrhythmias).
- Counsel parents and adolescents about the risk of drowning associated with alcohol or drug use and the importance of water safety. Male adolescents warrant extra counseling, given their higher risk of natural water-based injuries.
- Facilitate conversations between families and their children about levels of water safety and swimming competency to prevent children or family members from overestimating swimming skills. Equip older children with the ability to make informed decisions when not in the presence of family members. Encourage parents and caregivers to think about water safety training as an essential tool, and consider swimming lessons for children over the age of 1 year.

# Promoting Safety and Injury Prevention



- Encourage parents and caregivers to learn cardiopulmonary resuscitation (CPR).
- Advocate for policies that ensure water safety and reduce the risk of drowning by partnering with public health and policy leaders to implement effective, evidence-based interventions.
- Use appropriate terminology when speaking to families and the media to avoid confusion and misconceptions. For example, debunk myths about “dry drowning” by using “nonfatal drowning” rather than “near drowning.”
- Partner with community groups to increase access to water safety equipment (eg, life jackets) and high-quality, culturally informed, affordable programs that develop water-competency skills for children through schools and camps.



Stage	Focus of Anticipatory Guidance
Infancy (prenatal to 11 months)	<ul style="list-style-type: none"> <li>• Family views about infant sleep, including room sharing, bed sharing, and sleep position</li> <li>• Cultural factors that affect views about infant sleep</li> <li>• Infant crying and parental coping</li> <li>• Motor vehicle safety, including appropriate car safety seat use</li> <li>• Caregiver safety (intimate partner violence education)</li> </ul>
Early Childhood (1 to 4 years)	<ul style="list-style-type: none"> <li>• Active supervision and enforcing safety rules</li> <li>• Motor vehicle safety and car safety seat use</li> <li>• Water safety and swimming lessons</li> <li>• Potential household hazards, such as common household chemicals, medications, lithium batteries, heavy objects, open or unlocked windows, unsecured furniture that can tip, window blind cords, and family or neighborhood pets</li> <li>• Items that create choking hazards, such as small toy parts, plastic bags, and certain foods (peanuts, popcorn, raw carrots, uncut hotdogs, grapes, hard candy)</li> <li>• Storage of potentially harmful items out of sight and reach</li> <li>• Ways children can approach authority figures (teachers, police, salesclerks) to ask for help</li> <li>• Child sexual abuse (For more information on this topic, see the <a href="#">Promoting Healthy Sexuality and Sexual Development</a> health promotion theme.)</li> <li>• Childhood aggression and the impact on safety</li> </ul>



Stage	Focus of Anticipatory Guidance
<p>Middle Childhood (5 to 10 years)</p>	<ul style="list-style-type: none"> <li>• Effects of violence in the family, community, or media</li> <li>• School and community safety such as the child's                             <ul style="list-style-type: none"> <li>▪ Interpersonal skills, including conflict resolution</li> <li>▪ Daily activities, daily whereabouts, and friends</li> <li>▪ Communication skills</li> </ul> </li> <li>• Bullying and the recognition of associated psychosomatic concerns</li> <li>• Motor vehicle safety, including appropriate car safety seat and booster seat use</li> <li>• Water safety</li> <li>• Firearm safety</li> <li>• Pedestrian safety</li> <li>• Pet safety</li> <li>• Interacting with authority figures</li> <li>• Inappropriate touching by others</li> <li>• Not leaving children at home alone</li> <li>• Information about the child's home, including address, telephone number, parents' cell phone numbers, keys to the home, and a backup contact person</li> <li>• Public awareness, including modifying physical environments (speed bumps, crosswalks, school zone speed limits, school bus safety laws)</li> <li>• Peer pressure and the need for children to develop their own identity and locus of control</li> <li>• Play, sports, and physical activity, such as                             <ul style="list-style-type: none"> <li>▪ Bicycle helmets and sports protective gear (helmets, eye protection, mouth and wrist guards, personal flotation devices)</li> <li>▪ Traffic rules and safety guides concerning bicycle riding, skating, skiing, and other similar activities</li> </ul> </li> </ul>
<p>Adolescence (11 to 21 years)</p>	<ul style="list-style-type: none"> <li>• Shift in focus, from parental control to the adolescent</li> <li>• Protective factors, such as connectedness with school and adults</li> <li>• Mental health anticipatory guidance and suicide prevention</li> <li>• Increased morbidity and mortality caused by injury and violence                             <ul style="list-style-type: none"> <li>▪ Foster healthy relationships to prevent adolescent relationship abuse</li> <li>▪ Firearm safety</li> <li>▪ Risk factors for youth gang membership</li> <li>▪ Effects of exposure to violence, including risk of homicide, aggressive behavior, and psychological sequelae</li> </ul> </li> <li>• Water safety</li> <li>• Motor vehicle safety/learning to drive                             <ul style="list-style-type: none"> <li>▪ Driver's education and adherence to state graduated driver licensing laws</li> <li>▪ Establishing rules that foster safe, responsible driving behaviors</li> <li>▪ Modeling safe driving habits, including wearing a seatbelt, not using cell phones or texting/posting while driving, and not driving under the influence of drugs or alcohol</li> <li>▪ Preventing distracted driving (text-free-driving pledge)</li> <li>▪ Familiarity with state graduated driver licensing laws and additional AAP recommendations</li> </ul> </li> <li>• Sports                             <ul style="list-style-type: none"> <li>▪ Protective equipment</li> <li>▪ Performance-enhancing substances</li> <li>▪ Sports and energy drinks</li> <li>▪ Concussions</li> <li>▪ Highly competitive sports and cheerleading</li> </ul> </li> </ul>



convenient resource for documenting activities during the visit. This form can be adapted for use in electronic health record systems. The **Parent/Patient Education Handout** can help reinforce the discussion and provide additional information on promoting safety and injury prevention.

