

# To the Point

HALIBURTON • KAWARTHA • PINE • RIDGE • DISTRICT • HEALTH • UNIT

## INJURY PREVENTION

Regardless of age, race, gender, income or place of residence, we are all at risk of being injured.

As stated in the Ministry of Health and Long Term Care, Chief Medical Officer of Health Report, *Injury: Predictable and Preventable (2002)*, injuries can occur whether we are at home, work, school or daycare and these injuries can happen whether we are working or whether we are on vacation.

Unintentional injury is the leading cause of death for people from birth to 34 years of age and is the fourth leading cause of death for all ages. Injury is also the leading cause of hospitalization in young children. More than 2,000 people are injured each day in Ontario alone.

As well as the unnecessary pain, grief, emotional trauma and potential loss of life caused by injuries, great health care costs are incurred. In 1996, injuries cost Ontario residents \$3 billion in direct and indirect health care costs.

The good news is that injuries are  
**PREVENTABLE.**

# What is an Injury?

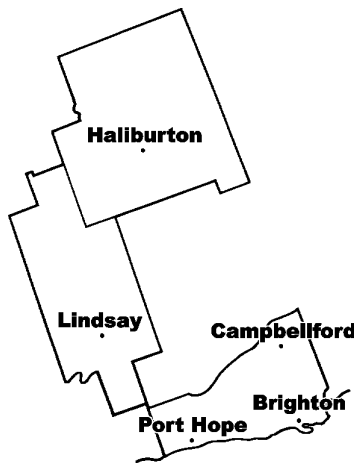
An injury is any way in which a person is hurt or killed. Injuries are classified into two categories, intentional and unintentional injury.

Intentional or violent injuries refer to injuries that are self-inflicted, such as suicide or those purposefully inflicted on one person by another person such as assault and homicide.



Unintentional injuries are often referred to as accidents. This implies that they occur at random, when in fact, they are predictable and preventable.

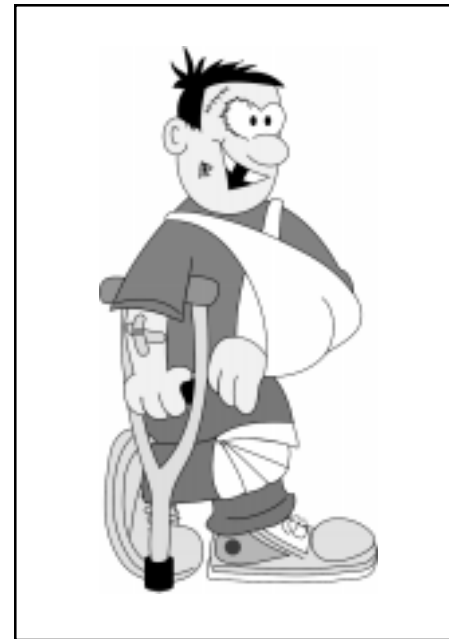
This report focuses on unintentional injuries.



## Role of Health Units

The provincial government outlines the work to be done by health units through the Mandatory Health Programs and Services Guidelines released in 1997. In the area of injury prevention, the document mandates that health units work to:

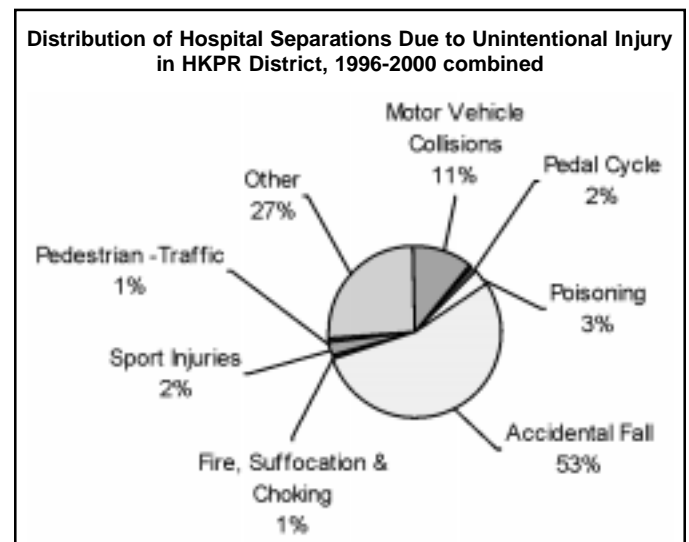
- Reduce the rate of injuries caused by cycling crashes and motorized vehicle crashes including boats, snowmobiles and all-terrain vehicles that lead to hospitalization or death by 20 per cent by the year 2010.
- Reduce the rate of alcohol and other substance-related injuries or deaths by 20 per cent by the year 2010.
- Reduce the rate of fall-related injuries in the elderly that lead to hospitalization or death by 20 per cent by the year 2010.



