



# SCOTLAND'S BIG BOOK OF ACCIDENT PREVENTION

***“RoSPA’s Mission:  
To save lives  
and reduce injuries.”***



## Scotland's Big Book of Accident Prevention

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# **Scotland's Big Book of Accident Prevention**

***“RoSPA is an organisation that has made a very big and very real difference in reducing accidents and preventing injury across all aspects of Scottish life.”***

Paul Wheelhouse MSP, Minister for Community Safety and Legal Affairs, speaking at RoSPA's Annual Child Safety conference in Feb 2015

**Dear colleague,**

**Accident prevention – a leading priority for Scotland**

This publication from the Royal Society for the Prevention of Accidents has been designed to highlight the better outcomes for the health of Scotland's population that can be achieved by partnership working in the area of accident prevention and safety awareness.

The over-arching goal of the Scottish Government is to “make Scotland a better place to live and a more prosperous and successful country”. Underpinning this goal is Scotland's framework of sixteen National Outcomes. Seven of these National Outcomes are directly linked with the prevention of accidents and associated harm:

- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We live in well-designed sustainable places where we are able to access the amenities and services we need
- We live our lives safe from crime, disorder and danger
- We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others
- We live longer, healthier lives
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

What follows describes the burden of accidents in Scotland and demonstrates the role of accident prevention in making a significant contribution to the delivery of these National Outcomes.

I urge you to use this as a touchstone document to refresh and renew your commitment to this vitally important issue – helping you to save lives and reduce injuries.



Kind regards

*Clare Adamson*

**Clare Adamson MSP, Convener for the Cross Party Group on Accident Prevention and Safety Awareness, Scottish Parliament**

# Endorsements



**Dr Catherine Calderwood,**

Chief Medical Officer for Scotland

"This RoSPA document provides a timely reminder of the significant burden of harm that is related to unintentional injuries. I particularly welcome the way in which cost-effective injury prevention programmes are showcased and have made a real difference in preventing injuries and ultimately saving lives. I am also grateful for the work being taken forward to help deliver many of Scotland's National Outcomes."



**Professor Gillian Leng,**

Deputy Chief Executive, National Institute for Health and Care Excellence (NICE)

"I welcome the use of NICE guidance in this RoSPA publication to inform the approach in preventing accidents in under 5s the home."



**Professor Ronan Lyons,**

Chair, Injury Observatory for Britain and Ireland

"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."



**Lewis Ramsay QFSM,**

Building Safer Communities, Director of Prevention and Protection, Scottish Fire & Rescue Service

"There is a real need for organisations to work together to help make communities safer places. Our focus should be on prevention and this RoSPA publication goes some way to support our ambitions. For this reason I am delighted to endorse the Big Book of Accident Prevention and look forward to its positive influence on reducing unintentional harm."



**Steve Bell,**

Strategic Director, Scottish Centre for Healthy Working Lives

"RoSPA should be congratulated for highlighting the impact on Society of unintentional injuries and the relative ease with which the causes of most accidents can be prevented. In identifying the relationship between accidents and health inequality, Scotland's Big Book of Accident Prevention contributes important evidence to inform what needs to be done to build a fairer, healthier Scotland."



**Sir Stephen House QPM,**

Chief Police Officer, Scotland

"Prevention of injuries, both intentional and unintentional, is fundamental to a civilized society and success will make a significant contribution towards achieving many of Scotland's National Outcomes. I therefore warmly welcome this publication from RoSPA."



**Alastair Hay QFSM,**

Chief Officer, Scottish Fire & Rescue Service

"We have made great strides over the last few decades in reducing the number of fire-related fatalities. Prevention initiatives, such as those described in this publication, will help us continue this progress despite the country's ageing demographic profile."



**Kathy Jenkins,**

Secretary, Scottish Hazards

"This RoSPA publication shows the scale of the injury burden and the many ways in which accidental injuries can be prevented. It could make a real contribution to helping raise the profile of work-related death and injury, encouraging us to redouble our efforts in this area."

## Why accident prevention should be your top priority for public health

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

If accident prevention is the easiest and cheapest way to save a life, why is it not the top public health priority?

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

The biggest killer of children, post-infancy, is accidents

Accident prevention helps to hone people's natural survival skills

We have forgotten that sometimes the simplest solutions are the best

Accident prevention encourages resilience, resourcefulness and self-reliance

**Accidents are the principal cause of premature, preventable death for most of a person's life**

**We will make Scotland a better place to live and a more prosperous and successful country**

Home and leisure accidental death is at least four times greater than in the workplace and on the road

**It is the first duty of every politician to protect the people who elected them from avoidable harm**

**Accidents are 100 per cent preventable – so why not prevent them?**

The taxpayer cannot bear exponential increases in the cost of healthcare

Accident prevention is a safeguarding issue

If the tone is right, most people welcome a conversation about improving their lives

Training people to take responsibility for their own safety is not the "nanny state"

**Preventing harm to others is a hallmark of a civilised society**

As a country, we should be proud of our record on workplace and road safety

The quickest and easiest way to save cost to the NHS is accident prevention

In Scotland, accidents cost society more than £12.4 billion per annum, of which A&E attendances cost the NHS £1.48 billion (see page 6 for calculations)

**We need to do more to prevent home and leisure accidents**

Children of parents who have never worked or are long-term unemployed are 20 times more likely to die as pedestrians than children of parents in higher managerial or professional occupations

# Why do we need accident prevention?

## Accident prevention

In the 15 years before 1993, the toll of fatal accidents (i.e. due to unintentional injuries) in Scotland almost halved. Since then, however, progress has been much slower (Fig 1). Although Scotland's comprehensive approach to road safety has delivered ever-reducing fatalities, this success is offset by an annual 2% rise in fatal home and leisure accidents (Fig 2). If current trends continue, by 2018, fatal home and leisure accidents are likely to reach 1,200.

Decades of investment in safer vehicle design, road safety engineering, roads policing, safety cameras and driver education has delivered a tremendous return in terms of lives saved. In contrast, relatively little has been invested in home and leisure safety. The challenge for Government is to find the resources to continue the progress in road safety while redoubling efforts to prevent home and leisure accidents.

Figure 1 - Accidental deaths registered in Scotland

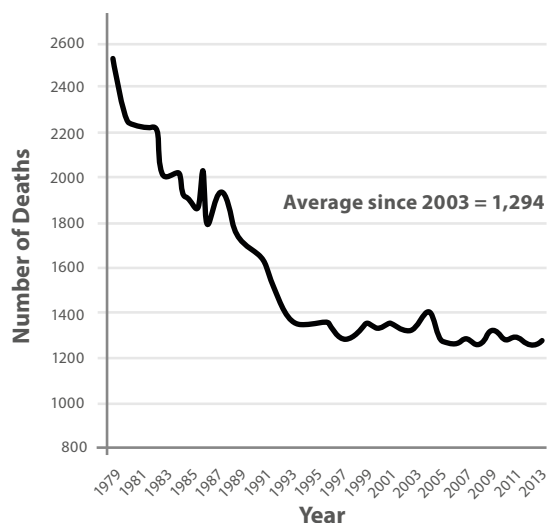
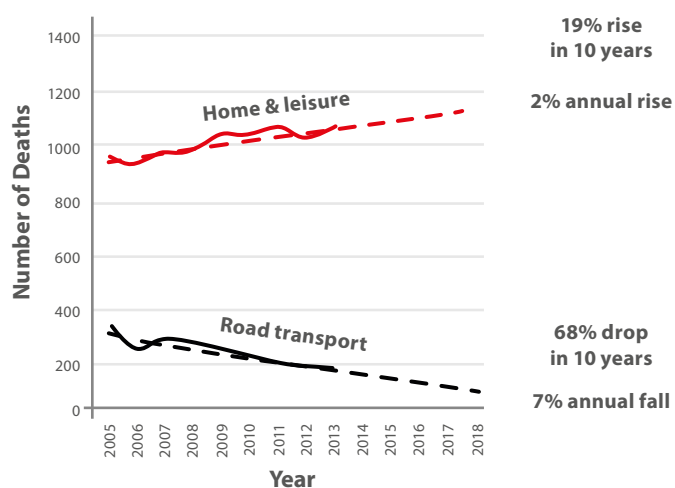


Figure 2 - Trends in accidental deaths in Scotland



Source: RoSPA / National Records of Scotland

## Accident prevention works

- Easy and inexpensive to deliver
- Engages a receptive audience
- Produces relatively quick results
- Returns more life years (measured in PrYLL - see page 9) to society than other major public health issues.



