



MEDICAL AND PUBLIC HEALTH SERVICES
MINISTRY OF HEALTH

STRATEGIC PLAN FOR THE PREVENTION OF UNINTENTIONAL CHILDHOOD INJURIES IN CYPRUS

(Report on the basis of a workshop for the development of a strategic plan for the
Prevention of Childhood Injuries and Poisonings
24th-25th of November 2004)



**ADVISORY COMMITTEE
FOR THE PREVENTION OF CHILDHOOD INJURIES AND POISONINGS**

APRIL 2005

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We wish to thank:

- Prof. Eleni Petridou,, Athens University, Medical School, Secretariat WP AI, EU.
 - Dr. Rosa Gofin, Hadassah and Hebrew University, Israel
 - Dr Dinesh Sethi, WHO European Centre for Environment and Health

*for coordinating the workshop, as well as
continually guiding and supporting the development of the Strategic Plan*

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EXECUTIVE SUMMARY

The Advisory Committee for the Prevention of Childhood Injuries and Poisonings, following a two days workshop in Nicosia in November 2004, that was coordinated by leading experts in the field of injury prevention in the European Region, and the participation of a big number of local stakeholders, proceeded to develop a five year Strategic Plan for the Prevention of Childhood Injuries and Poisonings in Cyprus.

During the workshop, the participants got acquainted to the local and familiar to the worldwide situation in the area of injuries Gaps in the areas of information and injury prevention were identified. Participants selected priority injury areas by three age groups: 0-4 years, 5-14 years and 15-18 years and proceeded to draw a frame for the development of the Strategic Plan. The Vision is for Cyprus to become the safest place for children to live and the Goal is to decrease mortality from injuries in children by 30% by the year 2015.

The Strategic Plan describes activities for the injury priority areas of each age group, assigns specific responsibilities to various stakeholders in the field and sets a timeframe for the implementation. Also describes monitoring the progress and introduces indicators to measure the existing state, as well as the progress attained in injury prevention, following the introduction of the Plan. Upgrading data collection systems is important for the success of the Plan.

1. INTRODUCTION

Definition of injuries

Injury can be defined as “any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen”¹.

Based on ICD9 Codes E800 to E949 (ICD 10: V01-X59 accidents) unintentional injuries include transport, drowning, falls, burns and scalds, poisoning, choking and suffocation. Intentional include Interpersonal (Family/ partner includes partner, child abuse, elder abuse, or Community violence includes stranger or acquaintance), Collective (social, political, economic) and Self-directed (self-abuse or suicidal behaviour)

For the purpose of the workshop as well as the development of the strategic plan, the possibility of addressing intentional injuries was discussed, but it was decided against doing so, since that would bring in much broader issues such as suicide and violence, which would deflect the Committee from its main concern with unintentional injury and poisonings. In addition, separate programs are already in place in relation to Youth Violence (coordinated by the Educational Psychology Department of the Ministry of Education and Culture) and Violence in the Family (National Committee for the Prevention of Violence in the Family-coordinated by the Ministry of Labour and Social Welfare)

Europe

The burden of unintentional childhood injuries

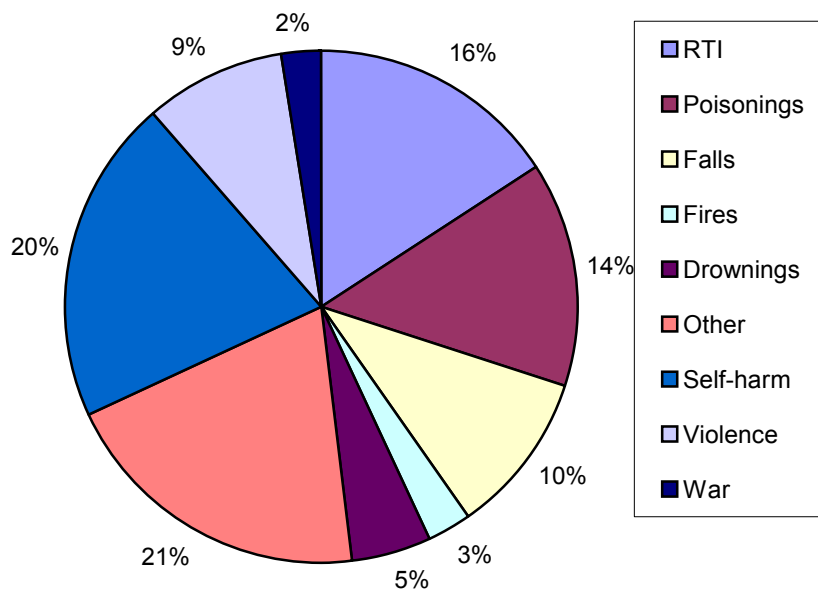
Unintentional injuries are a leading cause of death in children and young people in higher income countries in the world and an increasing number of lower income countries. All children are exposed to hazards as a part of their everyday lives as they play, travel around, work and even (at times) when they sleep. In the 15 EU countries each day 14 children die, 2240 are admitted to hospital and 28000 receive treatment at an accident and emergency department². There are

¹ Peden M. et al Injury: a leading cause global burden of disease, 2000. Geneva, World Health Organisation,, 2003 (<http://whqlibdoc.who.int/publications/2002/92415623.pdf>)

² Vincenten, J (2001) Priorities for child safety in the European Union: Agenda for Action. European Consumer Safety Association, Amsterdam

great differences in child injury death rates within and between the countries: the death rate of Portugal for example is over three times that of the leading country of Sweden³. The child injury death rates in Romania, Estonia and Latvia are six times those of Sweden. In Western Europe there have been striking declines in injury mortality rates over the last 30 years, whereas in central and eastern Europe the decline has been smaller and less consistent.⁴ Great variations occur in injury mortality and morbidity, which reflect on a child's age, sex, socioeconomic group, cultural and ethnic group and where they live. This great variations between different groups suggests that there is a considerable score for improvement and intervention⁵

Diagram 1: Deaths from injuries by cause in European Region, GBD Study 2002



³ UNICEF, I.R.C. (2001) "UNICEF: a league table of child death by injury in rich nations" [UNICEF Innocenti research Centre Florence Report Card No 2](#)

⁴ Koupilova I, et al. Injuries. In: Tamburlini et al Children's Health and Environment: a review of evidence. Copenhagen, European Environment Agency, 2002:130-140.

⁵ Towner E. The prevention of childhood injury. Background paper prepared for the Accidental Injury Task force September 2002

Policy

The United Nations Convention on the Rights of the Child initiated a new understanding of respect for children and their needs and rights from birth to 18 years. The Convention underlines the social responsibility to protect children and to provide necessary support and service for them. This should also hold true for the leading cause of death and disability for children, injury⁶

The target 9 of the WHO Europe refers to the reduction of injury from violence and accidents⁷

WHO Europe-Target 9: Reducing Injury from Violence and Accidents

By the year 2020, there should be a significant and sustainable decrease in injuries, disability and death arising from accidents and violence in the region

In particular:

- *9.1 Mortality and disability from Road Traffic Accidents should be reduced by at least 30%*
- *9.2 Mortality and disability from all work, domestic and leisure accidents should be reduced by at least 50% with the largest reductions in countries with current high level of mortality from accidents*
- *9.3 The incidence of and mortality from domestic, gender related and organised violence and its health consequences should be reduced by at least 25%*

The European Child Safety Alliance, an initiative of the European Consumer Safety Association to advance child injury prevention throughout Europe, has recently prepared an Agenda for Action on "Priorities for Child Safety in the European Union"⁸. This agenda has been prepared to achieve the following four objectives:

- *To increase the awareness and knowledge of the magnitude of child injuries in the EU and the opportunities to assist in their reduction*
- *To provide an overview of the current structures, standards, and regulations already in place in the EU to deal with child injury, and the present limitations and challenges*
- *To outline the required infrastructure, processes and support needed to manage child injury in the EU effectively and efficiently*
- *To make specific recommendations to the European Parliament, European Commission and Member States to support child injury prevention in the EU*

⁶ United Nations, Convention of Rights of the Child. New York, 1989

⁷ WHO European Centre for Environment and Health

⁸ European Child Safety Alliance Priorities for Child Safety in the European Union: Agenda for Action, June 2004

1.3. Cyprus

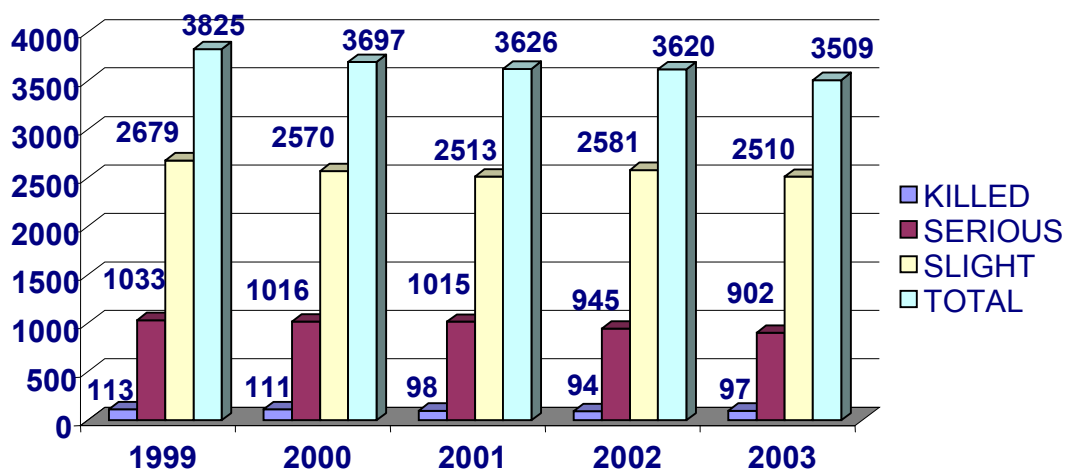
1.3.1. The burden of unintentional injuries

In Cyprus, as in many countries worldwide, there is no system for surveillance of Childhood Injuries and Poisonings. At this stage, estimates are based on available information and there is a well recognized need for data collection: this will provide an indication of the state of affairs of the safety in the country, compare it to other countries (including EU) and measure the progress of any intervention. The Statistics Unit of the Road Traffic Department has been providing comprehensive data on Road Accidents. Administrative data for admissions to all Public Hospitals of the country, though they lack any detail, are used as a source of information. Information is also provided through surveys.

