



# Ontario Injury Prevention Resource Centre

*Helping injury prevention practitioners prevent injury in Ontario*

## Updates on Provincial Injury Initiatives: September 2015

The Ontario Injury Prevention Resource Centre is pleased to provide an overview of provincial injury initiatives as part of our mandate to facilitate communications among practitioners. The update below provides a summary of research, policy, and education initiatives that are taking place across the province, as well as information from provincial work groups.

We recognize this may not be a comprehensive list, so other items for future updates on provincial initiatives are welcome. Please send information on your initiative to Linda Yenssen, [lyenssen@parachutecanada.org](mailto:lyenssen@parachutecanada.org).

For more information about OIPRC services and resources, visit [www.oninjuryresources.ca](http://www.oninjuryresources.ca)

## RESEARCH

### Locally Driven Collaborative Project: Fall Prevention

The Locally Driven Collaborative Project (LDCP) Fall Prevention Team, consisting of eleven public health units and an academic partner, has been working over the past year to examine the practices public health professionals use when working with service providers to develop evidence-informed fall prevention initiatives for community-dwelling older adults.

The key learnings from the research found:

- Public Health professional practices enable community groups to work together on projects of interest;
- Public Health professional practices provide administrative and technical support for community groups to complete projects;
- Processes to ensure that collaborative efforts are planned to have fall-preventing effects in the community were not described.

**For more information and planned next steps, please contact:**

Angela Andrews at Haliburton, Kawartha, Pine Ridge District Health Unit, [aandrews@hkpr.on.ca](mailto:aandrews@hkpr.on.ca)

The *Canadian Journal of Public Health* published a manuscript on the quantitative portion of the LDCP 1 Fall Prevention study. [Click here to view the article.](#)

## Public Health Ontario: Distracted Driving and Youth

Public Health Ontario (PHO) has completed a survey of Ontario youth and young adults (ages 16-24) examining:

- The prevalence of current texting and driving behaviour;
- Reasons or motives for engaging in texting and driving behaviour; and
- Theoretical constructs from the Integrated Model of Behavioural Prediction in relation to youth texting and driving behaviour.

A summary and infographic outlining descriptive survey results will be released within the next few months. Additional analyses are underway regarding the survey data.

**For more information please contact:**

Erin Berenbaum at Public Health Ontario, [erin.berenbaum@oahpp.ca](mailto:erin.berenbaum@oahpp.ca)

## National Building Code: Defining safer handrails in homes and public buildings

During the past code cycle\*, the National Building Code of Canada considered changes to the definition of handrails in Canadian homes and public buildings. For public buildings, the committees approved the removal of wording which described non-circular handrails to have a "graspable" portion. However, a change to the definition of handrails in homes did not follow suit, which may permit the installation of potentially unsafe handrails in homes.

Research conducted by scientists at Toronto Rehab Institute has shown that a round, 1.5 inch handrail is the most effective handrail design, allowing the user to achieve a functional grip. For non-circular handrails, the overall diameter of the handrail (rather than the "graspable" portion) may be more important to determine whether someone can effectively use the handrail to stop themselves from falling when the person is not initially using the handrail and reaches to grasp following a misstep. This ongoing research is being conducted at Toronto Rehab's Challenging Environments Assessment Laboratory and, together with input from the public health and injury prevention community, will be used to advocate for changes to the 2020 version of the building code regarding handrail design parameters. More information to come.

**For more information regarding building standards and fall prevention, or how to get involved please contact:**

Alison Novak at Toronto Rehabilitation Institute, [Alison.novak@uhn.ca](mailto:Alison.novak@uhn.ca)

*\*A code cycle is every 5 years.*

## POLICY

### National Building Code: Home stairways

For the past several years, the National Building Code of Canada has been discussing the issue of step geometry in homes. Research clearly shows a significant decrease in injury with better riser and run dimensions. The issue was finally voted upon by the committees tasked with publishing the code.

**Following a public review process, the upcoming building code (to be published in December 2015) will reflect safer minimum standards for home stairs as a change in step run length was approved (from 210 mm or 8 1/4" to 255 mm or 10").** Home stair dimensions in Canada, however, still do not align with stairs in public buildings and we will continue to work with public health and the injury prevention community to have home stair dimensions

(particularly riser height) modified further to reflect safer minimum standards and prevent falls. We will address this issue during the current code cycle (2015-2020) with hopes that the 2020 version of the building code will address riser height of home stairways and align with dimensions for public buildings.