## Accidents and their impact on hospital Accident & Emergency (A&E) departments

Approximately 30% of A&E attendances are due to accidental injuries.

Scotland's A&E attendances rose to a peak in 2011/12 before falling back slightly in 2012/13. Nonetheless, medical and support costs of A&E attendances were £1.48billion in 2012/13. Accidents in Scotland are estimated to cost society £12.4billion every year, with home and leisure accidents accounting for £7.8billion of this cost. See below for calculations.

This financial burden is unsustainable in the longer term, requiring either more resources or early intervention.

If we reduce accident rates, we could:

- Reduce Scotland's principal cause of death for people up to age 44
- Deal with Scotland's leading cause of premature, preventable death
- Save the lives of up to 1,300 people in Scotland every year (1,294 have died, on average, every year in Scotland, in the decade to 2013)
- Reduce the number of children who die as a result of accidents - the main cause of death for children post-infancy
- Reduce the impact of accidents, which are often violent in nature
- Prevent the harm caused by accidents to families and their communities
- Give our children the best start in life and help make Scotland the best place in the world to grow up
- Achieve Scotland's road safety target of 40% fewer people killed and 55% fewer serious injuries by 2020
- Live longer, healthier working lives thanks to a world-leading approach to risk management in the workplace, at home and in leisure
- Live longer and healthier in retirement, with fewer emergency visits to hospital A&E departments.



### Calculations:

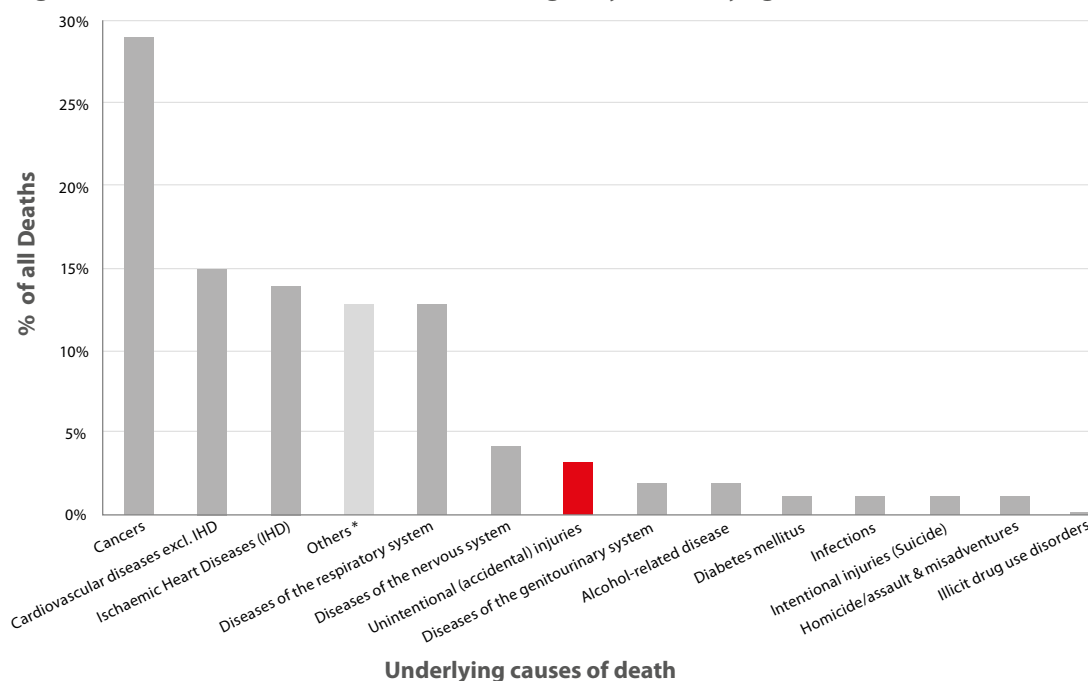
- According to TRL report PPR483, the medical and support costs for a hospital-treated home injury = £900. Therefore, the medical and support costs in Scotland of 1.647million A&E attendances in 2012 were approximately  $£900 \times 1.647\text{million} = £1.48\text{billion}$ .
- Given the annual cost to Society in the UK of accidents of £150billion, and Scotland accounting for 8.28% of the UK population, the annual cost of accidents to Society in Scotland is approximately  $8.28\% \times £150\text{bn} = £12.4\text{billion}$
- TRL PPR483 suggests home and leisure accidents cost UK Society £94.6billion every year. The annual cost in Scotland is approximately  $8.28\% \times £94.6\text{bn} = £7.8\text{billion}$

## 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 3.

Figure 3 – % of all deaths in Scotland in 2012, all ages, by all underlying cause



Source: RoSPA / National Records of Scotland

\* Others includes mental, digestive, endocrine and musculoskeletal, congenital diseases, diseases of the skin, blood, perinatal, pregnancy, ear and eye

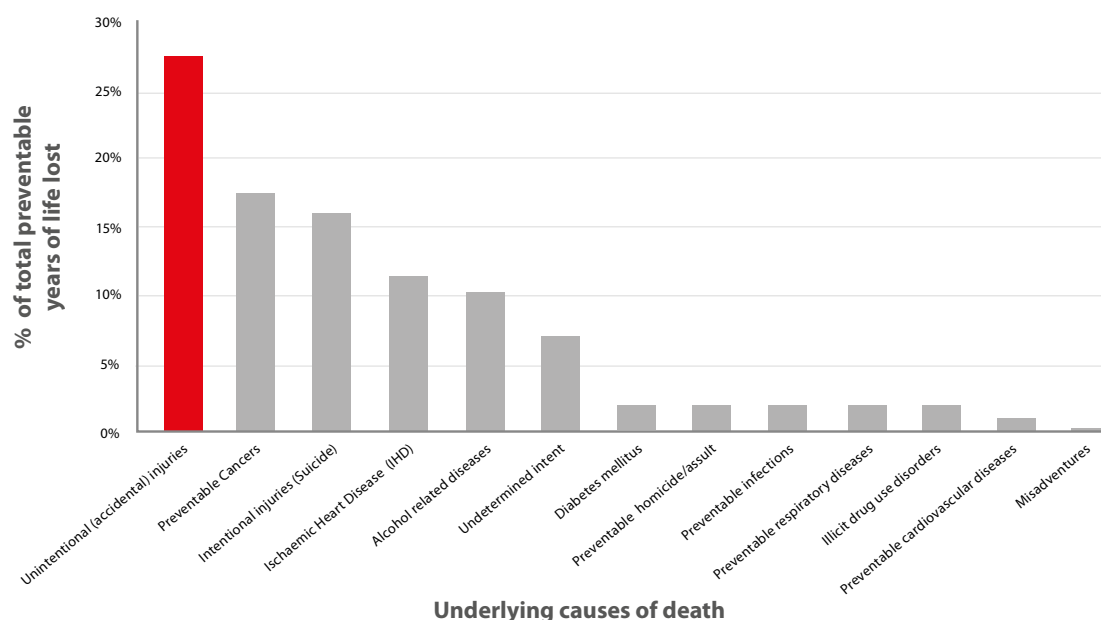
According to data from National Records for Scotland, the leading causes of death in 2012 were cancers, circulatory diseases and respiratory diseases. In 6th place and accounting for just 3% of total causes of deaths, unintentional (accidental) injuries may appear to be a relatively small problem and 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<sup>1</sup> 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 Scotland.

The consequences of this new approach are even more significant when we also include young children and look at the 0–60 age group – Fig 4.

<sup>1</sup> As set out in "Definitions of Avoidable Mortality" by the Office for National Statistics [www.ons.gov.uk](http://www.ons.gov.uk)

**Figure 4 – % of total preventable years of life lost (PrYLL) in Scotland in 2012 to people up to age 60**



Source: RoSPA/National Records of Scotland

At 27% of PrYLL for people aged 0-60, accidental injuries are, by a considerable margin, the leading cause of preventable, premature mortality in Scotland. This proportion is significantly larger than the equivalent percentage (23%) in England, Wales and Northern Ireland where accidents are also the leading cause of preventable, premature mortality for most of our lives. In Scotland, accidents remain the leading cause of PrYLL well into retirement. The PrYLL for accidents only drops into second place behind the PrYLL for preventable cancers when people who are into their 70s (beyond normal life expectancy) are taken into account.

