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Guidelines for School Health Programs to Prevent Unintentional Injuries and Violence: Summary

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Injuries are the leading cause of death and disability for people aged 1 to 45 years in the United States.[1] Moreover, between 10% and 25% of child and adolescent injuries occur on school premises.[2] Because injuries take such a toll on the health and well-being of young people, the Year 2010 National Health Objectives encourage schools to provide comprehensive health education to prevent unintentional injuries, violence, and suicide. More than 53 million young people attend over 119,000 schools every day. Including students and adults, one fifth of the United States population can be found in schools.[3] Therefore, school-based programs can efficiently reach most of the nation's children and adolescents, as well as many adults.

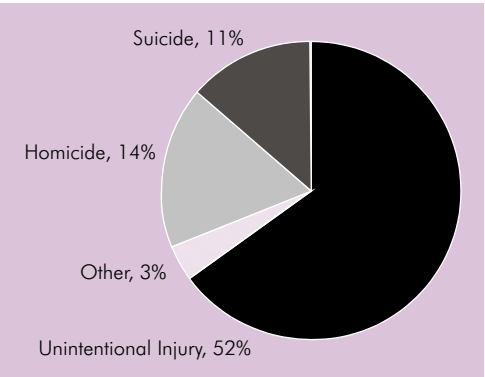
Benefits of Preventing Unintentional Injuries and Violence in Schools

- All students have the right to learn in a safe and protective school environment. Preventing unintentional injuries, violence, and suicide in schools would help improve the learning environment.
- Preventing unintentional injuries, violence, and suicide in schools could have a broader impact on community-wide efforts to promote safety. Schools can teach students the skills needed to promote safety and reduce their risk for unintentional injuries, violence, and suicide throughout their lives.

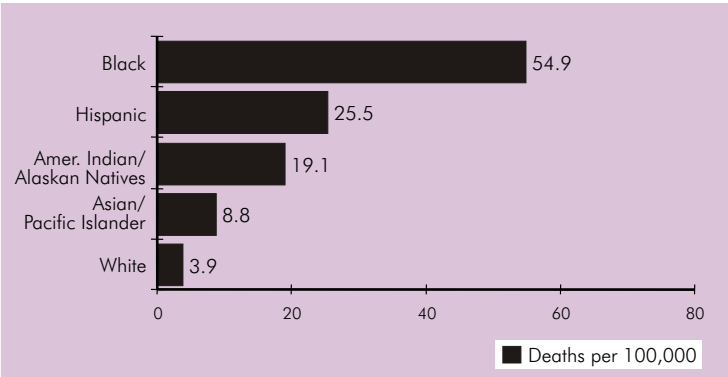
Unintentional Injuries and Violence Among Young People

Injuries kill more adolescents than all diseases combined. In 2002, 7,996 adolescents aged 15 to 19 years died from injuries.[4] This equals about 22 injury related deaths among adolescents per day —the population of an entire high school classroom.

Leading Causes of Death, United States
Ages 15-19, 2002



Homicide Mortality Among Male Adolescents
Ages 15-19, 2002



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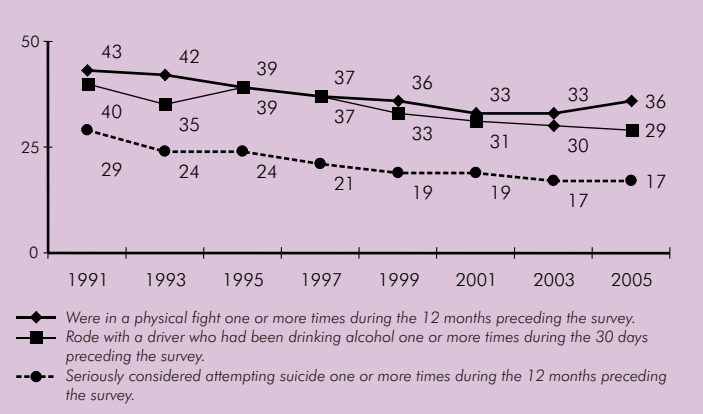
Unintentional Injuries and Violence Among Minority Youth

- The United States child homicide rate, 2.6 per 100,000 for children less than 15 years of age, is five times greater than the combined rate of 25 other industrialized countries.[5]
- Among U.S. adolescents, minority males bear most of the burden of homicide victimization.[4]
- In 2002, among adolescent males, the homicide rate for blacks is more than twice that for Hispanics; nearly 3 times that for American Indian/Alaskan Natives; 6 times that for Asian/Pacific Islanders; and almost 14 times that for whites.[4]

Trends in Unintentional Injury and Violence Among Youth

- From 1991 through 2003, the percentage of high school students who were involved in a fight, who seriously considered attempting suicide, and who rode with a drinking driver all decreased significantly. From 2003-2005, the percentage of high school students who rode with a driver who had been drinking alcohol decreased. However, during the same time period, the percentage of students who were involved in a physical fight increased significantly and those who seriously considered suicide remained constant.[6]

Percentage of School Students Who...[6]



CDC Guidelines for School Health Programs

CDC's School Health Guidelines to Prevent Unintentional Injuries and Violence were designed to help state and local education agencies and schools promote safety and help schools be safe places for students to learn. These guidelines were developed in collaboration with experts from universities and national organizations and with federal, state, local, and voluntary agencies. They are based on an extensive review of research, theory, and current practice in unintentional injury, violence, and suicide prevention; health education; and public health.