1.3.1.1. Statistics Unit of Road Traffic Department

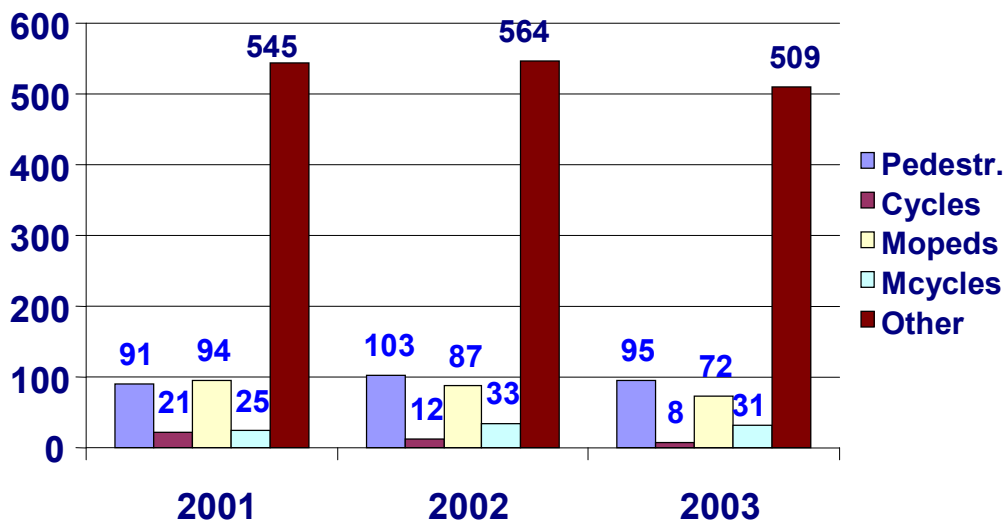
The Statistics Unit of Road Traffic Department has developed a most comprehensive database for Road Accidents injuries and has been collecting data since 1994. The collected information covers injuries of various severity as well as deaths. Diagram 2 provides information about the number of casualties by severity of injury, for the years 1999-2003, for all ages.

**Diagram 2: Number of casualties from RTA by severity of injury for all ages
1999-2003**



Casualties by means of transport, for persons under the age of 18 for years 2001-2003, is provided in the following diagram 3.

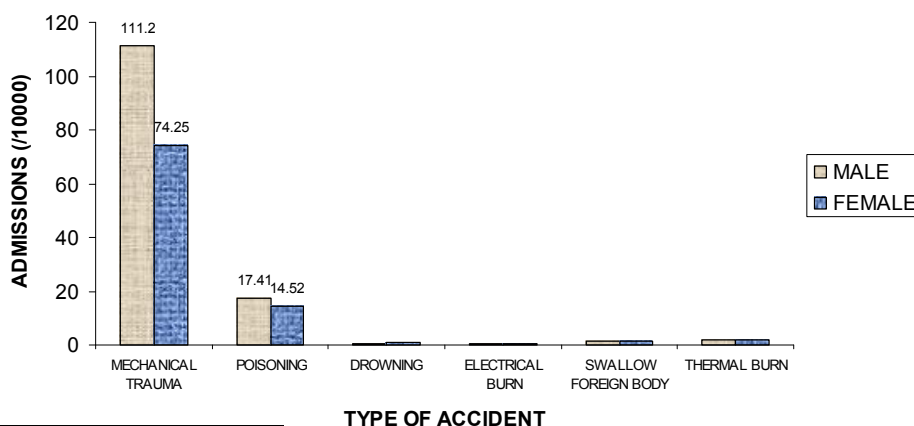
Diagram 3: Casualties by means of transport under the age of 18 years 2001-2003



1.3.1.2. Data from admissions to Government Hospitals.

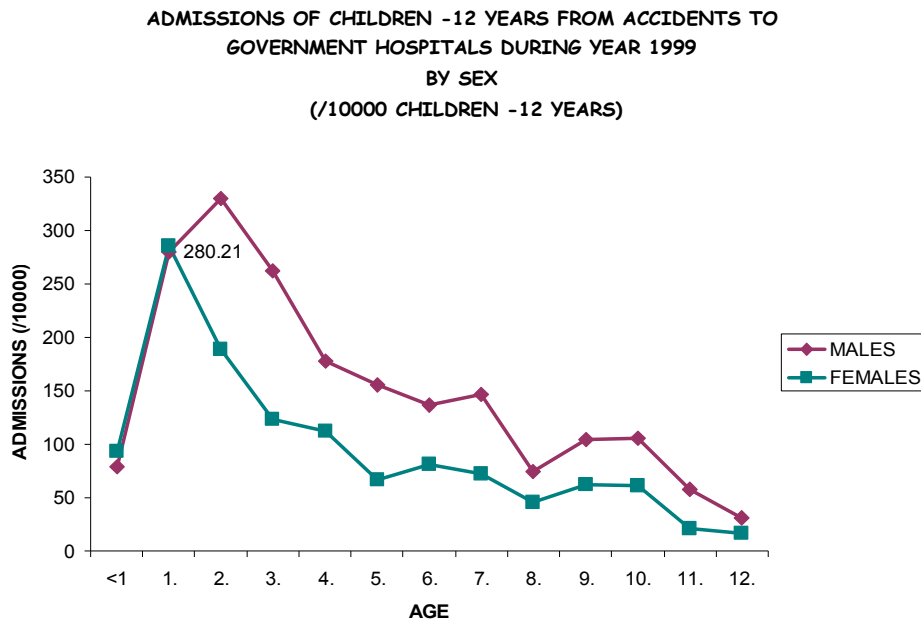
Administrative data on all admissions to the Government Hospitals are available on a central database. Because of technical problems, information can be extracted only manually. Such a search for admissions to all Government Hospitals of children aged up to 12 years by sex and type of accident in 1999 appears in diagram 4⁹

ADMISSIONS OF CHILDREN -12 YEARS FROM ACCIDENTS TO GOVERNMENT HOSPITALS IN 1999 BY TYPE OF ACCIDENT AND SEX (/10000 CHILDREN -12 YEARS)



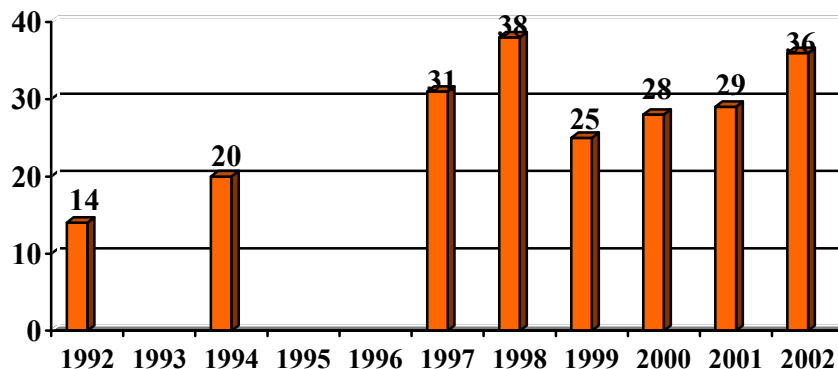
⁹ Advisory Committee for the Prevention of Childhood Injuries and Poisonings: Childhood Injuries and poisonings, admissions to government hospitals 1999-2001

Similarly the same year admissions of children up to 12 years by age and sex are demonstrated in diagram 5



Admission data provide information about specific types of injuries (for example Burns) as demonstrated in the following diagram 6.

**Diagram 6: Admissions to Government Hospitals because of Burns,
1992-2002**



1.3.1.3. Results from Surveys

Over the years a number of Surveys provided information on the size of the problem of Childhood Injuries and Poisonings in Cyprus.

- **Assessing the problem of injuries and poisoning in children aged 4-6 years in Cyprus¹⁰**

The main objective of the Survey that was performed in February 2003, was to study the incidence as well as risk factors of childhood injuries/poisonings in children aged 4-6 years, who attend all the nursery schools of private and public sector, during the preceded three months, through information provided by their parents

The survey demonstrated that:

- The incidence of accidents in that age group is estimated to be greater than 28%. This is much lower than in developing countries (estimated to be 54%) but higher than the one described in the developed countries (22%)
- The younger age of the mother is a risk factor for the incidence of childhood injuries, as it is described in the literature.
- The higher level of education of the mother and them being higher officials or in business appeared to be a risk factor for the incidence of childhood injuries.

There is a disagreement in the literature. There are studies that demonstrated a negative relation between the level of the mother's education and the incidence of accident in their children. Other studies demonstrated mother's education being a risk factor. Anyway the higher level of education of the mother is not indicative of higher level of knowledge in relation to safety measures. In other studies the possibility of more accurate reporting from educated mother's site is raised.

- The male sex as well as the child being a second born, is a risk factor for injury/poisoning

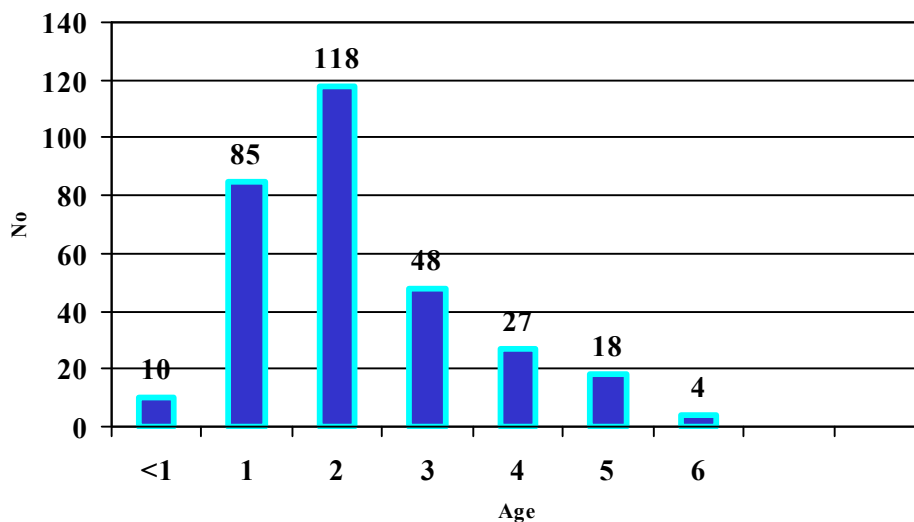
¹⁰ Advisory Committee for the prevention of Childhood Injuries and Poisonings(2003) Assessing the problem of injuries and poisoning in children aged 4-6 years in Cyprus

- Falling is the most frequent type of accident but burns are more frequent in Cyprus than described in the literature (11% compared to 2.8%).
- There is no statistically significant difference in the incidence of accidents in relation to the socioeconomic status and origin of the parents, area of residence and number of children in the family

- **Poisonings in children**

A study done by Dr. Koliou¹¹, based on retrospective data collection from the Accident and Emergency Departments records of all government hospitals, showed that these poisonings are usually accidental and 92.4% involve children younger than 5 years of age. The age distribution between 0-6 years is demonstrated in the diagram 7:

Diagram 7: Number of cases of Poisonings that attended Emergency Departments of Government Hospitals, in children aged 0-6 years, in 1993



1.3.1.4. Mortality/Morbidity Data

A weakness in the collection and quality of Mortality and Morbidity data was noted and a Health Monitoring System is currently being introduced at the level of the Ministry of Health.