## Injuries and Local Residents

In the area served by the Haliburton, Kawartha, Pine Ridge District Health Unit, falls are the leading cause of injury.

From 1996 to 2000, 50 per cent of residents who went to the hospital due to an injury were there as a result of a fall. Motor vehicle collisions were the second leading cause of injury, accounting for 11 per cent of injury-related hospitalizations.



Source: Ministry of Health & Long Term Care, Provincial Health Planning Database, December 2002

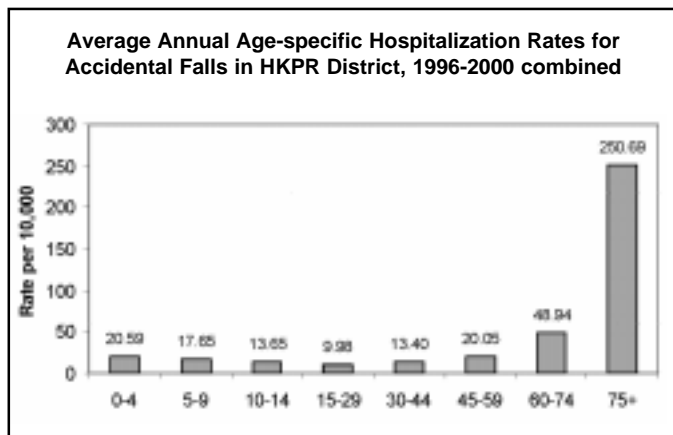
## Falls

Falls are the leading cause of injury for area residents, accounting for more than 50 per cent of the local injury-related hospitalizations. While the risk of falling increases with age, most falls are preventable. By staying active and being aware of surroundings and hazards, adults can help protect themselves from dangerous and painful falls.



## Hospitalizations

An average of 630 people from the Health Unit's area are hospitalized each year due to a fall-related injury. People aged 75 years and older account for the greatest number of hospitalizations. This age group also has the highest rate of hospitalization as compared to other ages. Of every 10,000 hospitalizations of local residents aged 75 years and older, 250 of those are due to falls.



Source: Ministry of Health & Long Term Care, Provincial Health Planning Database, December 2002

## Working to Reduce Injuries

The Health Unit works to reduce the number of older adults injured by providing information and education about ways to prevent falls. In 2001, the Health Unit produced a booklet, **Staying on Your Feet....at Home and Beyond** and a pamphlet titled **Home Safe Home**. These resources are filled with tips that older adults can use to reduce their risk, including checklists to identify potential hazards in the home.

As well as the printed materials, a falls prevention display was created for use in health fairs and presentations for seniors groups. Since the launch of the campaign, Health Unit staff have made a number of presentations to community groups and distributed materials to groups or agencies that work with older adults.

## Home Safe Home



*A checklist for adults to prevent falls in the home.*

In Northumberland County, a new falls prevention coalition is being organized, bringing together partners interested in creating a community that works to reduce falls among older adults. In the City of Kawartha Lakes, the Health Unit is involved in a Falls Prevention Project headed by Community Care City of Kawartha Lakes. This project involves the creation and distribution of a falls prevention video and manual.

## Safety Begins at Home

There's no place like home. Sometimes though, your home can be more dangerous than you think. Use this checklist to ensure a Home Safe Home.

- Is your house well lit inside and out?
- Do you have light switches at the top and bottom of stairs?
- Do you have non-skid backing on your throw rugs?
- Do you have non-slip surfaces on your stairs, floors, balcony, porch, or patio?
- Are traffic areas clear of phone and electrical cords and other objects?
- Do you have an easy-to-read list of emergency numbers near the phone?
- Could you easily reach a phone or call for help if you fell in your home?
- Do you use a rubber bath mat or anti-slip decals in your tub?

