

# Cycling Safety



## Injury Prevention Champion Meeting

April 29, 2015





# IMPACT Safe Cycling Activities

## **Prevent cycling injuries and encourage cycling:**

- Advocacy for policies and infrastructure to support safe cycling and active transportation
- Resources for professionals and the public reflecting current evidence
- Public awareness, education and programs to promote use of equipment and safe behaviours
- Research and program evaluation



# Cycling Safety Topics

- **Benefits of cycling**
- **Cycling injuries**
- **Protective factors**
- **Evidence-informed interventions**
- **Promoting equity**



# Benefits of cycling

## Why cycle?

- Fun
- Healthy
- Practical and cost effective
- Good for the environment



# Who Cycles?

- **90%** of children aged 5 to 12 years
- Recreational cyclists
- Sport cyclists
- Commuters
- Bicycle couriers



# Burden of injury

- Cycling injuries account for half of all summer sport and recreational activity-related hospital admissions. The most common are fractures (**32%**) and head injuries (**14%**) (CIHI, 2011).
- In Canada, most **fatal bike crashes** involve motor vehicles, **82%** of cyclists hospitalized and **89%** of cyclist reporting to ED were due to **single bike crashes** (Scheppers et al, 2015).







# Burden of injury

- Cycling related traumatic brain injuries could be decreased **by 63-88%** if everyone wore a helmet (Cochrane Review, 1999).
- Costs of hospitalization is **almost double** for unhelmeted cyclists (\$7246.67 vs. \$4328.17)(Costa et al., 2014).





# About cycling data

## Picture not complete:

- WHRA data report – 10 year summary of hospitalizations and deaths, not ongoing
- Several ED studies but no routine surveillance
- MPI data only includes motor vehicle collisions with cyclists that are reported to MPI





# Winnipeg Data

- Each year in Winnipeg, approximately **1-2 cyclists** die and another **90** are hospitalized due to injuries, with an average length of stay of **9.2 days** (WRHA, Injury Data Report 2014)
- From 2007-2009, Winnipeg Children's Hospital Emergency Department treated an average of **103** cycling-related injuries each year. (IMPACT, 2012)



# MPI Manitoba Data

## Cycling Statistics 2008-2012

On average, during the period of 2008-2012:

- **3** Killed per year
- **190** Injured per year
- **2.3%** of total victims

Among people killed in traffic collisions in 2013, bicyclists accounted for **5%** of total fatalities.

