of the Czech Republic

The Ministry of Health of the Czech Republic
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Child Accident Situation Report

1. Introduction

Accidents represent principled global health care, economic, and social issues. In some countries (Sweden, United Kingdom) the accident mortality rate and accident frequency are very low thanks to well their organised accident prevention systems. Accidents can be prevented. It is important to know all circumstances of accidents in order to limit and prevent such undesirable events as well as in order to set out preventive measures.

The Czech Republic, unfortunately, ranks among countries with a high accident rate. In the Czech Republic, child accidents form the most frequent cause of deaths of children and young adults and the third most frequent cause of deaths in the entire population. Although accident mortality rate has moderately dropped lately, which has reflected the existence of a good health care system, the total number of accidents has not declined.

In view of the serious nature of the situation, in particular as regards accidents involving children in the Czech Republic, and also upon recommendation from the Republican Criminality Prevention Committee, the Ministry of Health has established an Interdepartmental Working Group for Prevention of Accidents Involving Children in 2005.

The goal of the Interdepartmental Working Group is to find a system solution of prevention of both deliberate and unintentional accidents involving children and young people between 0 and 18 years of age in the Czech Republic and to draft the National Action Plan of Child Accident Prevention 2007-2017 (hereinafter the National Action Plan).

The National Action Plan was drafted by the Interdepartmental Working Group for Prevention of Accidents Involving Children, based on its previous activity, as well as on results and materials collected by the relevant departments and organisations.

The National Action Plan complies with the recommendation of the European Commission, which aims at creating a safe environment in the European Union – “LIVE - Life without Injuries and Violence in Europe” and it extends the programme of the European Child Safety Alliance (ECSA), an association of representatives of 17 states active within the European project “Eurosafe” in order to increase child safety in Europe, in particularly in the area of prevention of accidents and violence. Thirteen European countries are members of the programme Child Safety Action Plan, which has produced structured proposals for the creation of their respective national plans. The programme ensures coordination of the states active in the drafting of the plans with the intention of interconnecting any preventive activities, delivery of information about correct practices and unification of collection of data about accidents required for international comparisons and their use in prevention projects. The programme also provides for a direct link to the WHO programme “Child Environment and Health Action Plan for Europe” (CEHAPE). The resolution adopted by the WHO Regional Committee for Europe at its 55th session in 2005 adopted the preparation of national
plans of prevention of violence and accidents as its priority and recommended their institutional support and unification throughout Europe.

The National Action Plan maps up any previous activities taken under the programme of child accident prevention, it assesses the weaknesses and strengths, opportunities and threats of such activities, and sets up the most important tasks for the individual departments in the period 2007-2017. The goal of the National Action Plan of Child Accident Prevention 2007-2017 is the utmost reduction of child mortality caused by accidents in the Czech Republic, and the discontinuation of the growth and reduction of the number of child accidents, particularly serious accidents and accidents with permanent consequences.

2. Child Accidents – International Sources

- Accidents cause more than 40 per-cent. of all child deaths in the 0-14 age group.

- Every year, 20,000 children die due to accidents in the OECD countries/in the developing countries, the figure stands at approximately 1 million of children in the 0-14 age group.

- Traffic accidents cause on the average 41 per-cent. of all deaths resulting from accidents of children up to 14 years of age in the OECD countries; drowning causes 15 per-cent., deliberate accidents 14 per-cent., burns 7 per-cent., falls 4 per-cent., poisoning 2 per-cent., shots 1 per-cent. of such deaths.

- In the OECD countries, the death ratio due to accidents has increased from 25 per-cent. to 37 per-cent. over the past 25 years.

- The lowest child accident rate has been recorded in Sweden, the Netherlands, and the United Kingdom.

- The Czech Republic – same as Portugal, Poland, South Korea, and Mexico – ranks amount countries with the highest child mortality rate due to accidents.

- Child accident rate is affected by the environment – four-times higher death rate has been recorded in countries with low socio-cultural and economic standards.

- The majority of the most serious accidents involving children have been traffic accidents:
  - The average increase of speed by 1 kph (kilometre per hour) brings about a higher traffic accident risk resulting in injury by 3 per-cent.
  - The probability of death to pedestrians increases eight times in case of a crash at the speed of 50 kph as against the speed of 30 kph.
  - Pedestrians have a 90-per-cent. chance of surviving if hit by a passenger car at the speed of 30 kph; this percentage drops to a mere 50 per-cent. chance of surviving at the speed of 45 kph and higher.
Child Mortality Rate (0-14 years) due to accidents in EU

- Latvia: 23.51
- Estonia: 22.60
- Lithuania: 21.01
- Slovakia: 10.53
- Poland: 9.16
- Portugal: 8.95
- Czech Republic: 8.47
- Hungary: 8.09
- Greece: 7.87
- Belgium: 7.44
- Slovenia: 7.36
- Ireland: 6.70
- France: 6.66
- Spain: 6.49
- Austria: 6.33
- Luxemburg: 5.96
- Denmark: 5.40
- Germany: 5.34
- Finland: 5.00
- Netherlands: 4.73
- Italy: 4.57
- United Kingdom: 4.21
- Sweden: 3.79
- Malta: 2.19

OECD, 2002
3. Child Accidents in the Czech Republic *)

According to statistics released by the Czech Census Bureau, 56 boys and 50 girls, in total 106 children, died due to accidents in 2005; child mortality thus increased from 6.6 (per 100,000 children) in 2004 to 7.0 in 2005.