As far as the **morbidity data** the reasons mainly being that:

¹¹ Koliou M. (1995) Childhood poisonings in Cyprus, Ministry of Health, Nicosia

- Data are not complete as they are available only from the government hospitals and are linked mainly to administrative procedures.
- Data available from specialised clinics (example Plastic Surgery and Burns Unit of Archbishop Makarios III Hospital) don't cover the whole of Cyprus and are not used

In relation to **mortality data**:

- There is a proportion of non-certification (estimated to be 16% in 2002) and one of ill-defined causes of death. It is important to note that postmortem rates are about 10% and mainly for legal reasons

The quality of the data (initially the mortality and later the morbidity data) is expected to improve since the introduction of the Health Monitoring System in 2005. Mortality data have started to be collected since January 2005.

1.3.2. Policy

Six Ministries are currently involved with Children Safety: either in childhood injuries data collection, or injury preventive or health promoting activities. Recently various initiatives aim in coordinating the various activities. The Road Safety Council, under the presidency of the Minister of Communication and Works, has a multisectoral representation and the Strategic Road Safety Action Plan 2005-2010 involves various authorities on all the parameters of the Haddon Matrix on Road Injury Prevention. Similarly the Advisory Committee for the Prevention of Injuries and Poisonings in Children coordinates all activities related to childhood injuries prevention

1.3.2.1. Ministry of Health

The Ministry of Health has been actively involved in the early response and management of road injuries. The number of ambulances is big (65 of them) and they are all fully equipped with technologically up to date equipment. There is a regular training of the involved personnel in PHTLS as well as the Emergency Departments and Paediatric Clinics personnel to APTLS. A Centre to control the Ambulance Calls is in the implementation process and is expected to be ready by the end of this year. In addition a second Ambulance station is planned in the

near future. A telematic system for emergency response connecting the ambulance to the Emergency Departments has also been implemented. Primary prevention activities of childhood injuries have been undertaken by the School Health Services of the Medical and Public Health Services, of the Ministry of Health have been actively involved in health promoting activities targeting the schools age children. The various Hospital Clinics¹² for children (Pediatric Clinic, Pediatric Surgery Clinic, Plastic Surgery and Burns etc) and the Mother and Child Services, of the same Ministry are involved in childhood injuries preventive activities, through the young parents. The Ministry of Health recognized the need for a coordinated approach to Childhood Injuries prevention and following the suggestion of the Paediatric Society of Cyprus proceeded to develop an Advisory Committee for the prevention of Childhood injuries and poisonings, at the level of the Medical and Public Health Services of the Ministry of Health of Cyprus in March 2002.

The Committee has a multisectoral representation of 18 people from 16 organisations/ services/ departments (APPENDIX I: Members of the Advisory Committee).

The terms of reference of this Committee are:

1. To assess the existence and the level of the problem of Childhood Injuries and Poisonings in Cyprus.
2. The proposition for the development of a Strategic Plan for the Prevention of Childhood Injuries and Poisonings
3. The proposition for the development of a system for data collection for Childhood Injuries and Poisonings at the level of the Ministry of Health
4. The proposition for the development from the site of the Ministry of Health of health promoting programs for the prevention of childhood injuries and poisonings targeting children, parents and communities, in collaboration with Scientific Societies and other Government Departments
5. The collaboration and exchange of experience in the field of Childhood injuries prevention, with other countries

¹² Advisory Committee for the Prevention of Childhood injuries and Poisoning (2002) Cyprus: Current situation in Childhood Injuries and Poisoning

Within these terms of reference, the Advisory Committee proceeded in a number of activities between March 2002 and December 2004 (APPENDIX II). The role of the Committee is mainly advisory to the Minister of Health, with no actual power in policy making and implementation.

1.3.2.2. Ministry of Communication and Works

The Ministerial Council approved the Strategic Road Safety Action Plan 2005-2010. The target is halving road accident victims by year 2010. The fields of action as well as the authorities involved are noted in the following table

Fields of Action	Authorities Involved
Roads	<i>Department of Public Works, Ministry of Communication and Works</i>
Drivers and Vehicles	<i>Department of Road Transport, Ministry of Communication and Works</i>
Enforcement and Public Information	<i>Police</i>
Road Safety Information	<i>Ministry of Education and Culture</i>
Emergency Medical Care	<i>Ministry of Health</i>

A Road Safety Council approves and supervises the actions within the framework of the Strategic Road Safety Action Plan supported by an executive, administrative, coordinating and technical body, the Support Unit and interministerial/ interdepartmental Committees¹³

1.3.2.3. Ministry of Education and Culture

According to the existing legislation (K.Δ.Π. 223/97) the Ministry of Education and Culture should ensure and maintain safe school environment and take all necessary measures to prevent injuries in the school setting. In addition health promoting and injury prevention activities are included in the National Analytical Program of Schools; either as subjects covered in particular grades or spread all over several subjects¹⁴ In particular Road Safety has been introduced in the curriculum of both Primary and Secondary Schools.

¹³ Morphakis G. Strategic Road Safety Action Plan 2005-2010, a short overview. Workshop for the development of a strategic plan for the prevention of childhood injuries, Nicosia, November 2004.

¹⁴ Gregoriadou Chr. Health Promoting Programs in Schools: Prevention of Injuries Workshop for the development of a strategic plan for the prevention of childhood injuries, Nicosia, November 2004.

1.3.2.4. Ministry of Commerce, Industry and Tourism

Two of the main objectives of Competition and Consumer Protection Services are the effective protection of Health and Safety is the information and education of Consumers. Based on the Consumer Product Safety Law and the Toys (Safety) Regulations of 1997, the Services are actively involved in the relevant area for prevention of childhood injuries.¹⁵

1.3.2.5. Ministry of Internal Affairs

The building and maintenance of Private/Public Swimming pools is covered by the Public swimming pools Law (Law of 1992 and 1996) and the Public Swimming Pools Regulations of 1996 (ΚΔΠ 368/96). In addition the Ministry of Internal Affairs is actively involved in promoting Park Safety Standards

1.3.2.6. Ministry of Justice

The Road Traffic Department is the vertebrae of Road Safety activities. A comprehensive database is set at the Statistics Unit of the Road Traffic Department of the Police. In addition this Department is involved with the enforcement of the legislation related to Road Injuries Prevention as well as Road Safety education and promotion activities

The Police Road Safety Educational Park has just been completed and intends to cover all school age children.

¹⁵ Photiou A. and Ashikalis M. Competition and Consumer Protection Service. Workshop for the development of a strategic plan for the prevention of childhood injuries, Nicosia, November 2004.

2. THE DEVELOPMENT OF A STRATEGIC PLAN FOR THE PREVENTION OF CHILDHOOD INJURIES

Introduction

On the 24th and 25th of November 2004, the Advisory Committee for the Prevention of Childhood Injuries, organised a Workshop for the development of a Strategic Plan for the Prevention of Childhood Injuries in Cyprus.

The **objectives** of the Workshop were:

1. *To assess the level of the problem of Childhood Injuries and Poisonings in Cyprus.*
2. *To look at the current situation in relation to childhood injuries prevention. In particular to review the relevant:*
 - a. *Existing legislation and structures involved*
 - b. *Structures and parties involved in:*
 - i. *Data collection*
 - ii. *Health promoting activities*
3. *To get familiar to worldwide situation (in particular at the European level) in the field of childhood injury prevention*
4. *To coordinate the development of a Strategic Plan for the Prevention of Childhood Injuries and Poisonings with suggestions in particular for:*
 - a. *The nomination of an Advisory Committee at the level of the Ministry of Health with defined composition, role and duties*
 - b. *The development of a system for data collection for Childhood Injuries and Poisonings*
 - c. *The development of health promoting programs for various ages (children, parents, members of the community) in collaboration with various professional bodies, governmental and nongovernmental organizations (APPENDIX III).*

The Workshop was **coordinated** (APPENDIX IV) by:

- *Prof. Eleni Petridou, CE.RE.PR.I., Department of Hygiene and Epidemiology, Athens University, Medical School.*
- *Dr. Rosa Gofin, MD MPH, Senior Lecturer, Brown School of Public Health and Community Medicine, Hadassah and Hebrew University, Israel*
- *Dr Dinesh Sethi, WHO European Centre for Environment and Health*

The **participants** of the workshop were the Members of the Advisory Committee for the Prevention of Childhood Injuries and Poisonings as well as representatives of other Services/ Organisations who are involved with childhood injuries prevention activities (APPENDIX V)

As mentioned earlier, the possibility of addressing intentional injuries was discussed, but it was decided against doing so, for the reasons already explained.

2.1. Proceedings of the workshop

One week before the workshop, the participants, were asked their opinion about the key injury prevention priorities in Cyprus (APPENDIX VI)-DELPHI Survey-after consulting the background material that has been developed to provide a visual presentation of the scope of the injury problem in the EU. Priorities were chosen taking into account the following criteria:

- A. Causes that are currently serious and we think we know how to deal with them (i.e. evidence-based strategies are available)
- B. Causes that are currently serious, but we don't necessarily know how to deal with them
- C. Causes that are not currently serious, but emerging to be serious in the future (i.e. trends)

The first day of the workshop (APPENDIX VII) the current situation in relation to childhood injuries was presented for Cyprus as well as in the rest of Europe, with emphasis on the burden of injuries, the sources of injury information and the health promoting and injury prevention activities. Based on these, the gaps in information (quality, availability, dissemination and uses) and in injury prevention (risk groups, types of injuries, policy, capacity building, stakeholders, resources and evaluation) in Cyprus were identified towards the end of the first day.

The second day, the results of the DELPHI Survey were presented and during a group work session, the frame for the development of the strategic plan was drafted by the participants, bearing in mind the evidenced based effectiveness of suggested interventions ¹⁶

¹⁶ European Child Safety Alliance (2004) Priorities for Child Safety in the European Union: Agenda for Action.

2.3. Identification of Gaps

2.3.1. Information

2.3.1.1. Availability

There is a weakness in the available injury mortality and morbidity data on childhood injuries from the Statistics Department.

In relation to **morbidity data** the reason being that:

- Data are available only from the government hospitals and those are linked to administrative procedures, therefore data are not complete.
- Specific types of data don't cover the whole country in order to be representative.

In relation to **mortality data**:

- There is a proportion of non-certification (estimated to be 16% in 2002) and one of ill-defined causes of death. It is important to note that postmortem rates are about 10% and mainly for legal reasons

2.3.1.2. Quality

The quality of the existing data needs improvement through coding of health information and standardization of data collection from various resources. Also, there is no quality assurance and control and there is a need for improvement in data reliability and completeness.

2.3.1.3. Dissemination

Information, (either from the health or outside the health sector) related to childhood injuries, is not shared enough among interested parties. This applies in both the government, as well as private sector.