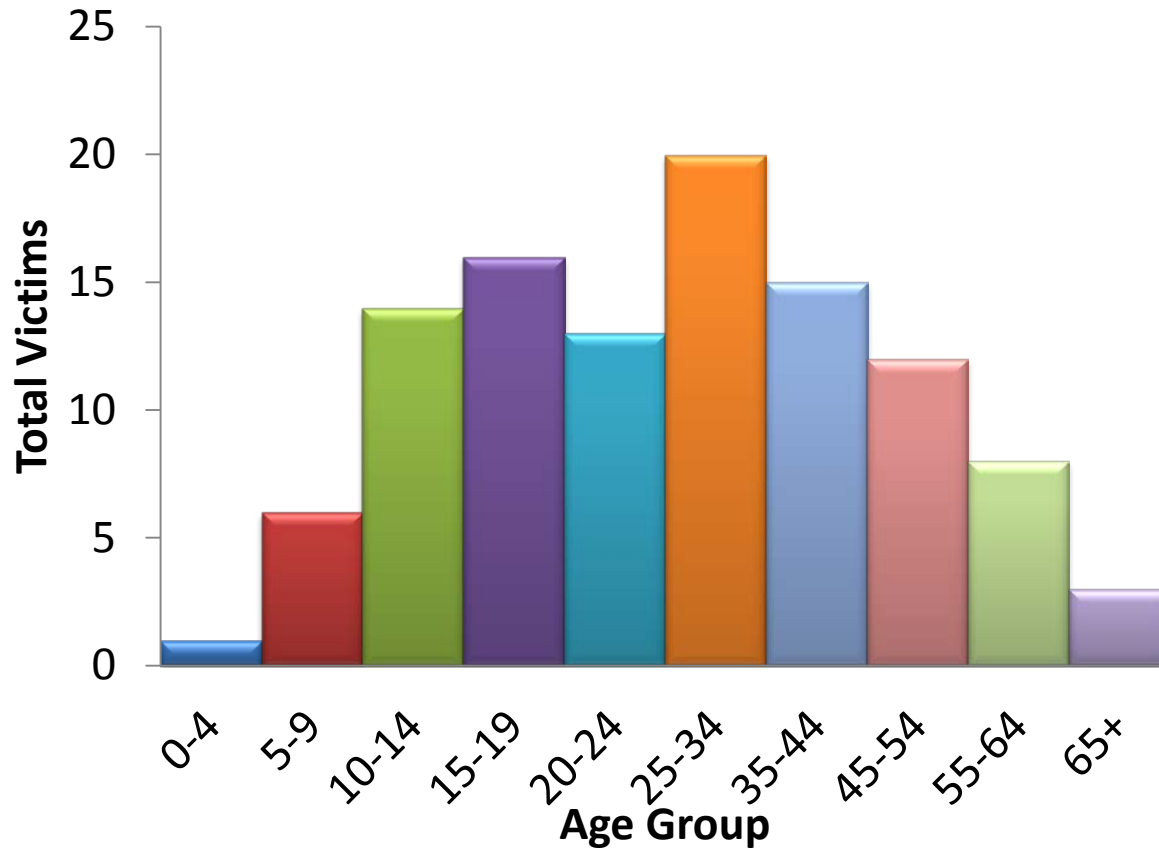


# MPI Manitoba Data Cycling Statistics 2008-2012

- Collisions involving cyclists most commonly involved males
- Majority of collisions occur in urban areas
- Most collisions occur between noon and 6pm
- Most collisions occur in the months of June, July, August