Accident-related deaths of children in the 0-14 age-group in 2002 – 2005

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>125</td>
<td>117</td>
<td>101</td>
<td>106</td>
</tr>
<tr>
<td>Boys</td>
<td>75</td>
<td>74</td>
<td>57</td>
<td>56</td>
</tr>
<tr>
<td>Girls</td>
<td>50</td>
<td>43</td>
<td>44</td>
<td>50</td>
</tr>
</tbody>
</table>

In 2005, the number of children hospitalised due to an accident slightly increased, however, at the same time the child population was reduced (in the Czech Republic, there were 1,514,013 children up to 14 years of age, i.e., by 25,000 less than in 2004), so the child accident rate (as an indicator of the ratio of a given age group) requiring hospitalisation increased.

Accident rate according to hospitalisations per 10,000 people
Accidents involving children between 0 and 14 years of age, according to reports from surgeries amounted to 24.4 per-cent. of all accidents in 2005 (24.5 per-cent. in 2004). More than a quarter of the 449,409 child accidents treated at surgeries resulted in fractures. As compared to the previous year, the number of child accidents slightly increased, same as the number of fractures suffered by children, in excess of the total number of accidents. This means again a slight increase of the consequences of accidents.

The development is shown in the following table:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Child Accidents</th>
<th>Incl. fractures</th>
<th>Child Accidents per Place of Occurrence</th>
<th>Under influence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Traffic</td>
<td>School*</td>
</tr>
<tr>
<td>2005</td>
<td>449,409</td>
<td>120,392</td>
<td>22,343</td>
<td>84,254</td>
</tr>
<tr>
<td>2004</td>
<td>446,456</td>
<td>118,905</td>
<td>23,285</td>
<td>79,546</td>
</tr>
<tr>
<td>Index 05/04</td>
<td>100.7</td>
<td>101.3</td>
<td>96.0</td>
<td>105.9</td>
</tr>
</tbody>
</table>

There was a drop in traffic accidents in 2005, while the number of accidents at schools and during sports increased.

*School accidents, which occurred during lessons and at schools, during the rendering of school services and any directly related activities (please, see: section 28(1)(i) of Act No. 561/2004 Coll., as amended); the relevant records are kept by the Czech School Inspection and also by the Institute for Educational Information. The Czech School Inspection has collected data about accidents, which have been duly recorded due to the absence of the injured children, pupils or students at school, in case of fatal accidents or if such records have been specifically requested. In the academic year 2005/2006, the Regional Offices of the Czech School Inspection received a total of 33,341 accident reports. As compared to the total number of children, pupils or students at all types of schools (from crèches up to higher professional schools), the determined index of thus recorded accident rate stands at 18.4 (number of accidents per 1,000 people) (see: The Annual Report of the Czech School Inspection for the Academic Year 2005/2006). The Institute for Educational Information also collects data about the total number of all accidents entered in the Accidents Book; there were 123,758 of them in the academic year 2005/2006.

According to data collected from the Hospitalisation Register in 2005, a total of 18,680 boys and 12,474 girls, in total 31,154 children (2.1 per-cent. of the given age group) stayed in hospitals due to various external reasons, i.e., 2,058 children per 100,000; all in all, this figure equalled 134 children per 100,000 population more than in the previous year. Surgery operations were performed on 6,675 boys and girls, i.e., 18.1 per-cent. of the hospitalised children; more than a half of such surgeries were urgent. The average length of treatment was 3.2 days. The highest hospitalisation rate and at the same time the highest percentage of surgeries relates to the 10 – 14 age group.
Hospitalisations and surgeries due to external accident causes, the 0-14 age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of hospitalisations</th>
<th>% in per-cent.</th>
<th>Average length of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>incl. surgeries</td>
<td>Surgeries</td>
</tr>
<tr>
<td></td>
<td>Urgent</td>
<td>Other</td>
<td>None</td>
</tr>
<tr>
<td>0 - 4</td>
<td>10,721</td>
<td>740</td>
<td>710</td>
</tr>
<tr>
<td>5 - 9</td>
<td>7,816</td>
<td>1,107</td>
<td>774</td>
</tr>
<tr>
<td>10 - 14</td>
<td>12,617</td>
<td>1,686</td>
<td>1,658</td>
</tr>
<tr>
<td>Total</td>
<td>31,154</td>
<td>3,533</td>
<td>3,142</td>
</tr>
</tbody>
</table>

Úmrtí na úrazy podle hlavních příčin a věkové kategorie, rok 2005

Legend to the chart:
Deaths resulting from accidents according to main causes and age groups in 2005
Columns: Children - Productive age - Senior Citizens
Categories: Falls - Traffic Accidents - Suicides - Drowning - Other

The most frequent causes of deaths of children in the 0-14 age group due to an accident in 2005 (same as in the previous years) included consequences of traffic accidents (43 per-cent.) and drowning (10 per-cent.).

A special group of causes of accidents is formed by other external causes of accidents – There is a large number of them, they are often serious but less frequent, so they are not specifically identified in the statistics; they are, e.g., exposure to mechanical forces, natural forces, exposure to air pressure, overloading, smoke, fumes, hazardous radiation, extreme temperatures, as well as accidental poisoning by hazardous substances and exposure to their effects, accidental breathing perils, undesirable effects of application of medical apparatuses, diagnosing and healing procedures, and others.
4. Traffic Accidents Involving Children*)

As shown by available statistics, the Czech Republic does not rank among countries with low child traffic accident ratio. In 2006, there were four child deaths in the 0-6 age group, eights dead children in the 6–10 age group, and eighteen child deaths in the 10-14 age group.