## FOR MORE INFORMATION

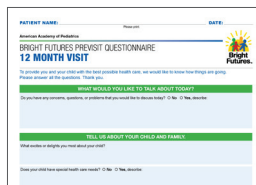
The following safety promotion and injury prevention tools and resources can be used to explore current research, support families, and improve services.

- [Safe Sleep](#): This AAP website includes numerous tools and resources to help pediatric health care professionals provide education and guidance to parents and caregivers on infant safe sleep.
- [Helping Babies Sleep Safely](#): This CDC website provides parents and caregivers of infants with tips for ensuring a safe sleep area.
- [Gun Safety and Injury Prevention](#): This AAP website offers facts and statistics, professional and community tools and resources, and recommendations related to gun safety and injury prevention.
- [Gun Safety Campaign Toolkit](#): This AAP toolkit includes social media graphics and campaigns, videos, articles, and blog posts about gun safety.
- [Safe Storage of Firearms Video Series](#): This AAP website includes a video series simulating patient-clinician conversations about taking steps toward safer firearm storage.
- [Safer: Storing Firearms Prevents Harm](#): This online course is designed to support health care professionals to effectively counsel patients and families about firearm safe storage in the home.
- [Guns in the Home](#): This HealthyChildren.org article gives families information about firearm-related injuries and strategies for keeping children safe.
- [Drowning Prevention and Water Safety](#): This AAP website offers statistics; tools and resources for health care professionals, families, and communities; and recommendations related to drowning prevention and water safety.
- [Blueprint for Youth Suicide Prevention](#): This AAP/American Foundation for Suicide Prevention practical guide outlines clinical pathways, community partnerships, and strategies to better identify and support youth at risk for suicide.

## MAKE THE MOST OF HEALTH SUPERVISION VISITS BY USING THE BRIGHT FUTURES TOOL & RESOURCE KIT

The *Bright Futures Tool & Resource Kit*, 2nd Edition, provides the forms and materials that health care professionals need to carry out preventive health supervision and health screening for infants, children, and adolescents. These materials can help health care professionals discuss safety promotion and injury prevention with families.

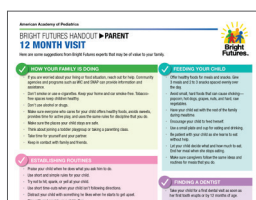
The *Toolkit* provides valuable resources that help health care professionals focus on safety promotion and injury prevention during the health supervision visit. Reviewing parents' and patients' responses on the **Previsit Questionnaires** provides a foundation for discussion about safety promotion and injury prevention during the visit. The **Visit Documentation Form** is a



Example: 12-Month Visit Previsit Questionnaire



Example: 12-Month Visit Documentation Form



Example: 12-Month Visit Parent Education Handout

## REFERENCES

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Updated December 2, 2021. Accessed July 18, 2022. <http://www.cdc.gov/injury/wisqars>
2. Adverse childhood experiences (ACEs). Center for Disease Control and Prevention. Updated April 2, 2021. Accessed July 18, 2022. <https://www.cdc.gov/violenceprevention/aces/index.html>
3. Bernardo LM, Doyle C, Bryn S. Basic emergency lifesaving skills (BELS): a framework for teaching skills to children and adolescents. *Int J Trauma Nurs.* 2002;8(2):48-50
4. Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleeping environment. *Pediatrics.* 2022;150(1):e2022057990. <https://doi.org/10.1542/peds.2022-057990>
5. Azrael D, Cohen J, Salhi C, Miller M. Firearm storage in gun-owning households with children: results of a 2015 national survey. *J Urban Health.* 2018;95(3):295-304
6. Okoro CA, Nelson DE, Mercy JA, Balluz LS, Crosby AE, Mokdad AH. Prevalence of household firearms and firearm-storage practices in the 50 states and the District of Columbia: findings from the Behavioral Risk Factor Surveillance System, 2002. *Pediatrics.* 2005;116(3):e370-e376. <https://doi.org/10.1542/peds.2005-0300>
7. Dowd MD, Sege RD; Council on Injury, Violence, and Poison Prevention Executive Committee; American Academy of Pediatrics. Firearm-related injuries affecting the pediatric population. *Pediatrics.* 2012;130(5):e1416-e1423. <https://doi.org/10.1542/peds.2012-2481>
8. Denny SA, Quan L, Gilchrist J, et al. Prevention of drowning. *Pediatrics.* 2019;143(5):e20190850. <https://doi.org/10.1542/peds.2019-0850>



Contact us by email or telephone at:  
[brightfutures@aap.org](mailto:brightfutures@aap.org) | 630/626-6783

Content for this Tip Sheet has been adapted from  
*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th  
Edition. Last updated: July 2022  
Downloaded from: <https://www.aap.org/brightfutures>

PAGE 7 of 7