# Total Victims by Age Group (Average per year: 2008-2012)



# Collision Victims by Collision Type and Casualty Type: 2008-2012 Average



# Collisions Involving Cyclists Most Commonly Involve

## Commonly Involve

CYCLISTS THAT **DO NOT** WEAR A HELMET



**70%** of cyclists  
**INJURED** are  
reported to have  
been riding without  
wearing a helmet

**94%** of cyclists  
**KILLED**  
are reported to  
have been riding  
without wearing a  
helmet

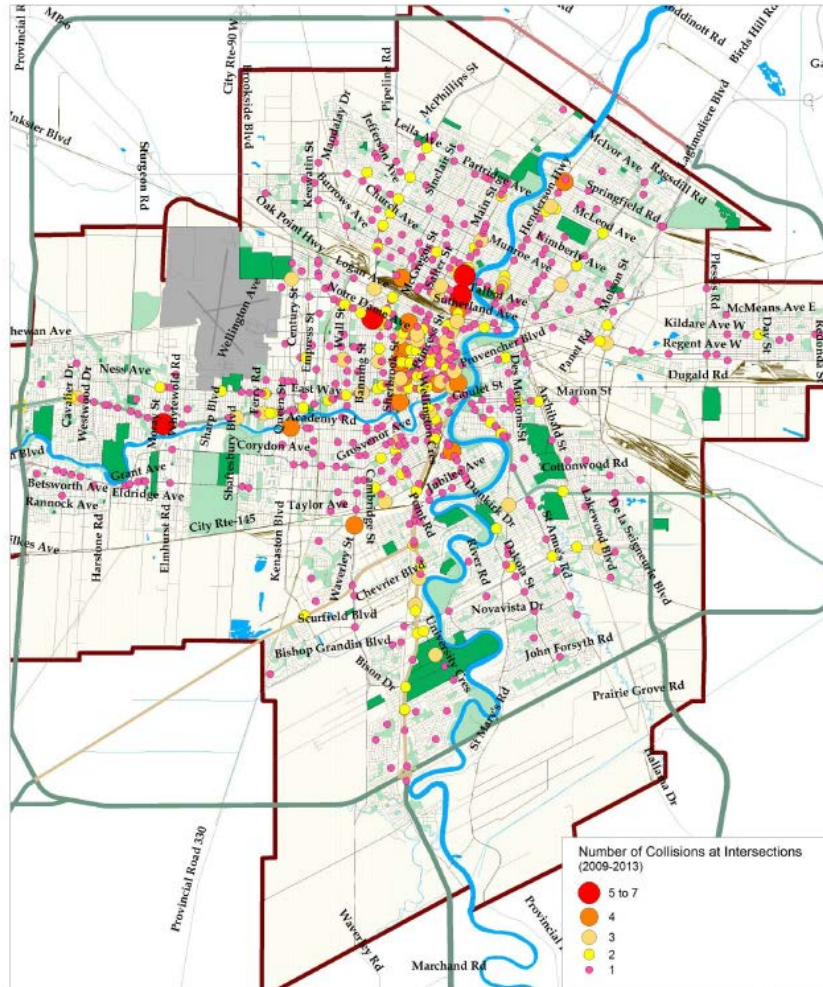


June 16, 2014

Order # 11.19 (b)  
Accident Maps: Bicycle/Vehicle Collisions -  
Winnipeg MB (2009-2013)

Road Safety - SM.3 Attachment F

# Bicycle/Vehicle Collisions- Winnipeg 2009-2013







# Fatal Injuries

- Head injuries are the cause of **80-90%** of bicycle-related deaths (Rowe, et al 1995; College of Physicians and Surgeons of Manitoba, 1993-1999).
- Ontario Coroner's Report (2006-2010) detailed review of 129 deaths



# Contributing Factors (Ontario)

- Males (86%), adults aged 45+ (51%)
- Summer, Peak time 8-10pm (20%) but most in daylight, dry roads, good visibility
- No helmet (73%)
- 65% urban
- Collision with motor vehicle (78%)
- Cyclist actions (71%) – inattention, failure to yield, etc.
- Cyclist distractions (15%), encumbrances (16%)
- Had been drinking/using drugs (23%)
- Driver contributing actions (62%), including speeding (30%), driver inattention (28%)



# Haddon's Matrix – Interventions?

|                   |  |  | Environment  |  |
|-------------------|--|--|--|--|
|                   | Host   | Agent  | Physical   | Social   |
| <b>Pre Event</b>  | Substance use<br>Distractions<br>Skill,<br>experience<br>Age, maturity<br>Visibility | Bicycle fit<br>Brakes<br>Reflectors<br>Type of bicycle | Loose gravel<br>Bike lanes<br>Weather<br>Road<br>conditions<br>Speed | Laws<br>Culture                                    |
| <b>Event</b>      | Helmet<br>Clothing   | Bicycle parts<br>impacted                              | Surface landing<br>Obstacles<br>Traffic/speed<br>MV involved         | Helmet laws<br>Helmet norms<br>Incentives<br>Fines |
| <b>Post Event</b> | Biking alone<br>Cell phone<br>Self-care  | OnStar for<br>bikes                                    | Traffic (re-<br>injury)  | Care proximity<br>911 systems                      |





# Evidence-informed interventions

**Recent and many previous studies show that cycling safety can be improved by:**

- Reducing traffic speed and separating vehicles from bicycles (cycling infrastructure, traffic calming measures, speed cameras, speed zones, fines)
- Helmet promotion (community-based interventions that involve education, promotion and/or free helmets, helmet legislation) and safe cycling/driving behaviour
- Changing role of public health?



# Key Safety Strategies - Infrastructure

- Reducing vehicle speed
- Traffic calming
- Separating pedestrians and cyclists from traffic
- Increasing safety at intersections

Toronto Public Health, *Road to Health: Improving Walking and Cycling in Toronto*. April 2012



# Infrastructure strategies

- Diamond lanes
- Bike lanes
- Sharrows
- Cycle Track
- Traffic calming
- Speed reduction



# Sharing the road



- **Same Roads:** Motor vehicles and bicycles share the same roads
- **Same Rights:** Cyclists have a right to space on the road. The key is to understand your rights and follow them consistently
- **Same Rules:** Cyclists have to follow the same rules of the road as motorists including obeying all signs and traffic control devices

**Source:** Manitoba Public Insurance







# About helmets

- Certified as a cycling helmet
- Fitted properly
- Replace after crash
- Expiry date
- Infant helmets now available

**Ride safe this summer!**

→ Wear your helmet  
→ Make sure your bike fits  
→ Be visible  
→ Choose a safe route  
→ Follow the rules of the road  
→ Children under 10 should ride with an adult

