Accident prevention—injury control—injury prevention—or whatever?

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The launch of a new international journal on injury prevention offers a unique opportunity to open up a debate on terminology. Over the last 30 years or so there has emerged a number of terms which may or may not be compatible. In North America there now appears to be a strong consensus on the use of the term *injury control*.^{1,2} In the UK the Royal Society for the Prevention of Accidents (RoSPA) and others have kept the term *accident prevention* more in vogue. The term has been upheld more recently with the setting up of the Child Accident Prevention Trust (CAPT) in 1979, and with the UK Government's Department of Health *Health of the Nation* key areas policy on accidents.³ The term accident is also used by the World Health Organisation (WHO) in many parts of Europe and in several other parts of the English speaking world.⁴

There are good reasons for getting some standard terminology agreed and for this to become established practice. Firstly there is a need for consistency. Secondly there is a need for those working in the field to understand what they mean and what everyone else means. Thirdly, there is a need for the public to understand, although this may not be so important providing we can get the message across effectively.

To initiate the debate I have outlined some definitions for the terms used regularly by most people working in the field. These terms are:

Accident prevention

The definition of an accident used by the WHO is 'an event, or sequence of events, that results or could result in an injury'. In its discussion of this definition the WHO recognises the unfortunate connotation that such an event or its outcomes are unpredictable or random and therefore uncontrollable and not preventable.⁵ In view of this expression of fatalism, an alternative definition could be: 'a sudden event or a sequence of events which, for an individual or groups of individuals, is apparently unpredictable and which may or may not result in injury'. Analysis of accidents shows that many of them are indeed predictable with known risks for certain groups or individuals and in many cases with predictable consequences.

Accident prevention is therefore 'any activity that studies the causes of accidents, makes predictions about their frequency and puts into practice intervention and remedial measures'.

Injury control

This includes a wide range of activities, similar to communicable disease control. It covers all aspects of understanding the causes and measures to prevent the occurrence of injury

causing events. In the event of an injury, it includes measures to control that injury by preventing complications and recurrence. In this context, accident prevention and injury control would be nearly synonymous. However, injury control is wider ranging in that it also includes the follow up and rehabilitation of the injured person (table).

Injury prevention

This is, perhaps, best defined as the activity that covers specifically the prevention of actual injury, or reduces the severity of injury after an accident. It includes all the measures that are taken, knowing that an accident will happen, to minimise or even eliminate the potential for injury. The most commonly used examples are the use of seat belts and air bags in motor vehicles, safety helmets for cyclists and horse riders, and personal protective equipment for industrial workers.

Safety

This is the adoption of a measure or series of measures carried out voluntarily or by law, to protect a person or group of people from having an accident (or injury), or if they do have one, from sustaining a (serious) injury as a consequence. The typical use of this term is in 'safety at work' and 'home safety' or, less commonly, 'maritime safety' and 'mountain safety', for example.

Given these definitions it now becomes clear that a phrase that adequately covers all these activities is *Accident prevention and injury control*.

But perhaps we should not become too obsessed with terminology anyway. What is really important is to concentrate on the key issue which is, whenever possible, to prevent the accident.^{6,7} And, if we cannot prevent the accident then we must do our best to minimise its consequences, not only by means of the various forms of secondary prevention, but also by ensuring that the emergency and immediate care services and the follow up and rehabilitation, are of the highest order.

Whatever we call it, accident prevention and injury control has clearly come of age and is here to stay. It has an enormously important contribution to make to health and wellbeing. It merits elevation to the highest status and the most serious attention by everyone in health care.

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1 Haddon W Jr. Advances in the epidemiology of injuries as a basis for public health policy. *Public Health Rep* 1980; 95: 411–21.

2 Haddon W Jr, Baker SP. Injury control. In: Clark D, MacMahon B, eds. *Preventive and community medicine*. 2nd Ed. Boston: Little, Brown, 1981: 109–40.

An A to Z of accident prevention and injury control

	← ACCIDENT PREVENTION →			← INJURY CONTROL →		
	Primary prevention	Secondary prevention	Tertiary prevention	Rehabilitation	Post-traumatic stress	
The problems	Prevention of the accident	Prevention of severity of injury	Treatment and follow up, prevention of complications	Restoration to optimum health	Dealing with the aftermath	
General activity	Accident prevention (and safety) programmes	Immediate (emergency) care	Hospital E/R care	Hospital inpatient care	Community care and rehabilitation	Community care and support
Specific activity	Education Enforcement (legislation) Engineering Environment	Safety aids and equipment: airbags, seatbelts, helmets	Advanced Trauma Life Support	Surgical and medical treatment	Comprehensive rehabilitation programme, retraining, provision of aids	Counselling and support groups
The people involved	A wide range of professionals and volunteers	Paramedics, first aiders, doctors, nurses	Specialist doctors and nurses	Therapists, laboratory staff, scientists	Primary care team, therapists, nurses, psychologists	Counsellors, primary care team, spiritual practitioners, volunteers
		↑ ACCIDENT/INJURY		↑ DISABILITY	↑ DEATH	

3 Department of Health. *The Health of the nation. Key area handbook. Accidents*. London: Department of Health, 1993.

4 Manciaux M, Romer CJ, eds. *Accidents in childhood and adolescence—the role of research*. Paris: WHO/INSERM, 1991.

5 World Health Organisation. *Manifesto for safe communities. Safety—a universal concern and responsibility for all*.

Stockholm: Karolinska Institute, 1989.

6 Trinca G, Johnston I, Campbell B, et al. *Reducing traffic injury—a global challenge*. Melbourne: Royal Australasian College of Surgeons, 1988.

7 Berfenstam R, Jackson RH, Eriksson B. *The Healthy community. Child safety as part of health promotion activities*. Stockholm: Folksam Insurance Group, 1988.

Photo quiz contest

The photo on the right is detail from orphreys on Italian dalmatic; English, late 14th century. It is depicting part of the orphreys at the Burrell Collection, in Glasgow, Scotland. Send your answers to the following questions to the editor. The first set of correct replies will receive a CD of an appropriate selection of classical music.

- What hazardous product is displayed?
- Who is the user?
- Who are the parents?
- What are their names?
- What preventive strategy would you recommend?

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