Out of all deaths recorded as a result of traffic accidents in the Czech Republic in 2006, 30 victims were children (9 deaths less than in 2005). Out of that number:

- 9 children were pedestrians (i.e., 2 children less);
- 5 children were cyclists (i.e., 1 child more) – of them, 4 children did not wear the safety helmets
- 14 children travelled in passenger cars (i.e., 8 children less) - of them, 7 child passengers did not use any safety retention system;
- 1 child travelled on a motorcycle - without the safety helmet (1 child less);
- 1 child travelled in a bus (i.e., 1 child more).

*) Source: Institute of Health Information and Statistics of the Czech Republic, Czech Census Bureau
Následky dopravních nehod dětí do 15 let od roku 2002 - 2006

<table>
<thead>
<tr>
<th>Počet usmrcených/zraněných</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usmrcení</td>
<td>44</td>
<td>36</td>
<td>27</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Těžce zranění</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lehce zranění</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend to the chart:
Consequences of traffic accidents involving children up to 15 years of age 2002-2005
Left column: Number of deaths/injuries
Columns: Deaths - Serious injuries - Light injuries

*) Source: Presidium of the Police Force of the Czech Republic (the data were collected within 24 hours after the accident).

Death rate of children 0-14 years of age per 100,000 children due to traffic accidents in some countries in 2004

<table>
<thead>
<tr>
<th>Country</th>
<th>Death rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>3.5</td>
</tr>
<tr>
<td>Italy</td>
<td>3.4</td>
</tr>
<tr>
<td>France</td>
<td>4.3</td>
</tr>
<tr>
<td>Germany</td>
<td>4.2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>5.0</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>5.2</td>
</tr>
</tbody>
</table>

*) Source: Presidium of the Police Force of the Czech Republic.
5. Intentional Child Accidents*)
Intentional Child Accidents are accidents resulting from intentional self-mutilation or bodily harm caused by a third person. Self-mutilation of children up to 5 years of age shall be deemed as non-intentional injury.
Children hospitalised due to the maltreatment syndrome in 2004-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>Per 100,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>8</td>
<td>18</td>
<td>26</td>
<td>1.7</td>
</tr>
<tr>
<td>2004</td>
<td>15</td>
<td>18</td>
<td>33</td>
<td>2.2</td>
</tr>
</tbody>
</table>

In 2005 and in 2004, no child died due to that cause.

Children hospitalised due to consequences of intentional self-mutilation (2004-2005)

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>per 100,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>86</td>
<td>183</td>
<td>269</td>
<td>17.8</td>
</tr>
<tr>
<td>2004</td>
<td>111</td>
<td>205</td>
<td>316</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Children who died due to consequences of intentional self-mutilation in 2004 – 2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>per 100,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>0.4</td>
</tr>
<tr>
<td>2004</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Children hospitalised due to consequences of battery and attack in 2004 - 2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>per 100,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>217</td>
<td>116</td>
<td>333</td>
<td>22.0</td>
</tr>
<tr>
<td>2004</td>
<td>235</td>
<td>101</td>
<td>336</td>
<td>21.8</td>
</tr>
</tbody>
</table>

Children who died due to consequences of battery and attack in 2004 – 2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>per 100,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>2004</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*) Source: Czech Census Bureau, Institute of Health Information and Statistics of the Czech Republic - Annual Activity Report of Medical Establishment A(MoH)020, Surgery Department, break-down by the accident types, pursuant to MKN-10, Chapter XX.
6. List of existing selected activities in the area of Child Accident Prevention

- Implementation of the Long-term Programme “Health for All in the 21st century”.
- Participation in the implementation of especially the “Concept of Government Policy in the Area of Children and Youth up to 2007”, the Convention on the Rights of the Child, the WHO programme “Child Environment and Health Action Plan for Europe” – CEHAPE.
- Promotion of preventive programmes and research projects.
- Promotion of general and professional public education.
- Publication of the Methodological Instruction in the MoH Journal on “Action to be taken by primary health care staff if suspecting the CAN syndrome” (October 2005).
- International cooperation.
- Auspices of the 13th International Conference of Safe Communities (2004).
- International seminar on child accident prevention in the V4 counties (19 April 2007)
- Membership of the “National Focal Points for Violence and Injury Prevention”.
- Treaty between the MoH and the WHO on cooperation (BCA) for 2004-2005 and 2006-2007, quoting accidents as one of the priorities.

- Under Act No. 361/2000 Coll., governing road traffic, the Ministry of Transport is required, among other things, to take preventive measures against traffic accidents.
- The National Strategy of Road Safety has been aimed at reducing the number of deaths due to traffic accidents by 50 per-cent. by 2010 as against 2002.
- Influencing the general public by way of campaigns and dissemination of information.
- Traffic education of children and youth.
- Coordination of activities pursued by other departments and non-Governmental organisations and civic associations.

- The area of Child Accident Prevention in traffic and on roads.
- Information for both professional and general public.
- Information for the general public about the traffic situation, traffic accident statistics, police traffic information via ‘Rádio Vnitro’, traffic issues - resolution of emergencies in traffic.
- Projects aimed at higher road safety within communities – within the framework of the Crime Prevention Programme at local levels - PARTNERSHIP.

