NORTHERN IRELAND’s BIG BOOK OF ACCIDENT PREVENTION
Dear Colleague

Accident prevention – a leading priority for public health in Northern Ireland

I am delighted that the Public Health Agency has been able to support the development of Northern Ireland’s Big Book of Accident Prevention. Accidents continue to be a principal cause of premature, preventable deaths in Northern Ireland, with the most vulnerable in our society being at the greatest risk.

As well as the impact on the individual, accidents place a huge burden on families, local health and other public services and the wider community. Whilst analyses of their impact usually focus on the number of deaths and hospital admissions, these indicators represent the tip of the iceberg as many more injuries are treated by GPs and A&E departments or else at home.

Accidents are a public health issue which can be prevented. Identifying and removing the cause, or reducing the exposure to the cause, prevents accidents happening and I am committed to continuing to work in partnership with RoSPA and other stakeholders to ensure that people in Northern Ireland have the best chance of living, working and thriving in a safe environment.

Kind regards

Dr Eddie Rooney
Chief Executive Officer
Public Health Agency, Northern Ireland
This publication has been endorsed by:

Jennifer Parkinson, Chair, Chartered Institute of Environmental Health (CIEH) NI Region and Chair, NI Home Safety Check Schemes Steering Group (NIHSCSSG)

“Home accident prevention needs to be higher up the political agenda, to ensure that adequate resources are provided for the delivery of interventions that reduce accidents, save lives, prevent pain and suffering, and therefore save the health service money. This guide highlights the extent of the problem and evidences the good practice that exists, demonstrating that it is indeed possible to make a difference if accident prevention becomes a top priority for public health.”

Dr Michael McBride, Chief Medical Officer, Department of Health, Social Services and Public Safety

“I welcome this RoSPA publication as it supports guidance from NICE and will help local decision-makers take an evidence-based approach to delivering positive results against the relevant performance indicators.”

Professor Mike Kelly, Director, Centre for Public Health Excellence, NICE

Keith Morrison, Chief Executive, Health and Safety Executive for Northern Ireland (HSENI)

“I am delighted that HSENI was given the opportunity to contribute to this excellent publication by RoSPA. The issues it raises, and the significant work it highlights, underlines the importance of forging partnerships across organisations to help promote and improve the health and safety of our workforce and our community.”

Matt Baggott, Chief Constable, Police Service of Northern Ireland (PSNI)

“I welcome RoSPA’s Big Book of Accident Prevention for Northern Ireland, which supports the Department’s commitment to reducing the number of accidental deaths and injuries in the home. The publication highlights that accidents can be linked to behaviour, product design, environment, and social and economic circumstances. It is most timely given that it coincides with our work on developing a new strategic approach to addressing home accident prevention here and reinforces the impact of effective home accident interventions.”

Nigel McMahon, Chief Environmental Health Officer, Department of Health, Social Services and Public Safety

“I am delighted to support this excellent report by RoSPA. Local action is key to injury prevention and local data stimulates local action. It is important that all emergency departments collect sufficient data to support their local injury prevention community.”

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Why accident prevention should be your top priority for public health

Healthcare is expensive; accident prevention is low cost and high impact

- The biggest killer of children, post-infancy, is accidents
- Accident prevention helps to hone people’s natural survival skills
- Accident prevention encourages resilience, resourcefulness and self-reliance
- Accidents are the principal cause of premature, preventable death for most of a person’s life
- Repeated sneering at ‘elf n safety’ devalues the worth of accident prevention
- Every child in Northern Ireland should have the same right to life, regardless of how wealthy their parents are
- As a region, we should be proud of our record on workplace and road safety
- Training people to take responsibility for their own safety is not the ‘nanny state’

We all want to live in a safe society, not a risk-averse one

- We have forgotten that sometimes the simplest solutions are the best
- Children of parents who have never worked or who are long-term unemployed are 13 times more likely to die from unintentional injury than children of parents in higher managerial and professional occupations
- Accidents cut productivity by at least 3%
- It is the first duty of every politician to protect the people who elected them from avoidable harm
- Preventing harm to others is a hallmark of a civilised society
- The taxpayer cannot bear exponential increases in the cost of healthcare
- Accidents are 100% preventable – so why not prevent them?
- If the tone is right, most people welcome a conversation about improving their lives
- The quickest and easiest way to save cost to the NHS is accident prevention
- The Royal Society for the Prevention of Accidents

In Northern Ireland, accidents cost society more than £4 billion per annum, of which £650 million is absorbed by the state (see page 6)

Politics
Accident prevention

During the last decade, Northern Ireland’s road safety strategy delivered the lowest-ever number of fatalities and the trend continues to improve. In contrast, fatal home and leisure accidents increased to record levels and are set to double over the next 15 years.

In the same time frame, A&E attendances rose until they reached a plateau in 2008/9, with medical and support costs reaching £650million per annum. Accidents in Northern Ireland are estimated to cost society £4.3billion every year, with home and leisure accidents accounting for £2.7billion of this cost. See below for calculations. This financial burden is unsustainable.

