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Give Us Room To Work

By Ian Wilson, Managing Director, John Petropoulos Memorial Fund

The rain is pouring down on the highway as tow-truck drivers, firefighters, police and paramedics converge on the wreckage of two mangled vehicles. They have to work fast to get the victims out of there, treat them and get them on their way to the hospital.

The rain makes it hard to get the job done, but the traffic is worse. Traffic has been reduced to one lane and there are enough flashing lights at the side of the road to be mistaken for a small city. But the cars, trucks, and vans keep rolling by - and they're not slowing down. A police cruiser has already lost a side mirror and a paramedic has just missed being hit.

The above scenario may not seem like a big deal to the average person, but it is to emergency responders, especially those who are struck while doing their jobs on Alberta roadways.

It's these far-too typical roadside encounters that are the inspiration behind Alberta's *Give Us Room to Work* (GURTW) campaign. The GURTW committee is comprised of personnel from police, fire, emergency medical services, tow-truck services, etc. from across the province and was formed to implement a campaign that will help reduce risks to emergency services personnel working on Alberta roadways.

Despite the provincial legislation change in October 2005 which requires motorists to slow to 60 km/hr in the adjacent lane - or slower if the posted speed is lower - and to move over to another lane if it is safe to do so when passing emergency services vehicles with their lights activated, the fact is many motorists are still not doing so.

In 2006, nearly 400 people died and more than 27,000 people were

injured in over 112,000 motor vehicle collisions in Alberta (Alberta Traffic Safety Plan, 2006). In 2007, 153,901 collisions resulted in 24,530 people being injured and 458 fatalities. Every collision, whether it results in an injury or not, requires emergency responders to be on scene. Traffic violations, Check Stops and vehicle problems translate into thousands more first responders working on the road in the course of performing their duties.

The *Give Us Room to Work* committee is tackling this issue on many fronts, including:

- **Leadership & Collaboration** – The committee is made up of representatives from various groups, including municipal police, RCMP, sheriffs, peace officers, firefighters, paramedics, tow-truck operators, traffic safety advocates, non-profit organizations, etc. These stakeholders are all working to ensure the safety of emergency responders on Alberta roads.
- **Communications & Advocacy** – Through the *SLOW DOWN: It's No Picnic* public service announcement (produced by the John Petropoulos Memorial Fund) and *Give Us Room to Work* information kits (produced by the Alberta Motor Association) the committee is educating Alberta motorists. As well, frequent press releases and media events get the message out to the public.
- **Education** – In conjunction with the communication and advocacy strategies used to educate the public, the *Give Us Room to Work* committee aids in roadside information sessions and driver education courses. Decals with the GURTW message are also available for emergency vehicles through the AMA.

(Continued on page 3)

Updates, news and resources

3 Minute Drill wins big!

The Alberta Emergency Management Agency's 3 Minute Drill awareness campaign won four ACE Awards from the Advertising Club of Edmonton, including the best campaign for 2009. Congratulations!

Newest SIEC Alert

A new SIEC Alert examines suicide and self-harm among refugees and asylum seekers. Prevalence, risk indicators, protective factors, possible prevention strategies, and the challenges and benefits of doing research with these populations are reviewed. Download SIEC Alert #72 at www.suicideinfo.ca/csp/go.aspx?tabid=23.

Engaging Youth...On Their Turf

This recent publication from Healthy Teen Network focuses on how adolescent health professionals can utilize creative approaches to engaging youth in positive youth development. The publication highlights six examples of programs that reach out to youth in non-traditional communities through parental engagement, athletics, service-learning, art, mentoring, and youth empowerment approaches. Download the guide at http://healthyteennetwork.org/index.asp?Type=B_PR&SEC=%7B2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B%7D&DE=%7BA376E296-EF63-46BA-AD21-5344B3C5F79A%7D.

Health Fairs Manual

Best Start Resource Centre's has a new manual entitled, "Health Fairs and Preconception, Prenatal and Child Health." The manual offers information on the effectiveness of health fairs and promising practices used by agencies offering health fairs. You may access the manual at www.beststart.org/resources/healtho/index.html.