- Safety and health measures taken at schools and educational establishments with help of legislation and checks of its observance, which is the responsibility of the Czech School Inspection.
- Upbringing and education of children, pupils or students in respect of accidents.
- Pre-gradual and post-gradual education of teacher in respect of accidents.
- Support extended to research and development in respect of accidents.
- Promotion of sporting activities.
- Promotion of leisure time activities of children and cooperation with not-for-profit organisations.
- Recording of accidents, which occurred within the educational process at schools and educational establishments, and any directly related activities, also while rendering educational services.
- Membership of the “National Focal Points for Violence and Injury Prevention”.

- Primary prevention:
The goal of primary prevention is the utmost dissemination of information about the given topic of the public, both general and professional, e.g., within the framework of education for responsible parenthood.
- Secondary prevention:
Its goal is to monitor any risk and endangered groups and to prevent any negative impacts. In this area, the MLSA sees as its priority monitoring of those groups of children injured due to violence and maltreatment.
- Tertiary prevention:
Its goal is to prevent any worsening of situations, minimisation of consequences of accidents. The MLSA guarantees the material intent of the introduction of rehabilitation of people with impaired health as one of the tools for the elimination of consequences of such impaired health conditions.
- Safety and protection of health at work. The target group consists of pupils and students or elementary, secondary and higher professional schools, as well as other minors during practical lessons, under short-term or permanent employment.

- Rapid alert system for dangerous consumer products, with the exception of food, pharmaceutical and medical devices, of the European Commission - RAPEX.
- Authority of the Czech Commercial Inspection in the area of market supervision (checks of safety of products for children, checks of children’s playgrounds in view of their equipment safety).

6.7. WHO/EURO (www.who.cz)
- Participation in the activities of WHO and the UN Economic Commission for Europe aimed at the prevention of traffic accidents.
- International cooperation.
- Participation in information of professional and general public, also by way of campaigns.
- Epidemiologic studies of the child and young adult accident rates.
- Intervention health support projects (prevention of traffic accidents involving children attending lower grades of elementary schools).
- Internet-supported project implementation – interactive programmes for children – Can You Prevent Accidents?, Am I Concerned with Violence?
- Editorial, lecturing and publication activities – brochures, posters, leaflets.
- Educational courses and seminars for professionals in the area of health promotion and health education and for non-medical health-care professions.
- Participation in the preparation of the National Days Without Injuries.

6.9. Institute of Public Healthy (IPH)
- Creation and implementation of projects of health promotion (e.g., “Healthy Accident-Free Childhood”, the art contest “Life is Beautiful”).
- Information, preventive or intervention activities focusing on the general public (Health Days, lectures for children and youth, distribution of health educational materials), cooperation with the Czech Red Cross Organisation, the republican and municipal police forces, and other stakeholder organisations.

6.10. Regional Hygienic Officers (RHO)
- Participation in the drafting and implementation of health-care policies in the regions.
- Drafting of materials for the determination of priorities of health-care policies in the regions in the area of protection and promotion of public health.
- Health promotion.

6.11. University of South Bohemia (USB)
- Research.
- Publication activities. The publication of the professional and scientific USB magazine “Prevention of Accidents, Poisoning, and Violence”.
- Lectures on accredited topics.
- Projects introducing the subject of Prevention of Accidents and Poisoning of Children, Adults and Senior Citizens, at the USB.
- Cooperation with the Emergency Centre for Children and Family in the South Bohemian region in the area of accident prevention.

6.12. Accident Prevention Centre of the 2nd Medical School, Charles University (APC 2MS CU)
- Assessment of epidemiological studies as a basis for proposing efficient preventive measures.
- Coordination of the WHO project on “Safe Community”.
- Cooperation in organising the National Days Without Injuries.
- Research and preventive projects.
- Publication activity (particularly the publication of the magazine “Accident Prevention News” in cooperation with the working group of the Czech Paediatrics Society of the J.E.Purkyně Czech Medical Society).
- International seminar on prevention of accidents and collection of data about accidents.
- 13th International Conference on Safe Communities.
- International cooperation. The Centre has won the title of the Affiliate Safe Community Support Centre and thus ranks among the 12 centres, which have been designated so far in the global range.

6.13. Department of Epidemiology of the Preventive Medicine Centre of the 3rd Medical School, Charles University (PMC 3MS CU)
- Research project on Prevention of Accidents and Early Diagnosing of Accidents.
- Cooperation with the Clinic of Burns of the Teaching Hospital at Královské Vinohrady, child accidents involving heat.
- Lectures on epidemiology and prevention of accidents.
- Expert activities.

6.14. Child Traumatology Centre of the Clinic of Child Surgery and Traumatology of the 3rd Medical School, Charles University, and the Thomayer Teaching Hospital and Polyclinic (CTC TTH)
- Coordination of the network of Centres of Child Traumatology and cooperation with the MoH CR.
- Drafting of standards of treatment of injuries of children’s skeleton and organs.
- Primary child accident prevention within its medical field of activity.
- Processing of statistical data.
- Educational and scientific and research activities.