Calculations:

- According to TRL report PPR483, the medical & support costs for a hospital-treated home injury = £900. Therefore, the medical and support costs in NI of 732,000 A&E attendances in 2008/9 were approximately £900x732,000 = £659million.

- Given the annual cost to Society in the UK of accidents of £150billion, and Northern Ireland (NI) accounting for 2.89% of the UK population, the annual cost of accidents to Society in NI is approximately 2.89% x £150bn = £4.34billion.

- TRL PPR483 suggests home & leisure accidents cost UK Society £94.6billion every year. The annual cost in Northern Ireland is approximately 2.89% x £94.6bn = £2.733billion.
Accidents

- Kill 500 people every year in NI (a 10-year average to 2011)
- Are the main cause of death for children post-infancy
- Are the principal cause of death up to the age of 39
- Are a leading cause in NI of premature, preventable death for most of our lives
- Are often violent in nature
- Destroy families and diminish communities

The tree of public health

Accident prevention is easy and relatively inexpensive to deliver, to a largely receptive audience. Being focussed on information and education, accident prevention produces immediate changes in behaviour and rapid results – unlike the slow behavioural change associated with disease prevention. It should therefore be considered to be “low hanging fruit” of public health as well as the biggest apple on the tree.

Accident prevention is the “low-hanging fruit” of public health
A fresh look at the evidence

Human life is precious and we have a moral obligation to challenge the leading causes of death. Doesn’t it make sense to invest limited public funds into areas where we can save the most lives, especially if that coincides with making the most savings to the NHS?

Our fresh look at the evidence has led to a radical reappraisal of the investment priorities for public health. The traditional starting point in public health is to focus on mortality data - Fig 4.

According to data from the Northern Ireland Statistics and Research Agency (NISRA), the leading causes of death in 2009 were circulatory diseases, cancers and respiratory diseases. In fourth place and accounting for just 4% of total causes of deaths, unintentional (accidental) injuries may appear to be a relatively small problem and therefore a relatively low priority for public health.

However, children and young people suffer from a high rate of accidental injuries when compared to the rest of the population. Fatal accidents deprive children and their families of many decades of potential years of life. By considering these Years of Life Lost (YLL), accidental injuries rise up the priority list. Finally, when we consider the YLL that are due to preventable causes of death in the population, filtering out those that we just cannot prevent, accidental injuries move from being a relatively minor issue to a leading priority for public health in Northern Ireland.

\[\text{As set out in "Definitions of Avoidable Mortality" by the Office for National Statistics www.ons.gov.uk}\]
At 23% of PrYLL to people aged 0-60, accidental injuries vie with self-harm 2 as Northern Ireland’s leading cause of preventable, premature mortality. Coincidentally, 23% is the same percentage of PrYLL as for the much larger population of England and Wales 3, where accidents are the leading cause of preventable, premature mortality. This pattern continues to be the case into people’s 70s, making accidents a leading cause of premature death for most of our lives. In the mid-80s (beyond normal life expectancy), accidents fall behind cancers and heart disease.

But this is not the whole story. There are other factors which we want to measure precisely but which indicate that the case for accident prevention is even stronger:

- **Quality Adjusted Life Years (QALYs).** If these were measured too, the position of accidents on this scale would become even more significant, since they affect the young so much.

- **Morbidity/mortality ratios.** For every life saved through an accident prevention programme, many more serious and minor injuries can be prevented, a factor which does not apply to diseases in the same way.

- **Efficacy.** Accident prevention is already known to be one of the cheapest and most effective forms of public health intervention.

- **Changing priorities.** Heart disease rates are dropping, cancer rates are stable but accident rates are increasing. If we don’t react soon, accidental death and injury will become even more of an issue.

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Figure 5 – % of total preventable years of life lost (PrYLL) in 2011 to people in Northern Ireland up to age 60

[Figure showing percentage distribution of preventable years of life lost to various causes]

Source: RoSPA / Northern Ireland Statistics and Research Agency

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2 See page 23 for more information about links between intentional self-harm and accidental injuries

3 See RoSPA’s original Big Book of Book of Accident Prevention for England http://www.rospa.com/bigbook/index.html
Every year, many thousands of people are cut down in their prime as a result of an accident. Their sudden, often violent, death is all the more tragic because it is premature: wiping out abruptly so many years of future happiness - not just for them, but for their families, friends and colleagues. When we talk of “years of life lost”, we talk of the average number of years an accident victim would have lived if he or she had not died before their time: the years not spent falling in love, setting up a business, raising children or travelling the world... Because accidents affect the young so much, they cast a very long shadow over the lives of those left behind, for whom every anniversary or milestone is a painful reminder of what might have been - but wasn’t.
Under-5s and the over 65s are most likely to be accidentally injured in the home. Case study 1 on page 12 demonstrates how a combination of home visits and data capture can be used to educate vulnerable families, identify trends, evaluate effectiveness, set priorities and inform strategy.

