Inventory of Injury Data Sources and Surveillance Activities

March 2005

Public Health Agency of Canada   Agence de santé publique du Canada

Canada

Inventory
of Injury Data Sources
and Surveillance Activities

March 2005

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Water Incident Research Alliance

Coroner/ Medical Examiner
Statistics Canada, National Coroner and Medical Examiner's Database
> Office of the Chief Coroner, British Columbia
> Office of the Chief Coroner, New Brunswick
> Office of the Chief Coroner, Northwest Territories
> Office of the Chief Coroner, Nunavut
> Office of the Chief Coroner, Ontario
> Office of the Chief Coroner, Prince Edward Island
> Office of the Chief Coroner, Quebec
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> CHIRPP – Children's Hospital of Eastern Ontario
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> CHIRPP – Hôpital Sainte-Justine, Montréal
> CHIRPP – Hôpital de l'Enfant Jésus
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       Workers' Compensation Board of Manitoba
       Workers' Compensation Board of Nova Scotia
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       Workers' Compensation Board of Saskatchewan
       Workers' Compensation Board of the Northwest Territories and Nunavut
       Workers' Compensation Health and Safety Board, Yukon
       Workplace Health, Safety and Compensation Commission, New Brunswick

Poison
British Columbia Drug and Poison Information Centre
Clinidata, Poison Control Centre, New Brunswick
IWK Regional Poison Centre, Nova Scotia
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Ontario Regional Poison Information Centre - Toronto
Poison Control Centre, Yukon

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       Nova Scotia Trauma Registry
       Ontario Trauma Registry

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British Columbia Ambulance Service
British Columbia Injury Reporting System
British Columbia Injury Research and Prevention Unit
Child Health Standards, Manitoba
Department of National Defence, Directorate of General Safety
Health Canada, First Nations and Inuit Health Branch
Health Canada, Product Safety Information System
Office for Children and Youth, British Columbia
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Statistics Canada, Canadian Community Health Survey
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ThinkFirst Foundation of Canada, International Ice Hockey Spinal Injury Survey

Index by Area Covered

National

Canadian Agricultural Injury Surveillance System
Canadian Forces Fire Marshal
Canadian Surveillance System for Water-Related Facilities
Department of National Defence, Directorate of General Safety
Health Canada, Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)
Health Canada, First Nations and Inuit Health Information System
Health Canada, Product Safety Information System
Human Resources and Skills Development Canada, Federal Fire Loss Reporting System
National Trauma Registry
National Work Injuries Statistics Program
Statistics Canada, Canadian Community Health Survey
Statistics Canada, National Coroner and Medical Examiner's Database
Statistics Canada, National Vital Statistics, Mortality Database
Statistics Canada, Uniform Crime Reporting Survey
ThinkFirst Canada, International Ice Hockey Spinal Injury Survey
Traffic Injury Research Foundation
Transport Canada, Dangerous Goods Accident Information System
Transport Canada, Traffic Accident Information Database
Water Incident Research Alliance

Provincial/territorial Territorial
(From east to west)

Newfoundland
Canadian Red Cross – Atlantic Zone
CHIRPP – Janeway Children's Health and Rehabilitation Center
Office of Boating Safety – Maritime Region

Prince Edward Island
Canadian Red Cross – Atlantic Zone
Office of Boating Safety – Maritime Region
Office of the Chief Coroner, Prince Edward Island
Workers' Compensation Board of Prince Edward Island

New Brunswick
Atlantic Health Science Corporation Trauma Registry, New Brunswick
Canadian Red Cross – Atlantic Zone
Clinidata, Poison Control Centre, New Brunswick
New Brunswick Vital Statistics, Mortality Database
Office of Boating Safety – Maritime Region
Office of the Chief Coroner, New Brunswick
Workplace Health, Safety and Compensation Commission, New Brunswick

Nova Scotia
Canadian Red Cross – Atlantic Zone
CHIRPP – IWK Health Centre, Halifax
IWK Regional Poison Centre, Nova Scotia
Nova Scotia Trauma Registry
Nova Scotia Vital Statistics, Mortality Database

Office of Boating Safety – Maritime Region
Office of the Fire Marshal, Nova Scotia
Workers' Compensation Board of Nova Scotia

Quebec
Canadian Red Cross – Quebec Zone
CHIRPP – Hôpital de l'Enfant Jésus
CHIRPP – Hôpital Sainte-Justine, Montréal
CHIRPP – Montréal Children's Hospital
Institut de la statistique du Québec, Statistiques de l'état civil, base de données des décès
Office of the Chief Coroner, Quebec

Ontario
Canadian Red Cross – Ontario Zone
Children's Hospital of Eastern Ontario Trauma Registry
CHIRPP – Children's Hospital of Eastern Ontario
CHIRPP – Children's Hospital of Western Ontario
CHIRPP – Kingston General Hospital and Hôtel Dieu Hospital
CHIRPP – Sioux Lookout Zone Hospital
CHIRPP – The Hospital for Sick Children, Toronto
Ministry of Transportation Ontario, Accident Data System
Office of Boating Safety – Central and Arctic Region
Office of the Chief Coroner, Ontario
Ontario Regional Poison Information Centre - Ottawa
Ontario Regional Poison Information Centre - Toronto
Ontario Trauma Registry
Ontario Vital Statistics, Mortality Database
Rapid Risk Factor Surveillance System

Nunavut
Office of Boating Safety – Central and Arctic Region
Office of the Chief Coroner, Nunavut
Canadian Red Cross – Western Zone

Manitoba
Canadian Red Cross – Western Zone
Child Health Standards, Manitoba
CHIRPP – Winnipeg Children's Hospital
Manitoba Labour, Workplace Health and Safety Division
Manitoba Trauma Registry
Manitoba Vital Statistics, Mortality Database
Office of Boating Safety – Central and Arctic Region
Office of the Chief Medical Examiner, Manitoba
Office of the Fire Commissioner, Manitoba
Workers' Compensation Board of Manitoba

Saskatchewan
Canadian Red Cross – Western Zone
Office of Boating Safety – Central and Artic Region
Office of the Chief Coroner, Saskatchewan
Workers' Compensation Board of Saskatchewan

Alberta
Alberta Centre for Injury Control and Research
Alberta Transportation, Alberta Traffic Collision Information System
Alberta Trauma Registry
Alberta Vital Statistics, Mortality Database
Canadian Red Cross – Western Zone
CHIRPP – Alberta Children's Hospital
Farm Accident Monitoring System
Office of Boating Safety – Central and Artic Region
Office of the Fire Commissioner, Alberta
Office of the Chief Medical Examiner, Alberta
Workers' Compensation Board of Alberta

Northwest Territories
Canadian Red Cross – Western Zone
CHIRPP – Stanton Regional Hospital, Yellowknife
Department of Health and Social Services, NT - Injury Mortality and Hospitalization Data
Office of Boating Safety – Central and Arctic Region
Office of the Chief Coroner, Northwest Territories
Office of the Fire Marshal, Northwest Territories
Workers' Compensation Board of the Northwest Territories

British Columbia
British Columbia Ambulance Service
British Columbia Drug and Poison Information Centre
British Columbia Injury Reporting System
British Columbia Injury Research and Prevention Unit
British Columbia Trauma Registry
British Columbia Vital Statistics Agency, Mortality Database
Canadian Red Cross – Western Zone
CHIRPP – BC Children's Hospital
Office for Children and Youth, British Columbia
Office of the Chief Coroner, British Columbia

Yukon Territory
Canadian Red Cross – Western Zone
Office of the Chief Coroner, Yukon
Poison Control Centre, Yukon
Workers' Compensation Health and Safety Board, Yukon

Introduction

The Centre for Surveillance Coordination is pleased to present this fourth edition of the *Inventory of Injury Data Sources and Surveillance Activities* where provincial, territorial and national injury data sources in Canada that are described within a common framework.

Differences in the types and quality of injury data, often describing a single injury event, limit the interpretation of pre-event, event and post-event injury information and the determination of risk factors and trends. The building of standards and the reduction of data disparity was first recognized in "A Safer Canada: Year 2000—Injury Control Objectives for Canada" (1991) report which described the construction of an inventory as a key step in enhancing national injury surveillance.[1]

Effectively meeting Canada's diverse health surveillance needs involves more than just connecting a series of hardware platforms and adopting common software and databases. A functioning network includes these technological elements, but reflects the underlying set of dynamic relationships and understandings among professionals who are dedicated to sharing information and to rendering mutual assistance. It is our aim that this *Inventory of Injury Data Sources and Surveillance Activities* enhance injury surveillance by contributing to the process of facilitating connections among data providers and those with public health information requirements.

The inventory at www.healthsurv.gc.ca/injury is available in .pdf format and the inventory contents are available in searchable categories. Should you have any ideas for future editions, or know of data sources that should be included please complete the on-line feedback form at the web address above. We welcome your feedback on the inventory as a resource to make injury surveillance data better suited to advance Injury Prevention and Control.

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[1] *A Safer Canada: Year 2000.* Injury Control Objectives for Canada. Injury Awareness and Prevention Centre. Proceedings of the Year 2000 Injury Control Objectives for Canada Symposium, in Edmonton, Alberta, May 21-22, 1991, 46 pages.

Making the Data Request

The following information is provided as a guide to those who may be preparing to make a data request.[2] First things first . . .plan, plan, plan! The old adage, "a stitch in time saves nine" definitely holds true in the world of data requests! Before you call a data source for information, consider what you want to achieve with your data request.

The first step is to identify where your data needs are. Initiating a data request may appear straightforward at first, but the details can easily become overwhelming. The Data Request Checklist was designed to aid you in this process. Use this checklist as a guide when making a request—it will help you to clarify your needs and timelines.

Often the injury data are readily available through annual reports or other specific publications. It is to your advantage to make use of these resources whenever possible. In situations where a specialized data request is warranted, please be aware that many data sources are moving to a cost-recovery system in an effort to meet increasing customer demands. After completing the checklist, contact the data sources directly for further details and timelines.

A clear statement of purpose will help to clarify what data you want, and what you can use the data for. Try answering the three questions listed below:

1. Why am I requesting these data?
2. How will I be using these data?
3. From where might I get these data?

If you cannot provide a clear and specific response to the first two questions, then spend a little more time at the drawing board. If you are having trouble with the third question, consult this inventory or contact the Centre for Surveillance Coordination's Injury Surveillance and Evaluation Unit. Health Canada staff may be able to help you pinpoint a data source that meets your needs.

Once you have answers to these questions, the next step is to examine what you know about the prospective data source(s). Examine the potential issues and limitations related to each source. Become an expert on what you need. Here are some questions and issues to consider:

- How are injuries defined in this database? Does the database only include those incidents where an individual was hospitalized?

- Are all injuries captured or only injuries related to one subject or cause (e.g. poisonings)?

- Which types or severities of injury are included in the data and which are not? How is severity of injury coded?

- Who is included in this data source? (e.g. only children, or anyone injured in Canada?)

- How are the variables coded or classified? Does the data source use the International Classification of

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[2] Adapted from the *Directory of Alberta Injury Data Sources: a listing of routinely collected injury data sources in Alberta,* 1997, and used with the permission of the Injury Prevention Centre, Edmonton, Alberta.

Disease (ICD), external cause codes (E-codes) or do they have their own classification scheme? How are these causes grouped together?

- How well do the data reflect the true injury picture? Have they captured all injury incidents they set out to, or is there a possibility that they missed some?

- Are these data representative of injuries in your population of interest? For example, can you generalize provincial data to your more local population?

- Do you need general or specific data?

- Do you want data on individual cases or groups of cases?

- If you are asking for information for groups of cases, how do you want those groups defined? For example, age could be grouped into 5-year age groups (e.g. birth to 5 yrs., 6-10 yrs.), 10-year age groups, or some other grouping that you need to decide on.

- Do you want raw data that you can analyze yourself (e.g. on computer disks) or do you want data that have been analyzed and reported to you on paper as tabulated data (as in a report)?

- Are raw and/or tabulated data available from the data source?

- What years of data are you interested in?

- What demographic variables (e.g. age, sex) or geographic variables (e.g. municipal district, health region) are you interested in?

- When do you need the data? Some agencies are swamped with requests or do not have staff devoted exclusively to filling them. It is important to identify your own timelines and to give the agency as much advance warning as you can. This may be particularly important for large and/or complex data requests.

- Does your budget allow for the need to purchase data? Although some data sets may be free, agencies often charge for data requests on a cost-recovery basis.

- Consider how these issues and limitations might affect what you are proposing to do with the data. If you have questions about these issues, consider talking to an expert. In some cases, consulting services are available from the data sources themselves.

Once you have responded to all of these questions and issues, whether on your own or in consultation, you will have a clear picture of what you need and what questions still remain to be answered by the data source. Your planning should assist you in clearly communicating your data needs. Also, encourage the data source to contact you if they need clarification or to let you know if there are any problems in filling your request. For example, would you still want the data if they ran into x, y, and z limitations? Determining your position on these kinds of concerns can save everyone a lot of time and frustration.

Despite all your preparation, you should still be prepared for long turn around times, or a lack of data to fill your specific needs. These possibilities may be improved by working with the data source and encouraging dialogue between the data sources and data users.

Data Request Checklist

General Outline
- Why am I requesting these data?
- How do I plan to use them?
- When do I need the data?

Specific Requirements
- Do I want general or specific data?
- Which years of data are needed?
- Which geographic variables?
- Which demographic variables?
- What are my preferred intervals for data break down?
- Do I want graphs or tables?

Preparation
- Have I checked to see if these data are available in published reports?
- Am I prepared to pay if readily available data do not meet my needs and further analysis is required?

Possible Limitations
- Definition of the terms or cause categories (operational definitions).
- What is included in the data and what is not (inclusion/exclusion criteria).
- How the data are coded, classified.
- Validity and accuracy of the data.
- Statistical representativeness and/or generalizability of the data.

Legend of Acronyms

The following acronyms are commonly found in the Injury-Related Content section of each inventory listing and refer to industry-accepted data scales and data coding.

AAPC   Association of Poison Control Centres' codes

ACCS   Ambulatory Care Classification System – since 1997, a fully integrated ambulatory care patient classification system for acute care facilities to provide useful information for utilization analyses and management for hospitals and government in Alberta.

AHFS   American Hospital Formulary Service – drug information

AIS Scale   Abbreviated Injury Severity Scale - a numerical method for categorizing injuries by anatomic location and severity.

ASCOT   A Severity Characterization Of Trauma - using anatomic and physiologic measures of injury severity with seven predictor variables, age, and the mechanism of injury to determine probability of survival.

CDS   Comprehensive Data Set - data on patients hospitalized with major trauma.

CWIS   Canadian Work Injury Standard

DDS   Death Data Set - currently under development will contain data on all deaths in Canada due to injury.

E-codes   External cause codes.

GCS Score   Glasgow Coma Scale Score - an estimate of central nervous system function based upon observation of motor response, verbal response, and eye-opening.

ICD-9   International Classification of Diseases - Ninth Revision of the International Statistical Classification of Diseases and Related Health Problems that was formalized in 1893 as the Bertillon Classification or International List of Causes of Death.

ICD-9 CM   International Classification of Diseases - Ninth Revision, Clinical Modification – based on ICD-9 to classify morbidity data for indexing of medical records, medical case reviews, as well as for basic health statistics.

ICD-10   International Classification of Diseases - Tenth Revision.

ICECI   International Classification of External Causes of Injury.

ISS   Injury Severity Score - quantifying the effects of multiple injuries upon mortality.

MDS   Minimum Data Set - includes demographic, diagnostic and procedural information on all admissions to acute care hospitals due to injury.

NCDB   National Collision Database.

NOC   National Occupation Code.

NWIS   National Work Injury Standard's Z795 used by Workers' Compensation Boards and Commissions to code injury variables (nature of injury or disease, part of body, source of injury or disease, and the injury event).

PCC	Patient Care Code
RHA	Regional Health Authority
RTS	Revised Trauma Score - a physiologic injury severity score that summarizes circulatory, respiratory, and central nervous system function following trauma.
SIC	Standard Industrial Classification
TESS	Toxic Exposure Surveillance System - developed in 1983, contains detailed toxicological information on more than 24 million poison exposures reported to U.S. poison centers.
TRISS	Trauma and Injury Severity Score – a method for assigning survival probability based of RTS, mechanism of injury, age, and ISS.
UTM	Universal Transverse Mercator – codes assigned according to geographical location, also referred to as geocodes.

Privacy and Confidentiality

Individuals and organizations that are entrusted with personal health information are entrusted with an individual's right to privacy.

Privacy legislation and policies state that individuals have the right to make informed decisions about what information they may reveal or withhold. That is, individuals are to be informed of the purpose for which information is being solicited, and assured that it will be used only for such purpose. This implies that personal information will be revealed only to those who have legitimate reasons for needing access to it. Simply put, privacy recognizes an individual's right to control the uses of his or her personal information – including when, how, and to what extent such information can be shared.

The development of appropriate privacy practices need not be burdensome as they are consistent with the development of a comprehensive information management framework.

The first step is to highlight potential risks or issues related to the collection, as well as the use and disclosure of personal information. This is referred to as a Privacy Impact Assessment (PIA) which identifies potential risks or issues in relation to "The Ten Privacy Commandments". These are the basis of the latest privacy laws and policies adopted in Canada, and are the basis for managing personal information. The PIA is often supplemented by an information flow diagram and a legal opinion. However, there is no set 'standard' for PIAs; as they vary according to the characteristics of the activity being examined.

The Ten Privacy Commandments[3]

1 – Accountability
You are responsible for personal information under your custody or control.

2 – Identifying purposes
You need to explain why you collect personal information.

3 – Consent
You should inform individuals of the purpose for which you seek their personal information, and obtain their consent before collecting, using or disclosing personal information. (This can be difficult to achieve in practice – eg. when reporting is done on the basis of mandatory reporting requirements).

4 – Limiting collection
You should only collect the personal information needed for the purposes that you identified. (This can also be difficult to achieve in practice given the need to collect various kinds of data for legitimate public health purposes – e.g., surveillance)

5 – Limiting Use, Disclosure and Retention
You should not use or disclose personal information for purposes other than what was identified at the time of collection. Personal information should be kept for only as long as is needed to fulfill the purposes that were indicated.

6 – Accuracy
You should keep personal information as accurate, complete and up-to-date as possible.

7 – Safeguards
You need to protect personal information using appropriate security safeguards.

8 – Openness
You should inform interested individuals about practices for managing personal information.

9 – Individual Access
Upon request, you should provide interested individuals with access to their personal information, except in limited circumstances.

10 – Challenging Compliance
Individuals may challenge your compliance with the above principles.

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[3] Canadian Standards Association. *Model Code for the Protection of Personal Information: A National Standard of Canada*

Discontinued Injury Data Sources

This section tracks the changes that occur with respect to injury data sources in Canada over time. Over the past years, several changes have occurred to programs and organizations involved with injury surveillance activities. As described below:

British Columbia Children's Commission (now Office for Children and Youth)

On February 7, 2002, the B.C. government approved the Attorney General's recommendation that the Children's Commission and the Office of the Child, Youth and Family Advocate be eliminated and that an Office for Children and Youth be established to provide key oversight and advocacy functions. The *Office for Children and Youth Act* was passed in the legislature on May 15, 2002 and the new Office was established on September 30, 2002.

Specific functions of the Children's Commission that are not being done by the new Office are fatality investigations and complaint review and resolution. The BC Coroner's Service is responsible for conducting all child death reviews, and the Office of the Ombudsman is the external, independent reviewer of complaints about services provided by the Ministry of Children and Family Development.

British Columbia Office for Children and Youth

Formerly British Columbia Children's Commission, the Office for Children and Youth was established February 7, 2002. The purpose of the data source was to monitor the status of children living in British Columbia. This included monitoring and informing government and the public regarding services provided for children and youth; providing advocacy services for children and youth; promoting the establishment of advocacy services in communities for children youth and their families; and conducting investigations at the Attorney General's request.

Due to an organizational mandate change, there is no longer injury/fatality related information available on site. Data collection was stopped and all information was archived as of August 2004. This information is not accessible to outside agencies and access is only permitted to the Children's Commission.

Canadian Accident Injury Reporting and Evaluation (CAIRE) Database

CAIRE was initiated by the former Product Safety Branch of Consumer and Corporate Affairs in January of 1982. The objective was to provide a database of information on accidental injuries involving consumer products. Collection and tabulation of data on injuries related to consumer products was contracted out quarterly to the Hospital Medical Records Institute (HMRI) who eventually merged to form the Canadian Institute of Health Information (CIHI). Between 1986 and 1992, four to six hospitals participated annually. Data were coded using ICD-9, as well as both External cause and Nature of Injury (E and N-codes). Collection of CAIRE stopped in 1996 due to budget restraints.