6.15. Child Traumatology Centre of the Clinic of Child Surgery, Orthopaedics, and Traumatology, the Teaching Hospital in Brno (CTC TH Brno)
- Management of drafting and implementation of the National Child Accident Register.
- Management of an analysis of outputs from the accident register, production of the methodology of submitting periodic reports from the register and their incorporation into specific measures for accident prevention.
- Feedback on efficiency of such specified preventive measures.
- Annual updating of the professional and technical parts of the National Child Accident Register.
- Primary Child Accident Prevention within its medical field of activity.
- Educational and scientific and research activities.
- Drafting of standards of treatment of injuries of children’s skeleton and organs.
- Preparation and gradual implementation of comprehensive transformation of children’s traumatology treatments in the Czech Republic.
6.16. Safe Community Kroměříž (SC)
- The city of Kroměříž joined the WHO “Safe Community” project in 2000.
- The goal of the project has been to reduce the number of accidents in Kroměříž by 30 per-cent. by 2015.
- Most of the preventive programmes have been implemented in respect of the children’s age group with the highest accident rate.
- A system of monitoring accidents was created.
- A long-term Action plan was adopted and modified and amended from time to time.
- In 2003, WHO awarded the city of Kroměříž the title of “Safe Community”, as the first community in Central and Eastern Europe.

6.17. National Network of Healthy Cities in CR (NNHC)
- An association of municipalities, communities and regions participating in the International Project Healthy City (PHC) held under the auspices of the World Health Organisation (WHO-UN).
- Healthy cities, communities and regions promote in the long run and systematically the notion of quality of health and the overall life quality of their inhabitants. A successful Healthy City/Community/Region requires high-quality administration and long developed local partnership (public administration, businesses, not-for-profit organisations, professional institutions, the general public).
- In the area of the prevention of accidents, members of the NNHC would implement a number of sample activities (campaigns, programmes, events) including such programmes as “Cycle with Helmet Only”, “Safe Journey to School”, and “Armadillo”, and particularly the nation-wide campaign on the National Days Without Injuries (for details, please, see: www.dnybezurazu.cz).
- The NNHC offers its members methodological assistance in the area of prevention of accidents, contacts to professional partners and particularly nation-wide media support and sharing of best practices (for details, please, see: www.nszm.cz or www.dobrapraxe.cz).

7. SWOT analysis of existing activities in the area of Child Accident Prevention

There are many activities in the Czech Republic involving the issue of Child Accident Prevention. Those activities testify to efforts aimed at reducing the high child accident rate. In view of the fact that those activities have not been coordinated as yet, or resolved in a systematic manner, their efficiency has not been sufficient, either.

The SWOT analysis, which covers the issue of child accidents, is summed up in the following points:

7.1. Strengths
- The establishment of the Interdepartmental Working Group for Child Accident Prevention at the MoH.
- Availability of existing Government documents and concepts relating to child accidents – especially the “National Road Safety Strategy”, the “Long-term Programme of improving the health of the population in the Czech Republic - Health for All in the 21st Century”, and certain binding legislation.
- A network of children’s traumatology centres.
- Availability of the strategy of transformation of children’s traumatology care and comparisons to international models.
- Availability of a system of collection of data about accidents (ÚZIS, a register of poly-traumas), a project executed by APC 2MS CU entitled: “Child Accident Register”, records of accidents at schools and educational establishments, analyses of accidents produced by the Czech School Inspection and records maintained by the Institute for Educational Information.
- Availability of partial activities within the framework of projects of health promotion supported by way of subsidies under the National Health Programme – Health Promotion Projects” (Healthy Accident-Free Childhood, Safe Journey to School, Don’t Hit Your Knee, Be Cautious!), programmes (Safe Community, Safe School, Healthy Cities CR), research projects, studies, and campaigns (National Days Without Injuries, Cycle with Helmet Only, Armadillo, You Can See Me, Apple or Lemon).
- Availability of market supervision by the Czech Commercial Inspection.
- Availability of a network of prevention officers of the Czech Police Force, the Traffic Prevention Centre of the MoI and the Czech Police Force, attached to the Czech Police Museum.
- A good educational system, both pre-gradual and post-gradual, courses, training, availability and preparation of framework educational programmes at schools and educational establishments.
- Publication of information materials, health education materials and periodicals directed to prevention of accidents, poisoning and violence in the Czech Republic.
- Interest shown by the public and the private sectors in cooperation in the area of prevention of accidents, including health and commercial insurance companies.