Included in the above are diseases that have been caused by workplace exposure to carcinogens and other agents. Examples of work-related preventable cancers include leukaemia and mesothelioma while respiratory diseases include emphysema and occupational asthma.

**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.

Taking all these factors into account, it is clear that accident prevention should be a leading priority for public health and community safety in Scotland. Aligning a dominant cause of premature, preventable death (measured in PrYLL) with the most cost-effective intervention strategies presents us with a superb opportunity to save lives and reduce injuries on an unprecedented scale.

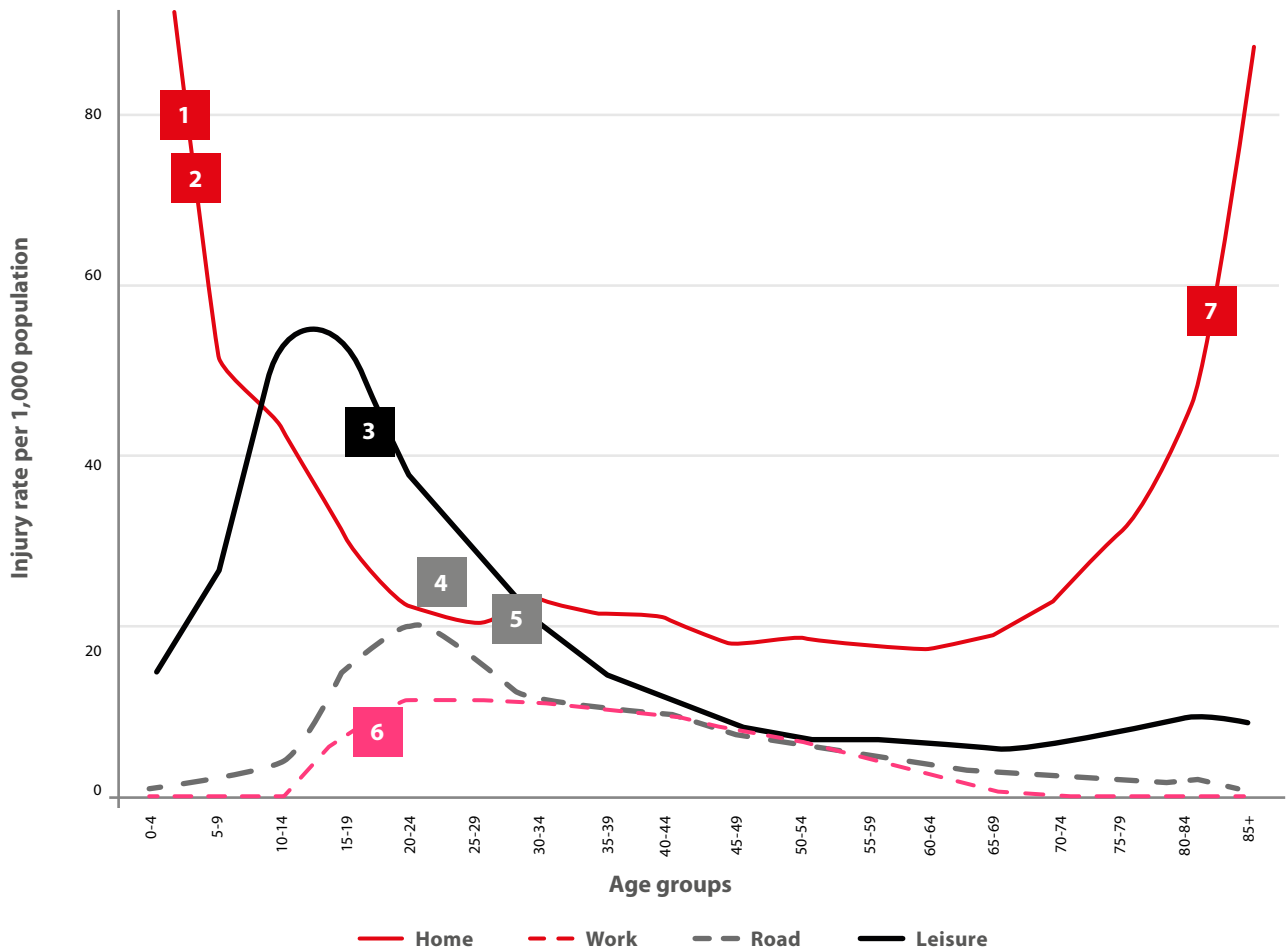


## Accidents wipe out more years of future happiness...

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.



Figure 5 – Unintentional (accidental) injuries recorded in hospital emergency departments (A&E), by age and location



Source: RoSPA / All Wales Injury Surveillance System (AWISS)

- 1** Under-5s and the over 65s are most likely to be accidentally injured in the home. **Case study 1 on page 12** addresses the risks to toddlers of laundry capsules and the steps parents can take to keep their children safe.
- 2** **Case study 2 on page 14** describes how Scotland's Home Safety Equipment scheme has helped make the homes of vulnerable families, safer for young children. **Case study 7 on page 24** explores the role of pan-European collaboration and sharing of best practice to help prevent accidental injuries among older people.
- 7**
- 3** **Case study 3 on page 16** describes the contribution of Water Safety Scotland in bringing together stakeholders to reduce the risk of drowning.
- 4** Driving while at work is either an integral part of many jobs or is essential for enabling business meetings. However, deadlines and other work-related pressures increase the risk associated with driving. **Case study 4 on page 18** describes how the Management of Occupational Road Risk (MORR™) in partnership with the Scottish Occupational Road Safety Alliance (ScORSA), helps employers manage risk and reduce accident rates.
- 5** **Case study 5 on page 20** highlights the benefits of RoSPA's new road safety qualifications framework.
- 6** **Case study 6 on page 23** considers the benefit to communities of higher performing organisations, taking their approach to occupational safety beyond the workplace.

### Under 5s in the home - laundry capsules

#### National outcomes:

- Our children have the **best start in life** and are ready to succeed.
- We have **improved the life chances for children**, young people and families at risk.

#### Evidence

Within the NHS Greater Glasgow and Clyde Health board area, there was growing concern about laundry capsules injuring children. These brightly coloured capsules are used as a compact alternative to soap powder for washing machines. Young children can mistake them for sweets, chew them until they dissolve and the contents can be swallowed, inhaled or squirted into the eyes.

In 2012, this new trend in unintentional injuries was reported by the Royal Hospital for Sick Children, Glasgow. Very young children, averaging 18 months of age, were being brought into the Accident and Emergency department as a result of the ingestion of laundry capsules.



Emergency department staff were seeing around two cases per month with families reporting that they were unaware of the dangers of these common household cleaning products and that they were frequently stored in cupboards under the sink in the kitchen area of the home.

While most incidents are distressing, children normally make a full and rapid recovery. However, on the rare occasions when the contents are inhaled, swelling of the airway can cause breathing difficulties and children may need to be transported to hospital by ambulance.

#### Plan/Resource/Partner

RoSPA, together with NHS Greater Glasgow and Clyde Unintentional Injury Strategy Group, developed a campaign to deliver home safety advice and information on the issue to parents and carers across this health board area. Funding was secured from the health board budget of £12,000 to allow this to happen.

'Not for Play' was created to help increase awareness of the dangers associated with laundry capsules and help reduce the incidence of these injuries. A number of outputs were developed:

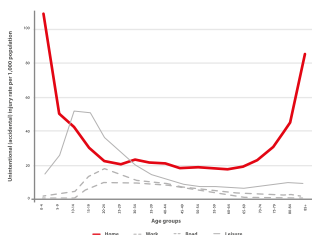
- To create a safety pack including a leaflet and cupboard catch
- To create a detailed briefing note for health visiting teams, providing information on the 'Not for Play' campaign
- To produce an end of year evaluation report of the project.

Consultations were held with parents and carers on the creation of the campaign materials and health visiting teams played a pivotal role in the delivery of home safety education and the safety packs.



Campaign leaflet





*“I have laundry capsules and kids get into everything so this is really good.”*

## Delivery

The campaign provided every parent/carer with a baby at 12-16 weeks of age with an information pack as part of their mandatory visit. The subject of laundry capsules and the dangers of other household cleaning products, was also raised.

This campaign took place between July 2013 – July 2014 and a total of 16,000 information packs were distributed.

Each family also received a short evaluation questionnaire and semi-structured interviews with families were held after dissemination of the packs.

The campaign benefitted from extensive media coverage both locally and nationally across the UK.