Key Principles

Unintentional injury, violence, and suicide prevention programs for young people are most likely to be effective when they:

- Become a national priority and are reinforced by community-wide efforts in which school and community leaders, as well as families commit to implementing and sustaining unintentional injury, violence, and suicide prevention.
- Are part of a coordinated school health program through which school personnel, students, families, community organizations and agencies, and businesses can collaborate to develop, implement, and evaluate injury prevention efforts.

Recommendations

The guidelines consist of eight recommendations, for schools from pre-kindergarten through the 12th grade, that help prevent injuries that occur on school property and elsewhere. Every recommendation is not appropriate or feasible for every school to implement. Schools should prioritize the recommendations on the basis of their needs and available resources.

1 Social Environment

Establish a social environment that promotes safety and prevents unintentional injury, violence, and suicide.

- Ensure high academic standards.
- Encourage students' connectedness to school.
- Designate a school safety coordinator.
- Establish a supportive climate that does not tolerate harassment or bullying.
- Develop, implement, and enforce written policies, including disciplinary policies.
- Infuse prevention strategies into multiple school activities and classes.
- Assess programs and policies at regular intervals.

2 Physical Environment

Provide a physical environment, inside and outside school buildings, that promotes safety and prevents unintentional injuries and violence.

- Conduct regular safety and hazard assessments.
- Maintain structures, equipment, and grounds.
- Actively supervise all student activities.
- Ensure that the school environment is weapon-free.

3 Health Education

Implement health and safety education curricula and instruction that help students develop the knowledge, attitudes, behavioral skills, and confidence needed to adopt and maintain safe lifestyles and to advocate for health and safety.

- Choose programs and curricula that are grounded in theory or have evidence of effectiveness.
- Implement prevention curricula consistent with national and state standards for health education.
- Encourage student involvement in the learning process.
- Provide adequate staffing and resources.

4 Physical Education and Physical Activity Programs

Provide safe physical education and extracurricular physical activity programs.

- Develop, teach, implement, and enforce safety rules.
- Promote unintentional injury prevention and nonviolence through physical education and sports participation.
- Ensure that spaces and facilities meet or exceed recommended safety standards.
- Hire physical education and activity staff trained in injury prevention, first aid, and CPR, and provide ongoing staff development.

5 Health Services

Provide health, counseling, psychological, and social services to meet students' physical, mental, emotional, and social health needs.

- Coordinate school-based services.
- Establish strong links with community resources.
- Identify and provide assistance to students in need.
- Assess the extent to which injuries occur on school property.
- Develop and implement emergency plans.

6 Crisis Response

Establish mechanisms for short-and long-term responses to crises, disasters, and injuries that affect the school community.

- Establish a written response plan.
- Have short- and long-term responses and services in place after a crisis.

7 Family and Community Involvement

Integrate school, family, and community efforts to prevent unintentional injuries, violence, and suicide.

- Involve family members in all aspects of school life.
- Educate and involve family members in prevention strategies.
- Coordinate school and community services.

8 *Staff Development*

For all school personnel, provide regular staff development opportunities that impart the knowledge, skills, and confidence to effectively promote safety and prevent unintentional injuries, violence, and suicide and support students in their efforts to do the same.

- Ensure that staff are knowledgeable and skillful about unintentional injury, violence, and suicide prevention.
- Train all personnel to be positive role models for a healthful and safe lifestyle and support them in their efforts.

References

1. Minino AM, Anderson RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: Injuries, 2002. *National Vital Statistics Reports*; vol 54 no 10. Hyattsville, Maryland; National Center for Health Statistics 2006.
2. Danseco ER, Miller TR, Spicer RS. Incidence and costs of 1987-1994 childhood injuries: demographic breakdowns. *Pediatrics* 2000;105(2).
3. US Department of Education, National Center for Education Statistics. Digest of educationa statistics, 1999. Washington, DC: National Center for Education Statistics, 2000; publication no. (NCES) 2000-031.
4. CDC, National Center for Injury Prevention and Control, Office of Statistics and Programming. Web-based Injury Statistics Query and Reporting System (WISQARS). Online at http://www.cdc.gov/ncipc/wisqars/. Accessed June 8, 2006.
5. CDC. Rates of homicide, suicide, and firearm related deaths among children—26 industrialized countries. *Morbidity and Mortality Weekly Report* 1997;46:101-5.
6. CDC. Youth Risk Behavior Surveillance - United States, 2005. *Morbidity and Mortality Weekly Report* 2006; 55 (SS-5);1-112.

Complete guidelines are available online at http://www.cdc.gov/mmwr/PDF/rr/rr5022.pdf.

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