7.2. Weaknesses
- Absence of a uniform coordinated and systematic solution at the national – regional – local levels and unavailability of any national strategy of child accident prevention.
- Insufficient legislative and non-legislative measures relating to reduction of child mortality resulting from accidents and the child accident rate.
- Insufficient support from the State administration and self-administration.
- Inefficient spending of financial funds – due to a lack of systematic support extended to projects, programmes, research projects, and activities at the local, regional, national, and international levels, and the broad application of and information about the outcome of such activities.
- Incompatibility of recording systems and insufficient validity of data required for the prevention of accidents involving children, non-existence of the Child Accident Register.
- Insufficient application of international cooperation and low implementation of international standards at the national level.
- Lack of experts required in the fields of research, epidemiology of accidents and evaluation of efficiency of preventive programmes. Insufficient support extended to research projects devoted to accidents.
- Insufficient education and information of both professional and general public.
- Uncompleted transformation of traumatological treatment, shortcomings in mutual communication of traumatological centres and the rescue centres.
- Shortcomings in the resolution of issues related to accidental harm, including social inclusion.
7.3. Opportunities
- Application of available Government documents, concepts, and certain binding legislation as a basis for activities in the area of prevention of accidents.
- Application of the existing network of children’s traumatological centres in ensuring better treatment for the injured, including their material and technical equipment and modern information technologies required for mutual communication.
- Application of the draft strategy of transformation of children’s traumatological treatment in comparison to international models.
- Application of the system of collection of data about accidents (ÚZIS, a register of poly-traumas) for the formation of the National Child Accident Register.
- Application of experiences and conclusions from certain partial activities within the framework of programmes, projects, research projects, studies and campaigns.
- Exploitation of the network of prevention officers of the Czech Police Force, the Traffic Prevention Centre of the MoI and the Czech Police Force, attached to the Czech Police Museum.
- Application of the educational system, including framework educational programmes.
- Exploitation of publication of information materials, health education materials and periodicals directed to prevention of accidents, poisoning and violence in the Czech Republic, and media attention.
- Exploitation of the public and private sectors’ interest in cooperation, including health and commercial insurance companies.
- Application of supranational cooperation, any existing documents and financial funds (the European Structural Fund - until 2013).

7.4. Threats
- Discontinuation of the downward trends of the accident mortality rate, and/or its increase, including economic consequences.
- An increase in the numbers of accidents, including serious accidents and accidents with permanent consequences, including economic consequences.
- Unsystematic and uncoordinated solutions of the accident issue in regions (their own registers, transport systems…) and resulting inefficiency of expended financial funds.
- Insufficient political support for the implementation of preventive measures at all levels.
- Failure to implement any relevant tasks as per Government documents and concepts.

8. Conclusions

Accidents represent the most frequent causes of deaths of children and young adults in the Czech Republic.

Accidents can be prevented. There have been many activities pursued in the Czech Republic relating to Child Accident Prevention; as a result, a moderate improvement was recorded in the past years in the child mortality rate due to consequences of accidents. In view of the fact that those activities have not been coordinated yet and resolved in a systematic manner, they were not
sufficiently efficient and did not result in the desired reduction of the child accident rate. International experiences unequivocally confirm that coordinated and consistent child accident prevention policy affects positively both the child accident rate and the child accident mortality rate.

Accident prevention at the primary, secondary, as well as tertiary levels, must be focused in the first place on the most exposed age group – children, and then also other age brackets. Accident prevention must take into consideration the situation in accident occurrence and the conditions prevailing in any given places, on the basis of valid data, effective legislation, and coordinated inter-sectoral and inter-industrial cooperation. It also is essential to keep both the professional and general public informed about accident prevention issues. In connection with the resolution of the issues related to accidents involving children, it also is necessary to pay attention in a systematic manner to prevention of violence against children.

The establishment of the Interdepartmental Working Group for Child Accident Prevention and the drafting of the National Action Plan of Child Accident Prevention 2007-2017 represents a principled step in the direction of systematic resolution of the issues related to accidents involving children in the Czech Republic. Without having mapped up all activities pursued so far within the framework of child accident prevention, without their evaluation in view of their strengths and weaknesses, opportunities and threats, and without determining the most important tasks facing then individual departments in 2007-2017, it would not be possible to achieve the common goal – the utmost cuts in the child accident rate and the child mortality rate due to accidents.

Systems of preventive activities will be based on detailed analyses of the topic under investigation to be performed within the framework of the working teams belonging to the Interdepartmental Working Group for Child Accident Prevention, depending on the separate accident types.

Efforts exerted by the Czech Republic in systematic resolution of the child accident rate has been supported to the utmost extent by the WHO and the European Union because it has been the goal of the European Commission to create safe environs within the framework of the European Union named: “LIVE - Life without Injuries and Violence in Europe”.
National Action Plan of Child Accident Prevention
for 2007-2017


1.1. The goals of the National Action Plan of Child Accident Prevention 2007-2017 include:

The utmost reduction of the child mortality rate in the Czech Republic resulting from accidents, and discontinuation of the increase and subsequent reduction of the number of accidents involving children, particularly serious accidents and accidents with permanent consequences.

1.2. The means for the achievement of the goals of the National Action Plan of Child Accident Prevention 2007-2017 include:

- Efficient application of financial funds.
- Support from the State administration and self-administration authorities.
- Information of both professional and general public.
- Higher responsibility of people for their own health – higher responsibility on the part of the society for public health.
- Introduction of the National Child Accident Register.
- Application of the educational system, including framework educational programmes.
- Cooperation with both the public and the private sectors, including health and commercial insurance companies.
- Activities within the framework of projects of health promotion supported by a programme of subsidies known as the “National Health Programme – Health Promoting Projects” (Healthy Accident-Free Childhood, Safe Journey to School, Don’t Hit Your Knee, Be Cautious!), programmes (Safe Community, Safe School, Healthy Cities CR), research projects, studies, and campaigns (National Days Without Injuries, Cycle with Helmet Only, Armadillo, You Can See Me, Apple or Lemon).
- Cooperation between departments at the national, regional, and local levels.
- Supranational cooperation.

2.1. Interdepartmental Working Group for Prevention of Accidents Involving Children (IWG)

2.1.1. Evaluation of the results of the newly introduced National Child Accident Register after one year of operation, with a subsequent review of its tasks and priorities under the National Action Plan of Child Accident Prevention 2007-2017 and their complementation by specific measures directed on any identified shortcomings.