CHIRPP – Sioux Lookout Zone Hospital

Prior to 2002, data was gathered for the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) at Sioux Lookout Zone Emergency Department that services 28 First Nations communities. The primary purpose of the data source was injury surveillance with the collection of data regarding the injured person, the injury, and the events leading to the injury. After 2002 data collection stopped and the Sioux Lookout Zone Hospital is now known as the Meno Ya Win Health Centre and is in five field communities of the Sioux Lookout Zone. Access to the data may be granted with approval from Health Canada with strict guidelines as to purpose and use.

ProdTox

ProdTox was a Health Canada surveillance pilot system developed by the Centre for Surveillance Coordination (CSC). It was a web-based network designed to monitor, prevent and reduce injury hazards in the area of poisonings. ProdTox integrated existing data from poison control centre databases across Canada and shared the information through a secure web-based network.

This surveillance system was to be launched on April 1, 2002, but due to unexpected budget cuts, activities stopped and the ProdTox Secretariat, located at the Institut National de Santé Publique du Québec, ceased operations as of June 30, 2002.

List of Non-routinely Collected Injury Data

Northwest Territories, Bureau of Statistics. 1999 NWT Labour Force Survey: Safety and Injuries Survey. -- Page consulted February 16, 2004, from the Northwest Territories, Bureau of Statistics Web site: www.stats.gov.nt.ca/Statinfo/Health/Injuries/Injuries.html

Statistics Canada. General Social Survey. Cycle 8, personal risk, 1993: [computer file]: public use microdata file. --Ottawa: Statistics Canada, Housing, Family & Social Statistics, 1994.

Statistics Canada. Violence Against Women Survey, 1993: [computer file]: public use microdata file. --Ottawa: Statistics Canada, Housing, Family & Social Statistics, 1994

Inventory Listing of Data Sources

Alberta Centre for Injury Control and Research

Contact

Colleen Drul
Injury Data Analyst
Tel: 780-492-9764
Fax: 780-492-7154
E-mail: colleen.drul@ualberta.ca

Alberta Centre for Injury Control and Research
University of Alberta
Room 4075, RTF,
8308–114th St.,
Edmonton, AB T6G 2E1

General Contact: 780-492-6019
E-mail: acicr@ualberta.ca
URL: www.med.ualberta.ca/acicr

**Organization Housing
the Data Source**

The Alberta Centre for Injury Control and Research (ACICR), is
a provincially funded organization that provides support for
agencies, practitioners and other key stakeholders who do work
related to injury prevention, emergency medical services, acute care
and rehabilitation. ACICR has a staff of 18 located within the
University of Alberta. The Centre's mission is to contribute to
reducing the mortality, morbidity, and overall burden of injury in
Alberta. ACICR supports injury surveillance by integrating analyzed
injury data and providing them upon request.

Purpose of the Data Source

The primary purpose of ACICR's Data Services Team is to support
research and program initiatives to help reduce injuries in Alberta.
Another focus for ACICR is reporting fatal injury data collected by
the Office of the Chief Medical Examiner in Alberta. This
information augments the information currently received from the
Alberta Health and Wellness' (AHW) vital statistics mortality
database by providing more detail regarding the circumstances
leading to a fatal injury.

Other purposes for which the data are used include informing the
regional health regions and fulfilling ad hoc requests from other key
injury stakeholders, the media, and consultants.

The types of analysis generally performed on data have to do with
frequencies, percentages, and rates. ACICR plans to do more
intensive epidemiological data analysis in the future.

Injury-Related Content

Classification of injury events:	ICD-9CM, ICD-10, ICD-10 CA
Geographic locators:	postal codes, health region of
(for the injured person's place of residence)	residency
Demographic variables:	age, date of birth, sex
Unique identifiers:	scrambled personal health number
Place of injury occurrence:	ICD-10 CA *(not consistently applied across all health regions)*

Nature of injury:	ICD-9CM and ICD-10 CA
Multiple causes of injury:	ICD-9CM and ICD-10 CA
Anatomical location:	ICD-9CM and ICD-10 CA
Multiple injuries:	ICD-9CM and ICD-10 CA
Index of injury severity:	not recorded
Pre-event circumstances:	E-codes (ICD-9CM)

Data Collection Methods

ACICR receives an aggregated Canadian Institute of Health Information's data set for in-patient hospitalization and AHW's injury data, including its Ambulatory Care Classification System (ACCS) for emergency department visits and its mortality data from Alberta Vital Statistics (see profile).

ACICR encourages emergency department staff to collect and chart data on sport and recreation injuries. At present, all health regions in Alberta are collecting this subset.

Changes in Data Over Time

Coding classification for inpatient hospital admissions and emergency department visits switched from ICD-9 CM to ICD-10 CA in April 2002. The mortality data classification systems switched from ICD-9 to ICD-10 in 2000.

Data Availability

Access to raw data is generally not provided and ACICR's database is not linked with external databases. Access to the raw data could be granted through a formal data request approved by AHW.

- Approximately 27,000 in-patient hospitalization records, 13,000 injury related deaths (as registered by Vital Statistics), and 390,000 injury-related emergency department visits are added to the database annually.
- ACICR has collected nine years of hospitalization data, 10 years of death data and four years of injury-related emergency department data. At the end of 2001 the database contained approximately 2,000,000 records.
- Data are received and entered into the database approximately two fiscal years after the injury occurred.
- Data are available for analysis immediately after being entered into the database.
- The last full year of data available is 2001.

Reports and Other Publications

The *Alberta Injury Data Report* provides an overview of the injury activity in the province of Alberta. Summarization of injury activity by frequency, rate, age/sex for each health region is also reported. Specialized reports and various injury fact sheets are produced and updated.Various data reports are produced several times during the year. Report releases are announced in the ACICR newsletter, which reaches approximately 1,200 people. Reports are available on disc and on the ACICR's Web site. A hard copy of the *Alberta Injury Data Report* is sent to ACICR's partners, the Health Regions, and to Safe Communities.

Service Charges

Service charges are not applied to complete information or data requests. Cost-recovery charges are applied for published data

reports (those with an ISBN number).

Other Considerations   The ACICR's Access database is an administrative database that does very well in supporting surveillance, research, and prevention initiatives. A limitation to data availability is the timeliness of receiving AHW's data.

Other Contacts   **Saferoads**
The Alberta Traffic Safety Initiative
Alberta Transportation
Main Floor, Twin Atria, 4999–98 Ave.,
Edmonton, AB T6B 2X3
Tel: 780-422-8839
Fax: 780-422-3682
URL: www.saferoads.com

Alberta Transportation, Alberta Traffic Collision Information System

Contact	Liz Owens
	Manager, Collision Research and Analysis
	Tel.: 780-427-6775
	Fax: 780- 422- 3682
	E-mail: liz.owens@gov.ab.ca
	Alberta Infrastructure and Transportation
	Main floor, 4999-98th Avenue
	Edmonton, AB T6B 2X3
	General Contact: 780-427-8901
	URL: www.trans.gov.ab.ca/home/index.asp

Organization Housing the Data Source

The Alberta Collision Information System (ACIS) tracks collisions which take place in Alberta and is managed by Alberta Transportation.

Purpose of the Data Source

The primary purpose of ACIS is to support Alberta Transportation's Driver Safety, Research and Traffic Safety Initiative in reducing traffic collisions and their effects upon the personal and financial well being of the public. Collision data are used to quantify the nature and extent of the problems so that informed policy decisions and program options can be implemented. The data are used for insurance purposes, tracking, surveillance, outreach, program planning, generation of reports and linkage. Specific areas in which data are used for program development are for the roadway environment, drivers and vehicles. The data are also used for program and intervention evaluation.

Both qualitative and quantitative analysis is done on the data. The users of the analyzed data are internal staff, provincial agencies, local agencies, stakeholder partners, lobby groups, the private sector, the public and the media.

Injury-Related Content

Classification of injury events:	NCDB - National Collision Data Base
Geographic locators: *(for the injured person's place of residence)*	street or highway, location of collisions, city, province, postal code
Demographic variables:	age, sex
Unique identifiers:	name, file number
Place of injury occurrence:	city, highway or street number
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	by proxy - no apparent injury, minor (treated but not admitted to

	hospital) major (admitted to hospital), fatal.
Pre-event circumstances:	free text field capturing pre-crash events

Data Collection Methods

Data are collected from police reports that are submitted to Alberta Infrastructure and Transportation. The data are subjected to validity checks and cross edits, and entered into the database for analysis. The legal requirement to collect primary data is outlined in the *Traffic Safety Act* and the *Operator Licensing and Vehicle Control Regulation.* Secondary data are received on a spreadsheet from the Chief Medical Examiner's Office via e-mail or diskette.

The highest level of aggregation to which the injury data applies is provincial. The Alberta Collision Information System (ACIS) does not have the ability to identify First Nations/North American Indian, Inuit or Métis population.

Changes in Data Over Time

Data have been consistently collected using the same collision report form since 1991. There have been no changes in definition during that period of time.

Data Availability

Access to the data is provided beyond the organization. Personal data are only available to the individual involved or someone representing that person. Non-identifying data can be provided upon request in various formats including routinely distributed reports or flat ASCII file. The ACIS links with the Motor Transport Database, also managed by Alberta Infrastructure and Transportation. Requests for raw data have been granted, and each situation is considered independently.

Technical documentation available to authorized personnel includes list of data elements & coding categories/options, data dictionary, and file layouts

- Approximately 100,000 records are added to the database annually.
- The data are entered into the database approximately 3 months after the incident occurs.
- For consistency purposes, data are analyzed on an annual basis only
- The last full year of data available in the database is 2003.

Reports and Other Publications

Reports are generated annually, bi-annually, quarterly, monthly and by request. The most recent publications are available at: http://www.trans.gov.ab.ca/Publications/CollisionStats.asp. The reports are available electronically and in hardcopy and are disseminated via a mailing list and by individual request.

Service Charges

Services charges are not applied to complete data or information requests.

Other Considerations   The data captured are limited by the information available on the police reports and the selected data elements, which are keypunched into ACIS.

Other Contacts   **Saferoads**
The Alberta Traffic Safety Initiative
Alberta Transportation
Main Floor, Twin Atria, 4999–98 Ave.,
Edmonton, AB T6B 2X3
Tel: 780-422-8839
Fax: 780-422-3682
URL: www.saferoads.com

Alberta Trauma Registry

Contact	Mary Stephens Alberta Trauma Registry Manager Tel.: 780-407-6844 Fax: 780-407-1192 E-mail: mhs1@ualberta.ca

or

Leah Phillips
Trauma Information Analyst
Tel: 780-407-1404
Fax: 780-407-1192
E-mail: ibrown@cha.ab.ca

University of Alberta/Stollery Children's Hospital
8440 – 112 Street
Edmonton, Alberta T6G 2B7

General Contact: 780-407-7416
URL: www.capitalhealth.ca

Organization Housing the Data Source

The Alberta Trauma Registry is part of the Capital Health Trauma Program located within the University of Alberta and Stollery Children's Hospitals that provide diagnostic and treatment services for adults and children including cardiac sciences, neurosciences, renal, critical care, emergency and trauma and burn care.

Purpose of Data Source

The Alberta Trauma Registry collects and maintains data on the province's severely injured patients for the purposes of quality control, injury surveillance, research and injury epidemiology. The data are also used to support injury prevention programs and evaluation, and to report to the National Trauma Registry.

The analysis performed on the data is both quantitative, and qualitative. Anyone who is interested in receiving the data can do so with a completed and approved data request form. The users of the analyzed data are internal staff, provincial and local agencies, private and public sectors, and the media.

Injury-Related Content

Classification of injury events:	ICD-9 & ICD-10 *(since April 1, 2002)*
Geographic locators:	city, province, postal code
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex, occupation *(if documented on the hospital chart)*
Unique identifiers:	healthcare patient identification number, hospital number
Place of injury occurrence:	ICD-9 E849.x-codes and ICD-10 CA U98.x codes
Nature of injury:	ICD-9, ICD-10

Multiple causes of injury:	ICD-9, ICD-10
Anatomical location:	ICD-9, ICD-10, AIS 90
Multiple injuries:	ICD-9, ICD-10
Index of injury severity:	AIS, ISS, GCS, RTS, TRISS
Pre-event circumstances:	blood alcohol levels, protective equipment used, activity when injured.

Data Collection Methods

Data are manually gathered from trauma patient chart reviews based on external cause of injury codes and injuries registering 12 or more on the Injury Severity Score. Trauma patient data are sent in to the Alberta Trauma Registry from the province's trauma centres including Foothills Hospital, Alberta Children's Hospital, Royal Alexandra Hospital, University Hospital and Stollery Children's Hospital. The data are abstracted and entered into the database using Collector software. The Alberta Trauma Registry does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the data is provided beyond the Alberta Trauma Registry with a completed data request form that is approved by the Alberta Trauma Registry Management Committee. Data for outside requests are available in various formats such as Excel spreadsheet, table, graph, and report formats

The technical documentation available to authorized personnel include a list of data elements, coding categories and data dictionary.

- Approximately 1,900-2,000 records are added to the database annually.
- From April 1, 1995 to the end of 2002, the database contained 12,334 records.
- The data are entered into the database 1-4 weeks after the patient is discharged.
- The data are available for analysis immediately after being entered into the database
- The last full year of data in the database is fiscal year 2002-2003.

Reports and Other Publication

Brief reports in manuscript form are generated periodically to provide members an update. The titles of recent publications are, *"Major Trauma Among Adults in Alberta 1995-2000"*, *"Major Trauma in the Capital Health Region 2001-2002"* *"Calgary Regional Trauma Services Report 2002-2003"*.

The reports are disseminated in in the form of e-mail and mail, in response to individual requests and are available in hard copy, as e-

mail attachments, by fax and at the Calgary Health Region site. Available at: www.calgaryhealthregion.ca/clin/rts/

Service Charges   Service charges are applied to complete data or information requests on a cost recovery basis.

Other Considerations   The Alberta Trauma Registry database focuses only on trauma patients whose injury severity scores are equal to or greater than 12. Patients who die at the scene are not included.

Other Contacts   See Appendix E for a listing of all provincial/territorial trauma registries.

Alberta Vital Statistics, Mortality Database

Contact	Gail Brese
	System Administrator, Vital Statistics
	Tel: 780-422-7941
	Fax: 780-422-4225
	E-mail: gail.brese@gov.ab.ca
	Alberta Vital Statistics
	10365 – 97th St.
	Edmonton, AB T5J 3W7
	General Contact: 780-415-6078
	URL: www.gov.ab.ca/gs/services/vpe/index.cfm

Organization Housing the Data Source

Alberta Vital Statistics is located within the Department of Alberta Government Services, Registry Services. Alberta Vital Statistics records, tracks, maintains, analyzes, and reports on statistical data of all births, stillbirths, adoptions, legal name changes, marriages, and deaths occurring in Alberta. It plays a role in supporting injury surveillance by collecting information on all deaths in the province including deaths due to injury.

Purpose of the Data Source

The primary purpose is to fulfill the requirements of the Alberta *Vital Statistics Act.* This legislation requires that the registration of death must contain the name of the deceased, the cause of death, the date and place of birth, sex, age, marital status, registration number, and registration date. Some registrations may contain more information such as the name of spouse, names and birthplaces of parents– (used for genealogical research), usual residence, and occupation.

Data are used for statistics and generating reports. Alberta Vital Statistics sends birth and death information to all regional and provincial health authorities on a weekly basis. Data are sent quarterly to Statistics Canada. More than 100 organizations receive information from Alberta Vital Statistics on a regular basis, including such organizations as the Alberta Cancer Board, Workers Compensation Board, and Teachers' Retirement Fund.

Generally, data analysis is quantitative, for the building of statistical reports and the annual report.

Injury-Related Content

Classification of injury events:	ICD-10
Geographic locators:	street address, city, province, postal code
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex, occupation
Unique identifiers:	health card number *(not a mandatory field of collection)*
Place of injury occurrence:	home, residential institution, sports, transport, industrial, farm,

<div style="text-align: right;">

recreation, commercial, other,
unknown**.**

</div>

Nature of injury:	ICD-10
Multiple causes of injuries:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	not applicable
Pre-event circumstances:	not recorded

Data Collection Methods

Funeral homes receive information about the deceased, including the cause of death. Using an on-line Oracle database system on an outsourced basis, funeral homes register deaths for Alberta Vital Statistics. To ensure that data entry errors are minimized, rigorous quality control measures have been implemented such as mandatory completion of every field of the death registration form, both electronically and in hard copy.

Alberta Vital Statistics sends the data on a CD to Statistics Canada where data are coded to ICD 10 and returned, then compared with data received upon pre-registration and registration of the death certificate. The records from Alberta Vital Statistics are then updated. The highest aggregation of these injury data is at the provincial level (Alberta).

Changes in Data Over Time

Coding classification switched from ICD-9 to ICD-10 in January 2000.

Data Availability

Access to the raw data is generally not provided and the database is not linked with external databases. Requests for raw data have been granted to government agencies (e.g. Statistics Canada, Health Canada, and Alberta Health) with a time limited access agreement. Researchers and others requesting access to data must have an approved access agreement as per the Alberta *Freedom of Information and Privacy Act*. With approved access, data are available in any format requested (usually electronic). Authorized personnel can provide technical information on the list of data elements, data dictionary, file layout, data model, and technical environment.

- Approximately 18,000 records are added to the mortality database annually.
- The records are stored on a yearly basis. As of February 17, 2005 there were 18,707 deaths registered for the year 2003.
- A record is entered into the database within a week of the death.
- Data are available for analysis immediately after being entered into the database.
- The last full year of data available is 2004.

Reports and Other Publications

The annual report, called *The Annual Review,* is the only official, published document that is generated from the information in the database. It is available in hard copy, by disc or e-mail, and on Alberta Vital Statistic's Web site.

Service Charges   Service charges are not applied to government departments or agencies. Private requestors are charged a flat fee of $500.00 with a $100.00 fee for follow-up information. Payment is due once data provided by Alberta Vital Statistics is ready to be delivered. Sometimes data provided by researchers is not adequate to run against the database.

Other Considerations   Alberta Vital Statistics is a very good source of data with many users and uses. It is a complex yet user-friendly system.

Other Contacts   See Appendix F for a listing of all provincial/territorial offices of vital statistics.

Atlantic Health Science Corporation Trauma Registry, New Brunswick

Contact	Heather Oakley
	Trauma Coordinator
	Tel: 506-648-7303
	Fax: 506-648-7806
	E-mail: oakhe@reg2.health.nb.ca
	Atlantic Health Science Corporation Trauma Registry
	Saint John Regional Hospital
	P.O. Box 2100,
	Saint John, NB E2L 4L2
	General Contact: 506-648-6134
	URL: www.ahsc.health.nb.ca

Organization Housing the Data Source

The Atlantic Health Sciences Corporation (AHSC) Trauma Registry, located in the Saint John Regional Hospital, is responsible for registering trauma occurrences in its region and is not comprehensive for the province of New Brunswick.

The Registry's Trauma Coordinator manages a database that contains more data taken from hospital charts than what is requested by the National Trauma Registry. The database includes detailed information that supports provincial injury prevention programs such as the Senior Safety Program, the Risky Behaviour Program, the All Terrain Vehicle Safety Program, the Summer Safety Program (in collaboration with SafeKids), and the Winter Safety Program.

Purpose of the Data Source

The primary purpose of this data source is to improve the quality of trauma care. Data are used in quality initiatives for patient care, feedback to other facilities on volumes – such as how many patients were transported to the AHSC, the nature of injuries, and follow-up letters for every referral hospital.

The AHSC Trauma Registry supports injury surveillance through data collection, interpretation, and dissemination. When an increased incidence in a certain cause of trauma is observed, public awareness is raised via the media. The Registry's data also support research, tracking, surveillance, generation of reports, delivery of injury prevention programs and program planning, and supports special initiatives such as the ATV Task Force and New Brunswick's Safer Highways Vision 2010 Committee.

Data analysis is both qualitative and quantitative. The users of the analyzed data/information are other health care facilities, physicians, and stakeholders in the community.

Injury-Related Content

Classification of injury events: ICD-9, ICD-10
Geographic locators: street address, city, province,
(for the injured person's place

	of residence), postal code
Demographic variables:	age, date of birth, sex, occupation
Unique identifiers:	health care patient identification number, health card number
Place of injury occurrence:	similar to ICECI classification
Nature of injury:	ICD-9, ICD-10, ISS, TRISS
Multiple causes of injury:	ICD-9, ICD-10
Anatomical location:	ICD-9, ICD-10
Multiple injuries:	ICD-9, ICD-10
Index of injury severity:	AIS scale, ISS, GCS score, RTS TRISS
Pre-event circumstances:	alcohol levels, protective devices, cause and nature of the incident causing injury (from police reports)

Data Collection Methods

Data are manually gathered from the trauma patient files as soon as the patient is admitted to the tertiary site and then entered into the registry. The AHSC receives data from patients from the six hospitals within its region and from referrals from across the province.

Changes in Data Over Time

Coding classification has been switched from ICD-9 to ICD-10 as of 2004.

