

**Washington State Department of Health
Office of Community Health Systems
Injury & Violence Prevention Program**



**Emergency Medical Services & Trauma Care Steering Committee
Strategic Plan 2007-2012**

**Injury & Violence Prevention Media Outreach & Communications
September 2009
Speaking Points Updated: June 2011**

These speaking points are to be used with media outlets in your area, for newsletters, for educating your regional council and committees, and other entities. You can respond to a cold call about an injury incident or contact media about a seasonal injury issue, e.g., drowning in summer, child pedestrian crashes when school lets out, fire and burns in winter, etc. Having this credible information helps build a positive relationship with media so they will turn to you when they have questions. There are places (underlined areas) to add the Regional Council name and contact information, and the latest local or regional data.

Data sources: Washington State Department of Health, Center for Health Statistics, Comprehensive Hospital Abstract Reporting System (CHARS - 2009 release)

Population source: Washington State Office of Financial Management with DSHS/DOH Adjustments

For questions and/or additional information contact the injury data manager at 360-236-2867 or injury.data@doh.wa.gov

- ◆ Bicycle, pages 3-4
- ◆ Child Passenger Safety, pages 5-6
- ◆ Drowning Prevention, pages 7-8
- ◆ Falls (Child & Senior), pages 9-10
- ◆ Fire & Burns, pages 11-12
- ◆ Firearm-related Injury, pages 13-14
- ◆ General Information, pages 15-16
- ◆ Motorcycle Crashes, pages 17-18
- ◆ Motor Vehicle Occupants, pages 19-20
- ◆ Pedestrian, pages 21-22
- ◆ Poisoning & Drug Overdose (unintentional), pages 23-26
- ◆ Suffocation & Choking (Obstruction), pages 27-28
- ◆ Suicide, pages 29-30
- ◆ Traumatic Brain Injury (TBI), pages 31-32
- ◆ Young Drivers, pages 33-34

Speaking Points: Bicycle Crashes & Prevention

Last year, XXX County or Region lost XXX people to bicycle crash deaths. Another XXX were hospitalized for bicycle crash-related injuries. If we work together, we can help prevent future bicycle-related tragedies. Feel free to use these talking points, and add others for your area, as you discuss bicycle crash prevention with the media and in your community. If you have more questions about this issue, please contact: Regional Council; Name & Phone and Email of XXX; fire, EMS, or police; another local expert; or Washington State Department of Health at 360-236-2862.

On behalf of Your Organization or Coalition and the Washington State Department of Health, thank you for helping prevent bicycle-related deaths and injuries.

Key messages

- Bicycle-related deaths and injuries are an important public health and safety issue. Crashes between bicycles and motor vehicles account for 90% of all bicycle-related deaths and 10% of all nonfatal bicycle-related injuries.
- Deaths and injuries also occur when bicyclists hit fixed objects or animals, lose balance and fall over, click wheels with another bicycle, or are going too fast to stop or turn safely.
- To save fuel and not drive, more people are bicycling for work, school, and errands.
- Most bicycle crashes occur in July, August, and September.
- In the U.S., direct costs of cyclists' injuries due to **not** wearing helmets are estimated at \$81 million each year.
- For every dollar spent on bicycle helmets, \$30.00 is saved in direct medical costs.
- **It is estimated that 75% of bicycle-related deaths among children can be prevented with a bicycle helmet.**

The best ways to prevent bicycle-related deaths and injuries

- Buy a helmet that meets the safety standards of the American National Standards Institute (ANSI) or the Snell Memorial Foundation.
- Correctly wear the helmet every time you ride – helmets reduce the risk of head injury by 85% and of traumatic brain injury by 88%.
- By using a helmet every time you ride, you are as prepared as possible for what happens.
- **Always do these things to ensure a proper fit:**
 - Follow all directions given with the helmet.
 - Follow the manufacturer's instructions for fitting.
 - Tighten the chinstrap to keep the helmet from slipping forward or backward.
 - Only two fingers should fit under the chinstrap.
 - Put helmet directly over the forehead & keep it level on top of the head.

- **Become a skilled rider** – Learn to safely operate the bicycle and practice riding in a variety of places and situations: riding in traffic, at intersections, railroad crossings, on gravel, at night, in foul weather, and how to carry things on the bike.
- **Know the traffic laws and how to share the road** – Both bicyclists and vehicle drivers have legal rights and responsibilities on the roadways. Follow the laws to reduce the risk of crashing. Bicycle-related deaths and injuries can be prevented if both vehicle drivers and bicyclists know and obey traffic laws, respect each other’s right to use the roads, and share the road as safely as possible.
- **Always avoid alcohol and other drugs** when bicycling. They can make people take risks they would not normally take, slows reaction times and thought processes, and limits ability to avoid crashes.
- **Teach children** to ride correctly and always wear a correctly fitted helmet.
- **Adults are always role models**; they need to wear helmets, and ride legally and safely. A brain injured adult is just as devastating as a brain injured child.

Quick stats

XXX County or Region

- ◆ In (2009, or 2005-2009, or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that bicycle crashes killed XX X people in County or Region. Another XXX were hospitalized for the bicycle-related injuries. You can put in ages or other specifics here.

Washington State

- According to the Washington State Department of Health, there were 78 bicycle-related deaths in Washington from 2005 through 2009. Forty-four of these were bicycle vs. motor vehicle; the rest (34) were bicycle vs. something else or a fall over. Another 2,941 were hospitalized for bicycle-related injuries.
- Remember, as fuel prices increase more people will be bicycling to get to school, work, do errands, and for recreation. We want them to get where they need to go and back home without dying, being disabled, or being injured.

Speaking Points: Child Passenger Safety

Last year XXX County or Region lost XXX children age 0-9 to motor vehicle crashes. Another XXX were hospitalized for crash-related injuries. If we work together we can help prevent future tragedies among children riding in vehicles. Feel free to use these talking points, and add others about your area, as you discuss child passenger safety with the media and others in your community. If you have questions about the issue, contact Regional Council; Name, Phone & Email of local passenger safety team; Safe Kids coordinator; Target Zero Manager, Washington Safety Restraint Coalition: www.buckleup.org or 1-800-buckleup; or the Washington Traffic Safety Commission: www.wtsc.wa.gov, 360-753-6197.

On behalf of your organization, region or coalition and the Washington State Department of Health thank you for your work in preventing child deaths and injuries in our state.