Young adults are most likely to be accidentally injured while travelling on the road. Case study 2 on page 14 demonstrates how the DOE’s targeted advertising strategy complements the work of other agencies to raise awareness, change behaviours and reduce the number of road casualties.

Both young people and the elderly are vulnerable to accidental injury while undertaking leisure activities and in their homes, where carbon monoxide, the “silent killer” has claimed many lives. Case study 3 on page 16 discusses the work to raise awareness among the target groups.

Northern Ireland’s farming sector has a persistently poor health and safety record and in the past 10 years, claimed the lives of 61 people, half of whom were aged 65 or over. Case study 4 on page 18 describes the Farm Safety Partnership’s work to challenge farmers’ high risk tolerance and its efforts to raise children’s awareness of hazards on the farm.
Evidence Plan/resource/partner

All 26 councils in NI now provide a free home safety check scheme through their Environmental Health Departments. These aim to address the fact that twice as many hospital admissions in 2009/10 were due to home accidents as road traffic accidents. The groups most at risk of a home accident include children under 5 and people aged 65+.

Large amounts of data were being collected during the home check process using traditional paperwork. This meant that the data wasn’t readily available for analysis to provide an accurate and up-to-date evidence base which could be used to inform on future projects and activities.

RoSPA worked in partnership with environmental health groups to provide:

1. Two jointly agreed checklists/proformas for Under-5’s and Older People.
3. Four training courses with City & Guilds accreditation, covering Older People, Under 5’s, Implementing Home Safety Checks and Choosing and Using Equipment.

The training courses were delivered to a range of health professionals including health visitors and council home safety officers. This increased their awareness of home accident prevention and their ability to make a positive contribution when carrying out home visits.

The Department of Finance & Personnel NI (Information Strategy and Innovation Division) provided resource to pilot the use of digital pen technology (by inphoActive, a Belfast-based specialist in this field) to capture data. A standard visit proforma, printed on special “Anoto” digital paper was agreed for older people’s homes and modified after the pilot to improve both quality and quantity of data capture. The exercise was repeated for Under-5’s. Sponsorship from Kid Rapt Ltd (a supplier of safety equipment) allowed the development and modification of the associated database.

Indicator: Objective 6 in the “Investing for Health Strategy” is to reduce accidental injuries and deaths in the home, workplace and from collisions on the road. As a result, the “NI Home Accident Prevention Strategy & Action Plan 2004–2009” sets out the need to encourage local councils to promote safety in the home (action 5) and to improve data collection (actions 13 and 14).
27 digital pens are now being used by home safety officers across NI. Officers deliver presentations to community groups and at events where the target groups are present. Individuals and their families can then request a home safety check. Referrals are also received from partner organisations including health visitors and social services.

Checks are prioritised on a risk group and need basis. Older People’s checks take an hour on average as this group is willing to chat but Under-5’s visits tend to be carried out in half the time, since small children are usually present and attention-seeking.

The home safety officer carries out detailed home safety checks of all rooms, gardens and communal areas and records their findings using the data pen. On return to the office, the officer uploads the data from the pen to the database. Relevant equipment and education materials may be supplied, together with any onward referrals to other agencies, such as the NI Fire and Rescue Service and occupational therapists.

The most popular items of equipment provided to older people include long-handled grabbers, touch lamps, shoe horns and jar openers.

The most popular educational leaflets for parents of under 5s relate to blind cords, falls, carbon monoxide and general safety.

Data can now be analysed by council area and environmental health region with access for managers and the Public Health Agency.

In 2012/13, home accidents in NI are estimated to have cost the health service £78 million while the home safety check schemes, have helped at least 4,514 ‘at risk’ households. Thousands more people have benefitted from attending talks or promotional events.

25 of the 26 councils in NI are now contributing to the electronic database and between April 2010 and April 2013, detailed data regarding 4,333 older people and 2,689 under-5s was captured. This is already providing fresh insights. For the under-5s, we have been able to quantify their exposure to the risk of strangulation by blind/curtain cords which were present in 76% of living rooms, 68% of children’s bedrooms and 62% of other rooms. Falls among older people tend to occur in the vicinity of their homes (garden, garage) rather than inside the dwelling. Nowhere else in the UK has access to such information. It is starting to make a significant contribution to the development of evidence-based strategy in NI.

An independent evaluation of Southern Safer Homes found 86% of clients rated the service as excellent and in follow up surveys, 60% stated the home safety visits had led to a change in behaviour to keep the family safer, often through the use of the equipment provided by the Home Safety Officers. These positive changes are reflected in 93% not having had an accident since the home safety visit.

Similar positive evaluation has been received for other home safety check schemes.
Case study 2: Young drivers in Northern Ireland

**Evidence**

Illustration of the relationship between age and experience as factors in collisions

Source: Department for Transport (using data from the Cohort II study, Wells et al. 2008)

The younger age groups are disproportionately likely to die on Northern Ireland's roads, with the 17 to 24 age group accounting for 30% of all road deaths. Between 2004 and 2008, casualties resulting from road traffic collisions where a 17 to 24 year-old car driver was responsible, accounted for one in four of all Northern Ireland's road traffic fatalities and one in five of all road traffic serious injuries.