2.3.1.4. Uses

There is a need of better analysis of the data, in order to be used either for setting priorities for action plans or evaluate the outcomes of intervention

2.3.2. Injury prevention

2.3.2.1. Risk groups/ Types of injuries

There is a need to identify the risk groups by age, sex, social factors, by kind of injuries, by environment, by urban/rural, by risk behavior (alcohol abuse, delequancy).The already identified weaknesses in data collection create problems in identifying the gaps in this area

2.3.2.2. Policy

Looking at existing legislation related to childhood injuries prevention there appears to be either a lack of legislation or problem of reinforcing the existing one. Table 1 compares the National Legislation of proven injury prevention measures to the European Countries

2.3.2.3. Capacity building

In order to build capacity for injury prevention, there is a need:

- To upgrade and approve a more official role for the Advisory Committee for the Prevention of Injuries and Poisonings in Children in order to fulfil its obligations as an Advisory Forum to the Minister of Health as well as the responsible body for the approval and supervision of the actions within the Childhood Injuries Prevention Strategic Plan
- To develop an Injury Prevention Unit in the Ministry of Health. Beyond activities related to other age groups injuries prevention, this will be the administrative, coordinating and technical body supporting all Children Safety activities and in particular the implementation of the Childhood Injuries Prevention Strategic Plan . As well as to coordinate all activities related to data collection. In order to achieve that, there is a need for education of the team involved in this unit as well as the health team involved in injury prevention. In addition an evaluation process needs to be developed

2.3.2.4. Stakeholders

All stakeholders involved with childhood injuries prevention participate to the Advisory Committee for the Prevention of Childhood Injuries and Poisoning. The absence of representatives from the media is noted.

2.3.2.5. Resources

Financial as well as human resources need to be allocated to childhood Injuries prevention. This will materialise once Injury Prevention Unit is developed at the level of the Medical and Public Health Services of the Ministry of Health

2.3.2.6. Evaluation

There is no evaluation process for childhood injuries prevention activities and the lack of data creates additional problems, in particular to set indicators.

Table 1: Effective measures in reducing childhood deaths and serious injuries in Europe

	Bicycle Helmets Children	Child Safety seats/restrains in cars	Seat Belt wearing by children	Speed limits/roads in urban areas	Child Resistant packaging	Smoke Detectors in home	Barrier fencing, domestic swimming pools	Children banned from driving farm tractors	Adoption of playground standards	No sale of fireworks to children
Austria		1994	1994	1994	1996			√	1995	1974
Belgium		1996	1975	√	1998				2001	2000
Cyprus		2000	2000	√			√	√		√
Czech Republic	2000	2000	2000	√	1999			2000	1999	2000
Denmark		√	√	√	√			√		√
Estonia		2003	2003	2003				2003		2004
France		1992	√	1972			2003		1994	
Germany		1992	1993	1952	1976			√		√
Greece		1999	1977	1962				√	√	√
Hungary		2000	2000	√						
Iceland	1999	1990	1981	1988			1993	√	1998	√
Ireland		√	1993	√		1994		√		
Italy		1988	1989	√	1984				1996	√
Luxemburg		√	2000	√				√	√	
Netherlands		√	1992	√	1986	2003		√	1997	1995
Norway		√	1979	√		1990	1997	√	1996	
Poland		1997	1997	1997		2002		1997		√
Portugal		1995	1994	√	√			√	1998	√
Spain	1999	1992	1974	1990			√	√	√	
Sweden		1988	1988	1936	√		1973	√		
Switzerland		1981	1981	1959				1976		1988
United Kingdom		1989	1989	1934	1994	1999		1998	1998	1997

Modification of the one of Towner and Towner (2004)

2. 4. Priorities in Injury Prevention. DELPHI enquiry

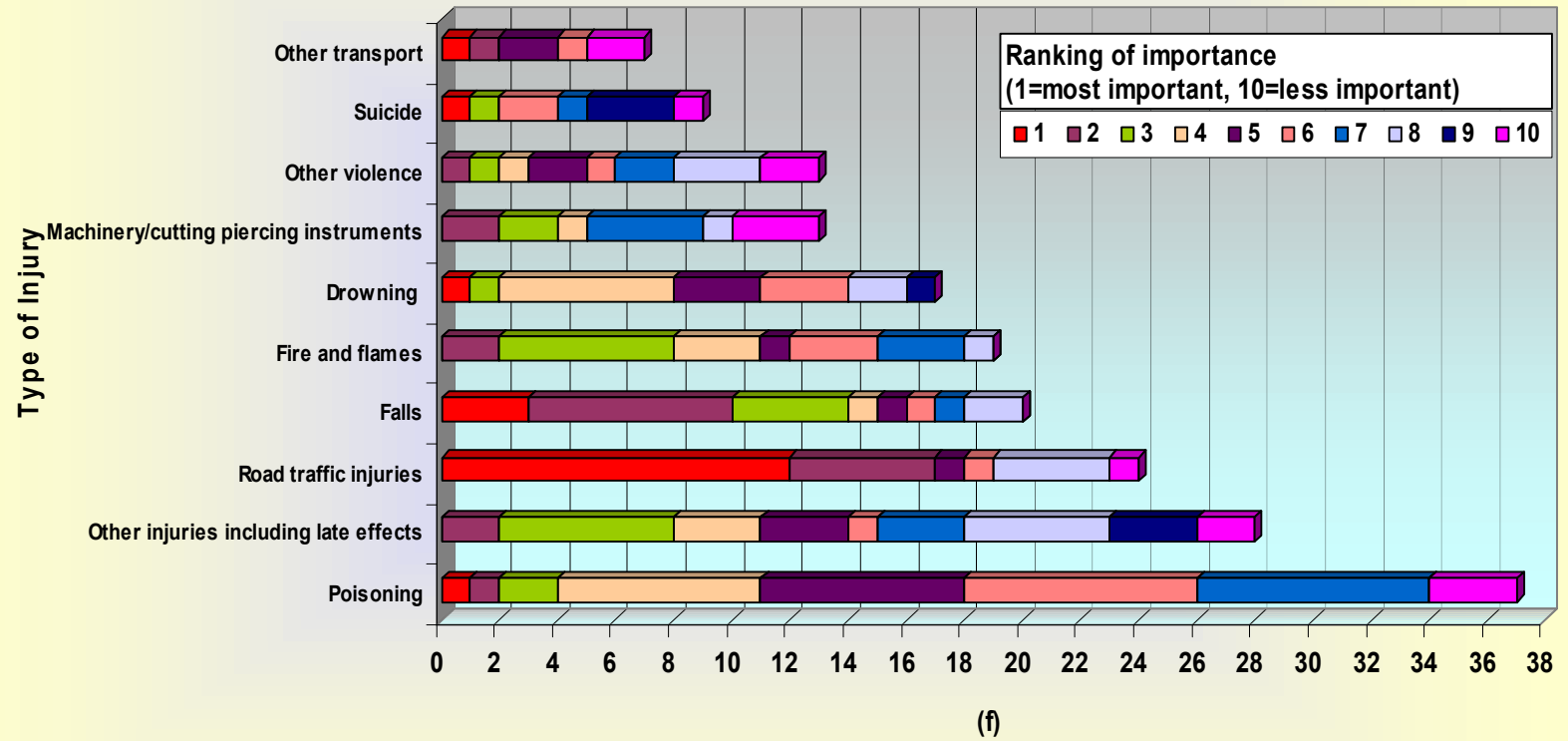
The 1st phase of DELPHI Survey that was undertaken with the workshop participants (see 2.2) revealed, that when ranking importance from 1-10, they placed more importance to poisoning, followed by the RTAs being the 3rd, falls as 4th and followed by burns and then drowning. (Diagram 8)

Looking at the same information from a different perspective, RTAs are first ranked in most of the participants, followed by Falls, then Poisoning and then Drowning (Diagram 9)

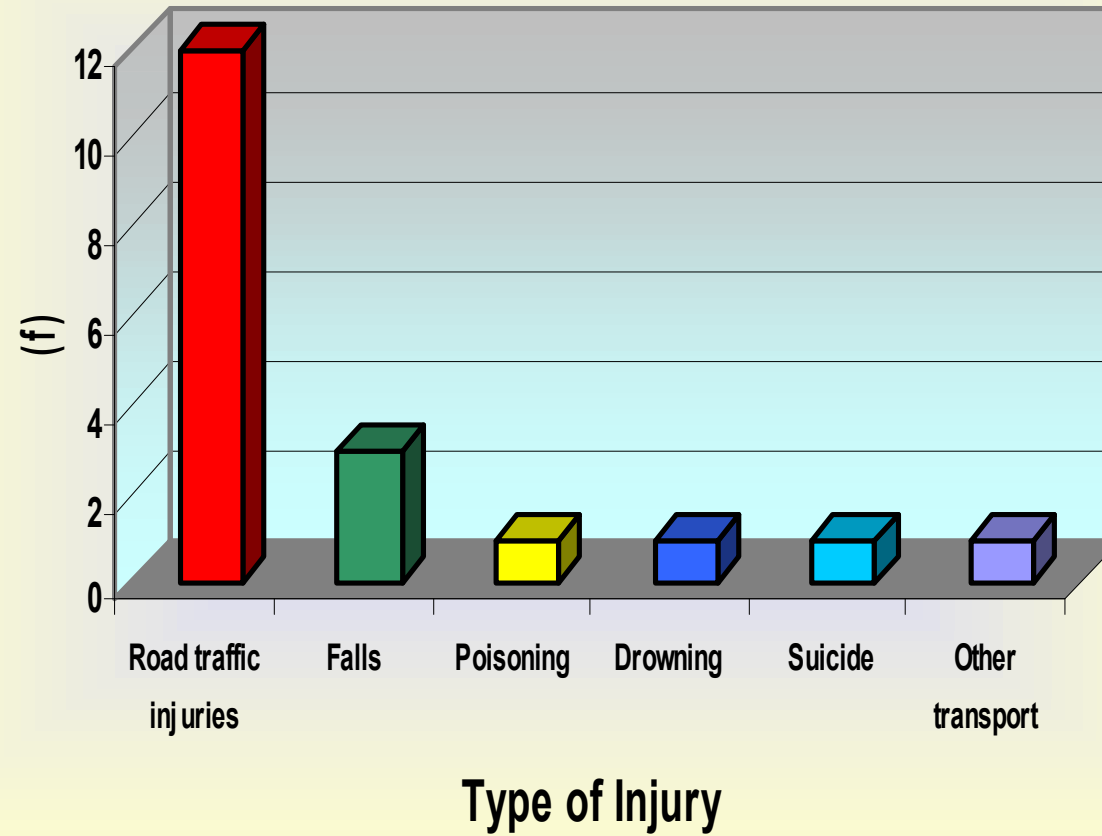
2. 5. Priority injury areas by age group

The priority injury areas by age group were selected by the participants to the workshop, for the development of a strategic plan for the prevention of childhood injuries and poisonings. The participants were divided in three groups and each group prioritised the various types of injuries by age group based on participants' assessment taking into account the same criteria used in DELPHI Survey (2.2.)