## Evaluation/Potential

The evaluation of 'Not for Play' was conducted throughout by RoSPA with support from Rocket Science UK Ltd. The benefits of this campaign have been impressive and have found that:

- Before implementation of the campaign, nine children (over one year) were admitted to Yorkhill Hospital's Ear, Nose and Throat department for specialist treatment. During the period of the campaign the number of ingestion related admissions fell from nine to one
- A cost analysis found that over the course of the campaign, the average cost saved by the NHS Ear, Nose and Throat department at Yorkhill hospital was around £144,000
- Behaviour was shown to have changed throughout the campaign regarding the potential dangers of cleaning products. 40% of those interviewed nine months into the campaign had installed the cupboard catch
- 60% of health visitors reported positive changes had been made when revisiting families at their 12 month visit.

Overall, the benefits of the campaign have been impressive. The campaign has succeeded in raising awareness, changing behaviour, gathering future data, reducing injuries – done so in a helpful, useful and cost beneficial way.

Everyone can learn from the success of this local campaign. It could be replicated across the country, reach all new parents and prevent the potential harm associated with these capsules.

### Under 5s in the home - Scotland's Home Safety Equipment Scheme

#### National outcomes:

- Our children have the **best start in life** and are ready to succeed.
- We have **improved the life chances for children**, young people and families at risk.

#### Evidence

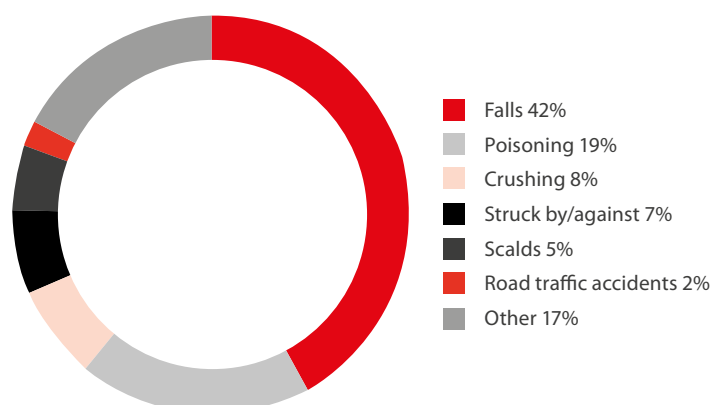
According to NICE guidance, accidental injury among under-15s in the UK results in two million visits to A&E each year, costing £146million. The cost of a non-fatal hospital treated home accident for children aged up to four years is £10,600. NICE recommends ensuring that 'education, advice and information is given during a home safety assessment, and during the supply and installation of home safety equipment'.

In Scotland in 2013/14 unintentional injuries accounted for approximately one in eight emergency hospital admissions for children.

In the same year, 7,530 children were admitted to hospital following a home accident, most commonly as a result of falls, striking, poisoning and burns and scalds.

NHS Scotland's Information Services Division (ISD) data for 2013/14 shows a clear social gradient for emergency hospital admissions because of an unintentional injury, with children living in the most deprived areas 47% more likely to be admitted to hospital than children in the least deprived areas.

**Figure 6 – Causes of emergency hospital admissions among children under 5 due to unintentional injury**



Source: NHS Scotland 2013/14

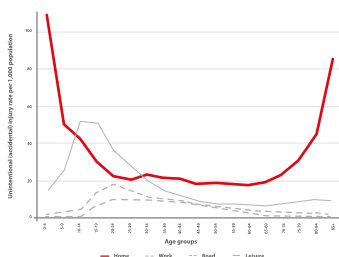
#### Plan/Resource/Partner

Scotland's Home Safety Equipment Scheme (SHSES), hosted by RoSPA and funded by the Scottish Government, aimed to reduce home accidents to children under the age of five. Outcomes of this pilot project included:

- Vulnerable children will be less likely to be admitted to hospital because of home accidents;
- Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues;
- Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented;
- Individual risks in the home will be identified and addressed.

RoSPA partnered with 12 local authorities and key delivery partners to meet these outcomes.





*“I had been stressing about getting safety gates and other equipment in my home for a while but couldn’t afford it. I was overjoyed when I heard about this scheme. Thank you!”*

## Delivery

In total, 165 practitioners were trained in child safety. A SHSES delivery model was identified consisting of:

1. Effective targeting of those most at risk;
2. A home safety visit involving a risk assessment, a home safety awareness discussion (including free resources) with parents/carers, and the offer of a home fire safety visit by Scotland’s Fire and Rescue Service;
3. A second home visit to deliver and professionally install the ‘prescribed’ equipment (free of charge) with appropriate guidance on its use. Each family received, on average, nine items of safety equipment.

A total of 900 families were reached during the length of the scheme with 1,752 children benefitting from appropriate safety equipment. 55% of the families went on to receive a home fire safety visit.



## Evaluation/Potential

SHSES was overseen by an Evaluation Group with representation from RoSPA, SMCI Associates, the Scottish Government, Scotland’s Fire and Rescue Service and Care and Repair Scotland. The project evaluation conducted by SMCI Associates, ran in parallel with the implementation of the scheme and found that:

- The cost of delivering the scheme was £276 for each family – or £142 for each child. This is far cheaper than the cost of treatment and rehabilitation
- 99% of all families engaged considered that their home was safer
- 85% of professional stakeholders considered the scheme had enhanced families’ awareness and understanding of home safety
- Parents and carers themselves reported being much more aware of key child safety issues
- All local schemes reported they were considering embedding parent/carer awareness-raising on child home safety issues into their ongoing delivery of support to families
- RoSPA has a key – and cost effective – role to play in providing ‘train the trainer’ learning opportunities.

Now we need the scheme to be extended to reach the most deprived, new families throughout the country. Less deprived families could use elements of the scheme to invest in the safety of their young children.

## Water Safety Scotland

### National outcomes:

- We have **improved the life chances for children**, young people and families at risk.
- We live in **well-designed sustainable places** where we are able to access the amenities and services we need.

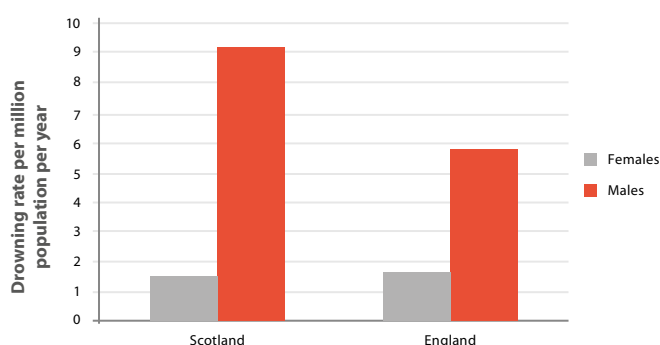
## Evidence

Geographically, Scotland is the northern third of the United Kingdom and is covered with the most mountainous terrain in the UK. Surrounded by the North Sea, the Irish Sea and the Atlantic Ocean, these waters support both economic activities such as fishing, aquaculture and leisure activities such as sailing, surfing and diving. With numerous rivers, burns and roughly 25,000 lochs spread across the entire country, such landscapes have made tourism and water-related activity an important part of the Scottish economy allowing it to generate funds up to £4billion a year.

Worldwide however, accidental drowning is the third highest cause of death in children and claims the lives of at least 360,000 people each year.

Male drowning rates in Scotland's inland waters – burns, rivers and lochs – are approximately 60% higher than the equivalent rates in England.

**Figure 7 – Rate of drownings by water and gender, inland waters**



Source: WAID 2009-2012

This appears to be related to the greater exposure to inland waters in Scotland, lower water temperatures and larger numbers of males making use of water either for work and/or leisure.

## Plan/Resource/Partner

The responsibility for managing water safety in Scotland has been a key policy for RoSPA for some time.

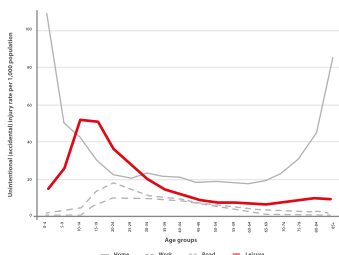
A study into local authority approaches to managing water safety was carried out to:

- Understand what policy arrangement and commitments local organisations, particularly local government, have made towards managing water safety
- Understand how these commitments have been interpreted, and identify barriers to effective action
- Identify good practice and gain further insight into the issue.

Each of Scotland's 32 local authorities participated in research and provided a useful baseline for future work.