Thanks to the many of you who participated in the public review process and submitted comments regarding the proposed changes to home step dimensions in Canada's National Building Code. We had an unprecedented response from the health field including two Medical Officers of Health (Ottawa and Hamilton) and many nurses, Occupational Therapists, Physio Therapists and other Allied Health professionals.

#### Here are some highlights:

- **86 comments received from across Canada**
- **81 supported better home step dimensions**
- **71 of the commenters requested the full change to the 7/11 step dimension**
- **68 comments were from Public Health/Allied Health professionals**

You can read all the comments here: [www.stairusabilityandsafety.com/pdf/Fall2014PublicReview.pdf](http://www.stairusabilityandsafety.com/pdf/Fall2014PublicReview.pdf)

#### For more information regarding building standards and fall prevention, or how to get involved please contact:

Alison Novak at Toronto Rehabilitation Institute, [Alison.novak@uhn.ca](mailto:Alison.novak@uhn.ca) or  
Linda Strobl at Hamilton Public Health, [linda.strobl@hamilton.ca](mailto:linda.strobl@hamilton.ca)

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## Bill 31: Making Ontario's Roads Safer

### New rules of the road are here!

Effective Sept. 1, 2015, the province has new rules of the road in place for:

#### Distracted driving:

Safe driving requires focus and concentration. It is against the law to operate hand-held communication and electronic entertainment devices while driving. Some examples of hand-held devices are iPods, cell phones, smart phones, etc.

New measures to discourage drivers from talking and texting while driving include:

- Higher set fines for fully-licensed drivers:
  - \$490 (includes victim surcharge and court fees)
  - Three (3) demerit points upon conviction
- Young and novice drivers (G1, G2, M1, M2) who are convicted of any Graduated Licensing System violation --- that now includes distracted driving --- are subject to:
  - Minimum 30-day licence suspension for a first offence
  - 90-day licence suspension for a second conviction
  - Third or more instance can lead to removal from the GLS program
  - NOTE: novice drivers are not subject to demerit points

#### Cycling:

New measures directed at drivers to better protect cyclists include:

- Higher set fine of \$365 (includes victim fine surcharge and court fees) plus three (3) demerit points for dooring (someone who opens a parked door into the path of a cyclist or other traffic)

- Higher set fine of \$110 (includes victim fine surcharge and court fees) for drivers who fail to keep a one-metre (3 feet) distance when passing cyclists.

Cyclists are required to have:

- Proper lights, reflective materials and reflectors on their bicycles (and that includes e-bikes) and mopeds. The set fine for improper lighting is \$110 (includes victim fine surcharge and court fee).

#### **Tow Trucks with Amber Lights Flashing at Roadside:**

The "slow down move over" law has been extended to tow truck drivers who are stopped on the roadside with their amber lights flashing. Please remember to "slow down and move over" for police, firefighters and ambulance attendants, too, when they have their red or red and blue emergency lights flashing.

- The set fine is \$490 (includes victim fine surcharge and court fees)

**The ministry is planning a phased social marketing/ public education approach to raise awareness and to change attitudes and behaviours, starting this summer through to 2017. Over the coming months, MTO looks forward to your continued participation in raising awareness about these items.**

#### **If you require further information, please contact:**

Linda Jefferson-Kotack, Team Leader, Ministry of Transportation, [linda.Jefferson-Kotack@ontario.ca](mailto:linda.Jefferson-Kotack@ontario.ca)

## **OPHA Alcohol Workgroup**

The Ontario Public Health Association (OPHA) is concerned about the government's recent announcement to significantly expand beer retailing and distribution to 450 grocery stores in Ontario. OPHA along with other key stakeholders have been working to raise awareness about the public health impact of this policy change.

Regulating the physical availability of alcohol is an effective strategy to decrease alcohol consumption and related harms, including injuries from falls, assaults and motor vehicle collisions. OPHA supports the development of a provincial Alcohol Strategy that would bring all government ministries together to ensure health and safety implications are considered when developing new public policy or making changes to existing policies.