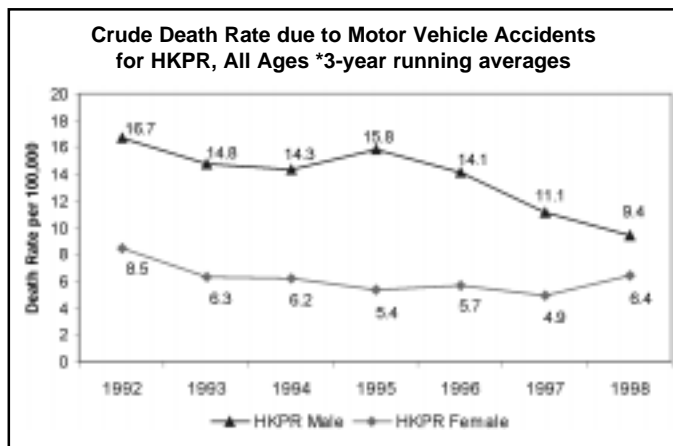
## Motor Vehicle Collisions

Motor vehicle collisions are the second leading cause of injury for residents in the area served by the HKPR District Health Unit, a danger most often faced by younger residents. Youth and young adults (ages 15 to 29 years) have the highest hospitalization rate due to motor vehicle collisions. Compared to females, males have higher rates of death and hospitalization due to motor vehicle collisions.



### Deaths

Every year, approximately 16 residents of the area served by the HKPR District Health Unit die in motor vehicle collisions. This is an overall death rate of 9.8 deaths per 100,000 residents. These deaths account for approximately 27 per cent of all injury-related deaths.



Source: Ministry of Health & Long Term Care, Provincial Health Planning Database, November 2002

More males die in motor vehicle collisions than females. The average overall death rate from 1992 to 1998 was 13.7 deaths per 100,000 males. For females, the death rate was 6.32 per 100,000 females.

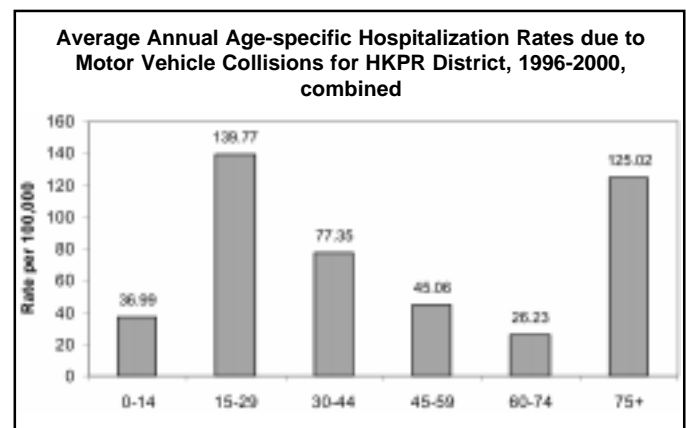


## Hospitalizations

From 1996 to 2000, the average annual number of hospitalizations due to motor vehicle collisions was 133, making our local hospitalization rate 81 per 100,000 residents. Similar to the death rates, the hospitalization rate for males was higher than females.



Residents aged 15 to 29 years and older adults aged 75 years and older, had the highest rates of hospitalization at 139.8 and 125.0 per 100,000 residents respectively.



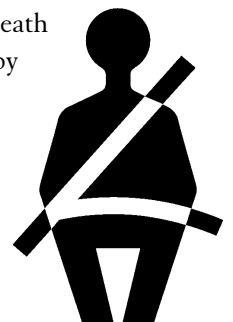
Source: Ministry of Health & Long Term Care, Provincial Health Planning Database, December 2002

### Working to Reduce Injuries

The HKPR District Health Unit works to increase motor vehicle safety by promoting seat belt use, child car seat safety and increasing the public's awareness of the dangers of impaired driving.

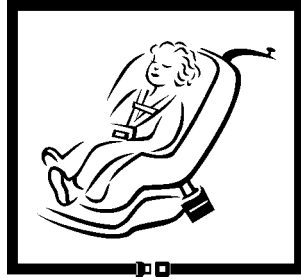
## Seat Belt Use

Seat belt use reduces the likelihood of death and injury in a motor vehicle collision by 55 per cent. Every year, the HKPR District Health Unit participates in the provincial seat belt campaign. Each year, the Health Unit partners with local police services to conduct a survey of driver seat belt use in our communities. The Health Unit also produces information to educate people about seat belt use, impaired driving and children's car seat safety.