**Diagram 8: Injury priorities in Cyprus
(Results of the 1st phase of DELPHI Survey)**



**Diagram 9: Most important Priorities (Rank 1)
(Results of the 1st phase of DELPHI Survey)**



3. STRATEGIC PLAN FOR THE PREVENTION OF CHILDHOOD UNINTENTIONAL INJURIES AND POISONING

3.1 Vision

Cyprus to become the safest place for children to live:

- *In schools*
- *At home*
- *On the roads*
- *In the Community*

3.2 Goal

To decrease mortality from injuries by 30% by the year 2015

3.3. Objectives/ activities

The objectives referred to the various key priority areas as they were set for the different age groups.

Key priority areas by age group	
0-4 years	• Road Traffic Accidents
	• Falls
	• Choking/drowning
	• Poisoning
	• Burns
5-14 years	• Road Traffic Accidents
	• Falls
	• Burns
	• Drowning
	• Poisonings
15-18 years	• Road Traffic Accidents
	• Falls
	• Drowning
	• Burns

The planning for the various activities was based on:

- **The use of the 3 Es:**
 - *Education:* The initiation of various education activities, aiming towards creating awareness and sensitisation of different target groups of the population
 - *Enforcement:* and application of the already existing legislation related to childhood injuries prevention

- *Engineering*: activities to deal with external causes of injuries

- **Effective/ promising interventions**

The selection of the activities included in the Strategic Plan is based on the following activities for each key area, as described in the literature¹⁷. The lack of evidence about the effectiveness of an intervention due to lack of research in the area necessitated the inclusion of other activities

Falls

- **Stair gates**, shown to assist in the reduction of falls down the stairs to young children, when used on the top of stairs,
- **Playground interventions** (ensuring absorbing surface material and appropriate height of play equipment for various ages provides an improvement in serious fall injuries)
- **Window bars** (have shown a 35% decrease in deaths from window falls and a 31% decrease in reported falls)

Poisonings

- **Child resistant packaging**. Introduction of regulations enforcing the compulsory use of child resistant packaging for all children's aspirin and paracetamol preparations led to a dramatic fall in the number of children admitted to hospital with unintentional poisoning as a result of these medications in UK. This type of packaging would also be beneficial for specific non-pharmaceutical products
- **Safe storage**. Control of household cleaners and chemicals has been effective means of preventing poisoning
- **Education**. Educational strategies aimed at parents have been associated with increased knowledge of poisons and poison prevention

Burns-scalds

- **Smoke detectors**. Effective, reliable and inexpensive early warning devices that have assisted in reducing residential fires by 71% when batteries are operational

¹⁷ European Child Safety Alliance (2004) Priorities for Child Safety in the European Union: Agenda for Action.

- **Water temperature regulation.** Legislation requiring a safe preset temperature (54°C) for all water heaters has proven to be more effective method reducing scalds burns than education to encourage parents to turn down water heaters
- **Child resistant cigarette lighters.** Fire deaths associated with cigarette lighters dropped 43% with the adoption of child resistant designs
- **Flame retardant fabrics.** 75% reduction in burn unit admissions due to sleepwear following the passage of flammable fabrics Act of 1972 in US

Drowning:

- **Swimming pool fencing.** Private pools that are fenced provide 95% more protection, against drowning event
- **Personal floatation devices, detection systems, swimming lessons, parental supervision and lifeguards** (are still evaluated)

Choking and suffocation

- **Warning labels** about the hazard of suffocation
- **Entrapment** lowering the minimum force that is required to open a lid or door to a sealed container
- **Bans of Products** that may cause suffocation to children
- **Modification of Products** that may cause strangulation

Road Accidents:

- **Reduced speed limits:** Low speed limits zones result in reductions of child road accidents involving cyclists and fatal child road accidents involving pedestrians
- **Traffic calming:** has shown accident savings
- **Safer car fronts for pedestrians and cyclists:** as serious pedestrian and cyclist casualties of all ages could be prevented
- **Child passenger restraints:** when used properly have an injury reducing factor
- **Stay rearward facing longer:** showed greater protection
- **Bicycle helmets:** correctly fitted reduce the risk of head and brain injury
- **Education campaigns:** for use of child passenger restraints and bicycle helmets

Age 0-4 years

1. Road Traffic Accidents
2. Falls
3. Chocking and Suffocation
4. Drowning
5. Poisoning
6. Burns

In the first few months of their lives, children are immobile. Eventually, they learn to reach, roll over and sit up. In the second six months, children become more mobile and are at an increased risk for injuries chocking and poisoning. During 1 to 3 years children are curious and have no or little sense of danger. They like to climb, jump, throw and play rough-and-tumble games. Children ages 3 to 5 spend much of their time running and falls are frequent.

1.ROAD TRAFFIC ACCIDENTS

A. PASSENGERS

Most of the injuries take place on public roads (72 per cent), where there is great potential for conflict with motor vehicles and other road users. Use of child safety seats reduces the likelihood of fatal injury in a crash by 69% for infants and by 47% for children aged one to four.

B. PEDESTRIANS

Children should begin to learn all about road safety practically as soon as they can walk! Even before they can talk, toddlers can be warned about the dangers of roads and traffic. But themselves should not allow very young children out on the roads.

Activities

The Strategic Road Safety Action Plan 2005-2010 covers Road Traffic Accidents. The Strategic Plan for Childhood Injuries prevention will focus on **creating awareness/educating the parents**

Activity: To educate parents in relation to prevention of road traffic accidents

- a) Babies and children be safely restrained at all times when travelling.
- b) Children under 12 or less than 150 cm it is recommended to always travel in the back. Though it is not recommended, in case a safety seat is used for the front seat, then the airbag should be deactivated.
- c) Parents never hold a baby in their arms either in the front seat or behind.
- d) When walking in the streets to hold their child from his/her hand at the inner side of the pavement or sidewalk.

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children in collaboration with Consumer Protection Service (child safety seats-appropriateness, guidelines for safe use and transport of children)

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

2. FALLS

The most frequent injuries from falls are due to:

- *Falls from changing tables, cots and beds*
- *Falls from stairs*
- *Falls from windows*
- *Falls from balconies*
- *Falls with baby walkers*
- *Falls out of trees*
- *Falls during running (kinder gardens-playgrounds)*
- *Falls in wells and pits*

Activity I: To educate parents and nursery schools staff in relation to prevention of children 's falls.

In particular that:

- a) Children should not to be left unattended at any time
- b) There is a need for Vertical guardrails in balconies, safety screens on windows and to cover properly wells and pits
- c) Choose suitable toys for their age
- d) To avoid the use of baby walkers, especially if there is no suitable space available

- ***Mother and Child Centers of the Public Sector***
Responsibility: Mother and Child Clinics of the Public Sector
- ***Pediatric Clinics Public and Private Sector***
Responsibility: Pediatric Society of Cyprus
- ***Educational programs to future parents***
Responsibility: Mother and Child Clinics of the Public Sector (with possible collaboration of Consumer Protection Service sharing experiences of investigating cases of dangerous products)
- ***Nursery schools staff***
Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children
- ***Educational material***
Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children
- ***Presentation through mass media***
Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To introduce/ enforce regulations for prevention of falls

For buildings:

- Balconies protective
- Well and pits covers
- Slip resistant floors in kindergartens

For playground:

- Absorbing surface material
- Appropriate height of play equipment
- Good condition of playground equipment (to be checked regularly)
- **Collection of relevant Legislation**
- **Informative meetings with services involved:**
 - ***Department of Labor Inspection*** (Responsibility for the protection of third persons)
 - ***Technical Services of the Ministry of Education and Culture***

- **Ministry of Communications and Works, Architects and Civil Engineers Association e.t.c.**
- **Ministry of Commerce, Industry and Tourism- Consumer Protection Service**
- **Consumers Association**
- **Municipalities**
- **Welfare Services**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

3. CHOCKING AND SUFFOCATION

One of the greater dangers in the home for babies is choking or suffocating (plastic bags, foreign bodies in respiratory tract or small particles from toys or other objects). Babies can choke on small bits and pieces like buttons. Toys are an important part of a child's development, but parents need to follow the age and safety recommendations on the labels of each toy. They must also take into account not only children's cognitive skills, but their ability to handle the toy safely as well innocent-looking toys— such as marbles and balloons—present a choking hazard to small children. Toys with strings, straps or cords longer than 22 cm long strings and cords could wrap around a child's neck and unintentionally strangle him or her. Plastic bags can suffocate infants and toddlers. Foods are also responsible for childhood choking (hot dogs hard candies, grapes, and nuts.)

Activities

Activity I: To educate parents in relation to prevention of children's choking and suffocation

- a) That toys should be appropriate for the age of the child.
- b) Not to use soft pillows for babies
- c) To check the baby's cot and other nursery equipment carefully and make sure the baby can't get trapped in any way
- d) To keep plastic bags well out of the reach of babies and toddlers
- e) Not to hang baby's dummy around his neck with cord or string
- f) To keep away inappropriate for the age kind of food (nuts, candies e.t.c.)

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To enforce regulations

Manufacturers must place warning labels on toys that pose a choking hazard to young children.

Responsibility: Ministry of Commerce, Industry and Tourism- Consumer Protection Service, Consumers Association

4 DROWNING

Drowning is defined as death by suffocation after submersion in a liquid medium. Near drowning is a term used when a person recovers, at least temporarily, from a drowning event. From an early age many children are fascinated by and love water - but they must learn that it can also be dangerous! Toddlers will investigate garden ponds and even paddling pools are dangerous if an adult is not keeping a close eye on the children. It is best for children to learn to swim as early as possible. An infant or small child can drown in even the smallest amount of water. Drowning has been the leading cause of accidental death in the home of children under 5 years old. Seventy-five percent of the submersion victims are between 1 and 3 years old; 65 percent are boys. Children drown in pools, spas, buckets, toilets and bathtubs. A child can drown in as little as 8 cm of water. Child drowning is a silent death. The victims don't cry for help. They are not getting enough air to breathe, so they don't have the extra air needed to call for help. There's no splashing to alert anyone that the child is in trouble.

Activities

Activity I: To educate parents in relation to prevention of children 's drowning

- a) About the need for their children to start swimming at a young age
- b) About the need of young children to be supervised by adults in a swimming pool, at any time, even if they can swim.
- c) That flotation devices and life jackets should only be used for the specific age and size of child and that children must always be supervised when using them
- d) To keep toys, particularly tricycles or wheel toys, away from the pool. A child playing with these could accidentally fall into the water.
- e) Always completely remove the cover before using their pool, to avoid the possibility of anyone, especially a small child -- being trapped and drowned under the cover
- f) To empty all buckets from water after use.
- g) To use bath-mats in the bath
- h) To ensure that covers of wells are in place
- i) Knowing cardiopulmonary resuscitation (CPR) can be a lifesaver. Parents, babysitters and other caretakers, such as grandparents and older siblings, should know CPR.