#### **For more information check out the OPHA [website](#) or contact:**

Cathy Edwards, Chair, OPHA Alcohol Work Group, [cathy.edwards@kflapublichealth.ca](mailto:cathy.edwards@kflapublichealth.ca).

## **PROVINCIAL GROUPS**

### **Ontario Injury Prevention Practitioners Network (OIPPN)**

OIPPN is looking into concerns expressed by the police that, following a collision, drivers who may have suffered a concussion but feel they are well enough, and their car is driveable, insist on driving themselves home. Police are concerned that they may have suffered a Mild Trauma Brain Injury and may not be safe to drive, but police have no legal means of stopping them from driving until it is determined if they are OK.

OIPPN asked a Masters student at York Region Health Services to research this further and help OIPPN determine the best way to proceed. She has completed a draft report and this will be reviewed by OIPPN.

Dr. Alex Crizzle, Professor at University of Waterloo, has applied for funding to do research on roadside assessments of people with possible concussions. OIPPN wrote a letter of support for this proposal.

Learn more about OIPPN at [www.oninjuryresources.ca/oippn](http://www.oninjuryresources.ca/oippn)

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## Ontario Childhood Injury Prevention Committee (OCIPC)

The Locally Driven Collaborative Project (LDCP) for Child Fall Prevention research was completed by March 2015 and the OCIPC members re-engaged to develop next steps in moving toward a collective impact for reducing childhood injuries.

Our 2015/16 focuses were to conduct an environmental scan of "A Million Messages" projects or similar childhood injury prevention projects from Ontario and beyond. In addition, the development of a logic model and strategic priorities in moving forward was done. A survey was sent to Best Start Resource Centre stakeholders in September to identify learning needs and ascertain if the [www.preventchildinjury.ca](http://www.preventchildinjury.ca) LDCP project resources can be incorporated into daily practice. There has also been discussion around embedding messages into documentation tools that health care professionals use, such as the Rourke Baby Record (RBR), or ISCIS (Integrated Services for Children Information System).

Additional research by Brock University is focusing on evaluation of the e-mail messaging system for parents with support from the Ontario Neurotrauma Foundation. This research is currently in the phase of data collection to measure stability of attitudes/cognitions around childhood injury prevention among parents/caregivers of children aged 0 - 4 years.

**For more information please feel free to contact the co-chairs:**

Linda Yenssen, [lyenssen@parachutecanada.org](mailto:lyenssen@parachutecanada.org)

Helene Gagne, [helene@onf.org](mailto:helene@onf.org)

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## Ontario Concussion Prevention Network (OCPN)

The Ontario Concussion Prevention Network (OCPN) priorities are focused in the area of networking, information sharing and knowledge exchange. Over the past year the membership has expanded to include 31 health units as well as other local, provincial and federal stakeholders interested in concussions.

The focus of OCPN this past year has been to share resources and strategies in preparation for the implementation of the Ministry of Education Concussion Policy/Program Memorandum No. 158 (PPM158) requiring all school boards to have a concussion policy, including communication of this with physicians. Five interested health units worked on the development of 2 Rapid Risk Factor Surveillance System (RRFSS) concussion modules to obtain better local concussion data. We have also been collaborating with Dr. Shelina Babul, BC Injury Research and Prevention Unit and the Ontario Injury Prevention Resource Centre to bring the [Concussion Awareness Training Toolkit \(CATT\)](#) to Ontario.

**For more information contact:**

Silvana Farrace-Perry at York Region Community & Health Services, [Silvana.farrace-perry@york.ca](mailto:Silvana.farrace-perry@york.ca)

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## Low Risk Alcohol Drinking Guidelines and Youth Workgroup

The provincial Low Risk Alcohol Drinking Guideline (LRADG) and Youth workgroup aims to increase awareness and

promote Canada's Low Risk Alcohol Drinking Guidelines with messaging targeting two subgroups of parents/guardians with youth aged 10-14 years and 15-18 years. Workgroup membership consists of 23 health units and Parent Action on Drugs.

**10-14 year old subgroup:**

- an education approach, this subgroup developed an infographic for parents/guardians focused on a strong delaying of alcohol use.