Key Messages

- ◆ Motor vehicle safety is an important public health and community safety issue.
- ◆ State Patrol, Department of Transportation and other traffic experts estimate 85% of traffic crashes are caused by human error – not roads, weather, or vehicle issues.
- ◆ Even if you are a careful, safe, and legal driver, other drivers may not be as good.
- ◆ The risk of motor vehicle-related deaths and injuries among children can decrease.
- ◆ To reduce risks:
 - Children up to their 8th birthday or who are 4’9” tall (whichever comes first) must ride in a restraint system right for their age and size.
 - On every trip, correctly restrain children in a child safety seat, booster seat, or lap-shoulder belt proper for their height and weight.
 - For specific information on restraints for different size and age children, call or Email the Safety Restraint Coalition – listed above.
 - People in vehicles with lap-only belts are exempt from using a booster seat for children 40 pounds or more. A booster seat must be used with a lap-shoulder belt.
 - Use restraint systems correctly – according to both the safety seat and vehicle manufacturers’ instructions.
 - It is safer to ride in the back seat. When practical, children under age 13 must ride in the back.
 - Never put a child safety seat in the front passenger seat if there is a working airbag in the dashboard.
 - Never buckle two children into one seat belt. In a crash they will collide violently with each other and cause serious injury or death.
 - Never hold a child on an adult lap, even if the seat belt is across both people. In a crash the child will be crushed under the weight of the adult.
 - When in a lap-shoulder belt, a child must not put the shoulder belt behind the back or under the arm. This does not protect in a crash and can cause internal injuries. Many shoulder belts adjust up and down – adjust to make it comfortable.

- A child safety seat costing about \$52.00 can save at least \$2,200 by preventing injuries. (Children’s Safety Network – Injury Prevention: What Works? A Summary of Cost-Outcome Analysis for Injury Prevention Programs (2010 update)).
- ◆ When unsure about how to use a child restraint system, contact one of the resources above for local child safety seat check clinics and other information. There are child safety seat check clinics in many communities in Washington State.

Quick Stats

XXX County or Region

In (2009, 2005-2009, or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that motor vehicle crashes killed XX X children in County or Region. Another XXX were hospitalized for the motor vehicle crash-related injuries. You can put in ages or other specifics here.

Washington State

From 2005 – 2009 there were 47 (an average of almost 10 each year) motor vehicle crash deaths to children age 0 through 9 years. Another 293 (an average of 58.6 each year) were hospitalized for crash injuries. Some of these injuries were life changing, such as brain or spinal cord injury.

Speaking Points: Drowning Prevention

Last year XXX County or Region or EMS Response area had XXX drownings. Most of these were in open water: rivers, lakes, ponds, and salt water. Please use these talking points, and add more about your area, as you talk about drowning prevention with the media and others in your community. If we work together we can help prevent future drowning-related tragedies. If you have questions about this issue, contact Name, Phone & Email of county sheriff marine patrol, and the Washington State Drowning Prevention Coalition at 206-987-5718, or Washington State Department of Health at 360-236-2862.

On behalf of the Washington State Department of Health and the Washington Drowning Prevention Coalition, thank you for your work in preventing drowning deaths and injuries in our communities.

Key Messages

- ◆ Drowning is an important public health and community safety issue.
- ◆ Drowning is the second leading cause of unintentional injury death for children ages 17 and under.
- ◆ Another vulnerable population is men age 44-64.
- ◆ About 85% of drownings in Washington State happen in open water: rivers, lakes, ponds, and salt water.
- ◆ People are less likely to drown in lifeguarded pools or open water beaches.
- ◆ People need to know how to protect themselves from drowning while boating, swimming, various kinds of water recreation, wading, waterfowl hunting, and fishing.
- ◆ When on or around open water it is good to expect and plan for the unexpected.
- ◆ Parents are powerful role models. Observational surveys show that when parents wear life jackets in boats, children are more likely to wear a life jacket.
- ◆ Drowning is very preventable.

The best ways to reduce your risk of drowning are:

- ◆ Know the water – Washington waters are cold enough to cause hypothermia even on hot summer days. Hypothermia happens quickly, is disorienting, and can weaken the strongest swimmers.
- ◆ Know your limits – drownings often occur when a person gets tired while swimming, water skiing, or during other water recreation.
- ◆ Wear a life jacket – when swimming anywhere without lifeguards, and whenever you boat, Jet Ski, water ski, fish, or during other water sports.
- ◆ By law, children under 13 years of age must wear a correctly-fitted U.S. Coast guard-approved life jacket on all vessels 19 feet or shorter.
- ◆ Stay out of lakes and rivers in the spring, even on hot days. Lake beaches do not have yet lifeguards; because of snow melt, rivers are colder, swifter, and more dangerous than in July and August.
- ◆ If you want to swim in the spring, swim in a pool where lifeguards are on duty.

- ◆ River raft only with a professional company and always wear a life jacket. Wear a helmet when on white water.
- ◆ Always avoid alcohol when swimming, boating, or during other water recreation.
- ◆ Keep children within arms' reach when near any type of water. Give them "active supervision" – always watching and not being distracted by reading, talking on the phone, talking with others, or drinking alcohol.
- ◆ Know where rescue equipment is and how to use it. Have a cell phone available and or know where there is a nearby land line.
- ◆ The National Safety Council says one drowning can cost up to 3 million in total costs.

Quick Stats

XXX County or Region data

- ◆ In (2009, or 2005-2009, or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that drowning killed XX people in County or Region. Another XXX were hospitalized for the drowning-related injuries. You can put in ages or other specifics here.

Washington State

In Washington State from 2005 – 2009, 514 people drowned, an average of almost 103 each year. Most were between ages 20-29, or 1-4, or 45-64. Another 213 were hospitalized after nearly drowning. Because a near drowning can cause brain damage due to lack of oxygen while under water, some survivors have lifelong disability.

Speaking Points: Falls Prevention

Last year XXX County or Region or EMS Response area had XXX calls for falls (can break out senior falls and child falls if want to). Falls are the leading cause of injury hospitalization in Washington State for people of all ages. Most falls among seniors are from ground level, while for children and younger adults it can be falls from stairs, playground structures, changing tables, out of windows, or recreation-related. Feel free to use these talking points, and add about your area, as you talk about senior or child fall prevention with the media and others in your community. If we work together we can help prevent future fall-related tragedies. If you have questions about the issue, call Name, Phone & Email of senior fall coalition coordinator, local or regional Area Agency on Agency, or the Department of Health Falls Prevention Program at 360-236-2860. For child fall prevention, call your local Safe Kids Coordinator or Washington Department of Health at 360-236-2861.

On behalf of the Washington State Department of Health Senior Falls Prevention Program, and Safe Kids Washington, thank you for your work in preventing fall injuries in our communities.

