

2.12 Injury Prevention Program—TYPE II

Applicable Levels

LI, LII, LIII, PTCL, PTCII

Definition and Requirements

All trauma centers must have an injury prevention program that:

- Has a designated injury prevention professional
- Prioritizes injury prevention work based on trends identified in the trauma registry and local epidemiological data
- Implements at least two activities over the course of the verification cycle with specific objectives and deliverables that address separate major causes of injury in the community
- Demonstrates evidence of partnerships with community organizations to support their injury prevention efforts

In Level I trauma centers, the injury prevention professional must be someone other than the TPM or PI personnel.

Additional Information

While there are no specific certification requirements for an injury prevention professional, this individual would have the skills to lead trauma center efforts to develop and maintain an organized, interdisciplinary, public health approach to injury prevention. Examples of injury prevention areas of focus include:

- Motor vehicle occupant safety
 - Child passenger safety seat education
 - Distracted driving
- Motorcycle and bicycle safety/helmet initiatives
- Pedestrian safety
- Fall prevention
- Firearm injury prevention programs
- Violence intervention and screening programs
- STOP THE BLEED® program as a community engagement strategy

Specific objectives and deliverables for each of the prevention initiatives should be documented in advance of implementation so that centers can describe their successes relative to their stated goals.

In trauma centers undergoing a consultation or initial verification review, the injury prevention program must implement at least one activity over the course of the reporting period with specific objectives and deliverables that address separate major causes of injury in the community.

Measures of Compliance

- Job description for relevant staff
- Graphs/tables highlighting recent injury mechanism trends from registry
- Report of injury prevention activities including the following:
 - Activity name
 - Activity date
 - Participation data
 - Evaluation of outcomes (where feasible)
- Program objectives and deliverables for each injury prevention activity
- Any materials (including posters, flyers, press releases, etc.) relevant to the injury prevention initiatives

Resources

Below are suggestions for planning optimal injury prevention and violence intervention strategies with the greatest impact.

- **Utilize available data:** Identify high rates of injury and the populations in which these injuries occur. Analyze data to determine the mechanisms of injury, injury severity, and contributing factors. Utilize multiple injury and death data sources to reflect the true burden of injury.
- **Target at-risk populations:** Identify, understand, and target efforts toward at-risk populations while being sensitive to generational differences, as well as cultural, religious, and other established customs. Engage target population as a key stakeholder in development, implementation, and evaluation of the intervention.¹
- **Leverage partnerships:** Make use of other trauma centers, prehospital organizations, public health and violence prevention organizations, law enforcement agencies, schools, churches, and others interested and involved in community injury prevention efforts.
- **Choose effective or well-informed intervention strategies:** New intervention program development, assessment, and implementation are complex and time-consuming. Not all proven interventions work in every population. Evidence-informed interventions may still require adaptation for demographic and risk factor differences.²⁻⁶
- **Develop a plan:** Logic models are a best-practice method to plan intervention strategies and should be utilized to outline the intervention effort, including delineating risk and protective factors.⁷

- **Evaluate:** Develop surveillance and monitoring tools to assess not only the available performance indicators of the trauma center's prevention efforts but also the prevention effectiveness. Evaluation efforts should start at program inception with a feasibility assessment and include intermediate and long-term outcomes.
- **Communicate:** Partner with local print and broadcast media, and be prepared for many opportunities for trauma center leaders to serve as a reliable source of injury prevention information. Understand your stakeholders and the at-risk populations, and articulate your prevention message based upon their vantage point.⁷
- **Advocate:** Elected and appointed leaders can help implement prevention efforts if the trauma center understands their goals and ways to work with them to create effective laws promoting prevention.

The list below includes ways in which trauma centers might track and report their prevention activities:

- Description of the mechanism of injury or root causes and risk factors of injury targeted by prevention programs
- Dates and locations of intervention events
- Trauma center resources
- Personnel hours (paid and volunteered)
- Trauma center expenses
- Community partners and their personnel hours
- Other sources of financial support
- Media exposure
- Involvement of elected and appointed officials
- Public policy initiatives or legislation
- Number of community members reached with prevention message or service
- Available outcome data related to the prevention activity and its target
- Strategic evaluation program, from inception to long-term outcomes

The Safe States Alliance provides direction on the core elements of injury prevention programs. The guidance offers programs ideas on how they might be expanded or strengthened and provides a description of what constitutes a model program: <https://www.safestates.org/page/traumaivp>.

The American Trauma Society, in partnership with the Trauma Prevention Coalition, has a training program for injury prevention professionals: <https://www.amtrauma.org/page/InjuryPrevention>.

Centers with high rates of trauma due to interpersonal violence might find this primer on developing a hospital-based violence intervention program helpful: <https://www.facs.org/quality-programs/trauma/advocacy-and-injury-prevention/firearm-injury-prevention-activities/violence-intervention-programs/> and can also find helpful information from the Health Alliance for Violence Intervention at <https://www.thehavi.org/>.

Helpful injury prevention resources for intentional and unintentional injury prevention can be found on the ACS COT's website, <https://www.facs.org/quality-programs/trauma/advocacy/ipc>.

References

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