**15-18 year old subgroup:**

- Using a harm reduction approach, this subgroup developed tip sheets focused on expanding Six Parental Strategies to Prevent Underage Drinking (based on work done by Hamilton Health Unit). The Strategies include:
  - General Communication
  - General Discipline
  - Parent-Child Relationship Quality
  - Parental Modelling
  - Parental Monitoring and Provision of Alcohol

Both resources are currently being worked on by the Kingston, Frontenac, and Lennox & Addington communications team and should be ready by this fall.

**For more information contact:**

Amanda Chan, [amanda.chan@york.ca](mailto:amanda.chan@york.ca) or 905-762-1282 ext. 74608

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## Low Risk Alcohol Drinking Guidelines-Public Health Working Group

Canada's Low Risk Alcohol Drinking Guidelines-Public Health Working Group (LRADG-PHWG) was established early in 2013. The working group's main deliverables included coordinating action with Ontario public health units and key provincial organizations on awareness and knowledge exchange strategies to support the adoption and promotion of Canada's LRADG. This work was intended to support the Ontario Public Health Standards and Accountability Agreement Performance Indicator: Percentage of the population (19+) that exceeds the Low Risk Alcohol Guidelines.

The working group was co-chaired by Laura Pisko, Director, Health Promotion Implementation Branch at the Ministry of Health and Long-term Care and Dr. Hazel Lynn, Medical Officer of Health of the Grey Bruce Health Unit. Beyond its leadership, the working group has active participation from 15 public health units, the Association of Local Public Health Agencies, The Centre for Addiction and Mental Health Promotion Resource Centre (CAMH HPRC), Ontario Public Health Association, Liquor Control Board of Ontario, Public Health Ontario, Ministry of Finance and the Ministry of Health and Long-Term Care.

In summer 2015, it was felt the working group had accomplished objectives originally established and the group formally concluded, but not before accomplishing the following over the 2014-15 year:

- Completion of a Municipal Alcohol Policy (MAP) scan assessing the prevalence of MAP's throughout the province
- Sharing of South West Region's public awareness campaign
- *Rethink Your Drinking*, based on the LRADG
- Leveraging the working group's input to promote CAMH's *Saying When app*, embedding the LRADG
- Convening various stakeholder meetings to improve awareness and understanding of planned initiatives

related to LRADGs

Through ongoing collaboration provincially and locally, public health units and their stakeholders can continue to promote moderate and responsible alcohol consumption to minimize the health risks to Ontarians.

**For more information on the working group, please contact:**

Jason LeMar at Public Health Ontario, [Jason.Lemar@oahpp.ca](mailto:Jason.Lemar@oahpp.ca)

**To order LRADG pamphlets through the LCBO, please contact:**

Inna Pesina, [inna.pesina@lcbo.com](mailto:inna.pesina@lcbo.com)

To get updates from the Health Promotion Capacity Building Team at Public Health Ontario, please subscribe to the e-blast newsletter by emailing: [hpcb@oahpp.ca](mailto:hpcb@oahpp.ca)

## EDUCATION & TRAINING

### Increasing Driver Awareness of Safely Sharing the Road with Cyclists

Since 2011, the Ontario Public Health Association has advocated for changes to improve content on how motorists can share the road with cyclists in the Official Ministry of Transportation of Ontario Driver's Handbook and the Beginner Driver Education Curriculum. In 2013, the Ministry of Transportation made significant changes to the Driver's Handbook but have yet to address driver training. However, the Ministry has also shown tremendous leadership in their support for safer cycling through the [#CycleON: Ontario's Cycling Strategy](#), the supporting [Plan 1.0](#) document, recent infrastructure and cycling training funding and passing Bill 31. OPHA will continue to be available to the Ministry to provide policy advice on active transportation and the built environment.