2.1.2. Concurrent analysis and evaluation of effects of the measured applied in respect of the years 2007-2017, improved analytical, conceptual, and methodological activities in the area of Child Accident Prevention within the framework of the working teams according to the separate types of accidents.

2.1.3. Processing and delivery to the Government of a report on the implementation of the tasks ensuing from the National Action Plan of Child Accident Prevention 2007-2017, until 30 June 2010, and then always in three years’ intervals, including a list of priorities applicable to the subsequent period.

2.1.4. Inclusion to the web site of the MoH of the Internet site of the Interdepartmental Working Group for Child Accident Prevention.

2.1.5. Cooperation with regional authorities in the area of Child Accident Prevention.

2.1.6. Better information of both professional and general public, and implementation of certain media policy in the area of Child Accident Prevention.

2.1.7. Expansion of international cooperation.

2.2. Ministry of Health (MoH)

2.2.1. The introduction of the National Child Accident Register, processing and analysing of accident data for the purposes of accident prevention.

Co-assisted by: APC 2MS CU, CTC TTH, CTC TH Brno, J.E.Purkyně Czech Medical Society.

2.2.2. Better information of both professional and general public in the area of Child Accident Prevention.

Co-assisted by: IPH, NIPH, APC 2MS CU, USB, CTC TTH, CTC TH Brno, SC, PMC 3MS CU, RIPSP MS MU Brno.

2.2.3. Continued support and implementation of preventive and research projects in the area of Child Accident Prevention.

Co-assisted by: IPH, NIPH, APC 2MS CU, CTC TTH, CTC TH Brno, USB, SC, PMC 3MS CU, J.E.Purkyně Czech Medical Society, RIPSP MS MU Brno.

2.2.4. Increased quality of medical care extended in connection with accidents involving children. An optimised network of children’s traumatological centres.

Co-assisted by: CTC TTH, CTC TH Brno, PMC 3MS CU, J.E.Purkyně Czech Medical Society.

2.2.5. Promotion of educational activities by way of regular courses, lectures, and seminars.

Co-assisted by: APC 2MS CU, USB, SC, NIPH, PMC 3MS CU, RIPSP MS MU Brno, J.E.Purkyně Czech Medical Society.
2.2.6. Promotion of publication of books and information materials dealing with
the most frequent types of accidents, risk environs and activities, with help
of the Internet.
Co-assisted by: APC 2MS CU, USB, NIPH, IPH.

2.2.7. Promotion of organisation of preventive projects, including National Days
Without Injuries, by way of specialised lectures, distribution of materials
and information directed to the general public.
Co-assisted by: APC 2MS CU, USB, NIPH, IPH, NNHC.

2.2.8. Implementation of cooperation with the relevant organisations at the
national, regional, and local levels.
Co-assisted by: APC 2MS CU, USB, SC, RHO, IPH.

2.2.9. Establishment of the Interdepartmental Working group for Prevention of
Violence against Children.
Co-assisted by: MLSA, MoI, MS, MEYS

2.2.10. Expansion of international cooperation, including within the Visegrad
Group of States.
Co-assisted by: APC 2MS CU, NIPH, J.E.Purkyně Czech Medical Society,
RIPSP MS MU Brno.

2.3. Ministry of Industry and Trade (MIT)

2.3.1. Performance of checks of safety of products designated for children or
products, which may be employed by children, and imposing remedial
measures in case of any identified shortcomings.

2.3.2. Application of a system of rapid exchange of information about the
existence of dangerous consumer products in order to keep other supervisory authorities in the EU Member States informed about them,
and responses to identifications of dangerous products on their markets.
Co-assisted by: Czech Commercial Inspection.

2.4. Ministry of Transport (MoT)

2.4.1. Higher protection of children on roads.
- Expansion and support extended to efficient educational methods
applicable to traffic education at schools of all levels within the
framework of school educational programmes.
Co-assisted by: MEYS.
- Nation-wide implementation of the programme “Safe Journey to School”.
- Media campaigns aimed at higher protection of children, accompanied
by the publication of handbooks designated for parents, their distribution
in crèches, schools and medical establishments.

2.4.2. Higher legal awareness of both pedestrians and cyclists as participants
in road traffic.
- Involvement of the general public, including children and people with
reduced locomotion and orientation, in identifying exposed places.
- Ensuring information activities aimed at:
  - pedestrians (crossing streets, visibility);
  - cyclists (protective helmets, visibility);
  - motor-cyclists (specific risks);
  - children.
2.4.3. Influencing all participants in road traffic in order to improve their response in case of accidents.

2.4.4. Preventive efforts aimed at reducing the number of accidents due to speeding.
   - Implementation of annual campaigns aimed at observing speed limits, particularly in urban areas, and keeping safe distance.

2.4.5. Increased using of safety belts, via education.
   - Implementation of annual campaigns aimed at using retention systems, particularly:
     - use of safety belts in urban areas;
     - use of safety belts on rear seats;
     - use of child seats.

2.4.6. Application of elements reducing traffic, particularly in urban areas.
   - Application of in-drive islands on entrance to urban areas, both at newly built and existing roads.
   - Application of elements reducing traffic in urban areas during reconstruction of drive-through roads and resolution of risk spots in urban areas.

2.4.7. Promotion of considerate behaviour of all participants in road traffic.
   - Education of all participants in road traffic, with the goal of promoting their considerate behaviour.
   