- Based on the estimated economic cost of deaths and injuries to society, the total value of preventing these casualties would have been in the region of £458million.
- Allowing for the proportion of car driving licences they hold, young drivers are more likely to be responsible for a fatal collision (2.3 times) or a serious collision (2.0 times) than older drivers.

**Plan/resource/partner**

Car occupant fatalities and serious injuries by age 2004-2008 where driver of car deemed responsible for collision

Source: Police Service of Northern Ireland (PSNI)

The Department of the Environment (DOE) is responsible for raising public awareness of the nature and scale of the road safety problem in Northern Ireland and the specific actions that road users can take to reduce risk to themselves and others.

Although DOE has overall responsibility, it collaborates with other government departments with responsibilities for road safety, including the Department for Regional Development (DRD), the Police Service of Northern Ireland (PSNI), the Department of Education (DE), the Department of Health, Social Services and Public Safety (DHSSPS), the Northern Ireland Fire and Rescue Service and the Ambulance Service and works closely with many other external organisations to help deliver a wide range of road safety education messages across Northern Ireland.

Implementing measures to protect young drivers aged 16 to 24 is one of the key challenges to be addressed over the life of Northern Ireland’s Road Safety Strategy to 2020. The strategy includes a target to reduce the number of young people killed or seriously injured in road collisions by at least 55% by 2020 (from 366 to 165). Public education through road safety advertising campaigns continues to be an important element in delivering future road safety objectives.
The DOE’s advertising strategy is entirely evidence-driven targeting the core killer behaviours and the core audiences in each case. Young drivers and riders have been central audiences for advertising campaigns which target excessive speed, alcohol and drug driving, inattention, seatbelt use and motorcycle awareness, to name a few.

Drivers of all ages (with particular focus on young drivers) need to be reminded to:
• Always drive with due care and attention - one lapse can last a lifetime
• Always drive within the speed limits - the faster the speed, the bigger the mess
• Never ever drink and drive
• Always wear your seatbelt and ensure your passengers wear them - no seatbelt, no excuse.

The strategy has been to disrupt the mindset of the target audience to ensure that the certainty of the unexpected was communicated. The advertising focused on communicating consequences, forcing audiences to look beyond the current moment in time. TV was used in each of the campaigns to generate mass awareness quickly as the only medium that could generate 90%+ coverage of the target audiences in the most cost efficient way.

The creative quality of the advertising has been recognised by others, winning 152 awards, including four Grand Prix awards, 52 Golds, 35 Silvers, and 17 Bronzes. DOE’s advertising is iconic and firmly embedded in the lives and memories of the people of Northern Ireland.

In 2012, there were 218 16 to 24 year olds killed or seriously injured on Northern Ireland’s roads, representing a 40% decrease compared to the 2004-2008 baseline and indicating significant progress towards the 2020 target.

Wisdom of Crowds research has been used to ascertain the degree of influence that these road safety adverts have had on the general population in Northern Ireland. In nine surveys between 2003 and 2013, DOE road safety TV adverts are consistently thought to be the most influential factor in reducing carnage on the roads of Northern Ireland, contributing 24%.

The evidence isolates the importance of this advertising and, over the course of this case study, 21,977 men, women and children in Northern Ireland have been saved from death or serious injury on the roads. The latest Oxford Economics report in October 2012 concluded that the economic payback for every £1 invested in advertising by the DOE was £10 or £42 (excluding or including human costs respectively).

In the region of 200 benchmarking and tracking surveys have been independently commissioned and all campaigns have exceeded industry norms of 49% for awareness and 41% for influence. For example, among 16 to 24 year olds, the DOE road safety anti-drink driving campaign, Hit Home, has achieved awareness of 91%, while Damage, seatbelt advertising, has achieved 97% awareness, and a careless driving campaign, Moment, has achieved awareness of 91%.

Attitudes to drink driving have changed since the 1990s. In 2012, 90% of 16-24 year olds deemed drinking alcohol and driving to be an extremely shameful activity with only drug dealing and child abuse deemed worse. Similarly, 63% agreed that driving even after one drink was unacceptable and 90% agreed that driving after two drinks was unacceptable.
Exposure to carbon monoxide (CO) by any fossil fuel burning appliance that is not properly installed or regularly serviced can lead to death or illness. It is not only poor workmanship on the part of heating engineers but also householders and landlords failing to service and maintain appliances that can lead to exposure.

The Power NI Carbon Monoxide Report 2011 showed that 69% of their customers said they had not undertaken the recommended annual boiler check.

According to the Annual Report of the Register General 2009, since 2001, 72% of all deaths by CO poisoning in Northern Ireland have occurred in urban areas. Of these deaths, 37% occurred in Greater Belfast, which is in proportion to population size – see pie chart.