A guide to writing a water safety policy in Scotland was produced after a mixed picture of how water safety is managed across Scotland was demonstrated through local authority survey responses. This policy is a cross-cultural guide to managing water safety and can be reflected in any local authority area.





## Delivery

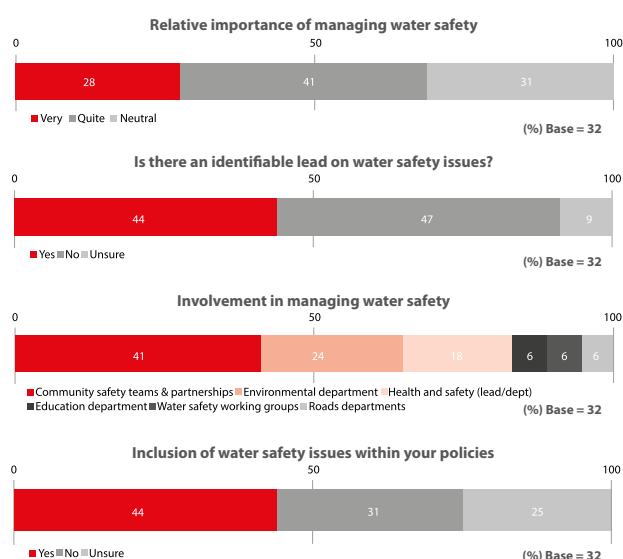
As a continuation of this research, RoSPA formed Water Safety Scotland, a forum involving partner organisations with the same aims and objectives in managing water safety.

The forum aims to understand the key risks in Scotland and propose a consistent approach to preventing drowning and water-related unintentional accidents and deaths.

Forum members partake in quarterly meetings and discuss the on-going issues of water safety and ways in which we can ultimately reduce death and water-related accidents in Scotland.

The forum currently has 50 members from a range of organisations including, The Scottish Government, RNLI, RLSS, The Scottish Fire and Rescue Service, Police Scotland and representatives from local councils.

**Figure 8 – Survey responses to Scottish local authority approaches to managing water safety**



Source: RoSPA - Local Authority Approaches to Managing Water Safety

## Evaluation/Potential



Popular beauty spot, Castle of Urquhart on Loch Ness

The need for a policy was identified in RoSPA's report "Local Authority Approaches to Managing Water Safety". This outlined a clear need for local authorities to work together on this issue, sharing good practice, challenges and success.

Managing water safety ranked as being very or quite important in relation to other service demands among 70 per cent of authorities, however less than half had a policy level commitment on the issue.

More than two thirds of authorities were aware of groups that covered water-safety issues, and 80 per cent worked with multiple agencies and external organisations. However, more than half of local authorities said they did not have a specific person or group who took control.

Overall, there is a mixed picture; several authorities were addressing water safety, but there was little in the way of uniformity or issues considered strategically.

We need every Scottish local authority to either join Water Safety Scotland or adopt its aims and objectives. Such an approach has the potential to reduce drowning rates and the number of water-related accidents.

# Case study 4: Driving for Work

## Driving for work

### National outcomes:

- We live our lives safe from crime, disorder and **danger**.
- We have strong, resilient and supportive communities where **people take responsibility for their actions** and how they affect others.

## Evidence

Year on year there is a significant number of people killed or seriously injured on our roads whilst driving for work. Whilst casualty statistics from collisions on Scotland's roads have been steadily decreasing over the past decade the same cannot be said for those recorded as making their journey as part of work. These have remained fairly constant throughout the same period.

Unfortunately, unlike other workplace accidents, there is no duty placed on employers to report, through the Health and Safety Executive, all road traffic incidents where someone is injured whilst driving for work. These should be reported through the police. It is therefore not easy to establish the full extent of the problem through the current data collection systems.

It is imperative that employers consider any journey undertaken for work purposes by an employee as part of their Health and Safety Policy processes.

Employers should be encouraged to manage occupational road risk in the same manner as other health and safety issues. Policy and working practices should be in place to ensure the safety of their work force.



## Plan/Resource/Partner

The Scottish Occupational Road Safety Alliance (ScORSA) was created to raise awareness of managing occupational road risk (MORR) and to promote occupational road safety in Scotland to benefit small to medium sized enterprises (SME).

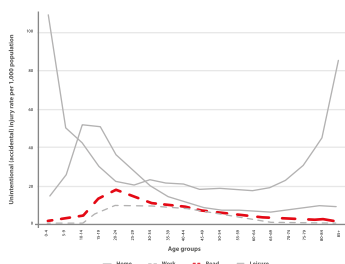
ScORSA aims to facilitate networking between businesses and encourage joint working to raise awareness in organisations of the need for action on work related road safety. ScORSA provides an ideal platform for SMEs to learn from larger organisations on how to access resources whilst gaining practical tips and advice on the creation and implementation of policy to keep their drivers safe.

ScORSA produces resources and template documents to assist in the process. These resources are free to anyone who joins, therefore financial restrictions should not be a barrier.



### Example of event display kit





## Delivery

SMEs who have little by way of policy with regard to MORR or those who wish to improve their current situation though the experience of others, are encouraged to join ScORSA. ScORSA is promoted through its stand-alone website, [www.scorsa.org.uk](http://www.scorsa.org.uk), as well as through representatives of RoSPA attending associated events including seminars and conferences.

RoSPA organises an annual seminar for members where delegates receive up-to-date information on policy developments, share best practice and are afforded excellent networking opportunities.

There are also several workshops for ScORSA members throughout Scotland, giving practical advice on policy implementation and highlight the benefits of managing their occupational road risk.

**ScORSA** Driving forward road safety in Scotland

**Managing Occupational Road Risk**

**Speak to us today**

[www.scorsa.org.uk](http://www.scorsa.org.uk)

Road Safety Scotland

RoSPA

## Evaluation/Potential

ScORSA seeks to encourage SMEs to introduce policy and develop good occupational road risk practices and procedures to keep their workforce safe by providing facilities they may not have access to without making significant investment. ScORSA can make a real difference to the safety of those individuals driving for work every day and as importantly to all other road users.

For employers who do not have the resources to have a dedicated member of staff dealing with fleet or managing their occupational road risk, ScORSA is a great place for them to draw on the experience of others.

We need many more SMEs across the country to join ScORSA, apply the resources to their organisation, share good practice with others and enjoy the financial and social benefits of fewer road traffic collisions.

Vince Bowles, Health and Safety Partner at Scottish Autism said, *"Having reviewed our accidents, we joined ScORSA, devised a Driving Safely policy and were supported in developing a corporate risk assessment for MORR. We were given free access to a range of documents and training presentations which we are currently using to raise the awareness of MORR and safer driving amongst our staff. As a result, the number of vehicle accidents has started to drop below previous years."*

Scottish  
autism

## Case study 5: Qualifications in road safety

### Qualifications in road safety

#### National outcomes:

- We live our lives safe from crime, disorder and **danger**.
- We have strong, resilient and supportive communities where **people take responsibility for their actions** and how they affect others.

### Evidence

During 2013 in Scotland there were a total of 11,493 road casualties reported which was 10% lower than in 2012 and the lowest figures ever recorded. Whilst 172 people died, this was a 49 per cent drop since 2003.

The progressive decrease in collisions is good news, but road safety professionals and Scottish Government strive to reduce this even further to achieve their aim of ***“a steady reduction in the numbers of those killed and seriously injured, with the ultimate vision of a future where no one is killed on Scotland’s roads, and the injury rate is much reduced”***.

Whilst significant improvements are made in road design, vehicle safety features, collision avoidance technology and trauma care, the biggest single factor in any collision remains human error.

Collectively we must all work together to reduce the risk and change road user attitude and behaviour. To ensure this is done in the most effective and efficient manner, road safety professionals must be skilled in analytical, research and delivery methods to create the most appropriate road safety interventions.

With ever decreasing budgets it is imperative, interventions are appropriate, focused and effective. Whilst delivery is important we must also measure the impact through recognised evaluation processes.

With this in mind, RoSPA on behalf of Scottish Government, set about creating a road safety qualification suitable to provide road safety professionals in Scotland today with the requisite skill base.

### Plan/Resource/Partner

RoSPA took the lead in developing a bespoke course designed specifically for individuals delivering road safety interventions focused on meeting the commitments of Scotland’s Road Safety Framework.