POINT OF VIEW

Let's put our heads together to stop concussions

By Charles H. Tator, Founder, ThinkFirst Canada

As a brain surgeon, I have had considerable experience in treating athletes with brain and spinal cord injuries and I know we can only do so much because we cannot regenerate the brain and spinal cord. The emphasis has to be on prevention and that is why I and others in the medical community founded ThinkFirst Canada in 1992, a national injury prevention charity.

We know that prevention is effective. This has been proved by the decline in spinal injuries in hockey following the prevention measures that ThinkFirst - working with Hockey Canada and the hockey community - instituted, including education of players, rules against checking and pushing from behind, and sewing STOP patches on sweaters.

Major head injuries have also been reduced in hockey and deaths are infrequent mainly because of prevention efforts, especially the use of helmets that protect against major brain injuries. However, concussions in the sport are another matter and prevention has been much more difficult.

There is no helmet proven to reduce concussions. Also, it is harder to detect concussions because there are no obvious physical signs and symptoms. Most occur without loss of consciousness and produce more subtle symptoms like dizziness, headaches and memory loss. In addition, concussions are often under-reported because players want to avoid missing shifts or games.

Concussions are important because we now know that repeated episodes may cause permanent deficits such as dementia, seizures, movement disorders and depression. Concussions appear to be on the increase, although exact numbers remain to be determined. Most observations have shown sharp rises in the number of concussions in amateur and professional hockey – as high as 20% of a hockey team each year.

Increased player size, speed, aggression, and violence are factors that

add to the rate of concussions. Although almost everyone recovers from one concussion, many do not recover from repeat episodes. ThinkFirst has spent an enormous amount of time educating players, parents, coaches, leagues and physicians about the diagnosis and management of concussion.

Since 2002, we have distributed about 50,000 copies of "Smart Hockey," containing advice about concussion prevention. In 2004, we formed the Concussion Education and Awareness Committee which has developed guides for concussion management, all are available on our website www.thinkfirst.ca. We helped organize education workshops in conjunction with other organizations, especially the Dr. Tom Pashby Sports Safety Fund and Hockey Canada. These workshops provided expert advice on concussion diagnosis and treatment.

Recently, at a Regina workshop, I indicated that the "rock 'em, sock 'em" type of hockey can no longer be the culture that dictates our game. We need to depart from the "win at all costs" mentality and return to the game when players had respect for their own bodies and respect for their opponents.

We are at a watershed as a result of all these events. Previously, fans of the game came together to reduce spinal injuries. We improved the safety of the game for the players then, and we can do it again now. All hockey people should join the prevention team to reduce hits to the head in hockey. We must not be deterred by sideshows from those advocating the status quo on violence.

Steps for Life – Walking for Victims of Workplace Tragedy

By Kate Kennington, Community Development Coordinator, Threads of Life - Association for Workplace Tragedy Family Support

Looking for a new way to connect your health and safety program with your employees?

Steps for Life is a fun annual 5 km fundraising and awareness walk in support of families of workplace fatalities, life-altering injuries and occupational diseases. The walk raises awareness about the devastating ripple effect of workplace tragedy and the importance of workplace safety. It's also a powerful way for family members to take positive action as part of their healing process. The walk raises needed funds for the Threads of Life Family Support program. Last year the walk raised more than \$158,000 in cash. This year we are hoping to exceed this target.

Victims of workplace tragedy go beyond the family: it includes a community of co-workers, supervisors and managers who also have to deal with the aftermath of a tragedy in their workplace. *Steps for Life* offers a

great opportunity for companies to show their commitment to health and safety by becoming a community sponsor and/or registering a team. The walk is a natural complement to your existing health and safety initiatives.

Threads of Life (Association for Workplace Tragedy Family Support) is a national registered charity founded by family members living in the aftermath of a workplace tragedy. Its mission is to help families heal through a community of support and to promote the elimination of life-altering workplace injuries, illnesses and deaths. Threads of Life is the charity of choice for workplace health and safety event donations.

For more information please go to www.stepsforlife.ca or call 1-888-567-9490.

Please join us on Sunday, May 2 and walk for *Steps for Life*. Every step counts!

ACICR launches new website

The Alberta Centre for Injury Control & Research has a new and improved presence online with the launch of its new website.