HSENI, with RoSPA, the Northern Ireland Fire and Rescue Service and the Southern Health and Social Care Trust, the Public Health Agency, Gis a Hug Foundation and Home Accident Prevention NI have developed an action checklist in the event of a carbon monoxide alarm going off.

It will be launched officially in November 2013 as a fridge magnet for homes and businesses, using the acronym TASK:

- Turn off or extinguish heating source
- Air – ventilate your home
- Seek medical help
- Keep all heating sources/appliances off until serviced by a qualified professional

Indicator: Known as the “silent killer”, carbon monoxide has claimed the lives of at least 66 people in Northern Ireland from 2001 to 2012.
There has been a diverse range of activities undertaken by HSENI and its partners (including RoSPA) to promote CO awareness across Northern Ireland, including:

HSENI’s “Watch Out. Carbon Monoxide Kills” awareness campaign was launched in November 2010 and also ran in the winter months of 2011 and 2012. The campaign, which has been supported by RoSPA since its inception, aims to raise awareness about the symptoms of CO and to promote greater understanding of the risk of CO poisoning from all fossil fuels.

Provision of CO detectors from RoSPA’s “Be Gas Safe” project together with RoSPA’s CO awareness workshops.

HSENI’s seasonal public safety information, including summer advice to warn of the dangers of CO poisoning when camping, caravanning or boating, and when using a barbecue.

The annual drive to make tertiary students aware of the dangers of CO prior to the start of the academic year when many young people move from the family home into student accommodation.

CO was the lead message at the 2012 Child Safety Week events which were attended by HSENI staff.

The jointly funded PHA and HSENI “TOXIC” drama has reached nearly 10,000 schoolchildren.

In November 2012, HSENI launched the CO Girl Guides Badge and this is being rolled out to the Boys Brigade, Northern Ireland Scouts and participants in the 2013/14 Duke of Edinburgh Award scheme.

A new CO leaflet for people with hearing problems in conjunction with Action On Hearing Loss, Northern Ireland.

HSENI provides CO alarms for elderly people referred to HSENI via AgeNI - and supplies local councils with CO alarms for distribution through their Home Check Safety Scheme.

During the 2012/13 financial year, HSENI distributed more than 77,000 leaflets to organisations and individuals to help promote CO awareness.

Analysis of the first three phases of the “Watch Out. Carbon Monoxide Kills” campaign suggests there has been a marked improvement in behaviours, attitudes and intentions towards CO. These are reflected in the following March 2013 figures:

- 86% had either an oil or gas boiler serviced in their home over the past 12 months
- 6% increase in servicing of appliances (validated through Phoenix Gas)
- 39% have advised family or friends to take action to protect themselves against CO poisoning
- 73% intend to get their gas or oil boiler serviced within the next 12 months
- 82% acknowledged that the single most important protection from CO is to service fuel-burning appliances in the home
- 81% acknowledged the need to service appliances to protect against CO poisoning - a CO alarm is not sufficient.
- 63% are now having their home fuel boiler and appliances serviced
In the past 10 years, farmers aged over-65 accounted for more than half of the 61 accidental fatalities. In the period between April 2007 and March 2012, there were 32 work-related fatalities in the agricultural industry compared with 14 work-related fatalities in the manufacturing sector, 10 in construction and 17 in other work sectors. In that five-year period, the agriculture industry accounted for 44% of all work-related fatalities.

A further nine farming fatalities in the first six months of 2012/13 (1 April to 30 September) meant that out of a total of 12 work-related deaths recorded in Northern Ireland for the same period, 75% were in the farming industry.

Analysis of incidents since April 2007, show that fatal accident causation is linked to four main issues: Slurry, Animals, Falls (from height) and Equipment – SAFE.

Seasonal analysis of the 41 fatalities since April 2007 shows a higher number of incidents during the spring and summer months (April to September) - the busiest period for the farming industry.

### Fatal Accident Causation (April 2007-September 2012)

<table>
<thead>
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<th>Category</th>
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<tbody>
<tr>
<td>Animals</td>
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</tr>
<tr>
<td>Slurry</td>
<td>15%</td>
</tr>
<tr>
<td>Falls/falling objects</td>
<td>27%</td>
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<td>Machinery</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
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Farms are unusual in that they are both homes and workplaces. Many family members of all ages can be killed or injured in a single incident.

The Farm Safety Partnership was established to address the high death toll within the farming industry.

It currently comprises the Health and Safety Executive for Northern Ireland (HSENI), the Department of Agriculture and Rural Development (DARD), the Ulster Farmers’ Union (UFU), NFU Mutual (NFUM), the Young Farmers’ Clubs of Ulster (YFCU) and the Northern Ireland Agricultural Producers Association (NIAPA).

The partnership identified four key areas where action needed to be taken:

- Provision of information and promotion of safe working
- Health and safety training
- Motivating good practice and discouraging poor practice and
- Collection and analysis of information.