**For more information visit OPHA's [Built Environment](#) page or contact:**

Jackie Gervais, [jackie.gervais@niagararegion.ca](mailto:jackie.gervais@niagararegion.ca) or 905-688-8248 ext. 7332

### OPHA Public Health and Planning 101 Project: An Education Module for Public Health Unit and Planning Professionals

In Jan/Feb 2015, the Public Health and Planning 101 online education module was pilot tested with five Public Health Units (York Region Public Health, Sudbury District Health Unit, Brant County Health Unit, Grey-Bruce Health Unit and Simcoe-Muskoka District Health Unit) as well as five Planners from the Ontario Professional Planner Institute's (OPPI), *The Planning Issues Strategy Group*.

Public Health Unit Professionals and OPPI Planning Professionals provided positive results, such as, the modules helped to increase knowledge between professions, would recommend to colleagues, good overview for new staff and liked the different forms of learning. Feedback also indicated that improvements with functionality and the quiz was needed.

Currently, work is being done with the Ontario Public Health Association and a consultant to make the revisions to the education module. We have decided to go with a new web platform to address some functionality and navigation issues as a result of the pilot feedback. We plan for this work to be completed by the end of August. Upon finalization, we will conduct a follow-up focus test of the education module with a couple public health and planning professionals in September to ensure it meets the needs of our target audience. We will then plan for the launch of the education module for some time later in the fall.

**For more information please contact:**

Kevin Haley at Community and Health Services Department of York, [Kevin.haley@york.ca](mailto:Kevin.haley@york.ca)

**Access the education module presentation slides from The Ontario Public Health Convention (March 27, 2015):**

[http://www.tophc.ca/Documents/TOPHC%202015/2015%20Presentations%20and%20Posters/Session%2057d%20-%20Public%20health%20and%20planning%20101\\_Online%20education%20module.pdf](http://www.tophc.ca/Documents/TOPHC%202015/2015%20Presentations%20and%20Posters/Session%2057d%20-%20Public%20health%20and%20planning%20101_Online%20education%20module.pdf)

## Fundamentals for Injury Prevention Practitioners

### Free online learning modules for injury prevention staff and students

The Ontario Injury Prevention Resource Centre (OIPRC)'s *Fundamentals for Injury Prevention Practitioners (FIPP)* learning modules were developed in 2014-2015. Working with 6 organizations from public health, healthcare, and injury prevention, initial implementation with user testing began in March 2015. In the user-provided feedback, the module format, content, and ease of use received high satisfaction ratings. All survey respondents agreed they learned something new and that they would recommend the modules to another practitioner. The modules are currently being revised and updated based on this testing.

The modules are intended to help organizations with injury prevention mandates provide basic orientation to the field for their staff and students. Each module is accompanied by related resources for further learning.

Learn more at [www.oninjuryresources.ca/fundamentals](http://www.oninjuryresources.ca/fundamentals)

The modules are seen as a complement to the [Canadian Injury Prevention Curriculum](#), which the OIPRC offers across the province.

**For more information about the FIPP modules, please contact:**

Stephanie Cowle at the Ontario Injury Prevention Resource Centre, [scowle@parachutecanada.org](mailto:scowle@parachutecanada.org)

**For information about the Canadian Injury Prevention Curriculum, please contact:**

Stefanie Menezes at the Ontario Injury Prevention Resource Centre, [smenezes@parachutecanada.org](mailto:smenezes@parachutecanada.org)

## Communication Tools for Practitioners

The OIPRC offers a number of tools to enhance communication among injury prevention practitioners in the province including:

**IP Chat** - an email listserv allowing for discussions among those working in the field of injury prevention.

To sign up, send an email to [ipchat-subscribe@oiprc.parachutecanada.org](mailto:ipchat-subscribe@oiprc.parachutecanada.org).

To send a message to the group, simply email [ipchat@oiprc.parachutecanada.org](mailto:ipchat@oiprc.parachutecanada.org) (must be a list member)

**Ontario Injury Compass** - a quarterly snapshot of data and prevention strategies on timely injury topics.

View all past issues: [www.oninjuryresources.ca/compass](http://www.oninjuryresources.ca/compass)

To sign up for automatic alerts, send an email to [compass-subscribe@oiprc.parachutecanada.org](mailto:compass-subscribe@oiprc.parachutecanada.org).

**Microsites** - Injury Prevention working groups in Ontario can set up microsites through the OIPRC.

Learn more at [www.oninjuryresources.ca/services/item/820](http://www.oninjuryresources.ca/services/item/820).



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