ACICR's re-designed site offers the same valuable injury control information and resources as always but in a more user-friendly and contemporary manner. The re-organization of the site makes it easier to navigate and locate information. And the

design has been updated to be more modern.

The site also features an enhanced searchable library database of the ACICR Resource Room items. The database is now searchable by keywords with more accurate results.

Visit us at www.acicr.ualberta.ca!

Give Us Room To Work *(Continued from page 1)*

- **Enforcement** – Strategic enforcement of traffic safety violations is conducted throughout Alberta as another means of communicating to the public the importance of slowing down around emergency responders and giving them room to work.

For information on the GURTW educational resources available, please visit www.ama.ab.ca or contact GURTW coordinator Shannon Lyons at shannon@jpmf.ca.

CALENDAR

National Volunteer Week

Volunteer Alberta
April 18-24, 2010
Phone: 780-482-3300
Website: www.volunteer.alberta.ab.ca

Provincial First Aid Competitions

St. John Ambulance
April 17, 2010
Edmonton, AB
Phone: 780-452-6565
Website: www.sja.ca/ab

Edmonton's 2nd International Conference on Urban Traffic Safety

Improving Traffic Safety:
Championing Collaboration for
Success in Our Communities
April 26-28, 2010
Edmonton, AB
Website: www.trafficsafety.conference.com

Motorcycle and Bicycle Safety Awareness Month - May

Alberta Safety Council
Phone: 780-462-7300
Website: www.safety-council.org

National Summer Safety Week

Canada Safety Council
May 1-7, 2010
Phone: 613-739-1535
Website: www.safety-council.org

North American Occupational Safety and Health Week

Make It Home Safe
May 2-8, 2010
Website: www.naosh.ca

2010 British Columbia Injury Prevention Conference

BC Injury Research and
Prevention Unit
November 8-10, 2010
The Coast Plaza Hotel & Suites
Vancouver, BC
Email: conference2010@cw.bc.ca
Website: www.injuryresearch.bc.ca/categorypages.aspx?catid=6&catname=BC Injury Prevention Conference

Deaths, 1999-2008

On average each year there were 17 motorcycle traffic-related deaths. This equates to 3 deaths each month during the 6 month riding season.

Hospital admissions, 1999-2008

- On average each year there were 280 motorcycle traffic-related injury hospital admissions. This equates to 47 admissions each month during the 6 month riding season.
- Males accounted for 87 per cent of the admissions.
- Drivers of motorcycles accounted for 93 per cent of the admissions.
- Males 20 to 24 years of age had the highest rate with 36.6 admissions per 100,000 population.