**Fit your helmet for a safe ride!**

**2** The helmet should be no more than "2" finger widths above the eyebrows.

**V** The straps should form a "V" under each ear.

**1** Adjust the chin strap so only "1" finger fits under your chin.

**Bike Together**  
Department of Health Services  
www.health.wa.gov.au



# Bicycle helmet use

- Helmet use reduces the risk of head injury by **85%** and brain injury by **88%**
- Helmet use can be improved by:
  - Bike helmet legislation
  - Education and promotion
  - Free helmets

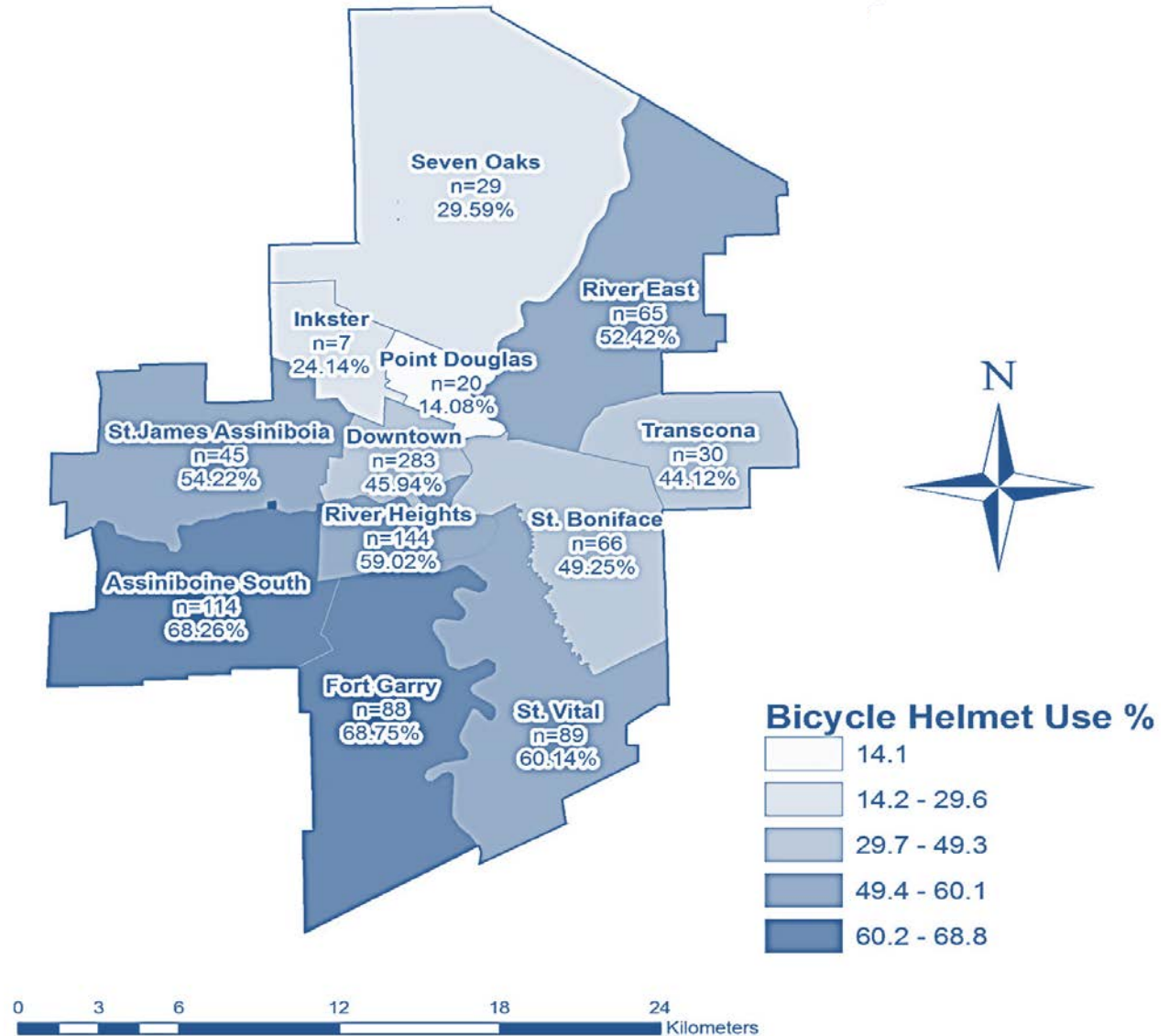


# Bike Helmet Use by Winnipeg Community Area, 2014

Bicycle helmet use in Winnipeg varies by community area.