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Introduce First Aid as a compulsory subject in 2nd year of the Lyceum***

Responsibility: Ministry of Education and Culture

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children in collaboration with Consumer Protection Service, Ministry of Commerce, Industry and Tourism

- **Presentation through mass media**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To introduce/enforce regulations

- Department of Labor Inspection/Responsibility for the protection of third persons
- Ministry of Communications and Works (Electrical Mechanical Services), Civil Engineers and Architects Associations e.t.c.)
- Ministry of Commerce, Industry and Tourism- Consumer Protection Service
- Consumers Association
- Municipalities

In relation

- to swimming pool barriers/safety cover and alarms
- To slip resistant floors and stairs around the pools
- To the existence of lifeguards in all public pools and those of hotels also, by law.
- To keep rescue equipment by the pool and be sure a phone is poolside with emergency numbers posted.

Based on already existing regulations in EU countries

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Communications and Works/ Electrical Mechanical Services

5. POISONING

Poisoning means the accidental exposure to toxic substances. It is very common in children between 1-4 years. Fortunately, most of the time children ingest small amounts of poison and there is little or no harm, but some may experience manifestations of frank toxicity and even die. Most poisonings occurs in the home due to inadequate supervision

by the parents and/or the inadequate storage of potentially toxic substances. Poisons range from medicines (such as vitamins, pain killers, antidepressants, iron tablets and others) to common cleaning materials to dangerous pesticides and substances used for lighting charcoal.

Activities

Activity I: To educate parents, nursery schools staff and the public in relation to prevention of poisonings

- In relation to the storage of medicines, and other poisonous substances, such as cleaning liquids chemicals, weed killers not in their original containers, that can be mistaken for soft drink and far from the reach of children
- To poison proof their bathrooms
- To have a general idea of what to do in case of ingestion of or other exposure to a poison.
- To check garages and utility rooms for potential poison hazards (antifreeze, windshield washing fluids)
- To never mix cleaning supplies (such as detergents and sodium hypochlorite) as noxious gasses may be released in the air and always read and follow instructions written on the containers.
- To keep potentially poisonous houseplants out of the reach of young children
- To keep chemicals used in agriculture or farms in the proper store rooms, properly labeled

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Nursery schools staff***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Educational Programs to Agricultural Areas***

Responsibility: Ministry of Agriculture and Natural Resources

Department of Labor Inspection

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Agriculture and Natural Resources

Department of Labor Inspection

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To raise awareness

- Ministry of Commerce, Industry and Tourism
- Consumers Association
- Ministry of Agriculture and Natural Resources
- Ministry of Commerce, Industry and Tourism- Consumer Protection Service (to remind about the existing legislation related to product safety)
- Civil Engineers and Architects Associations

In relation to the need for safe storage of medicine, poisonous substances, cleaning liquids chemicals, weed killers in lockers either in the house or in the garden

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity III: To encourage the industry to introduce child resistant packaging for pharmaceutical

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity IV: Enforcement of legislation regarding:

- Establishment of 24hrs call center for poisoning and regulation for labeling the number on the package of pharmaceuticals
- Storage and labeling of chemicals

Responsibility: Ministry of Health

Department of Labor Inspection

6. BURNS-SCALDS

Thermal trauma is second only to car accidents as a cause of death during childhood. The majority of cases occur indoors and the main causes in children under the third year of age are hot liquids, especially water, and contact with electrical appliances; in older children flames are the main cause. Since children have thinner skin and thus are severely scalded at lower temperatures than adults, we have to pay special attention to management in order to prevent mortality. Scalds can mean a long stay in hospital, scars and can even kills.

Activities

Activity I: To educate parents, nursery schools staff and public in relation to prevention of children ´s burns and scalds

- a) Not to hold hot drinks while holding a child and make sure hot drinks, kettles, saucepans and irons are out of reach
- b) To ensure that their children ´s night clothes are flame resistant
- c) To refrain from using blankets or other means of electrical heating if they don't conform with EU standards.
- d) To put cold water in a baby's bath first, then add hot and test the temperature before putting the child in.
- e) Children not to be left unattended during house cooking
- f) To ensure appliances such as irons don't have cords within the reach of small children
- g) To ensure guarding/protection to fireplaces or other sources of warmth with clearly seen warnings in Greek.
- h) To ensure that temperature of hot water cylinders is adjusted up to 54°C
- i) To ensure that electricity supplies are protected

- j) To ensure that curtains' fabric is not extremely flammable
- k) Use of electrical toys (trains, cars e.t.c.) with low voltage (40 volts)
- l) Warnings about the microwaves temperature (different in children than adults) when warming or preparing the food.

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Educational Programs to Agricultural Areas***

Responsibility: Ministry of Agriculture and Natural Resources

- ***Educational Programs to nursery schools staff***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Consumer Protection Service to collaborate in all the above

Activity II: To introduce/ enforce regulations

- **To install smoke detectors and alarm systems in homes and schools.**
- **To adjust the temperature of hot water cylinders up to 54°C**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Communications and Works/ Electrical Mechanical Services

The Fire Brigade Service

<h1>Age 5-14 years</h1>	• Road Traffic Accidents
	• Falls
	• Burns
	• Drowning
	• Poisoning
	• Rural areas
<p>School-age children's thinking is not well organized. They become creative, more physically active and they may attempt certain activities without planning and without considering all possibilities. They don't follow rules and they have the tendency to perform daring or hazardous acts. They don't understand many traffic terms and road signs and they don't have the ability to appreciate sounds and speed. Children's ability to follow rules develops gradually from fifth to twelfth years. Television is a special concern because children have the tendency to imitate aggressive or dangerous behaviours depicted on television shows. Research has shown that in rural areas, 11-15 year olds are most likely to be involved in accidents as they tend to be more involved in day-to-day farmer's work.</p>	

1. ROAD TRAFFIC ACCIDENTS

(Background information: Age Group 0-4 years)

Children of this age become more physically active and tend to perform hazardous things. They don't understand many traffic terms and road signs and don't follow rules

Activities

The Strategic Road Safety Action Plan 2005-2010 covers Road Traffic Accidents prevention (including Road Safety Awareness targeting children in schools).

The Strategic Plan for Childhood Injuries prevention will focus on **creating awareness/educating the parents**

Activity: To educate parents and children in relation to prevention of road traffic accidents

- **The child being a pedestrian**
 - a) Avoid playing near the road. Encourage playing in playgrounds/parks
 - b) To teach their child road safety habits and be examples of good practice.

- c) Children under the age of nine years should never be unattended
- **The child being a passenger**
 - a) Children under 12 or less than 150 cm to always travel in the back and wear helmet while riding a motorcycle.
 - b) To use the appropriate safety seat
 - c) Children be safely restrained at all times when travelling
 - d) When walking in the streets to hold their child from his/her hand on the road pavement side and teach their children on how to cross the road safely
 - e) Under age driving
- **The child riding a bicycle or using new types of scooters or skates**
 - a) The bicycle, to be the right size for the rider, and in good repair. A horn or bell is essential for bicyclists to warn motorists and pedestrians of their presence.
 - b) Always wear a bicycle helmet with a face protector, elbow pads, wrist guards and/or knee pads.
 - c) Children should **never** ride in the dark. If so wear retro reflective clothing or stickers and put bike reflectors on the pedals and wheels.
 - d) Young children should ride only with adult supervision and off the street. Preferably ride in parks, on bike paths, or on quiet streets.
 - e) Wear elbow pads, wrist guards and/or knee pads
 - f) The decision to allow older children to ride in the street to depend on traffic patterns, individual maturity and an adequate knowledge and ability to follow the “rules of the road”
 - g) Ride always on the left side
 - h) Only adult cyclists to carry young passengers
 - i) The sale of the above to be accompanied with safe use guidelines for those who buy them those who are going to use them in future
- ***Mother and Child Centers of the Public Sector***
Responsibility: Mother and Child Clinics of the Public Sector
- ***Pediatric Clinics Public and Private Sector***
Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

Consumer Protection Service, Ministry of Commerce, Industry and Tourism.

- ***Education of children preprimary schools***

Responsibility: Ministry of Education and Culture

Road Traffic Department, Police

- ***Education of students***

Responsibility: Ministry of Education and Culture

Ministry of Communication and Works

Road Traffic Department, Police

School Health Services, Ministry of Health

- ***Educational material and***

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Communication and Works

Ministry of Education and Culture

Road Traffic Department, Police

Consumer Protection Service, Ministry of Commerce, Industry and Tourism.

2. FALLS

Falls represent a serious health risk for all age groups. More than half of all falls occur around the home. Large proportion of accidental falls in the 5-14 year age group is associated with playground equipment. Children aged 5-9 years accounted for about 40% of child hospitalisations due falls from or out of buildings or other structures accounted for 27% of all fall-related deaths in children. It's important to always follow some basic safety rules to prevent injuries from falls. Most of the falls could be prevented by parental supervision. The most frequent injuries from falls at the age of 4-15 are due to:

- *Falls from stairs*
- *Falls from windows and balconies*
- *Falls out of trees and ladders*

- Falls during running (kinder gardens-playgrounds)
- Falls in wells and pits
- Falls during sports activities

These falls frequently result in fractures of the wrist, hip and vertebrae and head injuries.

Activity I: To educate parents, nursery schools staff and children/ students in relation to prevention of falls.

In particular that:

- Children should not to be left unattended at any time
 - There is a need for Vertical guardrails in balconies, safety screens on windows and to cover properly wells and pits
 - Choose suitable toys for their age
 - Selection of appropriate types of shoes
 - Use of mouth guards during sports activities
 - To avoid placing objects, that may be used as steps by children, next to windows
 - Avoid the use of not stable furniture and prefer fixing to the wall
 - Avoid putting heavy objects high
- ***Mother and Child Centers of the Public Sector***
Responsibility: Mother and Child Clinics of the Public Sector
 - ***Pediatric Clinics Public and Private Sector***
Responsibility: Pediatric Society of Cyprus
 - ***Educational programs to future parents***
Responsibility: Mother and Child Clinics of the Public Sector
 - ***Nursery schools staff***
Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children
 - ***Education of children/students***
Responsibility: Ministry of Education and Culture
School Health Services, Ministry of Health
 - ***Educational material***
Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children and Consumer Protection Service
 - ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To introduce/ enforce regulations for prevention of falls

For buildings:

- Balconies protective
- Well and pits covers
- Slip resistant floors in kindergartens/schools

For playground/ schools:

- Absorbing surface material
- Safe and appropriate height of play equipment
- **Collection of relevant Legislation**
- **Informative meetings with services involved:**
 - *School Safety Department and Technical Services of the Ministry of Education and Culture*
 - *Department of Labor Inspection*
 - *Civil Engineers and Architects Associations*
 - *Ministry of Commerce, Industry and Tourism*
 - *Consumers Association*
 - *Municipalities, Local Authorities*
 - *Welfare Services*

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

3. BURNS-SCALDS

(Background information: Age Group 0-4 years)

In addition problems with the use of firecrackers (and an amateur type) during Easter period as well as burns from exhaust of motorbikes constitute a particular problem of this age group.