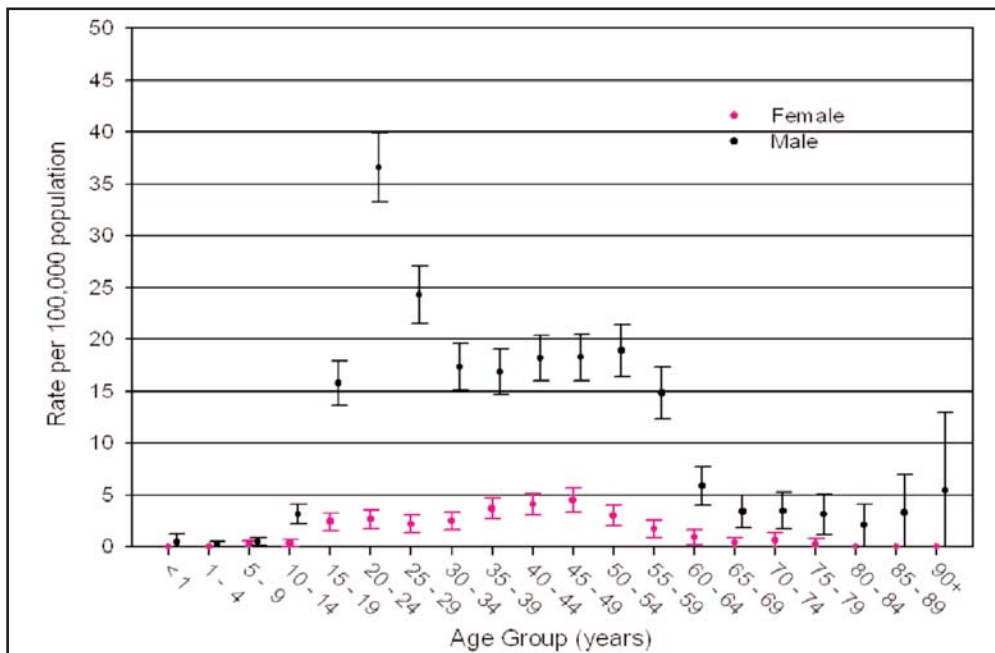
Emergency department visits, 1999-2008

- There were on average 1,213 motorcycle traffic-related injury emergency department visits. This equates to 202 visits per month during the 6 month riding season.
- Males accounted for 87 per cent of the admissions.
- Drivers of motorcycles accounted for 94 per cent of the motorcycle injury emergency department visits.
- Males 20 to 24 years of age had the highest rate with 177.1 visits per 100,000 population.

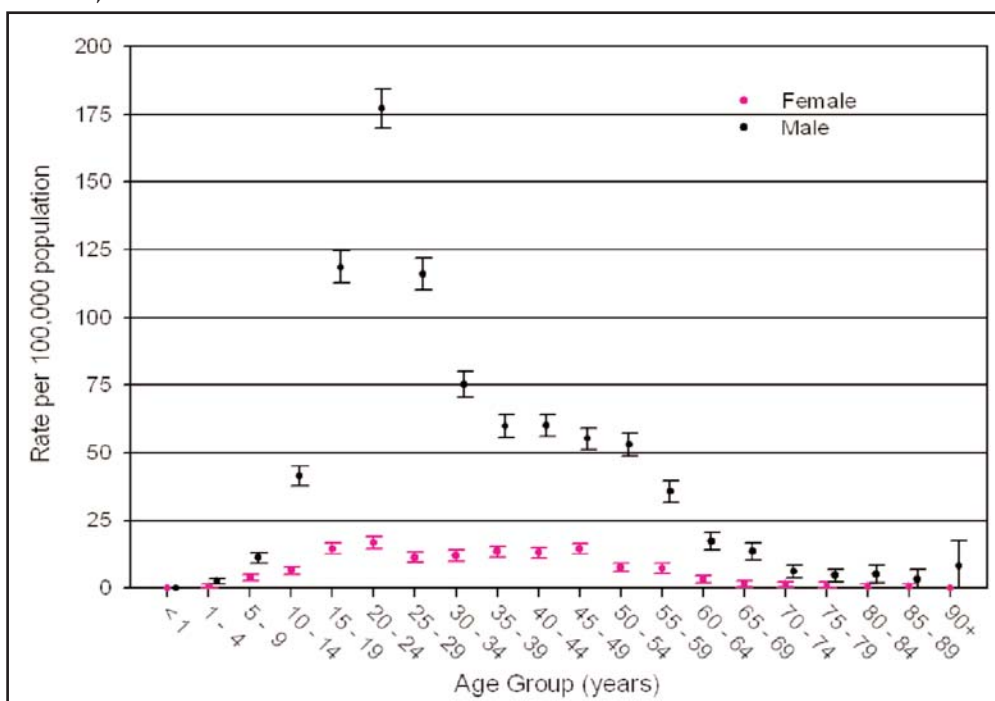
Motorcycle events include: traffic related (incidents occurring on a public highway)(i.e. originating on, terminating on, or involving a vehicle partially on the highway.) This would include collisions and loss of control incidents.

Motorcycle traffic-related deaths, hospital admissions and emergency department visits, Alberta, 1999-2008

Motorcycle traffic-related hospital admissions by age group and sex, Alberta, 1999-2008



Motorcycle traffic-related emergency department visits by age group and sex, Alberta, 1999-2008



Source: Alberta Centre for Injury Control & Research. Database held by Alberta Centre for Injury Control & Research (data obtained from Alberta Health and Wellness, February 2010, unpublished data available upon request).

Note: rates not adjusted for seasonal conditions

ICD-9CM codes: E810 –E819 4th digit 2 and 3
ICD-10CA codes: V2*.4 and V2*.5