Key Messages

- ◆ Fall-related deaths and injuries are an important public health and safety issue.
- ◆ Fall-related injuries and death happen throughout the age span, and increase sharply with advancing age. Hip fractures and traumatic brain injuries are serious outcomes from falling.
- ◆ Falls among people of all ages are preventable.

- ◆ Fall prevention among children. While there are few evidence-based prevention strategies, there are some promising strategies:
 - Supervise infants and toddlers when on changing tables or other furniture.
 - Use a stationary play centers rather than baby walkers on wheels.
 - Use secure safety gates at the top and bottom of stairs.
 - Install window guards that meet federal safety standards for emergency exiting. Windows should open no more than four inches to prevent children falling out.
 - Move beds, chairs, and other furniture away from windows.
 - Consistently secure children using straps on changing tables, strollers, grocery carts, high chairs, and other equipment.
 - Assure that playground equipment is in good condition and playground surfaces are shock absorbent. Go to The Consumer Product Safety Commission, www.cpsc.gov or Safe Kids Worldwide, www.safekids.org for playground safety information.

- ◆ Fall prevention among seniors:
 - Falling is not an inevitable part of aging.
 - Exercise that promotes strength and balance helps prevent falls.
- ◆ For older adults in the community, the risk of falling is 3-4 times higher for those with muscle weakness or gait and balance problems. These people need more exercise from a person trained to work with the specific exercise needs of seniors.

- ◆ Risk factors for fall can be reduced:
 - Exercise and or physical therapy to improve muscle strength, gait, and balance.
 - Have eyes checked by an eye doctor at least once a year. Vision problems can improve with the right glasses and good lighting in and around the home.
 - Know, understand, and monitor medications. Have their pharmacist review all prescriptions, over-the counter medications, and supplements to reduce side effects and negative interactions.
 - Hazards in the house can be reduced: put cords out of the way, secure loose rugs, fix loose handrails, improve lighting, and install shower and tub grab bars, as well as bars by the toilet. Consider a toilet seat riser.
 - Pets contribute to many falls each year – know where your pet is and prevent tripping over them.
 - Wear well-fitting, non-slip soled shoes securely on the feet.
 - Install and use handrails and other assistive devices in bathrooms.

- ◆ Carry a portable or cell phone with you when you are alone. If you do fall and cannot get up, call 9-1-1 as soon as possible.

Quick Stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that falls killed XXX people in County or Region. Another XXX were hospitalized for fall-related injuries. You can put in ages or other specifics here.

Washington State

From 2005 – 2009, there were 99,703 hospitalizations for falls. Of these 75,233 (75.45%) were among people 55 and older. Also during this time, there were 3,452 fall related deaths; 3,145 (91%) of these were people 55 and older. Even though falls happen at all ages, the risks and negative outcomes, such as traumatic brain injury, nursing home placement, or other long term care needs increase as people get older.

NOTE: One reason traumatic brain injury (TBI) has increased among older adults who fall is use of blood-thinning drugs such as Coumadin and Plavix. For people on this kind of drug, even a minor head bump can cause bleeding in the brain, leading to pressure and brain damage.

Speaking Points: Fires & Burns

From 2005-2009 in Washington State, fires and burns killed 215 people (an average of 43 each year) and another 3,535 were hospitalized for fire and burn injuries (average of 707 each year). The most vulnerable people are the very young (under age 9) and adults 45 and older. Cooking fires are the leading cause of house fires; smoking is the leading cause of house fire deaths. A Washington State law passed in 2009 bans the sale of novelty lighters. This should help reduce the number of unintentional fires caused by children playing with these fun-looking lighters.

Last year, XXX County or XXX Region or XXX EMS response district had XXX calls for fires and burns. If we work together, we can help prevent future fire and burn tragedies. Please feel free to use the talking points here as you interact with the media and your community about preventing these incidents. If you have more questions about this issue, please contact your local fire prevention educator or fire marshal, local Safe Kids Coordinator, Safe Kids Washington: 360-236-2861 or Safe Kids Worldwide: www.safekids.org.

On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing fire and burn-related deaths and injuries in our communities.

Key messages

- ◆ Prevention of fires and resulting burns are important public health and safety issues.
- ◆ These injuries are preventable and families can reduce their risk:
 - Smoke alarms are a proven, effective, and inexpensive way to alert people to a house fire and give them time to escape. Alarms need to be maintained with fresh batteries at least twice a year.
 - People should have an escape plan and practice it. They also need a meeting place outside the house.
 - Children tend to hide during a fire, especially if they have been playing with lighters or matches. They need to be taught to get out of the house and not go back inside.
 - People need to attend their cooking at all times to avoid kitchen fires. If you have to leave the kitchen, turn off the stove or oven until you return.
 - Do not wear loose fitting sleeves when cooking – they can easily catch on fire. Remember, fabrics are fire **resistant** - **not fire proof**.
 - People need to be sure all smoking material is totally extinguished. It is best to smoke outside away from things that can burn.
 - Put out candles when you are done. Keep them away from things that can burn.
 - Maintain heaters, furnaces, and other appliances for best efficiency and fire prevention. Do not have things too close to heat sources, such as furniture, curtains, stuffed animals, and bedding that can smolder, catch fire, and burn. Heat sources include: wood stoves, electric or other space heaters, electric blankets, heating pads, and light bulbs.
 - Have a working fire extinguisher in the kitchen and other parts of the house or garage where fires could start. Know how to use it.

- When using an extension cord, be sure it is strong enough to run the electrical current needed and will not over heat. Do not put heavy things, such as furniture, on cords that will crimp wires and cause fire.
- Set water heaters at no more than 120 degree to prevent scald injuries.
- Be very careful with hot or boiling liquids around small children. Children can knock over hot cups of liquid, be splashed by hot liquids, grab pots off the stove if handle is pointing out, and pull on a tablecloth which tips over items on the table.

Quick stats

XXX COUNTY or Region

- ◆ In 2005 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that smoke inhalation and burns from fires killed XXX people in County or Region. Another XXX were hospitalized for the fire-related injuries. You can put in ages or other specifics here.

Washington State

- According to the Washington State Department of Health, there were 215 fire-related deaths in Washington from 2005 through 2009. Another 3,535 were hospitalized for fire-related injuries, such as burns and smoke inhalation.
- This included: 26 children age 0-14; 19 teens and youth age 15-29; 24 adults age 30-44; and 146 adults and seniors over age 45.

Speaking Points: Firearm-related Injury

From 2005-2009 in Washington State, unintentional firearm incidents killed 33 people, firearms used in suicides killed 2,102 people; and homicide by firearm killed 628 people. Those hospitalized for firearm injuries were: 449 people from unintentional firearm incidents, 169 from suicide attempts, and 865 from assault with a firearm. Firearms are the most common and lethal means of suicide and homicide. Homicide is both a public health and criminal justice issue.