Data Availability

The AHSC Trauma Registry provides data access to the facilities contributing data (as well provides data to other regions who refer patients to this tertiary site) and began providing data access to the National Trauma Registry in 2002. The database is not linked with external databases.

The AHSC Trauma Registry can approve any request for raw data and requires a confidentiality agreement and a signed contract outlining the handling, purpose, and care of the data.

Authorized personnel can provide technical information on the list of data elements, coding categories/options, data dictionary, data model, and technical environment.

- Approximately 300-400 records are added to the database annually.
- At the end of 2004, the database contained approximately 1,700 records.
- Data are entered into the AHSC Trauma Registry within 24 hours of the injury event.
- Data are available for analysis one month after patient discharge.
- The last full year of data available is 2004.

Reports and Other Publications

The *Atlantic Health Sciences Centre's Quarterly Report* is available in hard copy throughout the region via a mailing list and upon request. Plans are still underway to make the report electronically available on a Web site. Other reports can be generated

upon request. For example, there are specific databases concerning senior's falls, ATV collisions, sports injuries, recreation, falls, workplace injuries, motor vehicle collisions, assaults and animal bites.

Service Charges   Service charges are not applied to complete information and data requests.

Other Considerations   One of the strengths of the AHSC Trauma Registry is that it is unique to New Brunswick. However, it is not a comprehensive provincial registry. It is limited in that the database only holds trauma patients' Injury Severity Scores greater than 9, and does not collect information on minor injuries.
Saint John Regional Hospital Trauma records every injury that is reported from all of region 2, regardless of the ISS score. This information is recorded in spreadsheet format and keeps record of pre-event circumstances. From these data, trends can be identified on specific injuries within the region.

Other Contacts   See Appendix E for a listing of all provincial/territorial trauma registries.

British Columbia Ambulance Service

Contact	Randy Slemko
	Data Analyst
	Tel: 250-953-3208
	Fax: 250-953-3119
	E-mail: randy.slemko@gems3.gov.bc.ca
	British Columbia Ambulance Service
	Emergency Health Services Commission
	P.O. Box 9600, Stn Prov Gov
	Victoria, BC V8W 9P1
	General Contact: 250-953-3298
	URL: www.healthservices.gov.bc.ca/bcas

Organization Housing the Data Source

British Columbia Ambulance Service (BCAS) provides public ambulance service in British Columbia under the authority of the Emergency Health Services Commission of the provincial Ministry of Health Services. The service employs about 1,000 full-time paramedic and dispatch personnel, 2,200 part-time staff, and 100 management and support personnel. BCAS has six offices in B.C., approximately one per health region.

BCAS provides timely transportation and care of the sick and injured. BCAS indirectly supports the front end of injury surveillance by recording data regarding the injuries treated by ambulance service personnel.

Purpose of the Data Source

Collected data are used for internal requirements such as resource allocation, monitoring of response times, performance measurements, report generation, and program planning.

Data analysis is both qualitative and quantitative and includes analysis of the purpose of the call, the ambulance response time, the type of patient care provided by the paramedics, and the result of the call. BCAS internal staff, the Emergency Health Services Commission, and other ambulance services use the analyzed data/information.

Injury-Related Content

Classification of injury events:	PCC (Patient Care Code)
Geographic locators:	street address, city, province
(for the injured person's place of residence)	postal code
Demographic variables:	age, sex
Unique identifiers:	personal health number, name
Place of injury occurrence:	free text field
Nature of injury:	free text field, not coded
Multiple causes of injury:	not recorded
Anatomical location:	free text field, not coded
Multiple injuries:	free text field, not coded
Index of injury severity:	GCS score
Pre-event circumstances:	not recorded

Data Collection Methods

A dispatcher ranks a call based on the Medical Priority Dispatch System (MPDS), then codes and dispatches the ambulance. Paramedics treat the patient on-site and code the information using Patient Care Codes. Although BCAS strives to improve response times, it does not receive follow-up information regarding patient outcome and so is unable to determine whether the response time or the type of care provided had any impact on recovery. BCAS will become part of the Ministry of Health's HealthNet initiative—a computerized data collection and retrieval tool that enables the secure sharing of integrated health information. This initiative will allow BCAS to link its data with other health care providers to determine outcomes.

Paramedics collect and code data on the paper-based Patient Care Report and using Patient Care Codes. Data are then submitted to BCAS for data entry. There is no legal requirement to collect data however the Patient Care Report is considered a legal document and can be used as evidence should any patient care be challenged. The highest aggregation of these data is at the provincial level.

Changes in Data Over Time

None.

Data Availability

BCAS allows access to its raw data with a request for access approved by the B.C. Ministry of Health. Those requesting access must explain what data will be used for and how they will be managed. The database is not linked with external databases.

- Approximately 500,000 records are added to the database annually.
- BCAS has been collecting data electronically since 1989. There were 6,230,000 records in the database at the end of the fiscal year 2002.
- Data are entered into the database approximately 60 days after the injury occurred.
- Data are available for analysis immediately after being entered into the database.
- The last full year of data available is fiscal 2003/2004.

Reports and Other Publications

Dispatch reports are produced monthly and the call volume reports are produced annually. Recent publications produced from the database are:

- *The Monthly Dispatch Report*,
- *Station Medical Profile*,
- *History of Service Indicators,*
- *Table of Service Indicators.*

Recent reports are available electronically, while past reports are only available in hard copy. Reports are available upon request but are not actively circulated as they are generated for internal purposes.

Service Charges   Service charges for data requests are applied on a cost recovery basis.

Other Considerations   BCAS's database has limited injury information. BCAS, as a participant in the International Emergency Medical Services consortium, will be collecting detailed information on cardiac arrest and major trauma patients beginning in 2005.

Other Contacts   None.

British Columbia Drug and Poison Information Centre

Contact	Derek Daws Managing Director Tel: 604-682-2344 ext.62126 Fax: 604-806-8262 E-mail: daws@dpic.ca British Columbia Drug and Poison Information Centre Ministry of Health University of British Columbia 1081 Burrard St. Vancouver, BC V6Z 1Y6 General Contact: 604-682-2344 E-mail: info@dpic.ca URL: http://www.dpic.ca/
Organization Housing the Data Source	The British Columbia Drug and Poison Information Centre (BCDPIC) is part of the University of British Columbia and a division of the B.C. Centre for Disease Control. It is funded by the Provincial Health Services Authority and the Faculty of Pharmaceutical Sciences of the University of B.C.
Purpose of the Data Source	The purpose of the data source is to fulfill the mandate of BCDPIC by providing centralized services to assist health professionals in providing optimal levels of drug therapy and poison management along with poison information request services to the public. The data are also used for administrative control and reporting. The level of detail of data collected is sufficient for surveillance purposes where specific indicators can be identified and tracked. The type of analysis performed on the data is both quantitative and qualitative. Geo-locators are examined to determine patterns of poisoning to help focus prevention and education programs that are aimed to help reduce the number of poisonings. Analysis generally focuses on specific products, and frequencies of age and sex of those poisoned. The analyzed data are used by the general public via the poison information services, to health care professionals via the drug information services, by internal staff in producing drug information publications, and to the regional adverse drug reaction reporting centre. The data are also of interest to manufacturers and consumer groups.
Injury-Related Content	Classification of injury events: Two primary classification systems: American Hospital Formulary Service (AHFS) for pharmaceutical, medicinal products; American Association

	of Poison Control Centres' (AAPC) codes
Geographic locators:	city, province
(for the injured person's place of residence)	
Demographic variables:	name, age group, sex, type of caller - member of public or health care provider
Unique identifiers:	name
Place of injury occurrence:	site of exposure (domestic, occupational, environmental)
Nature of injury:	AAPC
Multiple causes of injury:	AAPC/AHFS
Anatomical location:	AAPC
Multiple injuries:	not recorded
Index of injury severity:	by proxy, outcome status
Pre-event circumstances:	free text field

Data Collection Methods

The Poison Control Centre for British Columbia registers calls from people suffering real or perceived poisonings. A clinical record, modeled on a clinical medical record, is activated for each call detailing specific information regarding the location of the caller, type of exposure, product involved, symptoms observed, treatment undertaken, and basic outcome status. Once complete, the record is reviewed for data integrity and entered into the database by a data entry technician.

Data are collected on all types of poisonings, both intentional and unintentional. No secondary data are received. The primary data are collected via telephone. The collection of data is done on the basis of the two BCDPIC mandates as described above. The highest level of aggregation to which the injury data apply is the provincial level. Data on ethnicity are not collected and therefore the BCDPIC cannot identify First Nations/Aboriginal, Inuit or Métis populations.

Changes in Data Over Time

None.

Data Availability

Although access to raw data has never been granted, access could be granted with a signed contract along with a memorandum of agreement specifying criteria that conform to the privacy commissioner's regulations within the province. This process may also require an ethics review. Access to the non-identifiable data is provided to partners under formal Memoranda of Understanding to integrate records for the purpose of a broader perspective in terms of surveillance and other activities. The database does not link information with other external databases.

Aggregate data are available in hard copy and sent by mail, or electronically. The technical documentation available to authorized personnel for the database includes a list of data elements, data dictionary, file layout, data model and technical environment. BCDPIC has complete documentation on how the data are structured.

- On average, 40,000 records are added to the database annually.
- By end of year 2004, there were approximately 430,000 records in the database.
- After the integrity of the data is assured, the data are entered into the database within one week of the poisoning.
- The data are available for analysis at the earliest one week after the poisoning.
- The last full year of data available in the database is 2004.

Reports and Other Publications

Administrative reports are generated quarterly, bi-annually and annually for BCDPIC's funding agencies. Reports are also generated on an ad hoc basis and made available to the public.

Titles of publications include the *Poison Management Manual*, and the quarterly *Poison Perspectives Newsletter,* and are distributed in hardcopy to health care professionals in acute care hospitals and public health units. Reports entitled *Poison Statistics* detail the frequency and type of poisoning in BC.

Other material based on information taken from the database include educational materials such as posters, pamphlets, videos and lecture materials on poison prevention and first aid for poisoning. The formats of the reports are as varied as the reports themselves. Generally the format is provided as specified by whomever is requesting the report, then disseminated as requested.

Service Charges

Service charges for completing information or data requests are determined by the type request and based on cost recovery. Charges are not applied to organizations involved with either legislation jurisprudence or health care.

Other Considerations

BCDPIC is a useful tool to review product related toxicity. A limitation is that the information being provided over the telephone is assumed to be correct.

Other Contacts

See Appendix H for a listing of all provincial/territorial poison centres.

British Columbia Injury Reporting System

Contact   Jim Cruickshank
                               Discharge Abstract Database Team Leader
                               Health Information Support
                               Tel: 250-952-1259
                               Fax: 250-952-0979
                               E-mail: jim.cruickshank@gems7.gov.bc.ca

                               British Columbia Injury Reporting System
                               7- 1, 1515 Blanshard St.
                               Health Information Access Centre
                               Ministry of Health Services
                               Victoria, BC V8W 3C8

                               General Contact: 250-952-3547
                               URL: http://admin.moh.hnet.bc.ca

**Organization Housing   British Columbia Injury Reporting System (BCIRS) was established
the Data Source**   out of a need for health professionals to have access to injury
                               morbidity data in the province of British Columbia. The mission
                               statement is "to make British Columbia a safe place by coordinating
                               efforts, resources and prevention programs that will significantly
                               reduce injuries and their consequences".   BCIRS supports injury
                               surveillance in tracking and reporting on injuries requiring
                               hospitalization in British Columbia.

Purpose of Data the Source The main purpose of this data source is to provide access to injury
                               morbidity data. The data are used for the purpose of program
                               planning and report generation. Quantitative analysis is done based
                               on the Canadian Institute for Health Information's discharge abstract
                               database information. The users of the analyzed information include
                               the Canadian Red Cross**,** Farm & Ranch Safety Association, the
                               Canadian Association of Professional Lifeguards, the Ministry of
                               Children and Families, B.C. Drug & Poison Information Centre, and
                               Vital Statistics.

Injury-Related Content   Classification of injury events: ICD-9
                                         Geographic locators: street address, city, province,
                            (for the person's place of residence)   postal code
                                        Demographic variables: age (grouping), sex
                                            Unique identifiers: not recorded
                                     Place of injury occurrence: E-codes (5th digit)
                                               Nature of injury: ICD-9
                                            Anatomical location: not recorded
                                               Multiple injuries: not recorded
                                        Index of injury severity: not recorded
                                        Pre-event circumstances: not recorded

Data Collection Methods   BCIRS collects and analyzes the injury subset of the national
                               morbidity database including all injury cases, acute rehabilitation,

and surgical day care. The information is collected by year with currently 10 years stored on the Local Area Network. The highest level of aggregation to which the data apply is the province of British Columbia**.** BCIRS does not identify First Nations/Aboriginal, Inuit or Métis populations.

Changes in Data Over Time

The switch from ICD-9 to ICD-10-CA has been fully implemented as of April 1, 2001.   BCIRS 2000-2001 data are still ICD-9. Standardized injury reports are currently being considered.

Data Availability

Access to the data is provided regularly to the B.C. Children's Hospital, the University of British Columbia, researchers, and occasionally to insurance companies. Some data are available on the Web site where they can be viewed or printed in Excel format.

Authorized personnel can provide technical information on the lists of data elements, coding categories/options, the data dictionary, file layout, data model, and technical environment.

- Approximately 55,000 records are added to the database annually.
- At the end of 2000 the database contained approximately 550,000 records.
- The information is entered in the database after fiscal year end.
- Data are available for analysis approximately one year after the data are collected.
- The last full year of data available is fiscal 2000-2001.

Reports and Other Publication

Reports are generated on an ad hoc basis. They are available on the web, directly through the Heath Data Warehouse.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

BCIRS is working to better monitor injury trends and patterns and to help find new initiatives to capture average hospitalization days due to injury.

Other Contacts

Office of Injury Prevention
1520 Blanshard St., 2nd Floor,
Victoria, BC V8W 3C8
Tel: 250-952-1578

British Columbia Injury Research and Prevention Unit

Contact

Krystina Tran
Administrative Assistant, BCIRPU
Tel: 604-875-3776
Fax: 604-875-3569
E-mail: ktran@cw.bc.ca

British Columbia Injury Research and Prevention Unit
L408–4480 Oak St.
Vancouver, BC V6H 3V4

General Contact : 604-875-3776
E-mail: injury@cw.bc.ca
URL: www.injuryresearch.bc.ca

**Organization Housing
the Data Source**

The British Columbia Injury Research and Prevention Unit (BCIRPU) was established in August 1997 as part of a province-wide partnership between the Centre for Community Health and Health Evaluation Research, the British Columbia Ministry of Health, and the B.C. Children's Hospital. The mission of this initiative is to make BC a safer place by coordinating research and prevention efforts that will significantly reduce injuries and their consequences.

Data are stored separately according to sources. Data are also requested from surveys such as the National Longitudinal Survey on Children and Youth for use in special research projects.

Purpose of the Data Source

The main purpose of these data sources is to develop and evaluate injury prevention programs, public education and research projects. The strategic areas of BCIRPU are:

1. *Surveillance* – BCIRPU monitors, collects, and analyzes mortality, hospitalization, and emergency services data and, develops reports on injuries. BCIURPU also facilitates the development and implementation of databases that provide new and original information.

2. *Research* - With expertise in injury prevention, epidemiology, health promotion, education, and public health, BCIRPU is positioned to conduct a program of injury research that is theory-driven, utilizes quantitative and qualitative methods, that addresses multiple factors, and ultimately, is aimed at developing effective evidence-based prevention strategies that result in reduced injury in BC.

3. *Knowledge Transfer* - The core of the BCIRPU strategic approach is to gather, analyze and disseminate injury data and information.

4. *Public Information* - Public communication strategies are used when the aim is to inform and educate, convey issues or results, or prepare members of the public for future initiatives that require commitment and action.

Data analysis is both qualitative and quantitative, with an emphasis on the descriptive. The target audiences of the analyzed data are medical health officers and the Office of Injury Prevention of B.C.'s Ministry of Health Planning.

Injury Related Content	Classification of injury events:	ICD-10
	Geographic locators:	local health area for hospitalization and mortality data, postal codes for emergency department data
(for the injured person's place of residence)		
	Demographic variables:	five-year age groupings for hospitalization and mortality data, date of birth, date of visit
		sex: mortality, hospitalization
	Unique identifiers:	Scrambled Chart Number, Chart Number: CHIRPP Scrambled PHN
	Place of injury occurrence:	ICD-10 CA: mortality (from 1998), hospitalization
	Geographic locators:	Local Health Area, postal code
	Nature of injury:	ICD-10 CA
	Cause of Injury:	ICD-10 CA
	Anatomical location:	ICD-10 CA
	Index of injury severity:	not recorded
	Pre-event circumstances:	narrative statement including activity when injured.

Data Collection Methods

BCIRPU collects mortality data annually from the BC Vital Statistics Agency and hospitalization data from Information Support, BC Ministry of Health Planning and BC Ministry of Health Services. BCIRPU established the Emergency Department Injury Surveillance System (EDISS) that operated at 10 provincial hospitals in BC for the years 2000/01, 2003/04. More detailed information about the circumstance of injury events were collected at the first visit to the emergency departments.

BCIRPU is also affiliated with Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP).

BCIRPU also collects injury data from numerous databases throughout BC that record injury statistics and information. The highest aggregation of these data is the provincial level, with the data more often presented at the Local Health Area level.

Changes in Data Over Time

Changes in classification from ICD-9 to ICD-10 for mortality data took place in January 2000, for hospitalization data in September 2001, and for emergency data in April 2002.

Data Availability	Mortality data: • Approximately 2,000 cases/year • Available from 1990 to 2003 • Collection is ongoing • Current number of cases in database is approximately 27,000 Hospitalization data: • Approximately 70,000 cases/year • Available from 1989/90 to 2002/03 • Collection is ongoing • Current number of cases in database is approximately 1,000,000 Emergency Department data: • Approximately 60,000 cases/year • Available from 2001/02 to 2003/04 • Collection ends April 2004 • Current number of cases in database is approximately 180,000 • CHIRPP (Canadian Hospitals Injury Reporting and Prevention Program)
Reports and Other Publications	BCIRPU regularly develops reports on both general and specific cause or event of injury. The reports are available on the Web site in .pdf format, or in hard copy by request. Available at: www.injuryresearch.bc.ca/ • Child and Youth Injury Reports • Adult and Senior Injury Reports • Seniors Falls Prevention • Sports and Recreation Injury Prevention • Motor Vehicle Traffic Injury • Injuries among First Nations • B.C. CHIRPP data reports • EDISS Reports • Injury Prevention Fact Sheets • Economic Burden • Program Evaluation
Service Charges	Service charges are applied to information and data requests. No charges are applied to the data or information already available in the report. A $20.00 charge is applied for shipping/handling costs in mailing a report.
Other Considerations	BCIRPU is effective in supporting its four pillars of surveillance, research, education and dissemination. It is moving ahead with data linkage initiatives to improve timely access to useful data. BCIRPU has a priority to re-establish or maintain EDISS in order to collect more information about injury events.
Other Contacts	Matt Herman Manager, Injury Prevention Ministry of Health Services

1515 Blanshard St., 2nd Floor,
Victoria, BC V8W 3C8

British Columbia Trauma Registry

Contact

Sharon Kasic
Manager
Tel: 604-875-4748
Fax: 604-875-5348
E-mail: sharon.kasic@vch.ca

British Columbia Trauma Registry
Vancouver General Hospital, Trauma Services
855 West 12th Ave.,
Vancouver, BC V5Z 1M9

General Contact : 604-875-4111
URL: www.vanhosp.bc.ca/

Organization Housing the Data Source

The B.C. Trauma Registry collects and maintains data on all trauma patients admitted to any of the nine trauma receiving facilities in British Columbia.

The B.C. Trauma Registry supports the front end of injury surveillance in collecting data. Data are sent to the National Trauma Registry and are shared with the B.C. Injury Prevention Centre with the aim that the information will be useful in preventing future injuries.

Purpose of the Data Source

The primary purpose is to improve and maintain the quality of patient care. Other purposes of this data source are for epidemiology, research; planning, including resource allocation for the betterment of patient care as well as strategic planning such as patient volumes that have internal and provincial implications; injury surveillance; and contributing to injury prevention programs.

Data analysis is both qualitative and quantitative. The users of the analyzed data/information are the nine trauma centres that are the participants in the B.C. Trauma Registry. Other users include medical directors linked to the Trauma Registry, administration, medical officers of health, injury prevention specialists and researchers.

Injury-Related Content

Classification of injury events:	ICD-10
Geographic locators:	postal code
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex
Unique identifier:	patient health care identification number, medical record/chart number
Place of injury occurrence:	narrative description capturing street address, city, province, postal code
Nature of injury:	ICD-10, AIS-90
Multiple causes of injury:	ICD-10, Mechanism of Injury

Anatomical location:	ICD-10, AIS-90
Multiple injuries:	ICD-10, AIS-90
Index of injury severity:	AIS scale, ISS, GCS score, RTS, TRISS, ASCOT, and from these scores a Z&W statistic is applied at patient outcomes, measuring performance against a set benchmark.
Pre-event circumstances:	protective devices (e.g. seatbelt, helmet), blood alcohol levels, alleged intent/motivation (self induced, third party or unintentional).