## Car Seat Safety

Many of the injuries and deaths among children in motor vehicle collisions are due to improper car seat use, improper installation or the child not being in a car seat when they need to be in one. Together with a number of community partners, the HKPR District Health Unit hosts six to eight car seat safety clinics each year. These clinics give parents and caregivers an opportunity to have their child car seats inspected for proper installation and use. Results from these local car seat safety clinics show that four out of five car seats are not installed or used properly – a statistic that is consistent with the national average.



Through its safety clinics and information distributed, the Health Unit advises parents to:

- Make sure the car seat meets current Canadian Motor Vehicle Safety Standards (CMVSS 213.1 for infant carriers). If it does, it will have a CMVSS sticker.
- Always follow the manufacturer's instructions for the car seat.
- Use a rear-facing car seat (one that faces 'backwards') until the baby is 10 kg (22 pounds) – usually about one year old.
- For smaller babies, make sure the car seat is not too big.
- Look for a restraint with a distance of less than 25 cm (10 inches) between the lowest shoulder strap slots and the seat bottom. Also look for a car seat that has a space of 14 cm (5.5 inches) or less between the crotch strap (the strap that fits between the baby's legs) and the car seat back.

The Health Unit also participates in the Love Me Buckle Me program. Offered by the Ministry of Transportation, this program is available in the spring and fall and enables the Health Unit to provide additional information during its car seat safety clinics.

As well as providing inspections, the Health Unit hosts educational sessions about car seat safety to groups such as home daycare providers, hospital maternity and pediatric staff and other health professionals. The Health Unit also sends out information packages to all of the businesses in the area that sell new or used car seats. This information can be provided to both the staff and customers buying the car seats.

## Low Risk Drinking Guidelines

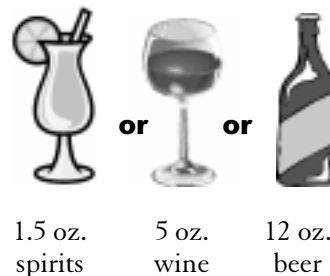
- Drink no more than two standard drinks per day (one standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, 1.5 ounces distilled spirits).
- Consume no more than 14 standard drinks per week for men or 9 drinks per week for women.
- Drink slowly to avoid intoxication, waiting at least one hour between drinks, and make sure you have eaten first.
- If you abstain, don't start drinking alcohol for its protective effect against heart disease. There are less risky alternatives such as exercise, better nutrition and quitting smoking.
- If you choose to drink, the protective effect of alcohol can be achieved with as little as one drink every other day.
- If you think you may have a drinking problem, see your doctor.

## Impaired Driving

Impaired driving contributes to the number of deaths and injuries suffered through motor vehicle collisions. Through its substance abuse prevention program, the Health Unit conducts a variety of public education campaigns designed to prevent residents from driving after drinking. These campaigns include presentations and displays at health fairs, participating in the Think Of Me program and the Arrive Alive campaign. Through the Think of Me program, area students create postcards that contain drawings and messages about the dangers of drinking and driving. Local police then give these cards to drivers during RIDE checks.

As well as focusing on the dangers of impaired driving, the Health Unit provides information on the Low-Risk Drinking Guidelines. Developed by a team of medical and social researchers from the University of Toronto and the Centre for Addiction and Mental Health, the Low-Risk Drinking Guidelines recommend no more than two standard drinks a day and no more than nine standard drinks a week for women and no more than 14 standard drinks a week for men.

### One Standard Drink Equals



1.5 oz.  
spirits

5 oz.  
wine

12 oz.  
beer

## Bicycle Injuries

In Ontario, it is the law that cyclists under the age of 18 years must wear an approved bike helmet when riding a bike on a roadway or sidewalk. An approved helmet is one that has been tested for use by cyclists from one of the following organizations:

- Canadian Standards Association (CSA)
- Snell Memorial Foundation
- American National Standards Institute (ANSI)
- American Society for Testing and Materials (ASTM)

Other types of protective helmets, such as hockey helmets, are not acceptable. Parents can be charged if they knowingly allow their children under the age of 16 years to ride a bike without a proper bicycle helmet.