Last year, XXX County or XXX Region or XXX EMS response district had XXX calls for firearm incidents. If we work together, we can help prevent future firearm tragedies. Feel free to use the talking points here as you interact with the media and your community about preventing these incidents.

For information about preventing unintentional firearm injury among children, contact Safe Kids Worldwide: www.safekids.org; Lok-It-Up campaign for safe storage of firearms: www.lokitup.org; ASK (Asking Saves Kids) Campaign: www.paxusa.org/ask/. For information about suicide prevention, contact the Washington State Youth Suicide Prevention Program (YSPP) www.yspp.org. On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing firearm deaths and injuries in our communities.

Key messages

- ◆ Prevention of firearm injuries is an important public health and community safety issue.
- ◆ These injuries are preventable and families can reduce their risk:
 - Store firearms safely in the home. This means: secure firearms with trigger locks or in a gun safe when not in use, and store bullets in a separate, locked place from the firearms.
 - Remove firearms from the home of a depressed or suicidal person.
 - Teach children to find a responsible adult if they find a firearm.
 - Parents need to ask other parents if they have firearms in their home and how they are stored before their child goes to play in that home. If there is doubt about the safety of someone's home, the first parents should invite the children to play at their home instead.
- ◆ Remember this is talking about improving firearm safety to reduce deaths and injuries, especially among children. This is not talking about firearm or gun control.

Quick stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that firearm injuries killed XXX people in County or Region. Another XXX were hospitalized for firearm-related injuries. You can put in ages or other specifics here.

Washington State

- ◆ According to the Washington State Department of Health, there were 33 unintentional firearm-related deaths in Washington from 2005 through 2009. Firearms were used in 2,102 suicides and 628 homicides.

- ◆ Also, during this time period, firearm-related hospitalizations added up to:
 - **449** unintentional; **169** suicide attempts; and, **865** assaults with a firearm.

- ◆ One reason there are so few hospitalizations for firearm-related suicide attempts is that firearms are the most lethal means of suicide – most suicidal people die if they use a firearm.

Speaking Points – General Information on Injury Issues

- ◆ What we want the public to know:
 - ◆ Unintentional injuries are the leading cause of death for Washingtonians and Americans age 1 to 44.
 - ◆ Injuries also cause serious, lifelong disabilities such as: spinal cord injury leading to paraplegia or quadriplegia, traumatic brain injury leading to coma or having to relearn all functions of living, disfiguring burns, amputation of arms or legs, and others.
 - ◆ Injuries are not accidents – most injuries are **predictable** and, therefore, **preventable**.
 - ◆ People need to do more than just know about injury. People need to take action to protect themselves and families, and reduce their risk so they can keep doing what they love in life and reach their full potential.
 - ◆ Protection and risk reduction is a combination of many thoughts and actions, including:
 - Being aware of probable outcomes or consequences from risky behavior.
 - Being responsible for oneself and one's actions.
 - Assessing situations for their risk and answering – is it worth the risk?
 - Safe behavior.
 - Obeying laws in place to reduce risk, i.e. speed limits, use of seat belts, child restraints, and motorcycle helmets, and boating safety education.
 - ◆ Correctly using the risk reducing tools and equipment such as:
 - Seat belts.
 - Child safety and or booster seats.
 - Life jackets.
 - Helmets for horseback riding, snow and water skiing, bicycle riding, motorcycle riding, sledding, skateboarding, scooter riding, and other high speed activities where the human body is not well protected.
 - Smoke alarms.
 - Carbon monoxide alarms.
 - Alcohol and drug treatment services, including Alcoholics Anonymous.
 - Anger management classes.
 - Parenting classes.
 - Gun safes, lock boxes, or trigger locks for safer storage of firearms.
 - Education classes and certification to learn how to use: motor boats (through Washington State Parks and Recreation); firearms (through Washington State Department of Fish and Wildlife); motorcycles (through Washington State Department of Licensing); chainsaws, snowmobiles, all-terrain vehicles, and jet skis (through manufacturers), and other equipment or recreation products.

- ◆ Injuries are expensive. According to federal agencies, for injuries that happened in 2000, the total costs will ultimately be:
 - Over \$80 billion in medical care costs.
 - One billion for fatal injuries.
 - \$33.7 billion for hospitalized injuries.
 - \$45.4 billion for non-hospitalized injuries.
 - There is also an estimated \$326 billion in lost productivity – when people can't work, lose their wages and benefits, cannot do household activities, and others may need to leave jobs to care for the injured person.

- ◆ Please, for the sake of you, your family, and friends: slow down, think ahead, be smart, stay alive, and reduce your risk for all types of injuries. Live to your full potential.

Speaking Points: Motorcycle Crashes

Last year, XXX County or Region had XXX motorcycle crash (MCC) deaths and XXX hospitalizations for injury due to MCCs. Since most of these are due to human behavior, they can be prevented; if we work together we can help prevent future crash tragedies. Please feel free to use these talking points as you discuss motorcycle safety and crash prevention with the media and in your community. If you have more questions about this issue, please contact: Name & Phone and Email of traffic safety task force coordinator, Washington Traffic Safety Commission at 360-753-6197-www.wtsc.wa.gov, or the American Automobile Association (AAA) Foundation www.aaafoundation.org.

On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing motorcycle crash deaths and injuries in our communities.

Key messages

- ◆ Because the number of motorcycle riders is increasing, prevention of crashes is an important public health and community safety issue.
- ◆ Nationally, the rate of fatal motorcycle crashes is 35 per 100 million vehicle miles traveled (VMT) compared to a rate of two (2) per VMT for passenger vehicle.
- ◆ The main causes for motorcycle fatalities are: lane change errors, failure to yield, excess speed, rider under the influence of alcohol and or other drugs, inattention of both motorcycle riders and vehicle drivers, and right of way violations.
- ◆ Since most MCCs are caused by human errors they are preventable. About 72% of crashes are caused by motorcycle driver error.
- ◆ The age group at most risk is: 45-54 years old, followed by 20-24 years old. The vast majority are males in single vehicles crashes when the motorcycle leaves the road.
- ◆ Risk factors for MCCs can be reduced:
 - Take and complete a motorcycle safety education class and get your endorsement to ride the size motorcycle you plan to ride.
 - Once endorsed, practice for a while in safer areas rather than on busy roads. Some people are endorsed on smaller cycles, and then ride a bigger one they can't handle. This leads to crashes and injuries.
 - Wear a U.S. Department of Transportation (US DOT) approved helmet and other protective gear (goggle or face mask; leather gloves, jacket, pants, and boots; and reflective colors) every time you ride.
 - So....check, double check, and recheck before changing lanes; slow down; and, ride clean and sober.
 - Remember that most other motor vehicles are bigger than motorcycles; the motorcyclist will usually lose when crashing with another vehicle.