Data Collection Methods

Data gathering occurs at each of the nine trauma facilities in B.C. The health records of trauma patients are flagged on admission or later by the staff. Trauma registry staffs analyze the health record and enter data into the system using Collector® software. Data retrieval is not done concurrently; the B.C. Trauma Registry does a retrospective review of the data. There are no legal or regulatory requirements to collect information. The trauma registry was set up primarily for continuous quality improvement and quality assurance and patient care purposes.

Changes in Data Over Time

Coding classification switched from ICD-9-CM to ICD-10- CA April 1, 2001.

Data Availability

Access to raw data is provided to the National Trauma Registry. Access to data is available upon request and must meet certain conditions for request and release. Identifiable patient information will not be released unless Freedom of Information and Privacy policies and procedures are met via data access and release applications and a signed agreement. If a request involves research, it is submitted to the Vancouver General Hospital Research Committee and the University of British Columbia Ethics Committee for approval. Additionally, the request may need to be approved by the Freedom of Information and Privacy Director for Vancouver Coastal Health Authority. All requests made must be approved by the Medical Director for the BC Trauma Registry before any data is released. Once approved, the B.C. Trauma Registry Manager releases the data with stipulations of time limitations and other standard restrictions.

- Approximately 6,500 records are added to the database annually.
- As of March 16, 2005, the database contains approximately 95,000 records (having started in 1992).
- As the B.C. Trauma Registry works from discharge records. Data are entered into the database from one week to one month after discharge.
- Data are available for analysis immediately after being entered into the database.

- The last full year of data available is fiscal 2003-2004 (March 2004).

Reports and Other Publications

An annual report is generated every August entitled *British Columbia Trauma Registry Annual Report* and is available in print. Other reports can be generated or distributed upon request.

Service Charges

Service charges for data or information requests are applied to organizations external to the Vancouver Coastal Health Authority or the Trauma Registry participating trauma centres. The charges are determined by the amount of time required to complete the request.

Other Considerations

One of the strengths of the B.C. Trauma Registry is that the severity of injury is recorded in detail, allowing for outcome determination and measurement against a benchmark for patient care. The B.C. Trauma Registry is focused on the more severely injured patient populations and does not capture data on every injured patient in the province.

Hospitalization data and, in the future, data from the Chief Coroner's Office will augment the trauma registry data.

Other Contacts

See Appendix E for a listing of all provincial/territorial trauma registries.

British Columbia Vital Statistics Agency, Mortality Database

Contact

Rosemary Armour
Information and Resource Management Unit
Tel: 250-952-2558
Fax: 250-952-2594
E-mail: rosemary.armour@gems4.gov.bc.ca

British Columbia Vital Statistics Agency
P.O. Box 9657 Station Provincial Government
Victoria, BC V8W 9P3

General Contact: 604-660-2937
Fax: 250-952-2527
URL: www.vs.gov.bc.ca

**Organization Housing
the Data Source**

The British Columbia Vital Statistics Agency is housed in the
Ministry of Health Services. Its mission is to effectively and
efficiently register vital events occurring in British Columbia and
provide a spectrum of high quality vital statistics-related products
and services to meet a variety of public needs.

Purpose of the Data Source

The primary purpose of the database is to fulfill the legal obligation
of the B.C. *Vital Statistics Act* to register all vital events
(birth/deaths/ marriages/stillbirths) in B.C. The Agency also
operates under the *Coroners Act* to facilitate the registering of deaths
under investigation. The Agency's mandate includes providing data
for program evaluation and assessment, and health status indicators
for the province.

The B.C. Vital Statistics Agency supports injury surveillance
through its collection of all death-related data, including deaths due
to injury, and the dissemination of fatal injury event information
(available in the Agency's annual report).

Data are mainly used to generate statistical information for use by
government agencies, health planners, academic researchers, and the
general public. Data are also used in reporting to Statistics Canada,
workers compensation boards, the B.C. Cancer Agency, and for the
removal of names of the deceased from voter lists.

Data analysis is quantitative. Users of the analyzed data include
health professionals; researchers; program planners; non-
governmental organizations such as the Canadian Red Cross; and
government organizations such as the B.C. Ministries of Health
Services, and Children and Family Development.

Injury-Related Content

Classification of injury events:	ICD-10, ICD- 9 based data are available historical
Geographic locators: *(for the injured person's place of residence)*	street address, city, province, postal code

Demographic variables:	age, date of birth, sex, occupation, industry, country of birth, place of death
Unique identifiers:	full name, personal health card number
Place of injury occurrence:	free text field
Nature of injury:	ICD-10
Multiple causes of injuries:	ICD-10
Anatomical location:	ICD-10
Multiple injuries:	ICD-10
Index of injury severity:	not applicable
Pre-event circumstances:	since 1993 lifestyle factors or associated issues such as tobacco, alcohol, other substance use, asbestos, pesticides are captured in a free text field

Other related content includes: autopsy, pregnancy (within 90 days), organ transplant, heart by-pass information; toxicology reports; intermediate cause of death, contributing cause of death, manner of death (accident, suicide, natural, undetermined, pending), date of injury. *Please note that under the B.C. Vital Statistics Act, release of individual level data is not permitted.*

Data Collection Methods

Within 48 hours of a death, information is sent to the B.C. Vital Statistics Agency by funeral directors, informants to the funeral director, attending physicians and/or the coroner. Data are processed through a coding software program developed by NCHS. The Medical Mortality Indexing Classification and Retrieval System (MICAR) electronically classifies raw information. From this, another program (ACME) determines the underlying cause of death (UCOD). Output is manually checked for medical and "intent of certifier" accuracy.

The highest aggregation of these data is at the provincial level. The B.C. Vital Statistics Agency can identify registered First Nations/ North American Indian populations (band and band number) from volunteered information from the deceased's informant or next of kin. This information is confirmed via the B.C. provincial health insurance - Medical Service Plan information, and Indian and Northern Affairs Canada information. These populations tend to be under-reported as only Status Aboriginals are counted.

Changes in Data Over Time

The coding classification switched from ICD-9 to ICD-10 in January 2000. The B.C. Vital Statistics Agency re-coded 180,000 records from ICD-9 to ICD-10 going back to 1986 to maintain historical continuity in the data.

Data Availability

B.C. Vital Statistics Agency has developed a Web-based Data Warehouse tool (VISTA) that is now available to approved users. All standard mortality and natality statistical measures are available, and the data are refreshed on a regular basis to provide the most

current and comprehensive data possible.

Authorized personnel can provide technical information on the list of data elements, data dictionary, file layout, data model, and technical environment.

- Approximately 26,000 records of deaths are added to the mortality database annually.
- At the end of 2000 the mortality database contained approximately 364,000 records (collected since 1986).
- Data are normally received within 48 hours of the event of death. However, due to length of time required to complete coroners' investigations, *details of fatal injury events are not usually available until several months to a year following the death.*
- The last full year of data available is 2004.

Reports and Other Publications

The B.C. Vital Statistics Agency generates both quarterly and annual reports. Both of these are available for viewing on the Vital Statistics Web site (www.vs.gov.bc.ca) and can be downloaded as .pdf files. Limited numbers of the Annual Report are also produced in hard copy. In addition, various historical data are available upon special request from Annual Reports as far back as 1872, although content is variable from year to year. The B.C. Vital Statistics Agency also produces 'special reports' periodically. Recent reports have focused on topics such as falls-related mortality, environmentally caused deaths and infant mortality.

The quick service data dissemination unit of the B.C. Vital Statistics Agency provides B.C. Coroners' Service with a weekly report on child deaths by all means; the Ministry for Children and Family Development receives monthly health status indicators; and the B.C Centre for Disease Control receives reports on influenza, pneumonia and other selected conditions, to assist in monitoring the efficacy of inoculation programs, and to contribute to provincial infectious disease surveillance. Additionally, the Agency processes approximately 50 ad hoc data requests per month for researchers, medical practitioners, universities, and the media.

Service Charges

Service charges are individually determined by type of request. No charges are applied to data or information already available in reports. Quick service preparation of data sets or summary information is available at an individually determined cost.

Other Considerations

None.

Other Contacts

See Appendix G for a listing of all provincial/territorial offices of vital statistics.

Canadian Agricultural Injury Surveillance Program

Contact	Rob Brison
	Director, CAISP
	Tel: 613-548-2389
	E-mail: brisonr@kgh.kari.net
	Canadian Agricultural Injury Surveillance Program
	Department of Emergency Medicine
	Queen's University
	Kingston, ON K7L 3N6
	General Contact: 613-548-2389
	Fax: 613-548-1381
	URL: www.caisp.ca

Organization Housing the Data Source

The Canadian Agricultural Injury Surveillance Program (CAISP) is a collaborative program coordinated from a national office that is housed within the Department of Emergency Medicine, Queen's University. Funded by the Canadian Agriculture Safety Program as a pilot project in December 1995, it became a national program in September 1996 with continued funding from Agriculture and Agri-Food Canada, 10 provincial organizations, and the Ontario Farm Safety Association.

Purpose of the Data Source

The main purpose of the data source is to provide information on patterns of injury occurrence in the agricultural industry to those responsible for developing safe practices for this hazardous worksite. It supports injury surveillance with the collection, integration, interpretation, and dissemination of injury data to public health professionals and safety promotion organizations.

Other purposes of these data are to describe, nationally and provincially, the problem of farm-related injuries and fatalities; to identify at-risk groups; to inform further research and preventive initiatives; to monitor problems over time; to increase public awareness; and to address varied requests for information from the media, government agencies, health care providers, public health, and individuals (injured people).

Data analysis is both qualitative and quantitative. The medical health community is the prime user of the analyzed data.

Injury-Related Content

Classification of injury events:	ICD-9 or ICD-10, CAISP coding specifically designed for farm related injuries
Geographic locators: *(for the injured person's place of residence)*	province, census geography (not systematic)
Demographic variables:	age, date of birth, sex
Unique identifiers:	institution codes, hospital chart numbers (used only for case ID)
Place of injury occurrence:	CAISP coding
Nature of injury :	ICD-9 or ICD-10 for injuries, not

	recorded for fatalities
Multiple causes of injury:	ICD-10 with up to three causes of injury
Anatomical location:	ICD-9 or ICD-10
Multiple injuries:	ICD-9 or ICD-10
Index of injury severity:	by proxy—length of hospital stay, death
Pre-event circumstances:	by closed ended questions and open-ended text box of 255 characters.

Data Collection Methods

CAISP provincial partners are responsible for identifying the number of people injured or killed in farm-related activities. The information is gathered from individual hospitals using a standardized form, and from the coroner's offices. It is then centrally compiled and reviewed by CAISP and entered into a national database.

Case identification of agricultural related fatal injuries is performed by the provincial coroners' offices using their provincial data systems. Injuries resulting in hospitalization are identified through the use of ICD coding of discharge data by the respective provincial Ministries of Health. Enhanced data are then collected by reviewing individual fatality and hospitalization records and retrieving data using standardized data abstraction forms.

The highest aggregation of these data is at the national level, excluding the Northwest Territories due to lack of farming. CAISP does not have the ability to identify First Nations/North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

Mortality data collection is ongoing however hospitalization data will only continue with participating provinces that have identified additional resources to fund this aspect of the program (yet to be determined).

Data Availability

Access to raw data is not provided beyond the organization. Aggregate data reports may be prepared upon request. Hospitalization and mortality data are available up until March 31, 2000 and December 31, 2000 respectively. Mortality data extending to 2003 will be available in December 2005.

Reports and Other Publications

National reports are generated by CAISP every two to three years. Other reports are generated on an ad hoc basis. The titles of recent reports are available in .pdf on the Web site, including:

- *Agricultural Injuries in Canada fro 1990-2000*,
- *Summary Report on Agricultural Injuries in Canada 1990-2000*,
- *Summary Report: Agricultural Injuries and Deaths in Senior Farmers*

Service Charges

Services charges are determined and applied according to the type of request.

Other Considerations   CAISP is an efficient system that is maintained with minimum budget funding. It relies on voluntary participation of the provinces/territories and is unique in the world.

Other Contacts   None.

Canadian Forces Fire Marshal – Integrated Fire Services Management and Reporting System
formerly the Computerized Fire Reporting System

Contact

Luc Pagé
Fire Prevention and Statistics Coordinator
Tel.:   613-995-7719
Fax: 613-995-2610
E-mail: page.jl@forces.gc.ca

Canadian Forces Fire Marshal
101 Colonel By Drive
Ottawa, Ontario K1A 0K2

General Contact: 613-995-2534
URL: www.dnd.ca/admie/dgcps/CFFMe.htm

Organization Housing the Data Source

The Canadian Forces Fire Marshal (CFFM) provides the Department of National Defence and the Canadian Forces advice in setting policy and guidance for all fire protection, fire engineering, fire prevention and environmental activities in the protection of assets and personnel.

Purpose of the Data Source

The purpose of the CFFM's Integrated Fire Services Management and Reporting System is to collect and maintain fire related data to prevent similar fires from re-occurring. The data are used administratively to determine the number of fire-related calls and medical calls. Data are also used to for program planning.

The type of analysis generally performed on data is both quantitative and qualitative. Analysis includes the number and frequency of fires, time and day of calls, injuries, deaths and property loss. The users of the analyzed data are internal staff – Ground Safety Offices.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	street address, city,
(for the injured person's place of residence)	province, postal code
Demographic variables :	age, sex
Unique identifiers:	call number
Place of injury occurrence:	internal classification
Nature of injury:	internal classification
Multiple causes of injury:	not recorded
Anatomical location:	internal classification
Multiple injuries:	not recorded
Index of injury severity:	AIS scale
Pre-event circumstances :	not recorded

Data Collection Methods

Data are gathered via completed forms for all fire related injuries and fatalities occurring on military bases, wings or formation to which the fire department has been dispatched. The data are forwarded to the Canadian Forces Fire Marshal yearly and entered into the Integrated Fire Services Management and Reporting System.

The collection of primary data is done on the regulatory basis under the Crown Protection. The highest level of aggregation to which the injury data apply is national. The CFFM's Integrated Fire Services Management and Reporting System cannot identify First Nations/North American Indian, Métis or Inuit populations.

Changes in Data Over Time

Data collection methods have been changed due to being more implicated, as well as the fire business there is medical response and high angle rescue data being collected.

Data Availability

Access to data is provided to medical professionals. Aggregate data are available in Excel spreadsheets or data tables. The database does not link information with external databases.

The technical documentation available to authorized personnel for the database includes a list of data elements and coding categories, file layout and technical environment.

- Approximately 200 medical responses are added to the database annually.
- The 10 year database collection contained approximately 500-1,000 fire related injuries and fatalities at the end of the year 2002.
- Data are received and entered into the local database within 24 hours after the injury occurred.
- Data are available for analysis immediately after being entered into the local database.
- The last full year of data available is 2003.

Reports and Other Publications

No reports are generated from information from this database. database.

Service Charges

Service charges are not applied to complete information or data requests.

Other Considerations

The Integrated Fire Services Management and Reporting System provides all the necessary information for the Canadian Forces Fire Marshal.

Other Contacts

The Emergency Medical Response (EMR) Tracking Report
Mr. Randy Gilbert
Coordinator, Pre-hospital Care
Department of National Defence
Tel: 250-363-5616

Capturing details from non-fire, medical calls to which fire departments and DND personnel are dispatched. Qualified EMR personnel document the care administered and give a copy of the form to the ambulance attendant or local hospital.

Canadian Surveillance System for Water-Related Fatalities

Contact   Christy-Ann Moore
                               National Coordinator
                               Drowning Research & Boating Safety
                               Tel: 613-740-1946
                               Fax: 613-740-1911
                               E-mail: cmoore@redcross.ca

                               Canadian Red Cross
                               National Office
                               170 Metcalfe St., Suite 300,
                               Ottawa, ON K2P 2P2

                               General Contact: 613-740-1900
                               URL: www.redcross.ca

Organization Housing   The Canadian Surveillance System for Water-Related Fatalities
the Data Source   tracks drownings and other water-related injury deaths, and
                               disseminates the information through public education. The database
                               is jointly owned, managed, and maintained by the Canadian Red
                               Cross—a non-profit organization whose mission is to help people
                               deal with situations that threaten their survival and safety, their
                               security and well-being, their human dignity in Canada and around
                               the world—and the Lifesaving Society of Canada—a national
                               volunteer, charitable organization that works to prevent drownings
                               through its training programs, public education, research, consulting,
                               and international liaison.

                               The database holds consistent, accurate, high-quality data that have
                               been gathered since 1991. It uses custom made software, WRFDAS
                               (Water-Related Fatalities Data Analysis System), owned by the
                               Canadian Red Cross.

Purpose of the Data Source The primary purpose of this data source is to support prevention
                               training programs, public education campaigns, and drowning
                               research projects. Other purposes include generating reports,
                               surveillance, and program development.

                               Data analysis is both qualitative and quantitative. The data that are
                               used for the Canadian Red Cross Drowning Report are verified and
                               validated by Epidemiologist, Dr. Peter Barss.

                               The main users of the data are the safety organizations, government
                               departments (including Health Canada, Transport Canada,
                               Environment Canada, Canadian Coast Guard, RCMP etc.), training
                               agencies, injury prevention, police forces, boating manufacturers,
                               decision makers, all levels of government at the federal and
                               provincial/territorial level, and the public.

Injury-Related Content   Classification of injury events: internal classification, E-

codes

Geographic locators: provincial district *(each province is divided into districts)*

(for the injured person's place of residence)

Demographic variables: age, sex, Aboriginal/non-Aboriginal

Unique identifiers: not recorded

Place of injury occurrence: provincial district

Nature of injury: internal classification

Multiple causes of injury: classified from list of 13 causes of death due to injury including primary and secondary cause.

Anatomical location: not recorded

Multiple injuries: not recorded

Index of injury severity: not applicable

Pre-event circumstances: personal factors *(e.g. boating skill, swimming ability, blood alcohol level),* equipment factors *(e.g. type of boat, purpose of activity, use of personal floatation devices),* and environmental factors *(e.g.wind conditions, water temperature, type of body of water, accompanying person(s), type of rescue)*

Data Collection Methods

Every year, data collectors that include volunteers and staff of the Canadian Red Cross and the Lifesaving Society of Canada go through the files of the provincial and territorial coroners' and chief medical examiners' offices. For each water-related fatality, they complete a 15-page paper-based questionnaire answering 48 questions. The data collectors are recruited, trained, and managed by dedicated project managers in each province. The forms are verified by an external contractor and coded by an epidemiologist using a software-dependent internal classification and the World Health Organization E-codes. The verified, corrected, and coded data are entered into the Canadian Surveillance System for Water Related Fatalities database using the Canadian Red Cross WRFDAS software. A diskette copy of the database is sent to the Lifesaving Society.

In generating the Canadian Red Cross National Report, other data from Statistics Canada (including population trends and rate calculations) and from the Canadian Institute of Health Information are applied.

Changes in Data Over Time

None.

Data Availability

Access to the raw data is not provided beyond the Canadian Red Cross or the Lifesaving Society of Canada for security and accuracy reasons and because of financial considerations. The database is not

linked with external databases. Aggregated data can be provided in table, spreadsheet, or text formats.

- Approximately 600 records are added to the database annually.
- At the end of 2003 the database contained approximately 7,300 records.
- Data are entered into the database almost two years after the fatal injury event occurred.
- Data are available for analysis immediately after being entered into the database.
- The last full year of data available is 2003.

Reports and Other Publications

Annually, the Canadian Red Cross releases a *National Drowning Report* and a summary fact sheet in the form of a brochure for the Water Safety Week. A *Comprehensive Surveillance Report* was produced in 1996 and from that, the primarily graphical *Visual Surveillance Report* and *Summary Reports* have been released annually.

Occasional special reports are released and have covered topics such as boating and boating related incidents, toddler drownings, pleasure boating fatalities, and drowning among swimmers. For example, in 2000, '*Facts about Drowning in Canada*' was produced. To celebrate the 10th year of water-related fatality data collection, the Canadian Red Cross released a special report in 2002, which includes modules on drowning, cold water activities, boating activities, and home pool drownings. This 2002 special edition of the National Drowning Report presents the year 2000 data and a historic 10-year data analysis for key risk factors and activities.

Some Canadian Red Cross Zone Offices may produce their own provincial/territorial reports from using the WRFDAS data software and CSSWRF database. Reports are available in print for $10.00 each, or on the Canadian Red Cross Web site free of charge at www.redcross.ca

Service Charges

Service charges are applied for any requests for data or information not found in the reports. Fees are based on cost recovery and resource availability.

Other Considerations

The Canadian Surveillance System for Water-Related Fatalities is unique to Canada and the world. Much more information could be generated from this data source but more analysis is restricted due to lack of resources.