Activities

Activity I: To educate parents, nursery schools staff children and public in relation to prevention of children ´s burns and scalds

- a) To ensure that children ´s night clothes are flame resistant

- b) Children not to be left unattended during house cooking
- c) To ensure appliances such as irons don't have cords within the reach of small children
- d) To ensure guarding/ protection to fireplaces or other sources of warmth
- e) To ensure that temperature of hot water cylinders is adjusted up to 54°C
- f) To ensure that there are not unattended electrical suppliers or wires
- g) To ensure that matches and other flammable materials are out of the reach of children
- h) To ensure that bonfires are not used by children as well as carnival sprays (that may light with a lighter)

- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to future parents***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Educational Programs to Agricultural Areas***

Responsibility: Ministry of Agriculture and Natural Resources

- ***Nursery/Primary schools staff***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Education of children preprimary schools***

Responsibility: Ministry of Education and Culture

- ***Education of students***

Responsibility: Ministry of Education and Culture (Domestic Sciences and other topics)

School Health Services, Ministry of Health

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Consumer Protection Service to collaborate in all the above

Activity II: To introduce/ enforce regulations

- **To install smoke detectors and alarm systems in homes and schools.**
- **To adjust the temperature of hot water cylinders up to 54°C**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Communications and Works/ Electrical Mechanical Services

The Fire Brigade Service

4. DROWNING

Activity I: To educate parents in relation to prevention of children's drowning

(Drowning: Age Group 0-4 years, Activity I)

Activity II: To introduce/ enforce regulations

(Drowning: Age Group 0-4 years, Activity II)

In addition:

To introduce in the school curriculum:

- Water safety messages for students and their parents.
- All children of school age to be taught to swim

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Ministry of Communications and Works/ Electrical Mechanical Services

Ministry of Education and Culture

5. POISONING

(Background information: Age Group 0-4 years)

In addition, older children may self-poison as in a suicide attempt (this is beyond the scope of the Strategic Plan)

Activity I: To educate parents, nursery schools staff, children and the public in relation to prevention of poisonings

(Poisoning: Age Group 0-4 years, Activity I)

- **Education of children preprimary schools**

Responsibility: Ministry of Education and Culture

- **Education of students**

Responsibility: Ministry of Education and Culture (Domestic Sciences and other topics)

School Health Services, Ministry of Health

Activity II: To raise awareness

(Poisoning: Age Group 0-4 years, Activity II)

Activity III: To introduce/enforce regulations for child resistant packaging of pharmaceutical

(Poisoning: Age Group 0-4 years, Activity III)

6. ACCIDENTS IN RURAL AREAS

Rural areas are not safe playgrounds. The dangers that abound for children include:

- *Tractors and machinery (responsible for half of the accidents that occur on farms).*
 - *Handling of animals.*
 - *Slurry pits (both the danger of drowning or being overcome by fumes).*
 - *Chemicals.*
 - *Electricity.*
 - *Involvement with adults activities (lighting of fire, preparing traps or chemicals for rats)*
- Research has shown that 11-15 year olds are most likely to be involved in accidents as they tend to be more involved in day-to-day farmer's work. Half of the accidents in the 15 year old age group relate to tractors and machinery. Children arriving from towns during holidays must also be made aware of the danger. In addition local customs(including traditional food)may be the cause for burns
(Reference to poisonings and burns)*

Activity: To educate parents, children and the public in relation to prevention of accidents in rural areas

- Children should have a safe, easily supervised play area.
- Hazards should be securely fenced and chemicals kept locked away.
- Spare equipment should be stored securely.
- Don't give children lifts on tractors and never allow them to travel on trailers or on top of loads, such as bales of hay.

- Young children should never be allowed to drive tractors or operate machinery.
- Never ask too much of a child. They should never be involved with hazardous equipment, dangerous animals or chemicals.
- To be careful about using toys (usually bought in traditional fairs: guns, swords, knives, arrows, electric lighters) that may cause irreversible damage.
- ***Mother and Child Centers of the Public Sector***

Responsibility: Mother and Child Clinics of the Public Sector

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Educational programs to parents***

Responsibility: Primary Health Care, Rural Health Centers

- ***Educational Programs to Agricultural Areas***

Responsibility: Ministry of Agriculture and Natural Resources
Municipalities

- ***Education of children preprimary schools***

Responsibility: Ministry of Education and Culture

- ***Education of students***

Responsibility: Ministry of Education and Culture (Domestic Sciences and other topics)

School Health Services, Ministry of Health

- ***Educational material, Mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity: To enforce Legislation

- Department of Labour Inspection
- Electricity Authority of Cyprus

Age 15-18 years

- Road Traffic Accidents
- Falls
- Sport related accidents
- Drowning
- Burns

Adolescence is the period of development of formal operations. Adolescents are extremely concerned about their selves because of the dramatic physiological changes taking place. They become capable of thought that consider all of the possibilities in a given matter. They can try numerous possibilities in an orderly fashion and progressively demonstrate the ability to adapt to a variety of problems. Trying to establish their independence they develop a feeling of immortality and they loose touch with reality. All the above, and the tendency of experimentation, particularly in combination with drugs or alcohol lead to a large number of serious injuries. Teenagers are at the grater risk of injury related morbidity and mortality and deserve priority status for the development of prevention strategic plan.

1. ROAD TRAFFIC ACCIDENTS

Many factors contribute to the cause of teen deaths in motor vehicles. Looking at the causes, it's not hard to see why teenager's accidents and death rates are higher than older drivers. Teen drivers are more likely than older drivers to be the cause of their accidents. That is based on facts pointing to high rates of teen accidents involving one vehicle. Immaturity is a contributing factor to the high rate of auto crashes and deaths among teenagers. For instance, tailgating and not using safety belts are misjudgements teens make more than older drivers. Rounding out the problems teenagers face as new drivers is their lack of driving skill or inexperience. Alcohol is another factor contributing to the motor vehicle accidents

Activities

The Strategic Road Safety Action Plan 2005-2010 covers Road Traffic Accidents prevention (including Road Safety Awareness targeting children in schools).

2. FALLS

Second to automobile accidents, accidents due to falls are the leading cause of injury and death. Of these, accidents due to slipping (not tripping) form a large proportion. Slipping may occur on floors, walkways, and stairs or steps.

Causes of fall

- Inadequate lighting
- Slippery conditions
- Torn, raised, or worn carpeting
- Inappropriate stair height, treads widths, and/or step size

Falls may happen

- a) on the ground;

- b) on steps and stairs;
- c) from ladders;
- d) from elevated positions;
- e) through openings;
- f) from scaffolds.

3. SPORT RELATED ACCIDENTS

Sport and recreation injuries are the second (after traffic accidents) most common cause of severe injury. The majority of these injuries occur in unsupervised activities. Swimming, diving, boating, fishing, scuba diving, windsurfing - are most frequently associated with fatal injuries. Also severe neck injuries and paralysis can result from diving into water that's too shallow. Approximately 40 per cent of injuries in elementary and high schools occurred during sport or physical recreation activity. In Cyprus there are frequent injuries in visiting Luna Parks as well as in Water Parks, because of not following completely, safety guidelines

Activity I: To introduce/ enforce regulations/guidelines for sport specific safety as well as safety plans (procedures, rules personnel, equipment and facility design)

Effort must be invested in establishing sport-specific safety guidelines and in a coordinated approach to player safety programs and safety plans which include guidelines for procedures, rules, personnel, equipment and facility design.

In particular

- **For playgrounds of schools, parks, athletic teams**
 - Absorbable surface of playgrounds
 - Adequate appropriately covered fall zone
 - In relation to equipment
 - Selection of appropriate equipment and correct installation
 - Inspect and secure maintenance procedures
 - Correct use
 - Display safety regulations for users of the grounds
- **For sports at sea, anybody who participates in sports at sea:**
 - Has to learn to swim
 - Use approved life jackets
 - Should take appropriate lessons from a qualified instructor
 - Should avoid unsupervised areas

- Should check the weather conditions and avoid being in the sea during a storm
 - Should avoid mixing alcohol and water sport activities
- **For playgrounds, Water parks and traditional fairs games (electrical cars)**
 - Follow safety regulations and harmonize to EU countries existing legislation
- **Collection of relevant Legislation**
- **Informative meetings with services involved:**
 - *School Safety Department and Technical Services of the Ministry of Education and Culture*
 - *Ministry of Communications and Works/ Electrical Mechanical Services, Civil Engineers and Architects Associations*
 - *Ministry of Commerce, Industry and Tourism*
 - *Consumers Association*
 - *Municipalities*

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

Activity II: To educate parents, children and public in relation to prevention of sport's accidents

In relation to

- Sport specific safety guidelines
- Player safety programs

as stated under **Activity I** for playgrounds of schools, parks, athletic teams and for sports at sea

- ***Pediatric Clinics Public and Private Sector***

Responsibility: Pediatric Society of Cyprus

- ***Sport Teams***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- **Education in schools**

Responsibility: Ministry of Education and Culture

School Health Services, Ministry of Health

- **Educational material**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- **Presentation through mass media**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

4. DROWNING

Besides children less than 5 years of age, drowning rates are highest mainly for persons 15-24 years of age. Alcohol affects their balance and coordination and impairs their swimming skills. It may also alter their sense of judgment — which might lead to do something that they wouldn't risk otherwise. Drowning is also related with sports at sea (see Section 3 Sports related accidents). The best thing anyone can do to stay safe in and around the water is to learn to swim.

Activity I: To introduce/ enforce regulations/guidelines for sport specific safety as well as safety plans (procedures, rules personnel, equipment and facility design)

(Drowning: Age Group 0-4, 5-14, Activity II

and Age Group 15-18 Sport Related Accidents, Activity I)

Activity II: To educate parents, children and public in relation to prevention of drowning

About

- The need to know how to swim
- Avoid mixing alcohol and water sport activities
- Follow guidelines related to sports at sea related accidents

- **Pediatric Clinics Public and Private Sector**

Responsibility: Pediatric Society of Cyprus

- **Sport Teams**

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- **Education in schools**

Responsibility: Ministry of Education and Culture

School Health Services, Ministry of Health

- ***Educational material***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

- ***Presentation through mass media***

Responsibility: Advisory Committee for the Prevention of Injuries and Poisonings in Children

5. BURNS-SCALDS

As previous age groups

Particular emphasis on the use of firecrackers (and an amateur type) during Easter period as well as burns from exhaust of motorbikes, as they constitute a particular problem of this age group.