Indicator: In recent years, work-related fatalities in Northern Ireland’s farming industry have been disproportionate compared to the number of deaths in other industries. The Farm Safety Partnership was established in May 2012 specifically to address the poor record of health and safety within the agriculture industry in Northern Ireland.
In November 2012, HSENI launched a farm safety visit programme which achieved its target of 1,000 farm visits before March 31, 2013.

The Farm Safety Partnership launched a new multi-media farm safety campaign in March 2013 under the banner Stop and Think SAFE.

Focusing on the four main causes of death and injury on our farms – slurry, animals, falls and equipment - the campaign features television, radio and press advertisements, specifically designed to help reduce the number of deaths and injuries on our farms.

A wide range of farm safety information has been produced and promoted throughout Northern Ireland and is freely available in hard copy and digital formats.

More than 45 farm safety workshops, seminars and presentations were also held at locations throughout Northern Ireland between September 2012 and the end of March 2013.

HSENI also runs the ‘Be Aware Kids’ - child safety on farms campaign to raise awareness of farm safety among younger people. It includes an annual poster competition for primary schools in rural communities, where winning entries are featured in the campaign’s calendar. During 2012/13, 35,000 of these calendars were distributed to more than 400 schools.

In the same period, about 11,500 pupils were visited in 100 rural primary schools and three pre-schools as part of the ‘Be aware Kids’ - child safety on farms campaign. In addition, HSENI spoke at 11 Bee Safe events at 222 schools across Northern Ireland, reaching more than 5,480 pupils.

Through the Farm Safety Partnership’s ongoing engagement with the farming community, it is clear that most farmers in Northern Ireland are well aware of the dangers that come with their profession.

However, programmes like HSENI’s farm safety visits programme suggest farmers still show a high tolerance for risk.

It is this culture of risk-taking that needs to be challenged and changed during the coming months and years.
The Royal Society for the Prevention of Accidents has a proud history dating back to 1916. From awareness campaigns, education and training to calling for legislative change, RoSPA is committed to standing up for safety at home, on the road, at work, at leisure and through safety education. RoSPA believes in the importance of identifying and prioritising accident prevention issues using evidence – so that prevention is proportionate to risk.

1917
Pedestrians face oncoming traffic
The successful campaign by RoSPA’s founders, the London “Safety First” Council, resulted in an immediate 70% reduction in fatal accidents.

1947
RoSPA's Cycling Proficiency Scheme
In 1958 Government support was secured and 100,000 children were trained each year thereafter.

1956
Occupational Health and Safety Awards
The prestigious RoSPA Awards Scheme became the most extensive and respected of its kind.

1961
RoSPA's Tufty Club established
The much-loved red squirrel attracted more than 24,000 affiliated clubs with millions of members.

1983
Compulsory seatbelts
RoSPA’s President, Lord Nugent, secured compulsory wearing of seatbelts – saving 60,000 lives in 25 years.

1991
Fitted plugs legislation
RoSPA’s campaigning pressured the Government to make it compulsory for domestic appliances to be sold with fitted plugs.
RoSPA’s mission statement and objectives link clearly to the public health priorities, including the Government’s commitments to “helping people live longer, healthier and more fulfilling lives” and to “improve the health of the poorest, fastest”.

An active participant in the 2002 Department of Health Accidental Injury Task Force, RoSPA was more recently part of the group which developed the “Preventing unintentional injuries among under-15s” guidance, which was published in 2010 (in three complementary documents) by the National Institute for Health and Clinical Excellence (NICE).

RoSPA has the experience and the knowledge to assist with a strategic approach to accident prevention.

**1996**
RoSPA’s Managing Occupational Road Risk Campaign
MORR became a significant mainstream issue for all employers, regardless of industry sector.

**1999**
Handheld mobile phones
RoSPA’s President, Lord Davies, presented a Bill to ban the use of handheld mobile phones while driving. A law was finally passed in 2003.

**2005**
National Water Safety Forum
Originating from RoSPA, the UK’s first comprehensive water accident and incident database (WAID) was established.

**2009**
Safe At Home project
The largest programme of its kind in the world combined training, home visits, education and equipment to reduce injury rates to young children in low-income families.

**2009 – Present**
Blind cord safety
More than 250,000 safety packs have been distributed to prevent more children being accidentally strangled by window blind cords.
## Accident prevention links to public health responsibilities