Other Contacts

The Lifesaving Society of Canada
287 McArthur Ave.,
Ottawa, ON K1L 6P3
Tel: 613-746-5694 ext. 26
Fax: 613-746-9929
URL: www.lifesaving.ca

Canadian Red Cross Atlantic Zone
(New Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island)

Scottie Whitty
Injury Prevention Advisor
Tel: 506-674-6604
Fax: 506-674-6177
E-mail: scottie.whitty@redcross.ca

70 Lansdowne Ave., PO Box 39
Saint John, NB E2L 3X3

General Contact: 1-877-356-3226
General E-mail: injuryprevention@redcross.ca
Canadian Red Cross Ontario Zone
Lorraine Davies
Director, Safety Services, Ontario
Tel: 514-362-2930
Fax: 514-362-9991
E-mail: lorraine.davies@redcross.ca

5700 Cancross Ct.
Mississauga, ON L5R 3E9
General Contact: 1-888-890-1997
General E-mail: safetyservices-on@redcross.ca
Canadian Red Cross Quebec Zone
Michele Mercier
Director
Tel: 514-362-2930
Fax: 514-362-9991
E-mail: michele.mercier@redcross.ca

Ile-des-Sœurs
Verdun, QC, H3E 1P4
General Contact: 1-800-592-7694
General E-mail: leadership@croixrouge.ca
Canadian Red Cross Western Zone
(British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Nunavut and Northwest Territories)

Sue Philips
Director, First Aid and Water Safety
Tel: 403-261-6228
Fax : 403-205-3463
E-mail: sue.philips@redcross.ca

100-1305 11 Avenue
Calgary, AB T3C 3P6
General contact :1-888-307-7997
General E-mail: wz-contactcentre@redcross.ca

Child Health Standards, Manitoba

Contact	Joan Blakley
	Manager, Standards
	Tel.: 204-774-4344
	Fax: 204-774-0750
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	College of Physicians and Surgeons of Manitoba
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Organization Housing the Data Source

The College of Physicians and Surgeons of Manitoba (CPSM) manages the Child Health Standards Database, previously known as the Manitoba Pediatric Death Review Database. This database began in 1989 and is coordinated by the Child Health Standards Committee. The CPSM is responsible for the maintenance of standards of medical practice through the administration of *The Medical Act*.

Purpose of the Data Source

The Child Health Standards database keeps data on the deaths of anyone in Manitoba from the age of 29 days to their 18th birthday. The database supports injury surveillance by collecting data on fatal injuries, as well as their pre-event circumstances.

The primary purpose of the database is to capture details of the medical care provided in Manitoba, particularly to children and youth. All child deaths are reviewed by the Child Health Standards Committee and the findings are reported to the CPSM. The data are collected for educational practice audit purposes to improve quality of care, for statistical reporting to Manitoba Health, and for advocating for change to prevent a similar death from occurring.

The data undergo qualitative analysis. The users of the analyzed data include internal office staff, provincial agencies, local agencies, the private sector, the general public, the media, and Non-Government Organizations.

Injury-Related Content

Classification of injury events:	ICD -9
Geographic locators:	regional health authority
(for the injured person's place of residence)	
Demographic variables:	age, date of birth and sex
Unique identifiers:	assigned case number
Place of injury occurrence:	regional health authority
Nature of injury:	ICD-9
Multiple causes of injury:	not recorded
Anatomical location:	ICD-9
Multiple injuries:	not recorded
Index of injury severity:	not applicable

Pre-event circumstances: free text

Data Collection Methods

Deaths of individuals in Manitoba, between the age of 29 days and 18 years, are referred to the Child Health Standards Committee by the Chief Medical Examiner. The CPSM's Child Health Consultant sits on the committee run by the Chief Medical Examiner. The results from the Child Health Standards Committee provide the main source of data for the database. Further data are collected from medical records of institutions involved in the health care of the child prior to death.

The secondary data are received in paper format from various sources, including hospitals, the Office of the Chief Medical Examiner, physician's office records, regional mental health care providers, manufacturers, as well as ambulance and airplane transfer records.

The highest level of aggregation is provincial. CPSM can identify First Nations/North American Indians within the database by confirming the individual's Treaty number with Manitoba Health.

Changes in Data Over Time

ICD-9 coding switched to ICD -10 coding in April 2004.

Data Availability

Access to the raw data of Child Health Standards database is not provided beyond the CPSM.   The database is not linked with any external database. Requests for raw data have not been granted. Aggregate data are available in the annual report.

The technical documentation available to authorized personnel include a list of data elements, coding categories, data dictionary, and technical environment.

- Approximately 200 records are added to the database annually.
- At the end of 2000, there were approximately 20,000 records in the database.
- Data are entered in to the database approximately six weeks to two months after the death.
- The aggregate data are available for analysis immediately after the data is entered in to the database.
- The last full year of data available in the database is 2003.

Reports and Other Publications

Reports are produced annually. The *Child Health Standards Committee Annual Report* is available in hard copy format, attached to an e-mail or online at: www.cpsm.mb.ca. The reports are disseminated via a mailing list, and in response to individual requests.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

None.

Other Contacts   Maternal and Perinatal Database
                            Review of infant care (younger than 29 days) and their mothers.
                            Contact: Joan Blakley (same as above)

Children's Hospital of Eastern Ontario's Trauma Registry

Contact

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Trauma Data Analyst
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Fax: 613-738-4208
E-mail: barnes@cheo.on.ca

Children's Hospital Eastern Ontario
401 Smyth Road
Ottawa, Ontario K1H 8L1

General Contact: 613-737-7600
URL: www.cheo.on.ca/english/3010f.html

Organization Housing the Data Source

CHEO is a fully accredited teaching hospital affiliated with the University of Ottawa providing specialized pediatric services to children and youth under the age of 18. The CHEO Trauma Registry was created in January 2000. The registry includes data of children and youth sustaining major injuries dating back to April 1996 and all children and youth admitted to the hospital due to injury since April 2000. The CHEO Trauma Program mandate is to provide clinical care, education and research in pediatric trauma care. This mandate also includes the ongoing collection and maintenance of a registry for major trauma patients.

Purpose of Data Source

The CHEO Trauma Registry data are used for quality improvement and indicator development related to patient care, education, research and injury prevention programming at the local level. The data are also forwarded to CIHI for inclusion in its Ontario and National Trauma Registries

The analysis performed on the data is both quantitative, and qualitative.   The users of the analyzed data are internal staff, provincial and local agencies, private and public sectors, and the media.

Injury-Related Content

Classification of injury events: ICD-9 and ICD-10 (since 2002)
Geographic locators: address, city, province, postal code
(for the injured person's place of residence)
Demographic variables: age, date of birth, sex, occupation
Unique identifiers: healthcare patient identification number, hospital number
Place of injury occurrence: ICD-9, ICD-10
Nature of injury: ICD-9, ICD-10
Multiple causes of injury: ICD-9, ICD-10
Anatomical location: ICD-9, ICD-10, AIS 90
Multiple injuries: ICD-9, ICD-10
Index of injury severity: AIS, ISS, GCS, RTS, TRISS

Pre-event circumstances: blood alcohol levels, protective equipment used, activity when injured.

Data Collection Methods

Data are manually gathered from trauma patient chart and are entered into the database using Collector software. Some data not available from the charts are requested from outside agencies such as pre-hospital information from ambulance attendants or paramedics, UTM codes, and police reports for information on motor vehicle crashes. The data are compiled monthly and sent to the Canadian Institute for Health Information to be added to the Ontario Trauma Registry.

The collection of primary data is done within the mandate of the provincial Ministry of Health and Long Term Care. The highest level of aggregation is sub-provincial. The CHEO Trauma Registry does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

Implementation of ICD 10 codes as of Fiscal 2000.

Data Availability

Access to the data is provided beyond the CHEO Trauma Registry with a completed data request form that is approved by CHEO. Aggregate data are available for outside requests in various formats electronically including Excel spreadsheets, tables and graphs or hardcopy.

The technical documentation available to authorized personnel include a list of data elements, coding categories and technical environments.

- Approximately 500 records representing all trauma admissions with approximately 70 major cases are added to the database annually.
- From April 1, 1996 to the end of 2004, the database contained 2564 records. (Statistics taken as of February 25, 2005).
- The data are entered into the database within 24 hours of the patient admission.
- The data are available for analysis after the patient is discharged.
- The last full year of data in the database is 2004.

Reports and Other Publication

Standard CHEO reports are generated weekly, monthly, and annually. Ad hoc reports are completed upon request. The title of a recent publication is: *Injury Infection & Critical Care*. Journal of Trauma-52(1):8-12, January 2002. The information is available in hard copy, as e-mail attachments, and by fax. The information is disseminated via a mailing list, and in response to individual requests.

Service Charges   Service charges are not applied to complete data or information requests.

Other Considerations   This concurrent database proves very useful for the identification of patient care issues as well as timely reporting of incidence of trauma.

Other Contacts   None.

Clinidata - Poison Control Centre, New Brunswick

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Clinidata
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Moncton, NB E1C 9Y3

General Contact: 506-867-3202
URL: www.clinidata.com

**Organization Housing
the Data Source**
Established in 1987, Clinidata provides a variety of telehealth services across Canada, including poison control information for New Brunswick. This service came from a need identified by the provincial Minister of Health and Wellness to provide the people of New Brunswick with up-to-date information on product related and other poisonings, their effects and the associated treatment or intervention.

Purpose of the Data Source
The purpose of Clinidata is to provide poison information and telehealth services. Surveillance is a by-product of this purpose. Data are collected from callers, which are analyzed for administrative and reporting purposes.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	street address, city, phone number
(for the injured person's place of residence)	
Demographic variables:	date of birth, sex
Unique identifiers:	name, health card number
Place of injury occurrence:	internal classification
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	internal classification
Multiple injuries:	not recorded
Index of injury severity:	free text field
Pre-event circumstances:	free text field

Data Collection Methods	Calls from the general public regarding a poisoning are assessed by the responding registered nurse. Answers are sought as to what caused the poisoning and how, when the poisoning occurred, and what the symptoms are. Advice is given by the registered nurse, based on an evaluation of the information received and clinical information from the Poison Index in Micro Medics. Callers may be directed to treat the symptoms themselves or to seek medical attention. In the case of severe poisonings, where immediate intervention is required, the Emergency Department closest to the caller is alerted and the documented information is sent via fax.
	The data collected by Clinidata are stored in a central database and summary reports are sent monthly to the Ministry of Health and Wellness. The data are useful in identifying frequencies, by age, sex and time, day and location of poisoning. The data are limited in identifying the product name and manufacturer as this information is captured in a free text field that is difficult to search.
Changes in Data Over Time	None.
Data Availability	The database is not linked with any other database nor are the data shared beyond Clinidata and the Ministry of Health and Wellness. Researchers and others wanting access to the data must submit a request to the Ministry of Health and Wellness. Clinidata is not able to identify First Nations/Aboriginal, Inuit or Métis populations.
	The technical documentation available to authorized personnel from the database is a list of data elements, coding categories/options, and the technical environment.

- Approximately 250-300 calls are logged per month with 36,000 records are added to the database annually.
- The database contains data files stored separately by calendar year. Collectively there were approximately 48,000 at the end of the year 2000.
- The data are entered into the database immediately within receipt of the call anywhere between an immediate poisoning to a week after the event.
- The data are available for analysis as soon as they are entered into the database.

- The last full year of data available in the database is 2004.

Reports and Other Publications

Regular administrative reports include the number, type and length of calls as well as the type of advice given and outcome of the call. The information is not shared nor compared with other poison control centres. Monthly reports, sent to the Ministry of Health and Wellness, include details such as time and day of call, where the poisoning took place and cause of poisoning. The provincial Ministry of Health in turn uses the data to generate its own reports for health care planning and budgeting purposes.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

The system would be enhanced if specific products involved in a poisoning were consistently identified.

Other Contacts

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Consultant
Tel: 506-453-2283
Fax: 506- 453-2958
Ministry of Health and Wellness
Hospital Services Branch
Institutional Services Division
Carleton Place, 520 King St.
Fredericton, NB   E3B 6G3

See Appendix H for a listing of all provincial/territorial poison centres.

Department of Health and Social Services, Northwest Territories - Injury Mortality and Hospitalization Data

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	Planning, Accountability & Reporting
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	Department of Health and Social Services
	Government of the Northwest Territories
	Box 1320, Centre Square Tower 6
	Yellowknife, Northwest Territories X1A 2L9
	General Contact: 867-920-8946
	URL: www.hlthss.gov.nt.ca

Organization Housing the Data Source

The Planning, Accountability and Reporting Division provides research, analysis, population health assessment and epidemiological functions within the Department of Health and Social Services.

Purpose of Data Source

Data from hospitalizations and death due to injuries are used for internal planning, resource allocation and other administrative purposes. The data provides information on injury related motality and morbidity in the Northwest Territories that in turn, inform injury prevention planning and awareness.

The analysis performed on the data is quantitative with mortality and hospitalization rates calculated by age, sex, cause of injury, and community groupings. The users of the analyzed data are internal staff, provincial and local agencies.

Injury-Related Content

Classification of injury events:	ICD-9 and ICD-10 *(since 2000 for mortality and since 2002 for morbidity)*
Geographic locators:	city, province/territory
(for the injured person's place of residence)	
Demographic variables:	age, sex, ethnicity
Unique identifiers:	not recorded
Place of injury occurrence:	ICD-9, ICD-10
Nature of injury:	ICD-9, ICD-10
Multiple causes of injury:	not recorded
Anatomical location:	ICD-9, ICD-10
Multiple injuries:	ICD-9, ICD-10
Index of injury severity:	not recorded
Pre-event circumstances:	not recorded

Data Collection Methods	Mortality data are obtained via vital statistic files from Statistics Canada, all underlying cause of death coding for the Northwest Territories is completed by Statistics Canada. All valid E-codes as the underlying causes of death are place in the injury mortality file. Hospitalization data are obtained via the Discharge Abstract Database (DAD) from the Canadian Institute for Health Information. Any record with a valid E-code is placed in the injury hospitalization file.
	The Department of Health and Social Services has the ability to identify First Nations/North American Indian and Inuit populations - based on registered status - for injury related deaths and hospitalizations inside the territory.
Changes in Data Over Time	Change from ICD-9 to ICD-10 may affect trend analysis for some categories of external cause of injury.
Data Availability	Access to the data is not provided beyond the Department of Health and Social Services and the database does not link information with other external databases. Aggregate data for outside requests are available in various formats such as reports, tables and graphs.
	The technical documentation available to authorized personnel includes a list of data elements, coding categories/options.

- Approximately 30 injury mortality and 700 injury-related hospitalization records are added to the database annually.
- At the end of 2002, the database contained approximately 400 injury mortality and 4,600 injury related hospitalization records.
- The data are entered into the database approximately two years after the injury occurred.
- The data are available for analysis immediately after being entered into the database.
- The last full year of data in the database is 2001 for both mortality and morbidity data.

Reports and Other Publication	The report "*Injury in the Northwest Territories: A Descriptive Report*" can be found at the following Northwest Territories Department of Health and Social Service website: www.hlthss.gov.nt.ca/content/Publications/publication_index.htm. A summary of the report along with several fact sheets can also be obtained at this site. Key word searches at the above website may also provide additional information.
	Information is also disseminated in response to individual requests and is available in hard copy, as e-mail attachments or by fax.

Service Charges   Service charges are generally not applied to complete data or information requests.

Other Considerations   Analysis is limited by the annual number of injury deaths and hospitalizations, along with the small population size. Data for many causes of injury must be aggregated over several years. Even then rates tend to be unstable.

Other Contacts   None.

Department of National Defence, Directorate of General Safety

Contact
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National Defence Headquarters
101 Colonel By Drive
Ottawa, Ontario K1A 0K2

General Contact: 613-992-3551
URL: www.vcds.forces.gc.ca/dsafeg/intro_e.asp

Organization Housing the Data Source
The Department of National Defence's Directorate of General Safety is the national policy making body for the department's General Safety Program[4]. Comprised of eight full time civilian employees, one full time military member and two part-time students, the Directorate is responsible for:

- Development and promulgation of General Safety policy.
- Development and delivery of core General Safety training.
- Production and delivery of safety promotional and motivational material.
- Maintenance of the national hazardous occurrence data bank and national statistics.
- Provision of occupational health and safety consultation and advisory services.
- Oversight of the departmental civilian employee early return to work program.

The main data source within the Directorate of General Safety is the Human Resource Management System's Health and Safety Module.

Also to note, the Director Casualty Support and Administration records injuries to Canadian Forces personnel with the CF98 – Report on Injuries or Exposure to Toxic Material. It is also the depository for summary investigations and boards of inquiry for injuries of military personnel. The Director Civilian Compensation Services receives the Workplace Safety and Insurance Board (WSIB) bills from Human Resources Skill Development (formerly Human Resources Development Canada) that are compared to records in the Health and Safety Module.

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[4] The DND/CF General Safety Program comprises military and civilian occupational safety; civilian employee occupational health; and, civilian employee early return to work.

Purpose of Data Source

The purpose of the data source is to permit analysis to lead to the reduction of the number and severity of injuries/illnesses. By capturing the details of national hazardous occurrences, the Directorate of General Safety can provide targeted training and promotional material to heighten safety awareness. Other purposes include supplying national data to Human Resources Skill Development used for the *Employers Annual Hazardous Occurrence Report*, program planning, analyzing trends of national, regional and local injury frequency rates and injury severity rates, and responding to Access to Information requests pertaining to accidents.

The analysis performed on the data is both quantitative and qualitative. The users of the analyzed data are General Safety Officers who advise commanders and managers at all levels; Life Cycle Materiel Managers who require historical damage information on their equipments; and, Veterans Affairs Canada for military members seeking medical pensions.

Injury-Related Content

Classification of injury events:	Internal classification
Geographic locators:	city, province
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex, occupation
Unique identifiers:	not recorded
Place of injury occurrence:	city, province/state, country
Nature of injury:	internal classification
Multiple causes of injury:	internal classification
Anatomical location:	internal classification
Multiple injuries:	internal classification
Index of injury severity:	not recorded
Pre-event circumstances:	detailed free text information captured in the investigator's report is transcribed into the database.

Data Collection Methods

The data are gathered through the use of the Human Resource Management System's Health and Safety Module. The accident investigator's report is the primary source of information and is entered into the database by authorized personnel at the unit or base level (there are currently approximately 400 qualified personnel to enter the data across the Department). The information is kept on an unclassified computer system therefore detailed medical information is not recorded. When the record is saved, it goes into the national database and is available to all with access. For data analysis, an Output Product Query Tool is used on an offline copy of the national database. Minimal death data are collected from a Board of Inquiry and referenced to the classified file where details are noted. The collection of these primary data is done on the basis of the Canada Labour Code, Part II.

The Directorate of Safety General does not have the ability to identify

First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time   Current database permits information to be displayed in text rather than just code, thereby making information more readable and useful.

Data Availability   Access to the data is not provided beyond the Department of National Defence and the database is not linked with any external database. Access to the data, stripped of personal identifiable information is granted for Access To Information requests. Aggregate data for outside requests is available in Excel spreadsheets.

The technical documentation available to authorized personnel includes a list of data elements, coding categories, data dictionary and file layout.

- Since the Module's inception in December 2001, 14,800 records have been entered. To date there are approximately 4200 records for calendar year 2002, 4300 for 2003 and 3500 for 2004.
- The previous database contains approximately 137,000 records from 1977 to 2001. Approximately 50,000 records from 1990 to 2001 were converted to the Module.
- The data are entered into the database anywhere from from a few days for those units that have a person authorized to access the Module, to up to six months for units that are deployed and must wait until they return to submit their reports.
- The data is available for analysis immediately after they are entered into the database.
- The last full year of data in the database is year 2004.

Reports and Other Publication   The Directorate of General Safety generates annual reports and in response to ad hoc queries. The titles of recent publications include *"Director, General Safety Annual Report 2003-04"* and is available at:
www.vcds.forces.gc.ca/dsafeg/pubs/programdocuments/00native/AnnRpt03-04_e.doc

Service Charges   Service charges are not applied to complete data or information requests.

Other Considerations   The Health and Safety Module allow entry of the records at the unit level and immediate access to higher levels of the safety organization. The record can be reviewed and corrections and comments made prior to printing out the official DND 663 - *General Safety Hazardous Occurrence Investigation Report*.

For serious injuries, the record number can be disseminated and detailed information can be accessed by higher levels of the safety organization.

As part of the Human Resource Management System, the Health and Safety Module interconnects with other internal modules allowing personal information to be linked with the employee identification. In addition, it is anticipated that the Health and Safety Module will soon be linked to the Leave Module permitting access to improved data on days lost.

Access to the national database is available at the Base General Safety Officer level allowing more queries to be done at that level.

A number of changes were made to accept the safety program terminology. The database uses JetForm to produce the DND 663. This requires that each user have a JetForm license and that they can only send an electronic copy of a DND 663 to someone that has JetForm loaded on their computer. A replacement program is presently being sought.