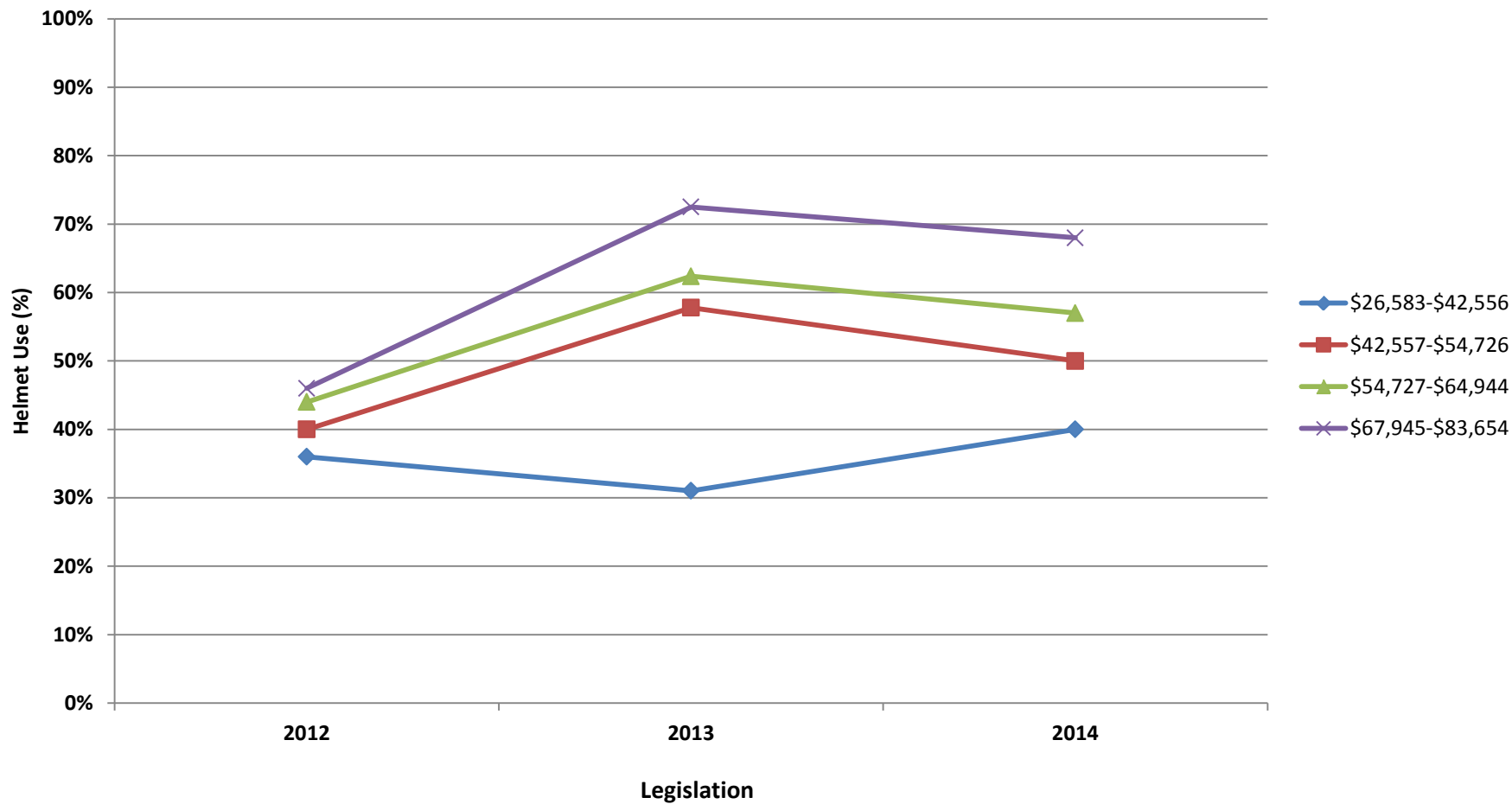
Cyclists in Point Douglas had the lowest frequency of helmet use (14%).