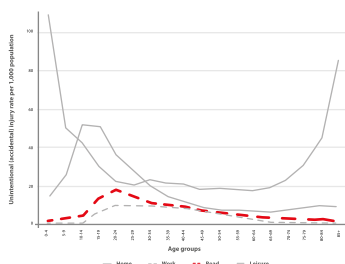
The Scottish Qualifications Authority (SQA) along with other key partners were consulted regarding course style, content and level.

RoSPA developed a course of six individual modules all of which are relevant to road safety intervention delivery. The programme was designed to improve the skills of candidates and levelled at Advanced Higher, deemed the most appropriate by the planning team.

RoSPA delivered the product during 2013 gaining the course accreditation at Level 7 with the SQA and RoSPA as an approved delivery centre status.



The A9, a scenic road with one of the UK’s highest accident rates



## Delivery

Candidates are now enrolled and participating in the course. The course is structured to enable candidates to dip in and out of the modules as they wish, whilst they benefit from specific workshops on each and have access to a tutor as/when required.

They will gain skills in identifying those most at risk through the individual modules covering **Priority Road Users**, ascertain how to identify underlying issues through **Road Casualty Profile**, recognise the importance of **Partnership Working and Legislative Framework** and **Resources, Education, Training and Publicity**. The course also covers **Evaluation and Presentation** and **Communication Skills**.

The course modules are delivered over a year on a rotational basis, with candidates afforded two years to complete.



## Evaluation/Potential

The SQA Qualification is unique at this level in the United Kingdom. On completion, candidates will have the necessary skills to ensure road safety interventions make a positive impact on driver behaviour and ultimately reduce the number of casualties on Scotland's roads.

Any individual who gains the SQA qualification will have the requisite skills to identify underlying causation factors and thereafter create and implement an appropriate intervention. They can be relied upon to make best use of resources and utilise ever decreasing available funding in an effective and efficient manner.

We hope that this unique qualification will quickly be seen as the 'industry standard' for road safety professionals in Scotland.



Julie Roy, Partnership Manager with The Lothian's and Scottish Borders' Safety Camera Partnership is undertaking the SQA herself and has also recommended it to her staff. According to Julie, **"Working towards gaining the qualification can only be beneficial to the individual, their career and of course, road safety"**.

# Case study 6: Scottish Higher Performers' Forum

## Scottish Higher Performers' Forum

### National outcomes:

- We live our lives safe from crime, disorder and **danger**.
- We have strong, resilient and supportive communities where **people take responsibility for their actions** and how they affect others.

## Evidence

In 2013/14, 20 people lost their lives while at work in Scotland and 6,871 suffered injury. That compares to 23 deaths and 7,156 injuries in Scotland the previous year. An estimated 81,000 people were estimated to have been made ill through their work over the same period

This is a huge improvement when compared with data immediately prior to the introduction of Health and Safety at Work etc. Act 1974 which underpins all health and safety legislation, and is credited with making the UK one of the safest places to work in the world.

However, those at work in construction, manufacturing, waste and recycling and agriculture remain at particular risk. The 'traditional' occupational safety and health (OSH) curricula is driven by the need to address health and safety issues within the workplace, through the development of safety management systems that assist employers to achieve legislative compliance, reduce expenses associated with injuries and lost time, and improve the culture within the organisation. 'Higher Performers' - employers sponsoring OSH interventions with measurable carry-over effects outside the workplace - recognise the importance of extending such an influence by promoting safety around the clock whether employees are at work or not. Such 'carry-over' programmes have the potential to be regarded as one of those key shifts in safety culture seen only once or twice in a generation.

There is a significant burden of accidental injury beyond the workplace. Within the working age population, the workplace now only accounts for 4% of fatal accidents and just 8% of the injuries that are treated in hospital A&E departments. Small improvements have the potential to deliver considerable benefits to employees, their families, friends and local communities.

## Plan/Resource/Partner

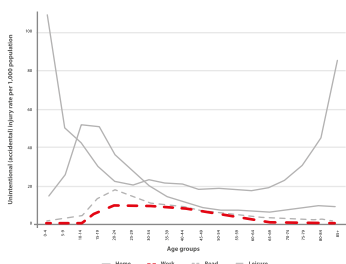
Since 2004 RoSPA Scotland has led the Scottish Higher Performers' Forum (SHPF) to facilitate the exchange of information between higher performing organisations and encouraging them to commit to increasing the influence which their respective organisations exert on others, particularly their contractors. The central proposition upon which the SHPF was based is that companies which seek to achieve excellence in health and safety performance represent a considerable reservoir of commitment and expertise which can be channelled to help raise awareness of health and safety related issues and health and safety related standards in workplaces across Scotland.

The SHPF is composed of RoSPA Award Winners, Healthy Working Lives Award Winners, and organisations linked to HSE case studies. The benefits of linking to the SHPF include; access to a network of Higher Performers, opportunities for personal development, a focus for health and safety within a Scottish context, an opportunity to share best practice whilst offering a model for low cost development of Scotland's health and safety network.

This community of best practice and interest aims to exercise influence and make input to the '[Partnership on Health and Safety in Scotland](#)' (PHASS).

In March 2007, the Scottish Government published the '[Scottish Action Plan on Health and Safety](#)'. This action plan sought to compliment the work of [PHASS](#) and other collaborative work in Scotland. The plan identified future collaborative actions in pursuit of **Scotland's common goal: to help reduce preventable fatalities, injuries and work-related ill health to employees and members of the public arising from work activity.**





## Delivery

The SHPF was recognised within the Scottish Government's Action Plan as a partner in delivering progress. Element 7.4 'For business, by business' challenged higher performers to work alongside CBI Scotland, Federation of Small Business and the [Scottish Centre for Healthy Working Lives \(SCHWL\)](#) to develop a model and programme for business to business mentoring, funded by the Scottish Government. See 'For Business by Business' Mentoring Guide.

The SHPF meets twice a year providing leading edge insights into health and safety within a Scottish context. Information is shared between organisations and with PHASS.

For case studies including CBES Ltd, Highland Spring, Livingston designer outlet and Timbmet, follow the link: [Worker Involvement what works](#).

The "Health Risks @ Work Toolkit" was developed as a partnership project between RoSPA Scotland, HSE Healthy Working Lives and the Scottish Chamber of Safety.

Safety Groups UK (SGUK) is now taking the Health Risks @ Work Toolkit forward across the UK, with support from RoSPA - a positive example of making the connection between stakeholders and providing health and safety related tools which enhances understanding of key issues.

We need more high performing organisations to join the SHPF, learn from other members, extend their positive influence throughout the supply chain and enjoy the benefits of healthier employees and local communities.

## Evaluation/Potential

**"Participation with RoSPA's Scottish Higher Performers' forum - chaired by Dr Karen McDonnell - has been instrumental on both a personal and organisational level. Amongst other positive elements, the forum provides the perfect platform for: networking with like-minded professionals from an array of industry backgrounds; sharing best practice and lessons learned from within your own organisation for the benefit of participating organisations; learning from best practice and experience of participating organisations; influencing RoSPA key issues and future strategy."**

Kyle Bonaccorsi, SHEQ Manager, Denholm Industrial Services Limited



## Case study 7: Over 65s in the home – falls prevention and ProFouND

### Over 65s in the home – falls prevention and ProFouND

#### National outcomes:

- We live **longer, healthier lives**.
- Our people are able to **maintain their independence** as they get older and are able to access appropriate support when they need it.

#### Evidence

RoSPA is a leading member of EuroSafe which supports ProFouND (Prevention of Falls Network for Dissemination) in its work to raise awareness throughout Europe). According to ProFouND, “Each year, one in three adults aged 65 and older, falls, mostly at home. Falls often lead to severe injury and long-term disability, increased dependency and reduction in quality of life. The associated costs of treatment and the ‘cost’ to the individual’s engagement in an active and fulfilling life are considerable”.



During ProFouND’s 2014 seminar in Glasgow, delegates were informed that falls in Scotland among people aged 65 and older in 2012 were:

- The largest single presentation to the Scottish Ambulance Service (35,000 attendances)
- One of the leading causes of A&E attendances
- Responsible for 390,000 emergency bed days
- Implicated in up to 40% of care Home admissions
- Estimated to generate costs to health & social care services of £471m pa, rising to £660m by 2020.