Other Contacts   None.

Farm Accident Monitoring System, Alberta

Contact	Vivian Griffiths
	Director
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	E-mail: vivken@telusplanet.net
	Alberta Associates of Safe Rural Environments
	R.R.4 Site 2, Box 5
	Ponoka, AB T4J 1R4
	General Contact : 780-427-4231
	URL:
	www1.agric.gov.ab.ca/$department/deptdocs.nsf/all/aet624?OpenDocument

Organization Housing the Data Source

The Farm Safety Program of the Alberta Education and Training Branch of the Department of Agriculture formed the Farm Accident Monitoring System (FAMS) to collect data on farm injuries from Emergency Departments in the province. In 1975, 15 hospitals were selected on the basis of the type and density of farming operations in the area in effort to capture all types of agricultural operation related injuries. Since 1995, approximately 60 hospitals report to FAMS monthly. The data are collected, interpreted and analyzed, and used to base injury prevention and safety promotion education campaigns.

Purpose of the Data Source

The main purpose of this data source is to monitor the types and frequencies of injuries occurring on the farm in order to set priorities for targeting injury prevention and safety promotion activities through the Alberta Education and Training Branch of the Department of Agriculture. Other purposes include program planning and report generation. Both quantitative and qualitative analysis is performed on the data. The users of the analyzed data are the Department of Agriculture, the media, and special interest groups.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	health region
(for the injured person's place of residence)	
Demographic variables:	age, sex
Unique identifiers:	not recorded
Place of injury occurrence:	free text field
Nature of injury:	internal classification
Multiple causes of injury:	internal classification
Anatomical location:	internal classification
Multiple injuries:	internal classification
Index of injury severity:	not recorded
Pre-event circumstances:	"activity" (when injured) field and "how injury occurred" field

Data Collection Methods

Each hospital in Alberta with an active Emergency Department,

(except those in the cities of Edmonton and Calgary), receives a year's supply of Farm Accident Surveys that the nursing or Health Records staff voluntarily complete with farm related injury information taken from the outpatient form. The completed surveys, or a statement noting that there were no farm-related injuries, are sent monthly, in postage paid envelopes, to the Department of Agriculture. There the surveys are logged by date of receipt and are forwarded to the Alberta Associates of Safe Rural Environments. The non-identifiable data are entered into a Microsoft Access database. The complete survey data are recorded onto a disc and the original forms are returned to the Department of Agriculture annually.

Hospitals in the province's principal cities of Edmonton and Calgary do not complete the Farm Accident Survey but rather submit monthly summaries of farm related injuries as classified using ICD-9. The data include the date and time of injury, age and sex of the injured person, the medical diagnosis and disposition but do not include details regarding how the injury occurred.

Secondary data are received by way of completed surveys by Emergency Department nursing or clerical staff. Farm related fatality data in detailed reports, are collected from the Coroner's Office by the Department of Agriculture. These paper-based data are housed separately and are not integrated with the FAMS data.

The Farm Accident Monitoring System cannot identify First Nations/ North American Indian, Inuit or Métis populations.

Changes in Data Over Time

Structural changes to the health regions in the past five years saw some hospitals gaining an Emergency Department while others lost their Emergency Department therefore there has been some fluctuation as to the representation of the data within the database.

Data Availability

Access to the data is provided to the Department of Agriculture. Non-identifiable data that are not available in the annual reports are provided to researchers and others that are referred to FAMS from the Department of Agriculture.

The database does not link information with other external databases.
Requests for raw data are not usually granted. No personal identifying information is stored on the database.

The technical documentation available to authorized personnel from the database is of list of data elements, coding categories/options, and technical environment.

- Approximately 1,600 records are added to the database annually.
- The database contained approximately 15,000 at the end of the year 2004.
- The data are entered into the database within a week of

receipt of the surveys and approximately one to two months after the injury occurred.

- The data are available for analysis as soon as they are entered into the database approximately one to two months after the injury event.
- The last full year of data available in the database is 2004.

Reports and Other Publications

Quarterly summary reports and annual reports are generated by the Alberta Associate Safe Rural Environments based on information taken from the Farm Accident Monitoring System for the Alberta Department of Agriculture.

Titles of recent publications produced from the database include *Farm Accident Monitoring System - 2004 Farm Injury Report* available on the web site. Other recent publications include:

- *Farm Accident Monitoring System - 2003 Farm Injury Report*,
- *Farm Accident Monitoring System - 2002 Alberta Farm Injury Report,*
- *Farm Accident Monitoring System - 2001 Alberta Farm Injury Report,*
- *Farm Accident Monitoring System - 2000 Alberta Farm Injury Report,*
- *Farm Accident Monitoring System - 1999 Alberta Farm Injury Report,*
- *1998 Alberta Farm Injury Report*.

The reports are disseminated by the Alberta Education and Training Branch of the Department of Agriculture with the annual reports available on the Farm Accident Monitoring Web site as well as in hard copy in response to individual request.

Service Charges

Service charges have not been applied to complete data or information requests from Alberta Agriculture.

Other Considerations

The Farm Accident Monitoring System provides a good overview of the types and frequencies of farm related injuries in Alberta. It produces supportive data for farm safety and injury prevention programs. The data also support lobbyists for better farm equipment and contributed in getting roll bars on tractors mandated.

A limitation is that the data are not consistent as they are dependent on what the attending nurse or physician documents on the outpatient form. The Farm Accident Survey does not capture all contributing factors to the injury such as stress.

Other Contacts

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Alberta Department of Agriculture
Farm Safety Program
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Health Canada, First Nations and Inuit Health Branch

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                                Tel: 613-948-3361
                                Fax: 613-948-2110
                                E-mail: karin_johnson@hc-sc.gc.ca

                                First Nations and Inuit Health Branch
                                Strategic Policy, Planning and Analysis Directorate
                                Health Information and Analysis Division
                                 Tunney's Pasture AL 1917A
                                 Ottawa, Ontario K1A 0K9

                                General Contact: FNIHB_stats@hc-sc.gc.ca
                                URL: www.hc-sc.gc.ca/fnihb-dgspni/

**Organization Housing   The Vital Statistics and Hospitalization databases are housed in the
the Data Source**   Health Information and Analysis Division within the Strategic Policy,
                                Planning and Analysis Directorate of the First Nations and Inuit Health
                                Branch. The division is a centre of excellence for health surveillance,
                                information, analysis and evaluation. This division is accountable for the
                                management and delivery of quantitative and qualitative information
                                including data development, data analysis, research evidence, and
                                evaluation advice to support senior management strategic planning,
                                policy development, program priority setting and decision making on
                                health related investment. It also guides data development in directions
                                which will support policy and planning analysis.

Purpose of Data Source   The purpose of the databases is to provide information on various health
                                indicators reported in the annual health report and also for the Federal
                                report "Healthy Canadians". In addition, the data are used to help
                                develop community health plans and to prioritize prevention programs,
                                interventions and services. At regional and national levels, this
                                information can be used to monitor trends and to detect emerging health
                                priorities.

                                The Health Information and Analysis Division have identified injuries as
                                a significant health hazard facing First Nations and Inuit people. In our
                                role as a centre of excellence for health surveillance, information and
                                analysis we work with regional offices and communities in order to
                                obtain comparable injury indicators as well as to develop data sharing
                                agreements with provinces/territories and other organizations. In
                                addition we liaise with internal and external injury prevention partners to
                                develop appropriate analyses of available injury information.

Quantitative analysis is generally performed on the data, and the users of this analyzed data are internal staff.

Injury-Related Content	Classification of injury events:	ICD-9/10
	Geographic locators:	some postal codes, some RHAs,
(for the injured person's place of residence)		provincial ID (mortality)
	Demographic variables:	Age, sex
	Unique identifiers:	None
	Place of injury occurrence:	ICD-9/10
	Nature of injury:	ICD – 9/10
	Multiple causes of injury:	ICD - 9/10
	Anatomical location:	ICD - 9/10
	Multiple injuries:	Not recorded
	Index of injury severity:	Not applicable
	Pre-event circumstances:	Not recorded

Data Collection Methods   Regional offices obtain vital statistics information from each corresponding province, with the exception of the Atlantic Provinces, Ontario and Quebec regions. In the eastern regions, no partnerships exist with provincial vital statistics registrars and so this information is obtained directly from the communities. Most often, it is the community health nurses who provide reports to the regional offices. Hospitalization data are obtained from provinces, which have the ability to identify First Nations in their provincial hospitalization database. These secondary data are received by diskette and e-mail.

The type of data collected includes data derived from birth and death certificates as well as medical care data. The highest level of aggregation to which the injury event data apply, is national. The hospitalization data identifies First Nations populations. This is done by means of a unique health card number, self-identification, and/or address.

Changes in Data Over Time   Coding is currently being switched from ICD- 9 to ICD- 10. Data reported in 2005 are anticipated to be in ICD-10.

Data Availability   Access to the data is not provided beyond the organization. This database does not link with any other external database. Requests for raw data have not been granted but can be if approved by the provinces and the FNIHB.

The technical documentation available to authorized personnel for the databases includes: a list of data elements, coding categories/options, and a data dictionary. The last full year of data available in the databases is 2001.

Reports and Other Publications   Reports are generated annually. Titles of two recent publications are *A Statistical Profile on the Health of First Nations in Canada* and

Healthy Canadians: A Federal Report on comparable Health Indicators 2004. Reports are available on the Web at: www.hc-sc.gc.ca/fnihb-dgspni/. Reports are disseminated via a mailing list and in response to individual requests.

Service Charges   Service charges are not applied to complete information or data requests.

Other Considerations   For the data collected on vital statistics, the estimated coverage of communities varies from just under 50% to 90% depending on the region. Vital Statistics data are not collected from the three Territories, there is some degree of underreporting for several or all indicators, and we have very little Inuit specific health information.

                             With respect to hospitalization data, there is some difficulty in identifying First Nation clients and data are obtained from the provinces of British Columbia, Saskatchewan and Manitoba.

Other Contacts   None

Health Canada, Product Safety Information System

Contact

Sandra Wright
A/Manager, National Compliance and Information Systems Division
Tel: 613-954-3889
Fax: 613-952-3039
E-mail: PSIS_SISP@hc-sc.gc.ca

Consumer Product Safety Bureau
Product Safety Program
Healthy Environments and Consumer Safety Branch
Health Canada
123 Slater St., 4th Floor, PL 3504D
Ottawa, ON K1A 0K9

General Contact: 613-957-4467
Fax: 613-952-3039
E-mail: PSIS_SISP@hc-sc.gc.ca
URL: www.hc-sc.gc.ca/hecs-sesc/cps/index.htm

Organization Housing the Data Source

Health Canada's Product Safety Bureau and its regional offices are responsible for enforcing the *Hazardous Product Act* and the cosmetic regulation of the *Food and Drug Act*. Several of the Product Safety Bureau's programs are designed to provide information and educational material to promote safety and safe use of consumer products. For example, the activities of the Information and Education Unit are aimed at reducing deaths and injuries associated with consumer products. Information for this Unit is derived largely from the Bureau's Product Safety Information System (PSIS).

PSIS supports injury surveillance by collecting consumer product related complaint information reported to Health Canada that includes incident details such as location and severity of injury. This data is made available to injury prevention and education programs. It is a sentinel system that notes clusters of injuries related to a specific product and can be used to identify trends in consumer safety.

Purpose of the Data Source

The primary purpose of PSIS is to aid the enforcement of the various product safety acts and to promote consumer safety. Data are used for consumer product related injury surveillance and to record and track compliance and enforcement activities. The data are also used to support prioritizing projects (e.g. observing dangerous trends/products and escalating action), introducing/updating regulations, launching a specific education campaign, reporting, surveillance, and media inquiries. Qualitative analysis is performed on the data, relating to consumer product related complaints, compliance and enforcement activities and

information and education activities. The primary users of the analyzed data are the internal staff.

Injury-Related Content	Classification of injury events:	internal classification
	Geographic locators:	street address, city, province,
	(of the person reporting the injury)	postal code
	Demographic variables:	age, sex
	Unique identifiers:	not recorded
	Place of injury occurrence:	free text field
	Nature of injury:	selection of categories (e.g. burn, chemical burn, cut, electrocution)
	Multiple causes of injury:	free text field
	Anatomical location:	free text field
	Multiple injuries:	free text field
	Index of injury severity:	none, minor, major, death
	Pre-event circumstances:	free text field (second-hand purchase, previously damaged, no instructions for assembly)

Data Collection Methods

A Product Safety Clerk or Officer receives information about an injury, or near injury, involving a product from any concerned individual across Canada. The information gathered includes the name of the product, manufacturer, and distributor; where and when the product was purchased, details of the incident such as how the product failed, what it was being used for at the time of injury, how the product was handled and what type of injury was sustained. The clerk enters the details into the PSIS and generates the record of complaint. One of 37 Product Safety Officers across Canada follows-up on the specific complaint, determining if the product is regulated or not, and if other complaints have been registered against the product, manufacturer, or distributor. The Officer records the results of the inspection in the PSIS. Based on the outcome of the investigation, an advisory could be made, recommending a voluntary recall or requesting regulation.

PSIS is an Oracle database with a Windows interface. The collection of primary data is not done on the basis of any legal or regulatory requirement. The highest aggregation of these data is at the national level. PSIS does not have the ability to identify First Nations/ North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the data is not provided beyond the Consumer Product Safety Program and the database is not linked with external databases. Most reports are available in either PDF format or hard copy. Reports are disseminated via fax, e-mail, mail or in person. Authorized personnel can

provide technical information on the list of data elements, data dictionary, and file layout.

- Approximately 500 records are added to the database annually, with about 250 records involving an injury.
- At the end of 2000 the database contained approximately 7,000 records. Collection started in the mid-1980s.
- A complaint of a product-related injury is often made within a week of the injury event.
- Data are available immediately for analysis.
- The last full year of data in the database is 2004.

Reports and Other Publications

No standard reports are generated. Some ad hoc reports are generated upon request, usually for internal requirements.

Service Charges

Not applicable as requests for data or information could not be completed from the information stored in the PSIS.

Other Considerations

Limitations of the system are that it does not capture data from more than one person injured during the single injurious incident, and it is difficult to capture the severity of the incident if no injury was sustained. Data is not fully validated, especially where further investigation was not warranted.

Other Contacts

None.

Human Resources and Skills Development Canada, Federal Fire Loss Reporting System

Contact	Colette Trudel Fire Prevention Information Officer Tel: 819-953-0970 Fax: 819-997-6795 E-mail: colette.trudel@hrsdc-rhdcc.gc.ca Human Resources and Skills Development Canada Fire Protection Services, Labour Program Phase II, Place du Portage Gatineau, QC K1A 0J2 General Contact: 819-997-1306 URL: http://www.hrsdc.gc.ca/en/gateways/topics/fzp-gxr.shtml
Organization Housing the Data Source	The Federal Fire Loss Reporting System is managed by the Fire Protection Services of the department of Human Resources and Skills Development Canada- Labour Program. Its mandate is to ensure the protection, conservation and minimization of risks to life, property and the Government's financial position. The activities are carried out under the following authorities: • Treasury Board policy on Fire Protection, Investigating and Reporting; • Fire protection engineering and inspection services for major public Band buildings with Indian Affairs and Northern Development; • Memoranda of Understanding for the provision of fire protection engineering services to Crown corporations; • Canada Labour Code and its pursuant Canada Occupational Health and Safety Regulations. The Fire Protection services include inspections and fire investigations and reports; advice on fire-protection policies and fire risk-management; liaison with fire, police and justice and ensuring conformity of building design and construction with fire-protection standards.
Purpose of the Data Source	The primary purpose of the Federal Fire Loss Reporting System is to collect information on fire losses and casualties to help identify buildings at risk and protect government employees and property from fire. Other purposes for which the data are used include preparing annual reports for Treasury Board and fulfilling ad hoc requests from other federal government departments.

The types of analysis generally performed on data are quantitative. Reports include tables with statistics on the number and frequency of casualties and monetary loss.

Injury-Related Content

Classification of injury events:	Canadian Code Structure
Geographic locators:	street address, city, province
(for the injured person's place of residence)	
Demographic variables:	age, sex *(man, woman, child, firefighter, unknown)*
Unique identifiers:	name, database generated casualty number
Place of injury occurrence:	ICECI
Nature of injury:	Canadian Code Structure
Multiple causes of injury:	not recorded
Anatomical location:	Canadian Code Structure
Multiple injuries:	not recorded
Index of injury severity:	by proxy: minor, light, serious, death
Pre-event circumstances:	Free text field*

* Sample free text field: *"Inmate ignited a fire in his cell. Correctional Officers removed him from his cell, then put the fire out. The inmate was treated for smoke inhalation as he had ignited the fire using his mattress which caused a substantial amount of smoke. The 2 Correctional Officers also were treated for smoke inhalation as they were not using apparatus gear."*

Data Collection Methods

HRSDC Regional or District Office receives completed forms that capture the day, time, location, property type and extent of damage. Detailed information about type of clothing worn by those injured, along with protective devices in used such as smoke detectors, sprinkler systems, method of extinguishment and extinguishing equipment used, are also documented. Injuries associated with the fire are captured in an accompanying Casualty Report. An investigation into the fire is initiated if there is a death or if property damage is in access of $250,000. A copy of the reports, and any investigation results are sent by mail to the Fire Protection Services where the data are entered into the Federal Fire Loss Reporting System database.

Changes in Data Over Time

Some features, were added to the Canadian Code Structure in July of 2002 such as the provision for four digit codes instead of three for "Property Class" and "Source of Ignition" allowing for better definition and search ability.

Data Availability

Access to raw data is not provided and the Federal Fire Loss Reporting System is not linked with external databases.

- Approximately 150-200 records are added to the database annually.
- The database contained 1,200 at the end of the fiscal year 2002-

2003 (March 2003).
- Data are received and entered into the database approximately four months after the injury occurred.
- Data are available immediately after being entered into the database.
- The last full year of data available is fiscal year 2002-2003.

Reports and Other Publications

The *Fire Losses in Government of Canada Properties* is produced annually. Electronic copies can be found at: http://info.load-otea.hrdc-drhc.gc.ca/fire_prevention/home.shtml

Another report prepared by the Fire Protection Services is *The Annual Report of Fire Losses in Canada* with data collected by and the Council of Canadian Fire Marshals and Fire Commissioners, Indian and Northern Affairs Canada and Statistics Canada.

These reports go back to 1946 with electronic copies available from 1991 at: www.ccfmfc.ca/stats/stats_e.html

Service Charges

Service charges are not applied to complete information or data requests.

Other Considerations

The Federal Fire Loss Reporting System is flexible and allows for quick searches.

Other Contacts

Fire Marshals and Fire Commissioners of Canada
URL: www.ccfmfc.ca

See Appendix D for a listing of all provincial/territorial fire marshal and fire commissioner's offices.

Institut de la statistique du Québec, Statistiques de l'état civil, base de données des décès

Contact	Paul Jr. Berphiaume
	Tel: 418-691-2406 ext. 3214
	Fax: 418-691-2418
	E-mail: paul.berphiaume@stat.gouv.gc.ca
	Institut de la statistique du Québec
	200, ch. Sainte-Foy, 3e étage
	Québec, QC G1R 5T4
	General Contact : 1 800 463-4090
	Fax: 418-643-4129
	URL: www.stat.gouv.qc.ca

Organization Housing the Data Source

The Institut de la statistique du Québec was established with the passing of an Act on June 19, 1998 - combining four previously independent administrative organizations: the Bureau de la statistique du Québec, the Institut de recherche et d'information sur la rémunération, Santé Québec and a section of the Ministère du travail linked to the global work compensation survey.

Purpose of the Data Source

The mission is to provide reliable and objective statistical information on the province. Statistique Québec is a central authority for the production and dissemination of statistical information and is responsible for the carrying out of statistical surveys. Under the Act, *Statistiques de l'état civil* data on births, marriages and deaths, immigration and emigration is collected and compiled. An annual estimate of the population of municipalities is also prepared.

Injury-Related Content

Classification of injury events:	ICD-10
Geographic locators:	municipality, postal code
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex
Unique identifiers:	healthcare patient identification, hospital file number
Place of injury occurrence:	ICECI
Nature of injury:	ICD-10
Multiple injuries:	ICD-10
Anatomical location:	ICD-10
Multiple injuries:	ICD-10
Index of injury severity:	not applicable
Pre-event circumstances:	with specific, detailed coding

Data Collection Methods	Mortality data are collected from hospitals, doctors, coroners and social services. The data are collected and used to register and issue a death certificate. They are sent to the central bureau in Quebec City and for verification and validation. The data are entered into the database and formatted in aggregate tables for dissemination. This information is treated and forwarded to Statistics Canada on a quarterly basis.
	The highest aggregation of these data is at the provincial level. Identification of First Nations/North American Indian, Inuit, and Métis populations is not expressly collected, however it is sometimes possible to deduce this information with regards to first-language and the residential address.
Changes in Data Over Time	The coding classification switched from ICD-9 to ICD-10 January 2000.
Data Availability	Access to the data is provided beyond the organization and is granted in any format requested, to anyone conforming to the *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*. A data sharing agreement is established between Statistique Québec and the Office of the Chief Coroner that is renewed yearly.
	The technical documentation available to authorized personnel for the database includes: a list of data elements, coding categories/options, a data dictionary, file layout, data model, and technical environment.