Activities

Covered from previous age groups

In addition, in relation to the use of an amateur type of firecrackers

- ***Education in schools***

Responsibility: Ministry of Education and Culture

School Health Services, Ministry of Health

Police Department, Ministry of Justice

3.4 TIMEFRAME

AGE 0-4 YEARS			
	Activity	Responsibility	Timeframe
RTA	To educate parents in relation to prevention of road traffic accidents on their children	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Task Force/ Advisory Committee • Consumer Protection Service 	Ongoing
Falls	To educate parents and nursery schools staff in relation to prevention of children 's falls.	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Task Force/ Advisory Committee • Consumer Protection Service 	Ongoing
	To introduce/ enforce regulations for prevention of falls <ul style="list-style-type: none"> • Collection of relevant Legislation 	<ul style="list-style-type: none"> • Task Force/ Advisory Committee 	July-December 2005
	<ul style="list-style-type: none"> • Informative meetings with services involved: <ul style="list-style-type: none"> • <i>Technical Services of the Ministry of Education and Culture</i> • <i>Civil Engineers, Architects Associations</i> • <i>Ministry of Commerce, Industry and Tourism</i> • <i>Consumers Association</i> • <i>Municipalities</i> • <i>Welfare Services</i> 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
Choking and Suffocation	To educate parents in relation to prevention of children' s drowning	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Task Force/Advisory Committee 	Ongoing
	To enforce regulations	<ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism • Consumers Association 	July 2005-June 2008

Drowning	To educate parents in relation to prevention of children's drowning	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Ministry of Commerce, Industry and Tourism-Consumer Protection Service • Task Force/Advisory Committee 	Ongoing
	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism-Consumer Protection Service 	July 2005-June 2009
Poisonings	To educate parents, nursery schools staff and the public in relation to prevention of poisonings	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Task Force/Advisory Committee • Ministry of Agriculture and Natural Resources • Ministry of Labor 	Ongoing
	To raise awareness <ul style="list-style-type: none"> • <i>Civil Engineers, Architects Associations</i> • <i>Ministry of Commerce, Industry and Tourism</i> • <i>Consumers Association</i> • <i>Ministry of Agriculture and Natural Resources</i> 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
	To introduce/enforce regulations for child resistant packaging of pharmaceutical	Pharmaceutical Services, Ministry of Health	July 2005-June 2009
Burns-Scalds	To educate parents, nursery schools staff and public	<ul style="list-style-type: none"> • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Task Force/Advisory Committee • Consumer Protection Service 	Ongoing
	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Ministry of Communication and Works (EMS) 	July 2005-June 2009

AGE 5-14 YEARS

	Activity	Responsibility	Timeframe
RTA	To educate parents and children in relation to prevention of road traffic accidents on children	<ul style="list-style-type: none"> • Task Force/ Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Consumer Protection Service • Ministry of Education • Road Traffic Department • Ministry of Communication and works • School Health Services 	Ongoing
Falls	To educate parents, nursery schools staff and children in relation to prevention of children 's falls.	<ul style="list-style-type: none"> • Task Force/ Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Consumer Protection Service • Ministry of Education • School Health Services 	Ongoing
	To introduce/ enforce regulations for prevention of falls <ul style="list-style-type: none"> • Collection of relevant Legislation 	<ul style="list-style-type: none"> • Task Force/ Advisory Committee 	July-December 2005
	<ul style="list-style-type: none"> • Informative meetings with services involved: <ul style="list-style-type: none"> • <i>Technical Services of the Ministry of Education and Culture</i> • <i>Civil Engineers, Architects Associations</i> • <i>Ministry of Commerce, Industry and Tourism</i> • <i>Consumers Association</i> • <i>Municipalities</i> • <i>Welfare Services</i> 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
Burns-Scalds	To educate parents, nursery schools staff and public	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Consumer Protection Service • Ministry Agriculture and Natural Resources • Ministry of Education • School Health Services 	Ongoing
	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Ministry of Communication and Works (EMS) • Fire Brigade 	July 2005-June 2009

Drowning	To educate parents and children in relation to prevention of children 's drowning	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Ministry of Commerce, Industry and Tourism-Consumer Protection Service 	Ongoing
	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism-Consumer Protection Service 	July 2005-June 2009
Poisonings	To educate parents, nursery schools staff , children and the public in relation to prevention of poisonings	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Ministry of Agriculture and Natural Resources • Ministry of Labor • Ministry of Education 	Ongoing
	To raise awareness <ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism • Consumers Association • Ministry of Agriculture and Natural Resources • <i>Civil Engineers, Architects Associations</i> 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
	To introduce/enforce regulations for child resistant packaging of pharmaceutical	Pharmaceutical Services, Ministry of Health	July 2005-June 2009
Accidents in rural areas	To educate parents, children and the public in relation to prevention of accidents in rural areas	<ul style="list-style-type: none"> • Mother and Child Clinics • Pediatric Society • Primary Health Care • Ministry of Agriculture and Natural Resources • Municipalities • Ministry of Education and Culture • School Health Services 	Ongoing
	To enforce legislation	<ul style="list-style-type: none"> • Department of Labor Inspection • Electricity Authority 	July 2005-June 2009

AGE 15-18 YEARS

	Activity	Responsibility	Timeframe
RTA	To educate parents and children in relation to prevention of road traffic accidents.	<ul style="list-style-type: none"> • Task Force/ Advisory Committee • Pediatric Society of Cyprus • Consumer Protection Service • Ministry of Education • Road Traffic Department • Ministry of Communication and Works • School Health Services 	Ongoing
Falls	To educate parents, nursery schools staff and children in relation to prevention of children 's falls.	<ul style="list-style-type: none"> • Task Force/ Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Consumer Protection Service • Ministry of Education • School Health Services 	Ongoing
	To introduce/ enforce regulations for prevention of falls <ul style="list-style-type: none"> • Collection of relevant Legislation 	<ul style="list-style-type: none"> • Task Force/ Advisory Committee 	July-December 2005
	<ul style="list-style-type: none"> • Informative meetings with services involved: <ul style="list-style-type: none"> • <i>Technical Services of the Ministry of Education and Culture</i> • <i>Civil Engineers, Architects Associations</i> • <i>Ministry of Commerce, Industry and Tourism</i> • <i>Consumers Association</i> • <i>Municipalities</i> • <i>Welfare Services</i> 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
Burns-Scalds	To educate parents, nursery schools staff and public	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Consumer Protection Service • Ministry Agriculture and Natural Resources • Ministry of Education • School Health Services 	Ongoing

	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Ministry of Communication and Works (EMS) • Fire Brigade 	July 2005-June 2009
Drowning	To educate parents and children in relation to prevention of children 's drowning	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Ministry of Commerce, Industry and Tourism-Consumer Protection Service 	Ongoing
	To introduce/ enforce regulations	<ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism-Consumer Protection Service 	July 2005-June 2009
Poisonings	To educate parents, nursery schools staff , children and the public in relation to prevention of poisonings	<ul style="list-style-type: none"> • Task Force/Advisory Committee • Mother and Child Clinics of the Public Sector • Pediatric Society of Cyprus • Ministry of Agriculture and Natural Resources • Ministry of Labor • Ministry of Education 	Ongoing
	To raise awareness <ul style="list-style-type: none"> • Ministry of Commerce, Industry and Tourism • Consumers Association • Ministry of Agriculture and Natural Resources • Civil Engineers, Architects Associations 	<ul style="list-style-type: none"> • Task Force/Advisory Committee 	January-December 2006
	To introduce/enforce regulations for child resistant packaging of pharmaceutical	Pharmaceutical Services, Ministry of Health	July 2005-June 2009
Accidents in rural areas	To educate parents, children and the public in relation to prevention of accidents in rural areas	<ul style="list-style-type: none"> • Mother and Child Clinics • Pediatric Society • Primary Health Care • Ministry of Agriculture and Natural Resources • Municipalities • Ministry of Education and Culture • School Health Services 	Ongoing
	To enforce legislation	<ul style="list-style-type: none"> • Department of Labor Inspection • Electricity Authority 	July 2005-June 2009

3.5. Monitoring and Evaluation

It is the responsibility of the Advisory Committee for the Prevention of Childhood Injuries and Poisonings, supported by the Injury Unit at the level of the Medical and Public Health Services of the Ministry of Health to monitor overall the implementation of the Strategic Plan, as already described, to comply with the timeframe and the required resources. The introduction of indicators will assist both the monitoring as well the evaluation of the intervention

Indicators will give an indication of the state of affairs of the safety in the country, in order to measure the progress in strategic plan. In addition they will serve to compare to other EU countries. Bearing in mind the Gaps in the identification of information, as stated already, the following may serve to provide the required indicators:

- *Fatalities*: To use the already existing mortality data on injuries, as their availability and quality are going to be upgraded following the forthcoming introduction of a Health Monitoring System in Cyprus
- *Hospital Admissions*: Despite the lack of an Injury Database, information can be collected by using administrative data on admissions, though we are aware of the limited level of detail available
- *Visit to Emergency Department*: To use the information that is going to be provided through the Injury Data Base that is going to be introduced in Nicosia General Hospital Accident and Emergency Department. A major advantage of these data is the high level of detail
- *Collection of injuries via Paediatricians visits*: The development of a monthly reporting system for childhood injuries, of a Network of Paediatricians from all over the country, based on parents consulting the Paediatricians for their children injuries/ poisonings
- *Eurobarometer* A Survey on behaviour supporting child safety. This survey will cover behaviour related to road safety, prevention of burns, poisoning, drowning and falls
- The presence of *effective legislation* in reducing child injury, as described by Towner and Towner, 2004¹⁸

¹⁸ Towner E. (2004) Injuries in children aged 0-14 and inequities. Report prepared for the Health Development Agency, London

4. RECOMMENDATIONS

Following the completion of the development of the strategic plan for the prevention of unintentional childhood injuries in Cyprus, it is important to trace the way forward. In order to introduce a successful 5 year Plan for prevention of childhood injuries, it is recommended that:

- A political commitment to implement the Strategic Plan is requested from all Ministries involved in the various activities suggested by the Plan.
- A Task Force is nominated at the level of the Medical and Public Health Services of the Ministry of Health and undertakes the responsibility of implementing the Plan. Budgetary needs as well as possible personnel needs are facilitated
- The Advisory Committee for the Prevention of Childhood Injuries and Poisonings, besides its advisory role, facilitates and monitors the progress of the implementation phase
- The development of a surveillance system for injuries in children as well as the collection of other relevant mortality and morbidity data becomes a priority, in order to be able to measure the success of the whole program.

Being a small country, following a successful five year strategy, Cyprus may become a model country in the area of prevention of unintentional childhood injuries