Quick stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported motorcycle crashes killed XXX people in County or Region. Another XXX were hospitalized for the motorcycle-related injuries. You can put in ages or other specifics here.

Washington State

- According to the Washington State Department of Health, there were 412 motorcycle-related deaths (an average of 82 each year) in Washington from 2005 through 2009. Most of these fatalities happen on state highways and county roads.
- Another 3,780 were hospitalized for motorcycle-related injuries.
- Motorcycle crashes were the second leading cause of motor vehicle-related injury-related deaths and hospitalizations in Washington State. Many of these were from head or massive internal injuries. While U.S. DOT-approved helmets reduce the risk of head and brain injury, they cannot prevent 100% of those injuries, especially in high speed crashes.

Speaking Points: Motor Vehicle Crashes

Last year XXX County or Region had XXX motor vehicle crash (MVC) deaths and XXX hospitalizations for injury from MVCs. Human errors cause most crashes, such as speeding, following too closely, driving impaired by alcohol, other drugs, lack of sleep, or anger, and dangerous lane changes. Crashes are not accidents – they are predictable and preventable. If we work together, we can help prevent future crash tragedies. Please feel free to use these talking points as you discuss traffic safety and crash prevention with the media and others in your community.

If you have more questions about this issue, please contact: Name & Phone and Email of your local area traffic safety task force coordinator, Washington Traffic Safety Commission at 360-753-6197-www.wtsc.wa.gov, or the American Automobile Association (AAA) Foundation www.aaafoundation.org. Crashes are an important public health issue. On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing MVC deaths and injuries in our communities.

Key messages

- ◆ State Patrol, Department of Transportation, and other traffic experts estimate 85% of traffic crashes are caused by human error – not roads, weather, or vehicle issues.
- ◆ Because MVCs are a leading cause of death and disability, preventing them helps save lives and money. In the United States, MVCs cost over \$150 billion each year.
- ◆ Most fatal crashes happen on county and state roads – they have more turns, more hazards to hit when a car leaves the road, less lighting, little or no shoulders, and are less traveled so if a crash happens it may not be noticed for some time.
- ◆ The age groups at most risk are teens and young adults. MVCs are the leading cause of all deaths for teenagers.
- ◆ Since most MVCs are caused by human errors, they are very preventable. When crashes can't be avoided, a seat belt worn correctly reduces the risk of death by 60% and the risk of serious injury by about 55%.
- ◆ Risk factors for MVCs can be reduced:
 - Keep your eyes AND your mind on the road.
 - Expect the unexpected, such as: an animal or child darting into the road, an erratic driver; something falling off a vehicle in front of you; road debris, etc.
 - Wear your seat belt correctly every time you drive, and have every passenger wear their belts.
 - Drive only when you are clean and sober;
 - Drive the speed limit (or lower speeds in bad road conditions).
 - Reduce rushing by leaving enough time to get where you need to go and allow time for possible delays.
 - Use your turn signal and give plenty of space when changing lanes.
 - Reduce distractions:
 - Do not text, use a cell phone, eat, drink, read, or other activities if they take your eyes and your mind off the road.

Quick stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that motor vehicles crashes killed XXX people in County or Region. Another XXX were hospitalized for the crash-related injuries. You can put in ages or other specifics here.

Washington State

- Between 2005 and 2009, there were 2,081 motor vehicle occupant deaths (an average of 416 each year and 35 a month) in Washington State. Another 11,720 were hospitalized for crash-related injuries, such as brain injury, broken extremities, spinal cord injuries, and internal injuries.
- From 2005-2009 motor vehicle crashes were the third leading cause of injury-related hospitalization (after falls and unintentional poisonings) and third leading cause of injury-related deaths (after unintentional poisoning and falls) in Washington State. Since MVCs biggest impact is among the young, it is the leading cause of years of potential life lost (YPLL).

Speaking Points: Pedestrian Injury

Last year, XXX County or Region had XXX pedestrian deaths and XXX hospitalizations for pedestrian injury. Most of these are due to human behavior errors, both from drivers and pedestrians, and can be prevented. If we work together, we can help prevent future pedestrian death tragedies. Please feel free to use these talking points as you discuss pedestrian safety and crash prevention with the media and in your community. If you have more questions about this issue, please contact: Name & Phone and Email traffic safety task force coordinator, Washington Traffic Safety Commission at 360-753-6197 www.wtsc.wa.gov, or the American Automobile Association (AAA) Foundation www.aaafoundation.org.

On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing pedestrian deaths and injuries in our communities.

Key messages

- ◆ Because pedestrian-vehicle crashes are a leading cause of death and disability, and public health and community safety issue.
- ◆ Since most pedestrian crashes are caused by human error, they are preventable.
- ◆ Pedestrian injuries are the third leading cause of motor vehicle-related injury death (after motor vehicle occupants and motorcyclists).
- ◆ High risk groups span the age ranges from 10 years to the later 60's.
- ◆ Risk factors for pedestrian injuries can be reduced:
 - More than 50% of pedestrians are intoxicated when they are killed. While it may be safer for others to walk rather than drive after drinking too much, the walker is at high risk for being hit by a vehicle.
 - When crossing in a cross walk, make eye contact with vehicle drivers and make sure they see you. Check and double check as you cross to be sure all drivers stop and stay stopped.
 - Children are at high risk for pedestrian death because they are in traffic threats that exceed their developmental, behavioral, physical, and sensory abilities. This is made worse when parents misjudge their child's pedestrian skills and allow the child to walk in traffic areas without a responsible older person with them.
 - Children are impulsive. It is hard for them to judge speed, spatial relations, and distance. Hearing and seeing skills, depth perception, and proper traffic scanning develop slowly and do not fully mature until at least age 10. Child pedestrians need adult supervision.
 - Children often play in low traffic streets and in driveways. Eventually they can come to think of the space as their safe area and are unaware of threats from vehicles.

Quick stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported motor vehicles-pedestrian crashes killed XXX people in County or Region. Another XXX were hospitalized for pedestrian-related injuries. You can put in ages or other specifics here.

WASHINGTON STATE

From 2005-2009 pedestrians vs. vehicle crashes caused 361 deaths during this time. Another 2,073 were hospitalized for vehicle-pedestrian injuries.