- Approximately 1,000 records are entered annually since 1974.
- Data are entered into the database between one month and one year after the fatal injury.
- Data are available one year after being entered into the database.
- The last full year of data available is 2000.

Reports and Other Publications	Reports are generated from information taken from this database annually for the Annual Report. Many tables available of various data are produced, for example causes of death as well as *La situation au Québec*. Reports are available in paper copy format, on disquette, electronic copy and on the Web site.
Service Charges	Service charges are applied on a cost recovery basis.
Other Considerations	The system is very precise in collecting information relating to the cause of the event. The process of including details on cause of death sometimes delays the availability of data. The system does not identify the place of death.
Other Contacts	See Appendix F for a listing of all provincial/territorial offices of vital statistics.

IWK Regional Poison Centre, Nova Scotia

Contact

Eileen Gillespie
Clinical Leader, Poison Information Specialist
Tel.: 902-470-7870
Fax: 902-470-7213
E-mail: eileen.gillespie@iwk.nshealth.ca

or

Teri Cole
Clinical Leader, Poison Information Specialist
Tel.: 902-470-7870
Fax: 902-470-7213
E-mail: teri.cole@iwk.nshealth.ca

IWK Regional Poison Centre
5850 University Avenue
Halifax, Nova Scotia B3J 3G9

General Contact: 902-470-8132
URL: www.iwk.nshealth.ca/helpfulinformation/poisoninformation.htm
 and   www.capcc.com/pages/provincal_pages/provincal_iwk_desc.html

**Organization Housing
the Data Source**

The IWK Regional Poison Centre (formerly the Poison Information
Centre) provides a 24-hour toll-free poison information service to Nova
Scotia and Prince Edward Island. Medically allowable information is
provided to the public, health professionals and others regarding
treatment of poisonings and general questions about toxicology. The
Poison Centre is housed in the IWK Health Centre – a tertiary care health
centre affiliated with Dalhousie University that is focused on education,
research, family centred care and health promotion.

Purpose of the Data Source

The purpose is to track the number and types of calls in order to maintain
certification of the Centre. The data are also used for quality assurance,
to support program planning, and to generate reports including reporting
to the provincial Ministry of Health.

The analysis performed on the data is qualitative. The users of the
analyzed data are internal staff, and provincial agencies.

Injury-Related Content

Classification of injury events: Internal classification
Geographic locators: province, county
(for the injured person's place of residence)
Demographic variables: age, sex

Unique identifiers:	unique chart number for each call/exposure
Place of injury occurrence:	home, work, farm, school, hospital, Health Care Facility (HCF), other or unknown
Nature of injury:	route of exposure- oral, dermal, ocular, inhalation, parenteral, unknown, sting/bite, other
Multiple causes of injury:	not recorded
Anatomical location:	point of ingestion
Multiple injuries:	not recorded
Index of injury severity:	by proxy via advice given, treated at home, referred to the hospital, ambulance dispatched
Pre-event circumstances:	captured within the nursing notes

Data Collection Methods

Data are collected from health care professionals and the general public that call the IWK Regional Poison Center for poisoning and treatment advice. The information is captured on a spreadsheet with minimal data entered into the database such as caller identification, age of person exposed to the toxin, type of toxin, advice given (treat at home, refer to the hospital, ambulance dispatched) and outcome – i.e. if ingestion is non toxic, there is no follow-up, if patient is referred to a health care facility or the health care facility calls the IWK Regional Poison Center follow-up is conducted by phone until the patient is medically cleared and the outcome known.

The collection of primary data is done within the mandate of the Canadian Association of Poison Control Centres - see www.capcc.com The highest level of aggregation is provincial. The The IWK Regional Poison Centre does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to statistical data is provided with a completed data request form that is approved by the IWK Regional Poison Centre. These data include the number and type of calls received, from where the call originates, age group, identity of toxin involved (sub-classified within a pharmaceutical and non-pharmaceutical class).

The database does not link information with other external databases. Data for outside requests are available in table format and through published annual reports. No technical documentation is available for the database.

- Details from approximately 10,000-15,000 recorded calls are added to the database annually.
- At the end of 2002, the database contained 10,000 electronic records as not all information from each poison centre call is entered into the database but rather statistical data from collected paper records.
- The data are entered into the database within a day of the injury occurrence.
- The data are available for analysis 1-3 months after being entered into the database.
- The last full year of data in the database is 2003.

Reports and Other Publication

Reports are generated monthly, quarterly and annually from information taken from this data source. The titles of recent publications are*: The IWK Regional Poison Centre Monthly, Quarterly and Annual Report.* The information is available in hard copy, and is disseminated in response to individual requests.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

Extensive data are gathered manually. An improved system is needed to utilize the data to their full extent for better research, program development, and public warnings.

Other Contacts

None.

Manitoba Labour, Workplace Safety and Health Division

Contact	Dr. T. Redekop Cheif Occupational Medical Officer Tel.: 204-945-3608 Fax: 204-945-4556 E-mail: tredekop@gov.mb.ca Workplace Safety and Health Division Manitoba Labour and Immigration 200 – 401 York Ave. Winnipeg, Manitoba R3C 0P8 General Contact: 204-945-3446 URL: www.gov.mb.ca/labour/safety

Organization Housing the Data Source

Workplace Safety and Health Division is a provincial regulatory agency that is responsible for the enforcement of the Workplace Safety Health Act of Manitoba. The Occupational Health Branch of the Workplace Safety and Health Division manages and maintains four databases with injury information.

1. Serious Incident Database has coded data regarding serious workplace injuries including the circumstances of the injury event.
2. Fatality Surveillance Database tracks all work related and workplace deaths.
3. Workers Compensation Board (WCB) Claims Dataset includes claim records from the WCB Manitoba
4. Farm Injury Hospitalizations are a data subset from Manitoba Health that are extracted from the "Manitoba hospital abstract data system". Until recently, only Winnipeg hospitals had data uploaded through this to the Canadian Institute of Health Information (CIHI) as a sample of Manitoba data. Starting April 1, 2004, with the introduction of ICD-10 all hospitals in the province will be included in data sent forward to CIHI, coding to the national Discharge Abstract Database (DAD).

Purpose of Data Source

The main purpose of the data sources is administrative. The data are used to help prioritize the allocation of resources. Other purposes include legal obligation as with serious incidents that are reportable under the Workplace Safety and Health Act and deaths that are reportable under the Fatality Inquiries Act. The data are also used for targeting education and enforcement activities, monitoring trends and patterns, identifying emerging issues, and evaluating the effectiveness of new legislation compliance.

The type of analysis performed on the data is qualitative including cross tabulation of multivariable data elements for selected data subsets. Analysis is also used to determine the rates of injury for exposure groups using multisource denominator data. The users of the analyzed data are internal staff, provincial and local agencies, private and non-govermental organizations, trainers, policy developers, program planners, stakeholder groups, lobbyists and the media.

Injury-Related Content

Classification of injury events: ICD-9, ICD-10 as of April 1/04
CSA – Z795 (WCB coding)

Geographic locators: city, province, postal code
(for the injured person's place of residence)

Demographic variables: date of birth, sex, occupation *(WCB only)*, level of training, seniority, experience *(for serious incidents only)*

Unique identifiers: healthcare card number, hospital chart numbers, WCB claim numbers

Place of injury occurrence: free text *(to be replaced by ICD-10)*

Nature of injury: ICD-9, CSA-Z795

Multiple causes of injury: not recorded *(except for some secondary diagnosis from hospital charts)*

Anatomical location: ICD-9, CSA-Z795

Multiple injuries: ICD-9, CSA-Z795

Index of injury severity: not recorded

Pre-event circumstances: training experience, supervision and up to five associated causes and five associated factors are coded for serious incidents.

(Examples include: Causes, such as failure of equipment or tools, inadequate or missing guarding, not locked or tagged out, loose clothing, slippery floor and Contributing factors, such as knowledge / skill lacking, work fatigue due to overtime, policies and procedures not developed, design/layout inadequate.)

Data Collection Methods

Data are imported from transferred files or coded and entered from written reports into standardized templates for the four databases. The text and coded data are analyzed using Microsoft Access. Text reporting is confirmed through primary sources if there are discrepancies within or between reports. The type of data collected are coded from primary reports (demographics, injury event, ICD-9), insurance claim data (demographics, injury event, diagnosis), autopsy reports (cause of death) and enhanced farm injury data via chart reviews of hospital records.

The highest level of aggregation to which the injury data applies is provincial. The Workplace Safety and Health Division does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations from information captured in their databases.

Changes in Data Over Time	Coding for WCB data shifted in 1996 from previous Statistics Canada's National Work Injuries Statistics Program (NWISP) to the CSA standard Z-795-96 - Coding of Work Injury or Disease Information. The Z-795 offers more categories especially for diagnosis and source, in an effort to accommodate new workplace hazards. Another change to note is the broadening of the fatality surveillance beginning formally in 2000. This change is reflected in the numbers of workplace deaths (higher number of deaths in the database for 2000 onward).

Data Availability

Access to the data is not provided beyond the organization with the exception of the farm injury data that is forwarded to the Canadian Agriculture Injury Surveillance Program. Researchers can request access to these data by applying to the working groups of interprovincial collaborators. The databases do not link information with other external databases. Requests for raw data have never been granted. Aggregate analysis is available with results provided in tabular, graphic or text formats as requested.

The technical documentation available to authorized personnel include the list of data elements, coding categories/options, and data dictionary.

- Approximately 50-75 fatalities, 70-100 serious incidents, 100-150 farm injury hospitalizations and 38,000 WCB injury claims, are added to the databases annually.
- At the end of year 2002, the WCB database contained approximately 532,000 injury claims (since 1988), the Fatality Surveillance Database contained approximately 674 records (since 1974), the Farm Injury Hospitalizations Database contained approximately 3,300 (since 1983) and the Serious Incident Database contained approximately 1,000 records (since 1990-2001).
- The data from the WCB and Manitoba Health are entered into the database once annually. The fatality surveillance data are entered immediately upon notification and the serious incident data are entered 6-18 months after the injury occurred.
- The data are available for analysis immediately after being entered into the database.
- The last full year of data available in the WCB database and Fatality Surveillance databases is 2004, the Farm Injury Database is fiscal year 2002-2003, and the Serious Incident Database is 2001.

Reports and Other Publications

Reports are generated routinely and by request from information taken from the databases. Titles of recent publications produced from information from the database include:

- *Agriculture Injuries in Canada for 1990-2000*

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found at: www.caisp.ca
- *Workplace Injuries and Illnesses in Manitoba 2000 to 2003 (inclusive).*
  found at: www.wcb.mb.ca/facts.html (second report compiled)
- *Reported Workplace Fatalities: How Complete is the Picture?* found at:
  http://www2a.cdc.gov/noirs/pdfs/NOIRS2003FinalAbstracts.pdf

The reports are disseminated by mail to key stakeholders such as the Manitoba Workplace Injury report that was mailed to every safety and health committee in the province with a workplace with more than 19 workers. Otherwise reports are disseminated in response to individual requests.

Service Charges   Services charges are not applied to complete data or information requests unless the data are part of a larger request filed under FIPPA (Freedom of Information and Protection of Privacy Act) to which an approximate charge of $30/hour is applied.

Other Considerations   Fatality surveillance involves multi-source identification of cases using structured identification definitions. WCB injury claims are limited to workers covered by the program – approximately 70% of all working Manitobans.

Other Contacts   The Canadian Agriculture Injury Surveillance Program (CAISP).
www.caisp.ca

Manitoba Trauma Registry

Contact   Mike Hoppensack
                               Analyst
                               Tel: 204-787-1217
                               Fax: 204-787-4837
                               E-mail: mhoppensack@hsc.mb.ca

                               Manitoba Trauma Registry
                               Health Sciences Centre
                               820 Sherbrook Street
                               Room GF-419A
                               Winnipeg, Manitoba R3A 1R9

                               General Contact: 204-787-1217
                               URL: none

Organization Housing   The Manitoba Trauma Registry manages and maintains a source
the Data Source   of injury data abstracted from the files of trauma patients of the Health
                               Sciences Centre. The Health Sciences Centre is the primary trauma
                               centre for the province of Manitoba where most major trauma patients
                               are treated. The Manitoba Trauma Registry was created as a tool for
                               research and trauma centre accreditation.

                               The Manitoba Trauma Registry supports injury surveillance indirectly in
                               that it collects injury data and reports to the National Trauma Registry
                               for integration and dissemination.

Purpose of Data Source   Historically, research has been the primary purpose of the Manitoba
                               Trauma Registry. Other purposes of this data source are for injury
                               surveillance, accreditation and administrative purposes. The data is often
                               used for research publications, such as the "*Pediatric Trauma Registries:
                               The Foundation of Quality Care"*, Journal of Pediatric Surgery, May
                               2001 Volume 36 Number 5, pages 685-689.

                               The type of analysis that is generally performed on the data is
                               quantitative with tables and graphs. The users of the analyzed data and
                               information are the recipients of the report including IMPACT, the
                               WRHA office, the Adult Trauma site and the Pediatric Trauma sites of
                               the Health Sciences Centre. The report has general information, but this
                               will grow to include some more qualitative analysis should there be a
                               need expressed by the injury surveillance or injury research profession.
                               The Trauma Registry is expected to be used for purposes of trauma
                               accreditation.

Injury-Related Content   Classification of injury events: ICD-9, ICD 10

Geographic locators:	street address, city, province,
(for the injured person's place of residence)	postal code
Demographic variables:	age, date of birth, sex, capturing ethnicity is a possibility within 3-4 race groupings.
Unique identifiers:	hospital chart number, Manitoba health number (MHSC) personal health information number, social insurance number *(where available)*, claim number billed to Manitoba Health.
Place of injury occurrence:	ICD-9, ICD 10, E-codes 849.0 - 849.9
Nature of injury:	ICD-9, ICD 10, AIS
Multiple causes of injury:	will be captured with ICD-10.
Anatomical location:	ICD-9, ICD 10
Multiple injuries:	ICD-9, ICD 10
Index of injury severity:	AIS scale, ISS, GCS score, RTS and TRISS *(where available)*
Pre-event circumstances:	protective devices (i.e. seat belt usage, car seat, helmet usage, airbag deployed, etc.), alleged intent/motivation: self induced, third party or unintentional.

Data Collection Methods

The discharge abstract information is obtained on a daily basis from the hospital information system that is used to determine which charts should be pulled for detailed review. The bulk of the trauma registry data come from the chart reviews.

For the primary data the information is collected from chart reviews. No outcome follow up is conducted regarding quality of life, extended rehabilitation, or continued care. No legal or regulatory requirement determines the collection of the primary data. The highest level of aggregation to which the injury data apply is the province of Manitoba and Northwestern Ontario. The Manitoba Trauma Registry does not have the ability to identify First Nations/North American Indian, Inuit, Métis populations.

Changes in Data Over Time

Manitoba has switched from ICD-9 to ICD-10 as of April 1, 2004.

Data Availability

Access to raw data is provided to the National Trauma Registry at the Canadian Institute of Health Information (CIHI). The data are sent in an Ascii text file to CIHI in an e-mail attachment. The data are accessible to the Manitoba Trauma Registry personnel and CIHI personnel. The Manitoba Trauma Registry database does not link information with other external databases. A request for access to the data could be granted

provided that certain requirements are met to ensure the privacy and confidentiality laws around the use of healthcare patient information. Data can be provided in a database, spreadsheet, or most any format requested.

The Manitoba Trauma Registry is using the Ontario version of the Collector Software. The list of data elements, coding categories/ options, the data dictionary, data model and technical environment are available to authorized personnel. The file layout for the actual storage for the Collector software is in a proprietary format of which the information is not currently available.

- Approximately 2,000 records are added to the database annually.
- At the end of the year 2003, the database contained approximately 21,000 records.
- The data are entered into the database up to 12 months after the injury occurred.
- The data are available for analysis immediately after they are entered into the database.
- The last full year of data on major trauma available in the database is 2003. It should be noted however that from January 1997- to the end of 2003 most of the data were bulk uploaded and not all the data have been verified with the charts.

Reports and Other Publications

Reports are generated by the Manitoba Trauma Registry annually. The title of the most recent publication is the "*Health Sciences Centre Trauma Registry Report, 2001-2003*"". The annual report is distributed via a mailing list, responding to individual requests, and is posted on a web-site. No requests for data have been submitted.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

The Manitoba Trauma Registry is a good source of injury information. The Trauma Registry does not record how many trauma patients may be treated elsewhere in the province. The Acute Physiological and Chronic Health Evaluation (APACHE) is captured in the Intensive Care Unit, and could complement the trauma registry data. As well, laboratory tests and results would be a useful addition. These additions may challenge the existing software and may not be feasible in the near future. Another limitation is the National Trauma Registry's requirement for only major trauma of an Injury Severity Score (ISS) greater than 12, and only a limited number of E-codes.

Other Contacts

IMPACT- the Injury Prevention Centre of Children's Hospital, Winnipeg
http://www.hsc.mb.ca/impact

Manitoba Vital Statistics, Mortality Database

Contact   Caroline Kaus
                               Director, Division of Vital Statistics
                               Tel: 204-945-4168
                               Fax: 204-945-0424
                               E-mail: ckaus@gov.mb.ca

                               Consumer and Corporate Affairs Division
                               254 Portage Ave.,
                               Winnipeg, MB R3C 0B6

                               General Contact: 204-945-3701
                               Fax: 204-948-3128
                               E-mail: vitalstats@gov.mb.ca
                               URL: www.gov.mb.ca/cca/vital/

Organization Housing   The Manitoba Vital Statistics Agency is part of the Consumer and
the Data Source   Corporate Affairs Division of the Department of Finance. The Agency
                               administers 3 Acts. In addition the Agency manages disinterment under
                               The Public Health Act and registers adoptions under *The Family
                               Maintenance Act*. Under *The Vital Statistics Act* the Agency collects
                               data on all births, death, stillbirths and marriages. Under *The Change of
                               Name Act* the Agency captures all legal changes of names to Manitoba
                               residents.

Purpose of the Data Source The primary use of the data is to complete the requirements of the *Vital
                               Statistics Act*. Other uses of the data include reporting to the Health
                               Statistics Division of Statistics Canada, and providing statistics to
                               government ministries for program planning. Very little in-house
                               analysis is performed on the data. Primary analysis is completed by
                               Statistics Canada. Users of the data are government departments,
                               researchers, and program planners.

Injury-Related Content   Classification of injury events: ICD-10
                                            Geographic locators: street address, city, province, postal
                          (for the injured person's place of residence) code
                                            Demographic variables: age, date of birth, and sex are coded
                                                                    occupation is recorded on original
                                                                    form but not coded.
                                               Unique identifiers: health card number, social insurance
                                                                    number
                                         Place of injury occurrence: ICD-10
                                                  Nature of injury: ICD-10
                                                 Multiple injuries: ICD-10
                                               Anatomical location: ICD-10
                                          Multiple causes of injuries: not recorded

Index of injury severity: not applicable

Pre-event circumstances: free text field used to determine proper ICD coding for cause of death

| **Data Collection Methods** | Vital Statistics legislation requires physicians to record cause of death within 48 hours of death. That information is normally transferred to vital statistics through health care institutions or the medical examiner's office. Agency staff uses MICAR software to determine the ICD-10 code. Causes of death that cannot be coded using ICD-10 software are coded manually by Health Statistics Division of Statistics Canada. Data are collected on paper forms and forwarded to Statistics Canada electronically and by microfilm. |

The highest aggregation of these data is at the provincial level. Manitoba Vital Statistics can identify First Nations populations with geographic location of place of residence and unverified band and treaty registration, but Inuit and Métis populations cannot be identified.

Changes in Data Over Time

The coding classification switched from ICD-9 to ICD-10 in January 2000.

Data Availability

Access to the raw data is provided beyond the organization to Manitoba Health, the Chief Medical Examiner's Office, and the Chief Medical Officer of Health. The database is not linked to external databases.

Requests for raw data are granted with an approved request outlining the intended purpose and use of these data with the assurance that no identifying data will be published. Data are available in various print and electronic formats.

Authorized personnel can provide technical information on the list of data elements, coding categories/options, data dictionary, file layout, data model and technical environment**.**

- Approximately 9,000 records are added to the database annually.
- At the end of 2000 the database contained more than 4,000,000 records, encompassing all vital statistics including records and amendments.
- The Agency endeavours to enter data into the database within five days of the fatal injury.
- Data are available for analysis approximately four months after the fatal injury occurred.
- The last full year of data available is 2003.