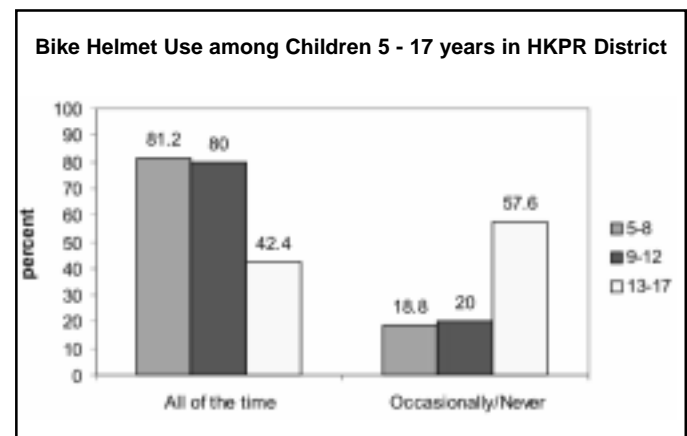


## Hospitalizations

- Between 1996 and 2000, the average annual number of area residents hospitalized due to a bicycle crash was 19.
- Every year, 11 of every 100,000 people are hospitalized due to bicycle crashes.
- While the hospitalization rate of people in the area served by the HKPR District Health Unit due to bicycle injuries varies over time, it is not significantly different than the provincial rate.

## Bike Helmet Use

Based on results from the 2001 Rapid Risk Factor Surveillance System (RRFSS), almost 65 per cent of five to 17 year olds living in the area served by the HKPR District Health Unit always wear a helmet while riding their bike. However, when this figure is separated by age, older youth are less likely to wear a bike helmet. According to the 2001 RRFSS results, 81.5 per cent of children aged five to eight years always wear a bike helmet. In comparison, 80 per cent of nine to 12 year olds and 42 per cent of 13 to 17 year olds always wear a bike helmet.



Source: Rapid Risk Factor Surveillance System, 2001 (Wave 1-12)

## Working to Reduce Injuries

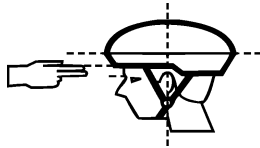
Through public education campaigns, displays and information handouts, the Health Unit works to promote bike safety. This information not only emphasizes the importance of wearing a bike helmet, but also the proper fit, care and maintenance of the helmet.

The Health Unit offers a variety of educational materials to community partners, such as bike associations, as well as members of the public.

In 2002, the Health Unit created a 'Got Wheels? Wear the Gear!' display for Safe Kids Week. This display illustrates the importance of using safety gear such as helmets, knee pads, elbow pads and wrist pads. The correct positioning of a helmet is also shown on the display.



## Proper Way to Wear A Helmet



Helmet sits level - about two fingers above eyebrows.  
Chin strap is snug. Straps meet just below ears.



No hair in the way.



No hats or kerchiefs.



Do not wear on back of head.

## Accidental Poisoning

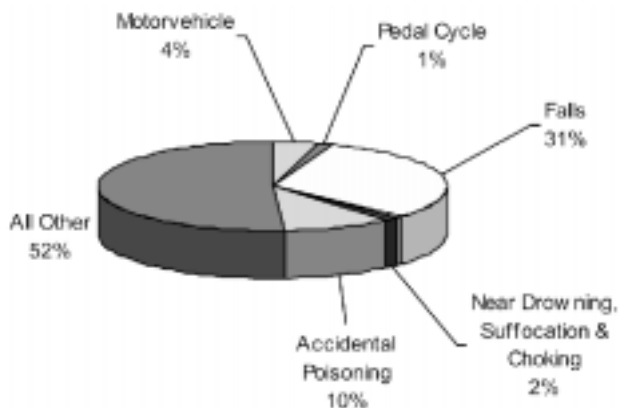
A poison is any substance that can harm a child if ingested, inhaled, or splashed on skin or in eyes. Even substances meant to be helpful, such as vitamins, pain relievers and cough medicines, can be harmful.

Poisons can come in many forms including medicines, cosmetics, cleaning products, shampoos, pesticides, gasoline, and paint products.