Pedestrian deaths NOT related to motor vehicles (driveway back-overs and other incidents that did not happen on public roads) totaled 93, with 269 hospitalizations.

Speaking Points: Poisoning & Drug Overdoses

Last year, XXX County or Region XXX or EMS response district lost XXXX people to unintentional drug overdoses. Most of these were among adults using prescription drugs (opiates) for pain, or pain drugs taken with other substances. However, even very young children are getting unsecured opiates from adult family members, ingesting them, and dying. Some teenagers misuse these drugs to get high, or sell them to peers. Poisoning is now the leading cause of unintentional injury death in Washington, surpassing motor vehicle crash and fall deaths.

It is also a huge issue nationally. If we work together, we can help prevent future unintentional poisoning tragedies. While there are still many questions on this topic, please feel free to use these talking points, and add others relevant to your area, as you discuss poisoning and drug overdose issues with the media and in your community. If you have more questions about this issue, please contact the Washington Poison Control Center at 1-800-222-1222.

On behalf of your organization, coalition, or region thank you for your interest in preventing poisoning-related deaths and injuries in our communities.

Key messages

- ◆ Unintentional poisoning and drug overdoses are an important public health and community safety issue.
- ◆ In the past we worried about children being poisoned from something they found under the sink or a family member prescription. While these still happen, deaths and injuries among young children decreased dramatically with public awareness campaign, availability of poison control hotlines, and child-resistant packaging for medicines and supplements.
- ◆ From 1999 to 2009 unintentional poisoning death rates increased by 460% from 2.3 to 12.9 per 100,000 population.
- ◆ Suicide, homicide, and undetermined poisoning rates remained relatively stable during this time period.
- ◆ From 2005 – 2009 in Washington State, there were 3,929 deaths caused by unintentional poisoning overdose.
- ◆ Of these, seven were to children age 0-9; 103 to children age 10-19; 874 to young adults age 20-29; and, **3,105 to adults age 20 to 64**. Most of these deaths were from opiate-based medications for non-cancer pain, such as back or limb pain.
- ◆ Another 12,894 of all ages were hospitalized for unintentional poisoning from 2005 - 2009.
- ◆ Overdose poisoning is most common among adults age 45-54. Males and females have similar rates for opiate poisonings and overdoses. See below for specific drug information.

Unintentional Poisoning Deaths Washington State Death Certificate Data, 2009 Total number of deaths = 858	
Drug Identified on Death Certificate	Number of death certificates with drug listed *
METHADONE	251
ALCOHOL	204
OXYCODONE	150
COCAINE	113
CITALOPRAM	91
METHAMPHETAMINE	89
MORPHINE	82
HYDROCODONE	69
ALPRAZOLAM	65
HEROIN	65
DIAZEPAM	59
OPIATES UNSPECIFIED	57
DIPHENHYDRAMINE	38
HYDROMORPHONE	36
AMITRIPTYLINE	32
ACETAMINOPHEN	28
CLONAZEPAM	27
QUETIAPINE	27
BENZODIAZEPINES UNSPECIFIED	25
FENTANYL	25

*Because the average number of drugs listed on the death certificate was two and a half per person, the number of times drugs are identified does not add up to the total number of deaths.

† Heroin-related deaths may be underestimated because many are listed as morphine, opiate, or unspecified.

Generic Name	Common Brand Names
Buprenorphine	Buprenex, Subutex, Suboxone
Codeine	Codeine
Fentanyl	Fentanyl, Actiq, Sublimaze, Duragesic
Hydrococone	Vicodin, Vicoprofen
Hydromorphone	Dilaudid
Meperidine	Demerol
Methadone	Methadose, Dolophine
Morphine	MS Contin, Avinza, Oramorph SR
Oxycodone	OxyContin, Percocet, Percodan
Oxymorphone	Opana
Propoxyphene	Darvon, Darvocet

- ◆ At the end of the 1990s, prescribing practices to treat chronic, non-cancer pain changed. Before then, people with chronic pain were under-treated so physicians began increasing prescriptions and dosage level for chronic, non-cancer pain.
- ◆ Opiates are a relatively safe way to manage pain when used as prescribed and closely monitored by a physician. With continued use of opiates, people can develop tolerance to the pain relief effect. As a result, larger doses are needed over time to keep the same level of pain relief. Larger dosages increase the risk of respiratory suppression that can cause death.
- ◆ In addition to legally prescribed opiates, these drugs are obtained from a friend or relative with a prescription, from emergency rooms by drug-seeking patients; bought on the street, from “pill mills, or from the Internet; and stolen from pharmacies.
- ◆ Know the signs of impending overdose death and call 9-1-1 at once.
 - ◆ Person will not wake up
 - ◆ No response to yelling
 - ◆ Clammy, cool skin
 - ◆ Blue lips or fingernails
 - ◆ Shallow, slow breathing
 - ◆ Pinpoint pupils
 - ◆ Slow heart rate or pulse
- ◆ Many experts at the state level are looking at this complex issue. There are prevention efforts that show promise for prevention. Below are some of them:
 - ◆ Increase awareness of the Washington Poison Center (WAPC). Use of poison control centers has greatly reduced medical costs. Each call to a center saves \$175 in other medical spending. Poison control center staff answers questions about a wide range of prescription, illicit, over-the counter medications, supplements, and their interactions.
 - ◆ Educate medical care professionals about increase and risk of unintentional poisoning deaths, signs of drug tolerance, and signs of unintended overdose.
 - ◆ Screen people at high risk for opiate abuse or misuse. People with ten or more opiate prescriptions from multiple providers are at high risk.
 - ◆ Screening, brief intervention, and referral for alcohol and other drugs in emergency rooms is a best practice to be expanded to all emergency services in the state.
 - ◆ Statewide pharmacy drug take-back program that allows people to return unwanted or outdated medications to the pharmacy for proper disposal.
 - ◆ Safe drug disposal receptacles at law enforcement agencies and community-based special drug take back days.

The Washington State Department of Health and a broad-based coalition of partners will continue to seek answers and interventions to this injury issue. Death and hospitalization data will be analyzed, promising programs from other states and countries will be considered, and communication about the problem will continue.

Emergencies: If you or someone you know has taken any kind of drug and needs immediate medical attention, **call 911**. In Washington State, people who call 911 to help someone who is overdosing receive immunity for criminal charge of drug possession under the “**911 Good Samaritan Law**” see <http://stopoverdose.org> for more information.

For non-emergencies, the Washington Poison Center is staffed with medical professionals trained to know how to treat poison exposures of all types; their services are confidential, free, and available 24 hours a day: 1-800-222-1222.