   Co-assisted by: MEYS.

2.5. Ministry of Labour and Social Affairs (MLSA)

2.5.1. Continued promotion of non-Governmental, and not-for-profit organisations active in the area of prevention of violence against children.

2.5.2. In connection with the implementation of the National Concept of Family Policy, attention is to be paid to issues related to accidents involving children within the framework of projects and programmes in support of and increasing parent authority.

2.5.3. Participation in the minimisation of consequences of accidents involving children by the introduction of a system serving the rehabilitation of people suffering from health defects. The basic goal has been to minimise as much as possible any direct consequences of both permanent or long-term health handicaps.

   In cooperation with: MoH, MEYS.

2.5.4. Cooperation on the implementation of a project named: “System of upbringing and education in the area of safety and protection of health at work”.

   In cooperation with: MoH, MEYS.

2.5.5. Ensuring, by way of checks performed by the Inspectorates of Labour, compliance with any existing legislation governing safety at work and working conditions, in order to prevent damage to health of children during their hands-on training at work-places of their employers.

   In cooperation with: MoH, MEYS.

2.6. Ministry of Education, Youth and Sports (MEYS)

2.6.1. Development and promotion of efficient forms of traffic education at all levels of schools.

   Co-assisted by: MoT
2.6.2. Stress on lessons in first aid in keeping with the framework educational programmes.

2.6.3. Attention to be paid on the web sites of the Ministry and its directly controlled organisations in a sufficient manner to projects related to prevention of accidents, also creating opportunities for discussion and transfer of topical information.

2.6.4. Promotion of modifications in the educational process aimed at the reduction of the number of accidents involving children.

2.6.5. Ensuring the incorporation of the issues related to prevention of accidents in the curricula (framework educational programmes for all types of education) and support for the implementation of prevention of accidents at schools and educational establishments in keeping with framework educational programmes.

2.6.6. Promotion of pre-gradual as well as post-gradual education of the teaching staff in the area of prevention of accidents.

2.6.7. Higher physical capabilities of children and youth through support for sports, in particular, outside the area of professional sport.

2.6.8. Promotion of activities of all types aimed at maintaining the sound life style at schools and educational establishments, with stress laid on prevention of accidents.

2.6.9. Collection, analysing, and provision, in keeping with the legislation and in a consistent manner, of statistical data relating to the comprehensive records of accidents involving children, pupils or students at schools.

2.7. Ministry of the Interior (MoI)

2.7.1. Promotion of the work of the Traffic Prevention Methodological Centre of the Ministry of the Interior and the Czech Police Force, attached to the Czech Police Museum, in order to strengthen traffic prevention and child accident prevention.

2.7.2. Opening a page on “Prevention of Child Accidents” on the department’s web site.

Co-assisted by: MoH

2.7.3. Continued implementation of tasks assigned to the Ministry of the Interior under the “National Road Safety Strategy”, focused on accidents involving children.

2.7.4. Active involvement in the project run by the Ministry of Transport, entitled: “Safe Community”.

2.7.5. Lectures by police officers as school to be devoted in particular to increasing legal awareness of children.

2.7.6. Organisation of seminars held by the police intelligence officers for professional anchors in order to improve the preventive and educational impacts of the police traffic news and exchange of experiences and information.

2.7.7. In cooperation with the auto clubs, the Green Wave of Czech Radio, schools and other partners, inventing and planning of new mutually interconnected preventive safety and educational ventures, which would be aimed at prevention of accidents involving children.

2.7.8. Concurrent collection, sorting and processing of information relating to road safety, making use of it in order to exert sophisticated media
influence on individual addressees (e.g., under the given seasonal conditions, in respect of certain specific traffic safety issues).

Co-assisted by: MoT

List of abbreviations applied:
MoH – Ministry of Health (in Czech: MZ)
MoT – Ministry of Transport (in Czech: MD)
MIT – Ministry of Industry and Trade (in Czech: MPO)
MLSA – Ministry of Labour and Social Affairs (in Czech: MPSV)
IPH – Institute of Public Health (in Czech: ZÚ)
RHO – Regional Hygienic Officers (in Czech: KHS)
USB – University of South Bohemia (in Czech: JU)
APC 2MS CU - Accident Prevention Centre, 2nd Medical School, Charles University and the Teaching Hospital at Motol (in Czech: CÚP 2. LF UK)
PMC 3MS CU - Department of Epidemiology, Preventive Medicine Centre, 3rd Medical School, Charles University (in Czech: CPL 3. LF UK)
CTC TTH - Child Traumatology Centre, Clinic of Child Surgery and Traumatology, 3rd Medical School, Charles University and the Thomayer Teaching Hospital (in Czech: CDT FTN)
CTV TH Brno - Child Traumatology Centre, Clinic of Child Surgery, Orthopaedics, and Traumatology, Teaching Hospital in Brno (in Czech: CDT FN Brno)
SC - Safe Community Kroměříž (in Czech: BK)
NNHC - National Network of Healthy Cities (in Czech: NSZM)
CIC - Czech Commercial Inspection (in Czech: ČOI)
J.E.Purkyně Czech Medical Society – Professional Societies of the J.E.Purkyně Czech Medical Society (ČLS JEP)
RIPSP MS MU Brno – Research Institute of Preventive and Social Paediatrics, the Medical School of Masaryk University in Brno (VPPSP LF MU Brno)