### Hospitalizations

Of the number of local children from birth to six years of age who were admitted to hospital for injury, 10 per cent were admitted due to accidental poisoning.

Distribution of External Injury & Poisoning of Children 0-6 years in HKPR District resulting in Hospitalization, 1996-2000 combined



Source: Ministry of Health & Long Term Care, Provincial Health Planning Database, December 2002

## Working to Reduce Injuries

The Health Unit is participating in a provincial injury prevention initiative to reduce home-based injuries among children from birth to six years of age. These injuries include burns, poisonings, drowning, suffocation and falls. As an initial project, home safety kits and education about injury prevention are being provided to mothers of newborns through the Healthy Babies, Healthy Children home visit program.

The Home Safety kit contains a safety booklet: *Home Safe Kids - A guide to injury prevention - be aware, be prepared*. The booklet contains injury prevention information on safety around the home, automobile safety, playground safety and poison prevention.



The kit also contains a variety of devices that can be used in the home to prevent children from being injured. The devices include cupboard door and drawer locks, electrical outlet cover guards and corner cushions to cover sharp table corners. An emergency list on which parents can write important telephone numbers is also provided.

## The Point

**By continuing to increase public awareness through education campaigns, information distribution and community presentations, the HKPR District Health Unit is working toward its goal of reducing the number of area residents who experience injuries.**

## References

- Ministry of Health & Long Term Care, Chief Medical Officer of Health Report, Injury: Predictable & Preventable, 2002
- Regional Municipality of Peel, 2002 Child Health Report, A Peel Health Status Report
- Safe Kids Canada: Child Passenger Safety from [www.safekidscanada.ca/ENGLISH/SKW/SKW\\_Carseat.html](http://www.safekidscanada.ca/ENGLISH/SKW/SKW_Carseat.html), January 15, 2003.
- Highway Traffic Amendment Act, 1993
- Provincial Core Indicators, APHEO, [www.cchip.org/apheo/indicators/](http://www.cchip.org/apheo/indicators/)

## Data Sources

### Ontario Mortality Database

Mortality rates are derived from death certificates completed by physicians. The death of every person that dies within Ontario is registered by the Office of the Registrar General and provided to health units through the Ontario Ministry of Health and Long-Term Care's Provincial Health Planning Database. The International Classification of Disease-9<sup>th</sup> revision codes were used to classify type of injury [unintentional injury (E800-E929, excluding E870-E879), motor vehicle collisions (E810-E819), pedal cycle (E826), accidental falls (E880-E888), accidental poisoning (E850-E869), fire (E890-E899), suffocation including choking (E911-E913), near drowning (E830, E832, E910) and pedestrian-traffic related (codes ending in .7 for E810-E819)].

The **crude death rate** is the total number of deaths each from selected causes of injury relative to the total population (usually expressed per 100,000).

### Hospital Separation Data

Hospitalization data is collected by the Canadian Institute for Health Information and provided to health units through the Ontario Ministry of Health & Long Term Care's Provincial Health Planning Database. Hospital separation data are derived from every patients chart upon hospital discharge. A separation may be due to death, discharge home or to another facility. The International Classification of Disease-9<sup>th</sup> revision codes were used to classify type of injury [motor vehicle collisions (E810-E819), pedal cycle (E826), accidental Falls (E880-E888), accidental poisoning (E850-E869), fire (E890-E899), suffocation including choking (E911-E913), near drowning (E830, E832, E910) and pedestrian-traffic related (codes ending in .7 for E810-E819)].

**Age-specific hospitalization rates** are the total number of hospital separations from selected causes in a given age group per population in that age group (usually expressed per 100,000).

The **age-standardized hospitalization rate (SRATE)** is the number of hospitalizations per 100,000 population that would occur in the population if it had the same age distribution as the 1991 Canadian population.

### Rapid Risk Factor Surveillance System (RRFSS)

The 2001 RRFSS was an on-going monthly telephone survey of 100 adults aged 18 year and older in HKPR District. A random sample of 1,200 HKPR adult residents was surveyed. The Institute for Social Research of York University conducted the survey on behalf of HKPR District Health Unit. Bike helmet use estimate is through parental proxy responses.



For more information, contact Anne Marie Holt, M.H.Sc., Epidemiologist, at the Port Hope office of the Haliburton, Kawartha, Pine Ridge District Health Unit.

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