Quick Stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that unintentional opiate drug overdoses killed XXX people in County or Region. Another XXX were hospitalized for unintentional poisoning-related injuries. You can put in ages or other specifics here.

Washington State

From 2005 – 2009, there were 12,894 hospitalizations for drug overdoses. Of these 4,777 were among people 45-54 years of age. The deaths during this time period are noted above.

Speaking Points: Suffocation & Choking (Obstruction)

From 2005-2009, Unintentional Suffocation or Choking was the fourth leading cause of injury-related death in Washington State. It was leading cause of death among children under age five, and the second leading cause of death for people age 85 and older. Choking or Obstruction is when the airway is closed off due to a foreign body.

Last year, XXX County or XXX Region or XXX EMS response district had XXXX calls for unintentional suffocation or choking. If we work together, we can help prevent future suffocation and choking tragedies. Please feel free to use the talking points here as you interact with the media and your community about preventing these incidents. If you have more questions about this issue, please contact: Safe Kids Washington: 360-236-2861 or Safe Kids Worldwide: www.safekids.org.

On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing suffocation and choking-related deaths and injuries in our communities.

Key messages

- ◆ Prevention of suffocation and choking are important public health and community safety issues
- ◆ These injuries are preventable and families can reduce their risk:
 - Place infants on their backs for sleeping. The “Back to Sleep” Campaign started in 1990. Since then SIDS deaths decreased by more than 50%.
 - Babies should sleep on a firm surface such as a safety-approved mattress covered by a fitted sheet.
 - Keep soft objects, toys, and loose bedding out of the sleeping area.
 - Do not allow smoking around your baby. Second-hand smoke causes breathing problems and lung damage.
 - Parents and siblings should not co-sleep with infants. From 1999-2001, 91% of infants who suffocated while sleeping were co-sleeping. Seventy-five percent of these deaths were due to the parent or sibling rolling over and covering the infant.
 - Young children have small airways and can easily choke on small toys, and foods such as candies, nuts, grapes, and pieces of hot dog.
 - Children can strangle on window cords, clothing drawstrings, some playground equipment if they slip, fall, and get entangled. If window cords are a continuous loop, cut the end to reduce strangulation risk, and remove drawstrings from clothing.
 - They can also get entangled in openings big enough for their heads to get through, but too small for the rest of their body, such as: spaces in cribs, bunk beds, strollers, and high chairs
 - Keep cribs, beds, and high chairs ways from window coverings.
 - Check the Consumer Product Safety Commission (CPSC) website www.cpsc.gov for recalled and dangerous child products. This is very important if you are using a hand-me-down crib, portable crib, high chair, or other product. Do not use recalled child products or buy one from a second-hand store unless you are **sure** it

has not been recalled. You can also sign up on the CPSC website to be informed of recalls as they are listed.

- When adults suffocate it's often due to under-chewed food that gets lodged in the throat or wind pipe and obstructs the airway.
- Other causes include use of sedative drugs, which depresses lung function; or diseases affecting coordination or swallowing; or mental deficits.
- Adults need to take small bites and chew food thoroughly and swallow fully before taking another bite. If there is difficulty, they need to consult a doctor.
- If, during suffocation or choking incidents, the airway is blocked for too long, brain damage happens, leading to compromised mental functions.

Quick stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that suffocation or obstruction killed XXX people in County or Region. Another XXX were hospitalized for suffocation or choking-related injuries. You can put in ages or other specifics here.

Washington State

- According to the Washington State Department of Health, there were 577 strangulation and choking-related deaths in Washington from 2005 through 2009. That is an average of almost 115 a year. Another 1,333 were hospitalized for suffocation and choking-related injuries.

Speaking Points: Suicide

Last year XXX County or Region or EMS Response area had XXX completed suicides and XXX suicide attempts. Please use these talking points, and add others about your area, as you talk about suicide prevention with the media and others in your community. If we work together we can help prevent future suicide tragedies. If you have questions about the issue, contact The Youth Suicide Prevention Program (YSPP) at 206-297-5927 or Email: info@yspp.org, or www.yspp.org. If you or someone you know needs crisis help call: 1-800-273-TALK (8255)

On behalf of the Washington State Department of Health and the Youth Suicide Prevention Program, thank you for your work in preventing suicide deaths and attempts in our communities.

Key Messages

- ◆ Suicide is an important public health and community safety issue.
- ◆ Leading methods of suicide in Washington State are firearms (49%), poisoning (22%), suffocation (19%), and cutting/piercing about 2%.
- ◆ In Washington State, there are nearly four times as many suicides as homicides.
- ◆ The human and economic costs of suicide ripple outward beyond the person. In addition to those who die by suicide, each year as many as 200,000 more people are affected by the loss of a loved one, friend, or acquaintance to suicide.
- ◆ The total lifetime cost of self-inflicted injuries in 2000 was about \$33 billion. This includes \$1 billion for medical treatment, and \$32 billion for lost productivity.
- ◆ CDC reports that in a single year, suicide is the cause of death for over 32,000 people of all ages. The cost of these deaths is estimated at \$11.8 billion in lost income.
- ◆ Risk factors include: depression; previous suicide attempt(s); easy access to lethal means such as guns and medications; history of alcohol and other drug abuse; feelings of hopelessness; aggressive tendencies; personal, job, and financial loss; and physical illness.
- ◆ Factors to help prevent suicide include: limit or remove access to lethal means; use effective mental health and related services; family and community support; and skills in problem solving, conflict resolution, and nonviolent ways to handle disputes.
- ◆ Ways to reduce the risk of suicide include:
 - Remove firearms, at least temporarily, from the home of depressed persons, people who have attempted suicide, or those with at-risk behaviors.
 - Raise awareness that suicide is preventable through early detection and treatment of people who are depressed and or suicidal.
 - Get depressed people of all ages into medical and mental health treatment.
 - Train gatekeepers - people who have routine contact with others through work, sports, school, and other settings - to see the warning signs and intervene.

- ◆ The three basic intervention skills are:
 - Show you care,
 - Ask the question – “Are you thinking of killing yourself?”
 - Get the person to help.
- ◆ Promote access to affordable mental health services and help people get services they need.

Quick stats

XXX COUNTY or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that XXX people completed suicide in County or Region. Another XXX were hospitalized for suicide attempts. You can put in ages or other specifics here.

Washington State

According to the Washington State Department of Health, there were 4,266 completed suicides in the state from 2005 through 2009. That’s 853 each year, 71 each month (about two classrooms of children), and 2.37 each day.

During this time, another 17,745 were hospitalized for suicide attempts. This does not account for the scores of people who attempted suicide and were not admitted to a hospital. They may have visited an emergency department or called a crisis line, contacts which are not currently included in data.