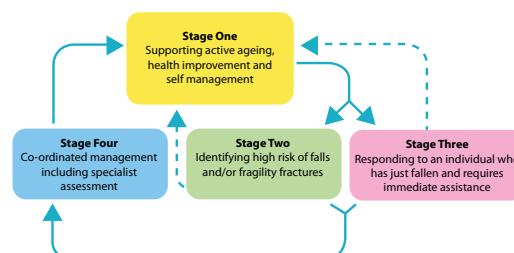
However, the Scottish Government report “Up and About or Falling Short?”, declares that “falls are not an inevitable consequence of old age... Well-organised services delivering evidence-based care can help to prevent future falls”.

#### Plan/Resource/Partner

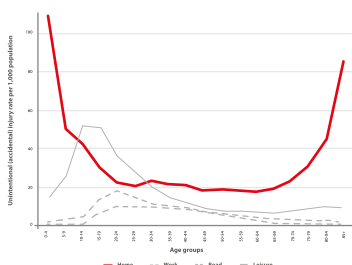
Academic research into falls has established that half of falls occur when standing from a sitting or lying position. The majority of falls among older people happen early in the morning but many take place at night when going to the lavatory is a very risky activity. Risk factors implicated in falls include mobility impairment and impaired vision. Precipitating factors include acute disease and side-effects from medication.

The Scottish Government’s National Falls Programme supports a systematic and multiagency approach to falls prevention and management and fracture prevention – the ‘Up and About Pathway’. The pathway spans active ageing and primary prevention, risk identification, timely and effective response, and co-ordinated management of risk reduction and recovery. Effective local falls prevention pathways in Scotland include many of the following elements:

- A review of medication to avoid side effects that could contribute to falls
- Strength and balance exercise programmes
- Home visits to identify trip hazards, provide rehabilitation and install safety equipment like hand rails
- Management of osteoporosis.



Source: “Up & About Pathway”, Scottish Government 2014



## Delivery

Health and Social Care Partnerships provide support and care to prevent and manage falls. Most offer a “Home and Person” risk screening process and onward referral to more specialist services, including those provided by voluntary services and not for profit organisations. Generally available to anyone living at home who has had a recent fall, the screening process identifies factors that have contributed to the fall (relating to the environment e.g. poorly lit stairs, and/or to the individual e.g. muscle weakness, dizziness.) Advice and interventions are offered, based on the findings of the screening.

Screening and assessments are provided by integrated community teams, day hospitals, falls prevention services/clinics, community physiotherapists and occupational therapists among others.

Resources such as NHS Inform’s online “Falls Information Zone” and NHS Health Scotland’s “Up and About - Taking positive steps to avoid trips and falls” booklet, help older people and their families find out what they can do to reduce falls, as well sign post to helpful resources and services. This includes evidence-based home exercise programmes and community-based strength and balance exercise classes run by trained instructors.

## Evaluation/Potential

Regular physical activity in older people is known to reduce falls, hip fractures and all-cause mortality. Unfortunately, physical activity levels are low in this age group and interventions tend to demonstrate modest, short-term improvements.

Academic reviews have shown that prescribed falls prevention exercise programmes reduce the rate of falls and can be cost-effective. Particularly effective are group and home-based exercise (OTAGO, FaME and Tai-Chi) programmes, together with home visits and safety interventions.

The ProAct65 multicentre cluster randomised controlled trial established that within “a low falls risk community population, the FaME intervention increased self-reported MVPA (moderate and vigorous physical activity levels) and significantly reduced the rate of falls 12 months after the intervention... Balance confidence was significantly improved in both FaME and OTAGO intervention groups”.

More should now be done by the Government, charities, the NHS and local authorities to increase awareness among older people and their families throughout the country of what can be done to prevent falls and harm from falls.



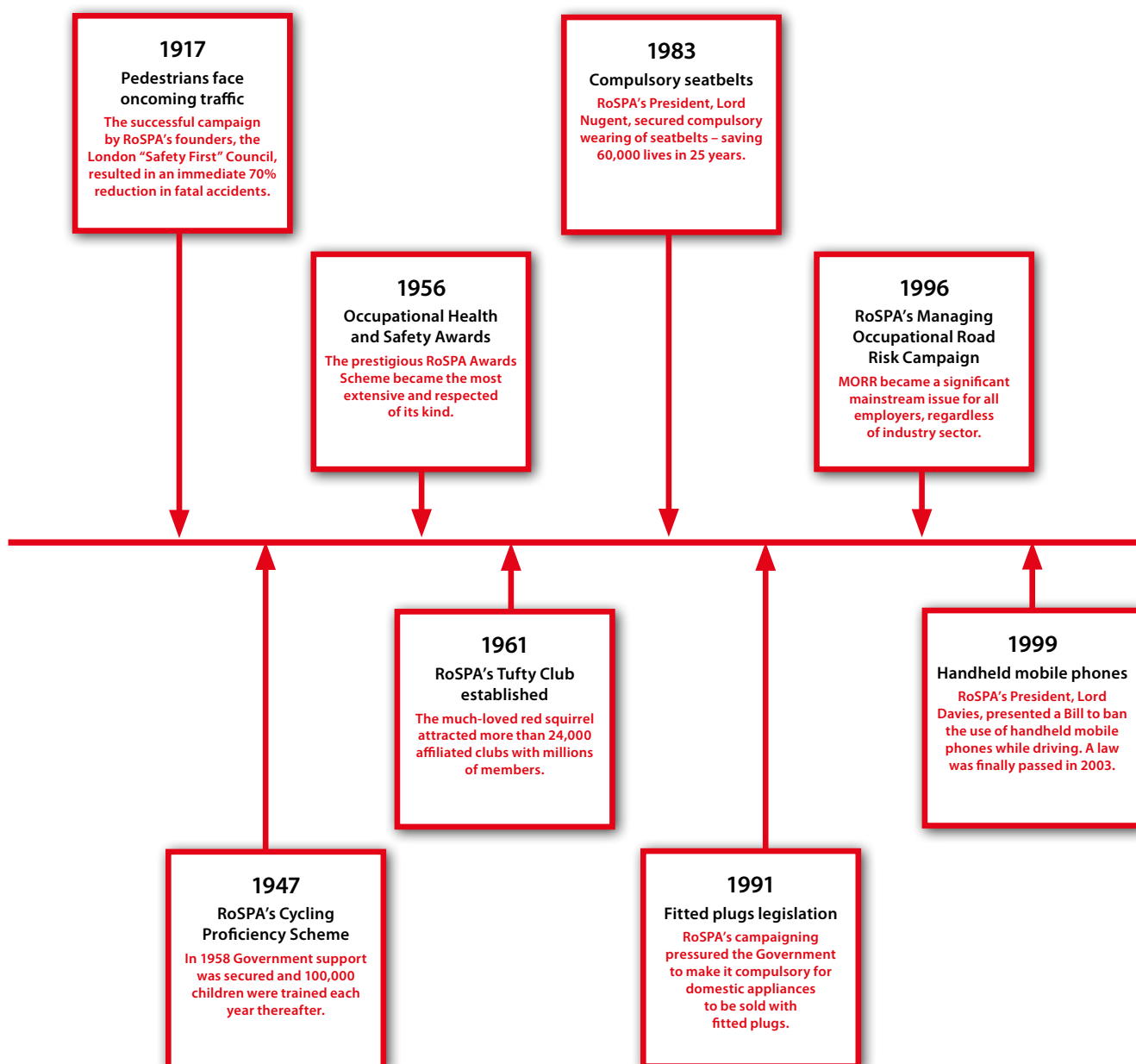
Exercise classes: images supplied by the ProFouND network

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## RoSPA: A century of saving lives

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.