Helmet use was most often observed in Fort Garry and Assiniboine South (69% & 68%).

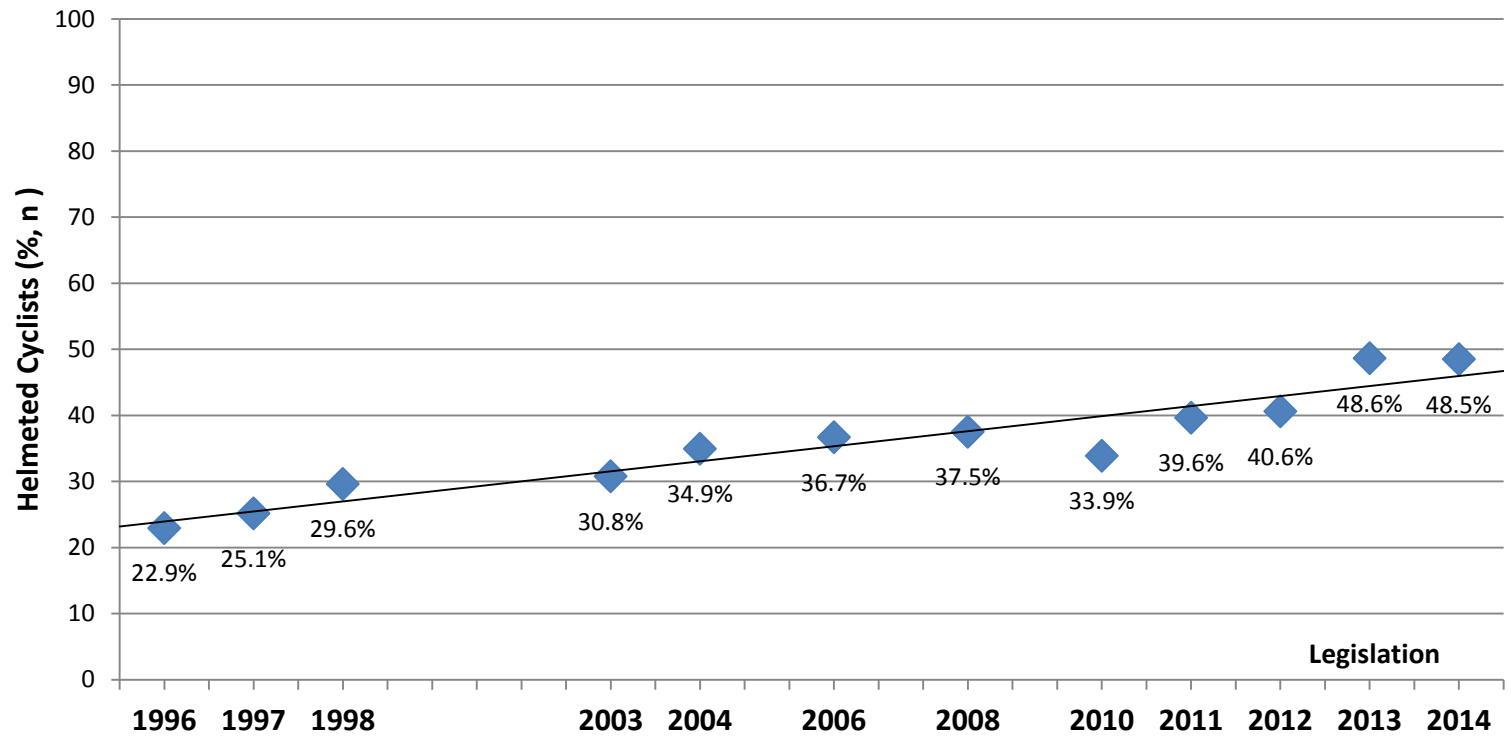




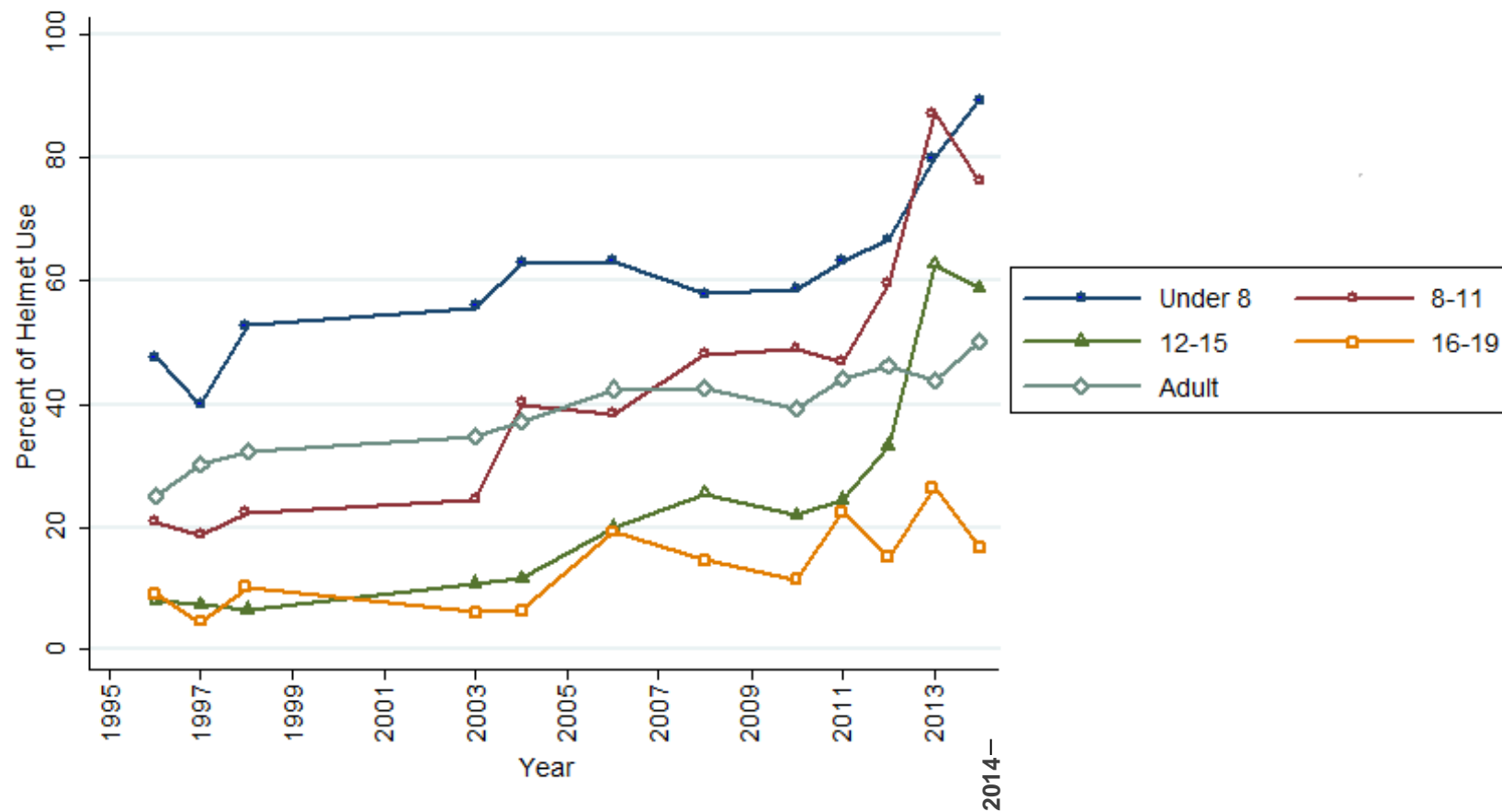
# Bike Helmet Use by Median Total Family Income, 2012 - 2014



# Bike Helmet Use by Year in Winnipeg, 2014



# Bike Helmet Use by Age among Winnipeg Cyclists, 2014







# Bike helmet legislation


- Effective May 1<sup>st</sup> 2013
- For cyclists **under 18 years of age**
- On bikes and children towed behind a bike
- Parents are responsible for children under 14
- If ticketed
  - Pay a fine of \$63.10 or
  - Complete an alternate disposition if it is the person's first offence (online quiz and course/video)





# Low cost or free helmets

- The Manitoba Government Low Cost Bike Helmet Initiative
- WRHA-IMPACT through Public Health Nurses and Families First Home Visitors\*
- KidSport\*

\* Low income families, application forms available

# Questions

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