<table>
<thead>
<tr>
<th>Public health challenge</th>
<th>Accident prevention agenda</th>
<th>Relevant connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco control</td>
<td>✓</td>
<td>Fire safety. In 2008, 2,800 house fires were caused by smoking, killing 101 people and injuring more than 900.</td>
</tr>
<tr>
<td>Alcohol and drug misuse services</td>
<td>✓</td>
<td>A strong correlation exists between accidental injury and alcohol and drug misuse.</td>
</tr>
<tr>
<td>Obesity and community nutrition initiatives</td>
<td>✓</td>
<td>Encouraging physical activity is likely to increase accident rates unless prevention advice is included.</td>
</tr>
<tr>
<td>Increasing levels of physical activity in the local population</td>
<td>✓</td>
<td>Encouraging physical activity is likely to increase accident rates unless prevention advice is included.</td>
</tr>
<tr>
<td>Assessment and lifestyle interventions as part of the NHS Health Check Programme</td>
<td>✓</td>
<td>Should include emphasis on changing lifestyles in a safe and responsible manner, e.g. cycling safety.</td>
</tr>
<tr>
<td>Public mental health services</td>
<td>✓</td>
<td>Feedback from many accident prevention programmes shows that they empower people, through knowledge, to make their own decisions.</td>
</tr>
<tr>
<td>Dental public health services</td>
<td>✓</td>
<td>Up to 50 per cent of children sustain an injury to the mouth by the time they leave school. In older children most of these are caused by falls and sporting accidents.</td>
</tr>
<tr>
<td>Accidental injury prevention</td>
<td>✓</td>
<td>See case studies for examples of successful implementation.</td>
</tr>
<tr>
<td>Population level interventions to reduce and prevent birth defects</td>
<td>✓</td>
<td>Opportunity in pre-natal classes to educate expectant mothers on dangers faced by their babies, particularly in the first five years.</td>
</tr>
<tr>
<td>Behavioural and lifestyle campaigns to prevent cancer and long term conditions</td>
<td>✓</td>
<td>Connected to healthy lifestyles, exercise and outdoor activity, which include the need to take sensible precautions to reduce accidental injury.</td>
</tr>
<tr>
<td>Public health challenge</td>
<td>Accident prevention agenda</td>
<td>Relevant connection</td>
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</tr>
<tr>
<td>Local initiatives on workplace health</td>
<td>✓</td>
<td>Opportunities to use existing RoSPA initiatives, e.g. Safety Groups UK - a nationwide network of health and safety groups whose secretariat is provided by RoSPA.</td>
</tr>
<tr>
<td>Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes</td>
<td>✓</td>
<td>Opportunity to include safety messages alongside health information.</td>
</tr>
<tr>
<td>Comprehensive sexual health services</td>
<td>✓</td>
<td>Opportunity to include safety messages alongside sexual health information for young people - a particularly vulnerable group in terms of accidents.</td>
</tr>
<tr>
<td>Local initiatives to reduce excess deaths as a result of seasonal mortality</td>
<td>✓</td>
<td>Connected to RoSPA campaigns on issues such as slips, trips and falls among the elderly, driving safety in winter conditions, and drowning of young people in hot weather.</td>
</tr>
<tr>
<td>Role in dealing with health protection incidents and emergencies as described in Annex B of the Update and way forward document</td>
<td>✓</td>
<td>These could be used as a vehicle to disseminate safety information to the public – particularly vulnerable groups.</td>
</tr>
<tr>
<td>Promotion of community safety, violence prevention and response</td>
<td>✓</td>
<td>Close connection with other safety initiatives including with small children, young adults and young drivers.</td>
</tr>
<tr>
<td>Local initiatives to tackle social exclusion</td>
<td>✓</td>
<td>Opportunity to connect with socially excluded people on a topic which is of interest and value to them, opening doors for wider conversations.</td>
</tr>
<tr>
<td>Intentional self-harm and ‘Protect Life’</td>
<td>✓</td>
<td>Risk factors that are common to both intentional self-harm and accidental injury include intoxication, binge-drinking and lower socio-economic status due to unemployment, job insecurity and debt.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>How big an issue is this?</td>
<td>Accidents are a principal cause of premature, preventable death (measured in Preventable Years of Life lost (PrYLL)) for most of a person's life – see pages 8 and 9 for more detail.</td>
<td></td>
</tr>
<tr>
<td>How does this compare to other public health issues?</td>
<td>Measured in PrYLL, accidents are a principal mortality issue up to age 60. It is only when a person enters their mid-70s that preventable cancers become a more significant issue. In the mid-80s, heart disease overtakes accidents.</td>
<td></td>
</tr>
<tr>
<td>Why do accidents deserve to be given a high priority?</td>
<td>Accidents are relatively easy to prevent, mainly through education and information. Interventions are both inexpensive and effective, saving money and suffering. They are also quick to materialise, making their value apparent. These factors have long been understood. It is only now, since our PrYLL analysis has shown that we have an excellent alignment of efficacy, cost and significance, that we can say with confidence that accidents should be the No. 1 priority for public health.</td>
<td></td>
</tr>
<tr>
<td>Does accident prevention work?</td>
<td>Every intervention that we have designed has reduced accidents and saved money. In recent times, our focus on outcomes has produced ever-better results. A well-designed programme can reduce accidents by 20-30% in the target population/area. The return on investment typically ranges between 3 times to 10 times. See the Case Studies for more examples.</td>
<td></td>
</tr>
<tr>
<td>Is this the “nanny state”?</td>
<td>At RoSPA, we believe that life should be “as safe as necessary, not as safe as possible”. People need to be empowered (through knowledge) to make their own safety decisions. After that, they should be expected to take responsibility for themselves and their loved ones. This is the opposite of the “nanny state”, which simply accepts the increase in accidents, and offers more and more treatment, without attempting to stop the accidents from happening in the first place.</td>
<td></td>
</tr>
<tr>
<td>How do we assess our need and develop appropriate plans?</td>
<td>Using local injury data, it is possible to identify the most productive areas for development. RoSPA can help you to analyse this data and design a plan to make the most cost-effective interventions.</td>
<td></td>
</tr>
<tr>
<td>How will we know if we have been successful?</td>
<td>Every local plan needs a before/after evaluation to measure outcomes and prove value for money. RoSPA can advise on how to design professional measurement into the plan, so that its value can be seen by all, including local stakeholders and taxpayers.</td>
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<tr>
<td>What do people think of accident prevention interventions?</td>
<td>Unlike many other public health interventions, the audience is generally receptive. People quickly understand that this knowledge can help them and their loved ones, by applying “common sense” advice, based on an understanding of the risk. Mums are avid receivers of our education on keeping young children safe. School-age children love safety and are motivated by altruism. Young adults and young drivers are more of a challenge, but we have evolved methods of engaging them in a positive way, by appealing to their need to develop skills. The elderly know that they are being helped in a practical way, to stay safe and healthy to maintain their quality of life.</td>
<td></td>
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<tr>
<td>Is there a deprivation dimension to accident prevention?</td>
<td>Children of parents who have never worked or who are long-term unemployed are 13 times more likely to die from unintentional injury, and 37 times more likely to die as a result of exposure to smoke, fire or flames than children of parents in higher managerial and professional occupations. The same children are 20 times more likely to die as pedestrians than children of parents from higher managerial groups.</td>
<td></td>
</tr>
<tr>
<td>How do we rank compared to other countries?</td>
<td>In road safety terms we are excellent. We are poor at home and leisure safety interventions. In particular, Canada, the Netherlands, and the Scandinavian countries have much more success in these areas than we have demonstrated recently. We can learn from them and apply some of their ideas. RoSPA hosts the European Child Safety Alliance, which compares best practice internationally.</td>
<td></td>
</tr>
<tr>
<td>Is accident prevention a stand-alone issue?</td>
<td>There are many crossovers with, for example, fire prevention, alcohol abuse, exercise and sport, wellbeing and health-visiting. We want to design interventions so that they have positive consequences on other public health areas and we see our subject as an important part of a complex picture.</td>
<td></td>
</tr>
<tr>
<td>How well do you work with other stakeholders?</td>
<td>Although we are experts on accident prevention, our value lies in understanding the big picture and tailoring it to local needs. Ours is a multi-faceted issue and it needs the coordination of a range of experts and delivery partners to gain the right outcomes for each area. Coordinating and leveraging their contributions is our skill.</td>
<td></td>
</tr>
<tr>
<td>Is there scope for innovation?</td>
<td>Every successful public health intervention originated as an innovation and there is huge scope to invent and deliver new and exciting solutions to old problems. It’s all about firing people’s imagination to do something creative to save lives and reduce injuries.</td>
<td></td>
</tr>
</tbody>
</table>
A variety of data sources have been used in preparing this publication, including:

- The Northern Ireland Statistics and Research Agency (NISRA) which provided an insight into the changing levels of fatal accidents in the home and on the roads.

- The Injury Observatory for Britain and Ireland (IOBI) and the All Wales Injury Surveillance System (AWISS) which provided detail on the age and location profiles of accidental injuries.

- The Hospital Information Branch of the Department of Health, Social Services and Public Safety (DHSS&PS) for emergency hospital admissions and attendances at A&E.

- The Health and Safety Executive for Northern Ireland (HSENI) for workplace injury statistics.

- The Police Service of Northern Ireland (PSNI) for road traffic accident statistics.

- The Department for Transport, the Health and Safety Executive and the Transport and Road Laboratory (TRL) for the financial costs of accidents.

- The National Institute for Health and Care Excellence (NICE) for details relating to accidents involving children and young people.

- The Transport and Road Laboratory (TRL) and their published project report PPR483 ‘The Re-valuation of Home Accidents’

- Full references are available from RoSPA on request. RoSPA is more than happy to provide assistance to those looking for accident-related data.
RoSPA’s public health team can be contacted using the details below:

RoSPA’s team in Northern Ireland can be contacted using the details below:

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Facebook: www.facebook.com/rospa
Blog: http://safetygonesane.wordpress.com/
YouTube: www.youtube.com/rospatube

RoSPA’s public health web page: www.rospa.com/publichealth/

September 2013

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We are extremely grateful to Northern Ireland’s Public Health Agency (PHA) for all their help and support in creating Northern Ireland’s Big Book of Accident Prevention. RoSPA is proud of this publication as it showcases how we influence cross departmental approaches to tackling accident prevention in Northern Ireland.

We would like to thank all the contributors who provided so much authoritative and insightful content which in turn allowed us to produce this unique publication.

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