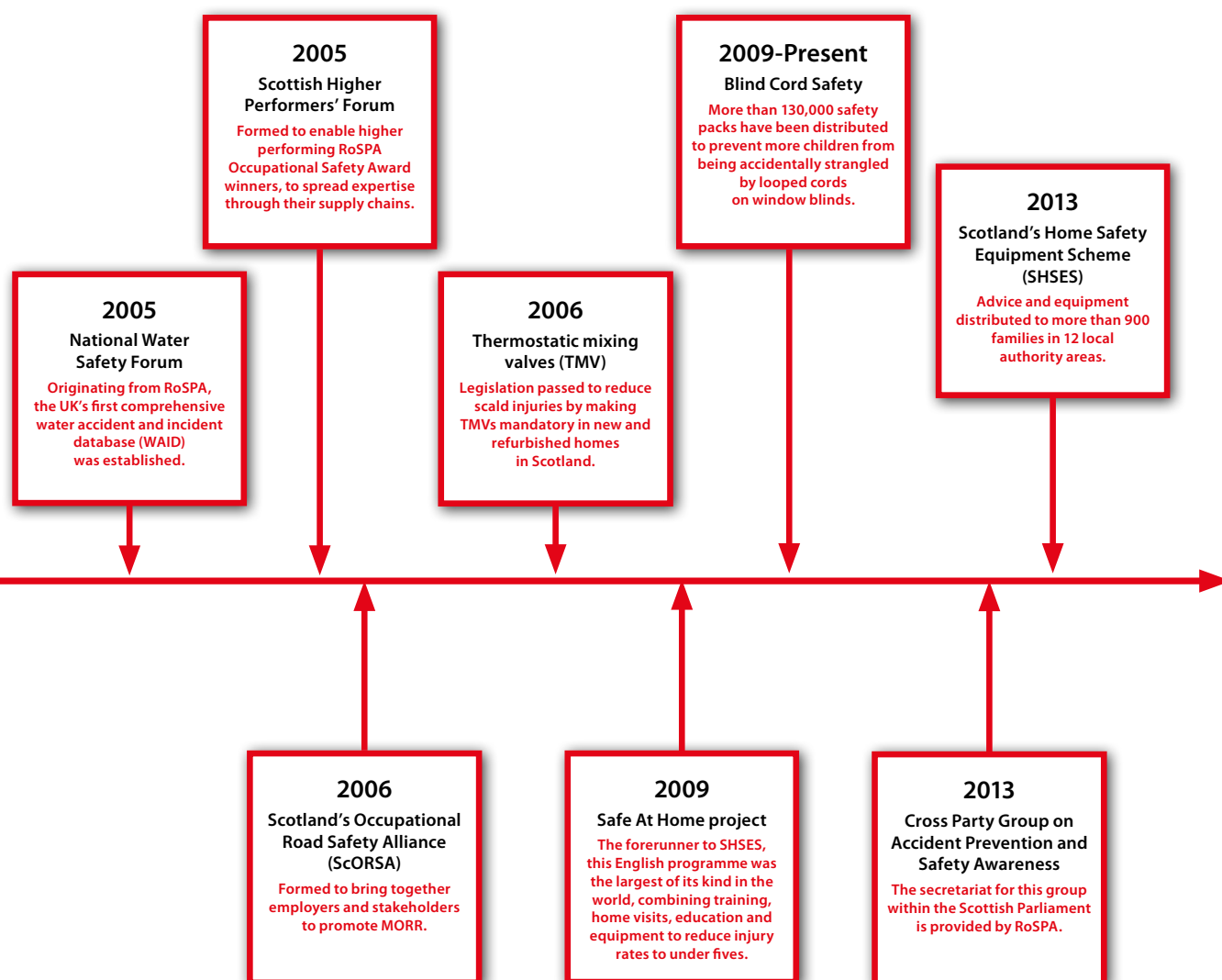


## Mission: To save lives and reduce injuries

RoSPA's mission statement and objectives link clearly to the Scottish Government's National Outcomes for the whole population.

In Scotland, RoSPA has been an active participant in the Road Safety Framework Partnership Group, founded the Scottish Occupational Road Safety Alliance (ScORSA) and provided Scotland's contribution to the European Child Safety Alliance's Report Card.

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





# Frequently asked questions

Question	Answer
How big an issue are accidents?	Accidents are the 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.
How does this compare to other public health issues?	Measured in PrYLL, accidents are the 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.
Why do accidents deserve to be given a high priority?	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 number one priority for public health.
Does accident prevention work?	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.
Is this the “nanny state”?	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.
How do we assess our need and develop appropriate plans?	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.
How will we know if we have been successful?	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.

Question	Answer
<b>What do people think of accident prevention interventions?</b>	<p>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. Parents are avid receivers of our education on keeping young children safe.</p> <p>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.</p>
<b>Is there a deprivation dimension to accident prevention?</b>	<p>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.</p>
<b>How do we rank compared to other countries?</b>	<p>Despite great improvements in road safety, a rising trend in fatal home and leisure accidents has meant a levelling off in the total number of fatal accidents in Scotland (see pages 6 &amp; 7). Other countries such as Canada, the Netherlands, Sweden and Norway have 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 (ECSA) which compares best practice internationally.</p>
<b>Is accident prevention a stand-alone issue?</b>	<p>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.</p>
<b>How well do you work with other stakeholders?</b>	<p>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.</p>
<b>Is there scope for innovation?</b>	<p>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.</p>

# Accident prevention links to Scotland's National Outcomes

Issues/ Priorities	Outputs from RoSPA's case studies	Scotland's National outcomes	Overarching national goal
Home safety for the under fives	<b>Laundry capsules</b> <ol style="list-style-type: none"> <li>16,000 information packs distributed</li> <li>Better awareness and changed behaviour</li> <li>Fewer hospital admissions.</li> </ol>	Our children have the best start in life and are ready to succeed.	<p>We will make Scotland a better place to live and a more prosperous and successful country</p>
Home safety for the under fives	<b>SHSES</b> <ol style="list-style-type: none"> <li>900 families reached</li> <li>Better awareness and changed behaviour</li> <li>Prevention costs £276 per family v £10,600 cost of treatment.</li> </ol>	We have improved the life chances for children, young people and families at risk.	
Water safety	<b>Water Safety Scotland</b> <ol style="list-style-type: none"> <li>Highlighted relatively high drownings rates among Scottish males</li> <li>Established the widespread need for local authorities to develop and implement policies on managing water safety.</li> </ol>	<p>We have improved the life chances for children, young people and families at risk.</p> <p>We live in well-designed sustainable places where we are able to access the amenities and services we need.</p>	
Road safety	<b>MORR/ScORSA</b> <ol style="list-style-type: none"> <li>Promotion of MORR and ScORSA to SMEs</li> <li>Better awareness and changed behaviour among employers and employees</li> <li>Reduction in road traffic accidents among ScORSA members.</li> </ol>	<p>We live our lives safe from crime, disorder and danger.</p> <p>We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others.</p>	
Road safety	<b>SQA Road Safety</b> <ol style="list-style-type: none"> <li>Unique new SQA-accredited qualification</li> <li>Improved knowledge and understanding among road safety professionals.</li> </ol>	Scotland's common goal, as stated in the Scottish Action Plan on health and safety, is <b>"to help reduce preventable fatalities, injuries and work-related ill-health to employees and members of the public arising from work activity"</b> .	
Workplace	<b>Higher Performers' Forum</b> <ol style="list-style-type: none"> <li>Sharing best practice both within and beyond the workplace</li> <li>Development and dissemination of toolkits.</li> </ol>		
Home safety for the over 65s	<b>Falls Prevention</b> <ol style="list-style-type: none"> <li>Increased confidence and activity levels</li> <li>Better balance and fewer falls.</li> </ol>	<p>We live longer, healthier lives.</p> <p>Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.</p>	



## A variety of data sources has been used in preparing this publication, including:

- The General Register Office (GRO) for Scotland - its comprehensive mortality data sets which provided insights into trends in fatal accidents.
- 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 Royal College of Emergency Medicine and the Global Public Health team at Queen Mary, University of London, for insights into the causes of accidental injuries treated in hospital emergency departments (A&E).
- National Health Service (NHS) Scotland and its Information Services Division (ISD Scotland) for emergency hospital admissions and attendances at A&E.
- The Health and Safety Executive for Scotland for workplace injury statistics.
- Transport Scotland and the Scottish Government's Road Safety Framework for road traffic accident statistics and targets.
- The Scottish Government's Purpose and 16 National Outcomes
- The Department for Transport, the Health and Safety Executive and the Transport and Research Laboratory (TRL) for the financial costs of accidents.
- The National Institute for Health and Care Excellence (NICE) for detail relating to accidents involving children and young people.

Full references are available from RoSPA on request. RoSPA is more than happy to provide assistance to those looking for accident-related data.

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**Blog:** <http://safetygonessane.wordpress.com/>

**YouTube:** [www.youtube.com/rospatube](http://www.youtube.com/rospatube)

RoSPA's public health web page: [www.rospa.com/publichealth](http://www.rospa.com/publichealth)

Publication date 2015

## Acknowledgement

We are extremely grateful to the Scottish Government and NHS Scotland for all their help and support in creating Scotland's Big Book of Accident Prevention. RoSPA is proud of this publication because of the way it showcases our collaborative, partnership approach to accident prevention in Scotland.

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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