Highest risk groups are youth and young adults age 18 to 29 and middle-aged men age 35-64.

Speaking Points: Traumatic Brain Injury (TBI)

From 2005-2009 in Washington State 6,536 people died from traumatic brain injury (TBI). Of these, 4,053 were unintentional; 2,397 were intentional (suicide and homicide); and 86 were of undetermined cause, legal intervention, or other intents. Occupants in motor vehicle crashes had the most TBIs, closely followed by older adults who fall. Intentional TBIs resulted from suicide by firearm (1,834) and homicide by firearm (250). Firearms are the most lethal method of suicide and homicide.

Between 2005 and 2009, hospitalizations for non-fatal TBIs added up to 20,661. The majority were for falls among older adults, followed by motor vehicle occupants. Results of non-fatal TBIs can range from minor memory and functional deficits to long-term disability, placement in skilled care facilities, and being in a persistent vegetative state.

One reason older adults who fall have more TBIs now than in the past is the use of blood thinning drugs, such as Coumadin and Plavix. Even a relative mild bump on the head can cause a bleed that puts pressure on the brain and if not treated soon causes brain damage.

If we work together, we can help prevent future TBI tragedies. Feel free to use the talking points here as you interact with the media and your community about reducing the risks and preventing these incidents.

For information about traumatic brain injury, including support groups for survivors and caregivers, prevention, and other issues contact Brain Injury Association of Washington: www.biawa.org; Washington State TBI Council: www.TBIwashington.org; or Centers for Disease Control and Prevention: www.cdc.gov/injury

On behalf of Your Organization, Coalition, or Region thank you for your interest in preventing TBI-related deaths and injuries in our communities.

Key messages

- ◆ Prevention of fatal and non-fatal traumatic brain injury (TBI) is an important public health and community safety issue.
- ◆ These injuries are preventable and families can reduce their risk:
 - Buckle your seat belt correctly every time you ride in a motor vehicle.
 - Make sure **everyone** riding with you is correctly restrained, regardless of age. In a crash, anyone not restrained become a heavy, loose object that can hit and injure others. They are also tossed out of the vehicle, and often run over or crushed.
 - Wear an appropriate helmet for bicycling; skateboarding; inline or roller skating; water and snow skiing; sledding; snowboarding; riding an ATV, scooter, or motorcycle; and horseback riding or rodeo events.
 - Do strength and balance exercises to improve muscle strength and prevent falls.
 - Have your eyes checked by an eye doctor at least once a year. Vision problems can improve with the right glasses.
 - Know and monitor your medications. Have your pharmacist review all prescriptions, over-the-counter medications, and supplements to reduce side effects and negative interactions.

- Reduce potential hazards in the house: put cords out of the way, secure loose rugs, fix poor handrails, improve lighting, etc.
- Wear well-fitting, non-slip soled shoes securely on your feet.
- Store firearms safely in the home. This means: secure firearms with trigger locks or in a gun safe when not in use, and store bullets away from the firearms.
- Remove firearms from the home of a depressed or suicidal person.
- Parents should ask other parents if they have firearms in their home and how they are stored before their child goes to play in that home. If there is doubt about the safety of someone's home, the parents should invite the children to play at their home instead.

Note: Because there are many mechanisms of injury that cause TBI, this specific data is not available on a regular basis. A special query is needed. A county or region can make a special query request through Kathy Williams, 360-236-2862 or kathy.williams@doh.wa.gov

Speaking Points: Young Driver Safety

Last year in XXX County or Region XXX, young drivers age 15 to 24 died in motor vehicle crashes. Another XXX were hospitalized for crash-related injuries. Most of these crashes and resulting deaths and injuries were preventable. If we work together we can help prevent future young driver crash-related tragedies.

Please feel free to use these talking points, and add others relevant to your area, as you discuss young driver risks and safety with media and others in your community. If you have more questions about this issue, please call Name, Phone, & Email of local traffic safety task force coordinator, American Automobile Association (AAA) Foundation www.aaafoundation.org, or Washington Traffic Safety Commission at 360-753-6197 or www.wtsc.wa.gov.

On behalf of your Organization, Coalition, or region thank you for your interest in preventing young driver traffic deaths and injuries in our communities.

Key messages

- ◆ Motor vehicle crashes involving young drivers is an important injury prevention and community safety issue.
- ◆ The risk of motor vehicle-related deaths and injuries among youth can be decreased.
- ◆ Traffic crashes are the leading cause of death among young drivers, accounting for more than one-third of all deaths of 16 to 18 year olds.
- ◆ Teen drivers represent 6% of licensed drivers, yet account for about 15% of crashes in Washington State.
- ◆ Factors leading to young driver crashes are: driving inexperience, distractibility, inattention, risk taking, speeding, and use of alcohol or other drugs all of which lead to poor decision making and driving errors.
- ◆ To reduce these risks:
 - New drivers and their parents need to understand and follow the Washington State Intermediate Driver License (IDL) law. It's also known as Graduated Driver License (GDL).
 - By progressive practice and increased skills by new drivers, the IDL helps reduce the number of crashes, deaths, and injuries.
 - IDL restrictions limit when new drivers can drive, how many young passengers they can have, and consequences for traffic tickets.
 - Teens and parents need to take practice drives and follow advice in The Washington Parent Guide to Teen Driving, Washington State Department of Licensing: www.dol.wa.gov.
 - Buckle up correctly every time you drive and be sure everyone in the vehicle is buckled correctly.
 - During a crash, unbuckled people become missiles inside the vehicle causing injury to themselves and others. Everyone needs to buckle-up correctly.
 - Realize - no matter how good a driver you are, some people on the road are not good; they take risks, drive impaired, and can cause a deadly crash in an instant. Innocent people are killed and disabled every day on Washington roadways.

Quick Stats

XXX County or Region

- ◆ In 2009 (or 2005-2009 or most recent year data is available), the Washington State Department of Health or your local EMS Agency, or local health jurisdiction reported that motor vehicle crashes killed XXX young people in County or Region. Another XXX were hospitalized for the crash-related injuries. You can put in ages or other specifics here.

Washington State

Between 2005 and 2009 there were 270 motor vehicle occupant deaths for youth age 15 to 19. Another 326 age 20-24 were killed, for a total of 596 deaths. That is an average of 119 deaths each year and almost 10 each month.

Among 15-19 year olds, 1,489 were seriously injured to the point they were hospitalized for crash injuries. Among 20 - 24 years olds 1,615 were hospitalized. Total: 3,104. Some of these young people have disabling injuries that will impact them and their families as long as they live.