Reports and Other Publications

Reports are generated on a regular basis, primarily for Manitoba Health, the Chief Medical Examiner's Office, and the Chief Medical Officer of Health. Ad hoc reports (of non-identifying information) may be generated upon request. The reports are available in various formats in

both hard copy and electronic.

Service Charges   Service charges for data or information requests are applied on a cost
recovery basis.

Other Considerations   The quality of the data is linked to the care the physician applies to
completing the medical cause-of-death forms.

Other Contacts   See Appendix F for a listing of all provincial/territorial offices of vital
statistics.

Ministry of Transportation Ontario, Accident Data System

Contact	Yoassry Elzohairy
	Senior Research Advisor
	Tel.: 416-235-3643
	Fax: 416-235-3633
	E-mail: yoassry.elzohairy@mto.gov.on.ca
	Ministry of Transportation
	1201 Wilcon Avenue
	Downsview, ON M3M 1J8
	General Contact: 416-235-3585
	URL: www.mto.gov.on.ca/english/safety

Organization Housing the Data Source

The Road Safety Program Office within the Road User Safety Division of the Ministry of Transportation Ontario (MTO), maintains the Accident Data System (ADS). This database was established in 1957, with a newer, more complete database beginning in 1988.

Purpose of Data Source

The purpose of the data source is to support Road Safety Programs Office's efforts to promote safety on Ontario's highways by researching, planning, developing and evaluating road user safety initiatives directed at drivers of vehicles and other road users. The ADS provides the evidence for the Road Safety Program to implement appropriate measures to prevent and reduce the incidents leading to road user safety fatalities and injuries. The data are used for policy and program analysis, road safety research, marketing and performance measurement. Users of the data include road user safety and injury prevention organizations, research institutions, other ministries, police services, the media and the public. The analysis performed on the data is quantitative, including trend and time-series analysis. The users of the analyzed data are internal staff, provincial and local agencies, private and public sectors, and the media.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	city, province, county and
(for the injured person's place of residence)	municipality.
Demographic variables:	age, sex
Unique identifiers:	driver license number, collision identification number
Place of injury occurrence:	ICECI – transport
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	ICD-9, ICD-10, AIS 90
Multiple injuries:	not recorded

| | Index of injury severity: | by proxy: minimal (treated at scene), minor (hospital stay for less than 24 hours) and major (admitted to hospital for more than 24 hours) |
| | Pre-event circumstances: | location of collision, type of impact, driver actions, driver condition, weather conditions, seatbelt usage, air bag deployment and any other safety equipment usage. |

Data Collection Methods

Primary data are collected by police who fill in the Collision Report form at the scene of an accident. The form is sent to the MTO to be coded in to the ADS. If a victim dies within thirty days of the collision, the ADS is updated to reflect the fatality.

Fatality data are collected and reviewed with the Chief Coroner's Office. If the fatality was caused by some factor other than the collision, such as a heart attack, that record is removed from the ADS. Secondary data are received annually from multiple sources including the Ministry of Solicitor General, Ministry of Health and Long Term Care and the Ministry of Education. Data from the Coroner's Office are provided on spreadsheets, data from the Ministry of Education are obtained from their website with password authorization, and the Ministry of Health and Long Term Care faxes the data to the MTO. The Ministry of Transportation is required by legislation under the Highway Traffic Act to report annually on collision statistics and recommend appropriate measures for their prevention.

The highest level of aggregation is provincial. The ADS does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

The database was upgraded in 1988 to include more detailed information. Data from the former system have not been transferred in to the ADS.

Data Availability

Access to the data is provided beyond the MTO to the Traffic Injury Research Foundation (TIRF) and Transport Canada. The ADS does not link with external databases. Request for raw data have been granted with a confidentiality agreement. Aggregate data are available for outside requests in ASCII format.

- Approximately four to five hundred thousand records are added to the database annually. This includes one entry for each person involved in a collision.
- By 2003, there were approximately 6 million, seven hundred fifty

- thousand entries in the database.
- Data concerning fatalities are entered approximately ten days after the accident, while others take longer to be entered.
- The data are available within about a year of the accident.
- The last full year of data in the database is 2003.

Reports and Other publications
Reports are generated annually. The Ontario Road Safety Annual Report (ORSAR) 2003 will be available by end of April 2005. The reports are available in electronic format on CD, and are disseminated via a mailing list and through the website.

Service Charges
Service charges are not applied to complete data or information requests.

Other Considerations
The database is successful in identifying trends related to motor vehicle collisions and then implementing safety measures in response to these trends. For example, it has identified a 36% reduction in the number of collisions caused by teen drivers since the introduction of graduated licensing.

Although there are approximately 20 different vehicle categories, there are no separate categories for either sports utility vehicles or taxis. They are both categorized under passenger vehicles, and therefore individual studies cannot be done on them. The identification of the type of animal, such as a deer or moose, involved in a collision, is not reflected in the database. The process of including more detail on the collision report is being implemented.

Other Contacts
None

National Trauma Registry

Contact	Leila Abboud
	Consultant, Trauma Registries
	Tel: 416-481-2002 ext. 3392
	Fax: 416-481-2950
	E-mail: LAbboud@cihi.ca
	National Trauma Registry
	Canadian Institute of Health Information
	90 Eglinton Ave., East, Suite 300
	Toronto, ON M4P 2Y3
	General Contact: 416-481-2002
	E-mail: ntr@cihi.ca
	URL: www.cihi.ca/ntr

Organization Housing the Data Source

The National Trauma Registry (NTR) was implemented in 1997 and is managed by the Canadian Institute for Health Information (CIHI). Created in 1994 by Canada's federal and provincial health ministers, CIHI is a national, not-for-profit organization working to improve the health of Canadians and the health system by providing high quality, timely health information. CIHI's mandate is to develop and maintain an integrated approach to Canada's health information system.

Purpose of the Data Source

The NTR's main purpose is to provide data to study national injury epidemiology, facilitate provincial and international injury comparisons, increase awareness of injury as a public health problem in Canada, assist injury prevention programs, and facilitate injury research.

The NTR is made up of two data sets that each serves different purposes:

1. The Minimal Data Set (MDS) contains demographic, diagnostic, and procedural information on all acute care hospitalizations in Canada due to injury. It also includes in-hospital deaths due to injury.
2. The Comprehensive Data Set (CDS) contains detailed data on patients hospitalized with major trauma at 40 participating trauma facilities across Canada.

The users of the analyzed data are injury prevention programs, such as SMARTRISK, researchers, trauma facilities, and government ministries.

Injury-Related Content

Classification of injury events:	NTR MDS: ICD-9, NTR CDS: ICD-9-CM
Geographic locators:	NTR MDS-postal code
(for the injured person's place of residence)	NTR CDS-postal code
Demographic variables:	NTR MDS-age, date of birth, sex
	NTR CDS-age, sex

Unique identifiers:	NTR MDS-institution number, health card number
	NTR CDS-institution number, health card number, Trauma number
Place of injury occurrence:	NTR MDS-ICD-9
	NTR CDS-ICD-9 -CM and geo codes
Nature of injury:	NTR MDS-ICD-9
	NTR CDS-ICD-9 -CM
Multiple causes of injury:	NTR MDS-ICD-9
	NTR CDS-ICD-9 -CM
Anatomical location:	NTR MDS-ICD-9
	NTR CDS-ICD-9 -CM
Multiple injuries:	NTR MDS-ICD-9
	NTR CDS-ICD-9 -CM, AIS scale
Index of injury severity:	NTR MDS- not recorded
	NTR CDS-AIS scale, ISS, GCS and RTS
Pre-event circumstances:	NTR MDS- not recorded
	NTR CDS- blood alcohol concentration and protective equipment usage

Data Collection Methods

The National Trauma Registry has collected Minimal Data Set data since 1994. NTR MDS contains data from all acute care injury hospitalizations in Canada. NTR MDS data are downloaded annually from its parent database, the Hospital Morbidity Database (also managed by CIHI).

The National Trauma Registry has been collecting Comprehensive Data Set data since 1996. Data are voluntarily sent from trauma registries and facilities across the country on an annual basis.

The National Trauma Registry cannot identify First Nations/North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

In order to facilitate national reporting, the National Trauma Registry currently converts all data received coded in ICD-10 – CA to ICD-9 or ICD-9 – CM. Note that ICD-10-CA data are available for analyses. However, beginning next year, the NTR will report in categories that are both ICD-9/ICD-9-CM and ICD-10-CA compliant where possible. Otherwise, reporting will be done in ICD-10-CA.

The NTR has expanded the number of data elements collected in the comprehensive data set from 20 to 40 in 2001. Wherever possible, it will capture historical data for newly added data elements.

Plans are underway to incorporate a national death data set from the Chief Coroners and Chief Medical Examiners' Offices, pending

development of a national coroners/ medical examiners database.

Data Availability

Access to the raw data is granted with a completed privacy and confidentiality assessment and an approved request stating the purpose for which the data will be used and how the data will be managed. Access is not provided to private companies requesting the data to generate a product or service for profit. The National Trauma Registry database is not linked with any external databases.

Authorized personnel can provide technical information on the list of data elements, coding categories/options, data dictionary, file layout, data model, and technical environment.

- Approximately 208,000 (200,000 for the MDS and 8,000 for the CDS) records are added to the National Trauma Registry annually.
- At the end of 2000 the database contained approximately 1,442,000 (1,400,000 MDS and 42,000 CDS) records.
- Data are entered into the database and are available for analysis approximately two years after the injury occurred.
- The last full year of data available is fiscal year 2001- 2002 (NTR MDS) and 2002-2003 (NTR CDS).

Reports and Other Publications

The NTR generates annual reports from the data in the specific data sets. Some such reports include *Major Injury in Canada,* with CDS information gathered from trauma registries and facilities; and *Injury Hospitalizations* with MDS information gathered from acute care injury hospitalizations. Reports are distributed to contributors via a mailing list, are available for purchase in print formats, and are downloadable for free at www.cihi.ca/ntr.

NTR also produces two special topic analytical bulletins each year, which are available at no charge on the same website.

Service Charges

Service charges are applied on a cost recovery basis for data or information not available in published reports. Access to record-level data is given without cost to graduate students using the data specifically for their thesis work.

Other Considerations

The NTR is meeting its objective to provide data and analyses necessary to examine the epidemiology of injuries at the national level and to contribute to the reduction of injuries and related deaths in Canada. Data and analyses are used to identify high-risk groups and activities, to follow trends in morbidity, and to develop and evaluate injury prevention programs and policies. Availability of this information enables health care providers, planners, and researchers to make informed decisions regarding the care and treatment of trauma patients, resource allocation, injury prevention programs, and legislative changes.

Other Contacts

CIHI Ottawa
377 Dalhousie St., Suite 200,
Ottawa, ON K1N 9N8
Tel: 613-241-7860
Fax: 613-241-8120

CIHI Toronto
90 Eglinton Ave., East, Suite 300
Toronto, ON M4P 2Y3
Tel: 416-481-2002
Fax: 416-481-2950

See Appendix E for a listing of all provincial/territorial trauma registries.

National Work Injuries Statistics Program

Contact   Dilys Robertson
                                 National Coordinator
                                 Tel: 905-373-7255
                                 Fax: 905-373-4949
                                 E-mail: dilysr@sympatico.ca

                                 Association of Workers' Compensation Boards of Canada
                                 National Office
                                 National Work Injuries Statistics Program
                                 6551B Mississauga Rd.,
                                 Mississauga, ON L5N 1A6

                                 General Contact: 905-542-3633
                                 Fax: 905-542-0039
                                 E-mail: contact@awcbc.org
                                 URL: www.awcbc.org

**Organization Housing   The Association of Workers' Compensation Boards of Canada
the Data Source**   (AWCBC) was founded in 1919 as a non-profit organization to facilitate
                                 the exchange of information between workers' compensation boards and
                                 commissions. In 1996, the AWCBC took over a Statistics Canada
                                 program and set up a National Work Injuries Statistics Program
                                 (NWISP). NWISP collects work injury and disease statistics from the 12
                                 workers' compensation boards and commissions - one in every province/
                                 territory including Northwest Territories and Nunavut.

Purpose of the Data Source   The primary purpose of NWISP is to collect data from workers'
                                 compensation boards and commissions and maintain a Canadian
                                 database of work injury and disease data. NWISP supports injury
                                 surveillance by collecting injury data that can be used to identify trends
                                 in work-related injuries, diseases and disorders.

                                 Statistical summaries are provided to and used by boards and
                                 commissions and external parties as a support for prevention initiatives,
                                 workplace-related research and, in some cases, to meet international
                                 work injury information requirements.

                                 The information collected by NWISP provides census-type coverage
                                 rather than survey/sampling information. Both general and specific
                                 statistical summaries and cross-tabulations are produced from the raw
                                 data. The users of the statistical summaries include federal and provincial
                                 governments, workers' compensation boards and commissions,
                                 employers, unions, safety organizations, university researchers and the
                                 media.

Injury-Related Content

Classification of injury events:	CSA-Z795
Geographic locators:	not recorded
(for the injured person's place of residence)	
Demographic variables:	age, sex, occupation (SIC-80), industry (NOC-91)
Unique identifiers:	not recorded
Place of injury occurrence:	not recorded
Nature of injury:	CSA-Z795
Multiple causes of injury:	source & secondary source CSA-Z795
Anatomical location:	CSA-Z795
Multiple injuries:	CSA-Z795
Index of injury severity:	not recorded
Pre-event circumstances:	not recorded

The injury related content captured by the CSA-Z795 coding include the injury event or exposure, the nature of injury, the source and secondary source of injury, and the part of body affected.

Data Collection Methods

Primary data are collected annually from workers' compensation boards and commissions that code the data for accepted time-loss claims and fatalities and then submit the data according to standard record layout and submission procedures and criteria. Submitted data are then verified through standard verification procedures.

The national program's statistics originate from (accepted) claim records submitted to boards and commissions by workers, employers, and health care practitioners.

Changes in Data Over Time

Various changes in the collection and coding of data have occurred over the years that may affect data interpretation.

Data Availability

Access to the NWISP raw data is not provided beyond the AWCBC and the database is not linked with external databases. Requests for raw data are not granted, as a matter of policy. All other data requests can be made via the web site at: www.awcbc.org/english/nwisp_rqst.asp

Authorized personnel can access technical information on the list of data elements, coding categories/options, data dictionary, data model, and technical environment.

- Approximately 350,000 records are added to the database annually.
- At the end of 2003 the database contained 20 years worth of data and approximately 7,950,000 records.
- Data are entered into the NWISP database approximately one to one and a half years after the injury event occurred.
- Data from the 12 provincial/territorial boards are entered into the NWISP database approximately 3 to 6 months after the data are

received. Data are available for analysis after being entered into the NWISP database.

- The last full year of data available is the year 2003.

Reports and Other Publications

NWISP publishes an annual report containing statistical summary information covering all of the variables in the database over a three-year time series. These are available from the AWCBC, the website can be found at: www.awcbc.org

More detailed statistical summaries are available to meet specific requests. The title of the annual NWISP publication is *Work Injuries and Diseases, Canada*.

The annual reports are only available in print and are distributed via a mailing list and on request for purchase.

Service Charges

Fees for data requests are charged at a fee of between $15 and $35 per table/query, with a minimum fee of $75.

Other Considerations

One of the strengths of the NWISP is that it is the only national source of work-related injury data. The NWISP does not capture the costs of injury. (Note that the AWCBC does publish some cost information on its web site) Additionally, NWISP does not capture accident information, such as the factors contributing to the accident. Users of NWISP statistical summaries should be aware that data are collected by the boards and commissions to meet specific program requirements - primarily to compensate and help rehabilitate workers who have been injured on the job.

Other Contacts

See Appendix G for a listing of all provincial/territorial workers' compensation boards and commissions.

New Brunswick Vital Statistics, Mortality Database

Contact

Robert Breau
A/ Program and Policy Analyst
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E-mail: robert.breau@GNB.ca

New Brunswick Vital Statistics
Department of Health and Wellness
435 King Street, Room 203
Fredericton, NB E3B 1E5

General Contact: 506-453-2385
URL: www.gnb.ca/0051/0379/index-e.asp

**Organization Housing
The Data Source**

New Brunswick Vital Statistics is managed by the Registration and
Amendments Division of the Department of Health and Wellness. Its
main functions are collection, storage, maintenance, and retrieval of vital
events data (births, deaths, stillbirths, and marriages); the synthesis and
analysis of vital events data; and, the provision of vital events documents
for personal use (birth certificates, marriage licenses, death certificates).
The New Brunswick Vital Statistics office has been collecting data since
1920.

Purpose of Data Source

The main purpose of the mortality database is to register death and
stillbirth events. New Brunswick Vital Statistics plays a role in
supporting injury surveillance by collecting information on all deaths in
the province including deaths due to injury. The data are used for
purposes of ad hoc requests from both internal sources and external
agencies.

The type of analysis is performed on the data is quantitative. The users of
the analyzed data are internal staff, researchers, hospitals for cleansing of
hospital files, Elections Canada to update voter eligibility lists, and the
public.

Injury-Related Content

Classification of injury events:	ICD- 10 (ICD-9 until 1999)
Geographic locators:	street address, city,
(for the injured person's place of residence)	province, postal code and
	Census geography
Demographic variables:	age, date of birth, sex, occupation
Unique identifiers:	registration number
Place of injury occurrence:	ICECI
Nature of injury:	ICD – 9 from 1980-1999
Multiple causes of injury:	not recorded
Anatomical location:	not recorded

<div style="text-align: center">

Multiple injuries: not recorded

Index of injury severity: not applicable

Pre-event circumstances: free text details *(captured in hard copy file only).*

</div>

Data Collection Methods	Death data are collected from either the coroner or physician in paper format. The hardcopy forms are verified for completeness and the information is then loaded in to the system with open text. The information entered includes underlying cause of death as well as the nature of the injury. A copy of the information is sent to Statistics Canada for coding and analysis.

Secondary data are received from Statistics Canada and Quebec Vital Statistics, concerning out-of-province incidents - received on flat file. The highest level of aggregation to which the injury data applies is provincial. The New Brunswick Vital Statistics has the ability to identify First Nations/North American Indian populations on a systematic basis.

Changes in Data Over Time

Coding was switched from ICD-9 to ICD-10 in 2000.

Data Availability

Access to the raw data is not provided beyond the organization. Access to non-identifiable data is available upon request and must meet certain conditions. The database does not link with any other external database. Outside requests are provided in ICD code format, and therefore they must be able to understand the codes.

- Approximately 5500-6500 records of death and 30-50 records of stillbirths are added to the database annually.
- At the end of year 2002, the database contained 132,705 records.
- Cause of death data are entered into the database approximately 1 to 4 months after the death.
- The data are available for analysis between 1.5 and 2 years after the death has occurred.
- The last full year of data available in the database is 2002.

Reports and Other Publications

Reports are generated annually and by request. The *Vital Statistics Annual Report* is available in hard copy and on the Web found at: http://www.gnb.ca/0051/pub/index-e.asp#vital The most recent report available is for the year 2003. Reports are disseminated by individual request and by a mailing list.

Service Charges

Services charges are not usually applied to complete data requests, but large requests will be considered individually.

Other Considerations

The data must undergo quality assurance testing before being released creating a time lag between the date of death and the availability of the

data to be analyzed.

Other Contacts   None

Nova Scotia Trauma Registry

Contact

Beth Sealy
Coordinator, Provincial trauma registry
Tel: 902-473-5949
Fax: 902-473-5835
E-mail: beth.sealy@cdha.nshealth.ca

and

Dawnelda Murray
Program Manager
Tel: 902-473-7157
Fax: 902-473-5835
E-mail: dawnalda.murray@cdha.nshealth.ca

Nova Scotia Trauma Registry
Nova Scotia Trauma Program, Emergency Health Services
1278 Tower Rd., Centennial Building, 1st Floor, Room 026B
Halifax, NS B3H 2Y9

General Contact: 902-473-7157
URL: www.gov.ns.ca/health/ehs/

Organization Housing the Data Source

The Nova Scotia Trauma Registry is part of the provincially based Emergency Health Services Nova Scotia Trauma Program. In 1994, the Queen Elizabeth II Health Sciences Centre, an adult tertiary trauma centre, established a trauma registry, collecting data on all major trauma patients within the institution. In 1997, the Nova Scotia Trauma Program assumed responsibility for the Queen Elizabeth II Health Sciences Centre Trauma Registry, and after several years of development, a province-wide comprehensive trauma registry was launched in April 2000. The registry now includes all major trauma patients who are admitted to the province's 10 district and/or tertiary trauma centres as well as information on traumatic scene deaths.

Purpose of the Data Source

Information is primarily collected for quality assurance assessment of the program and the trauma team leaders at the tertiary trauma care facilities. Data are also used for reporting to the National Trauma Registry (see profile), for research, to identify major trauma occurring in the province, and to track patients through the health system, monitoring their care delivery and outcomes post injury.

A goal of the Nova Scotia Trauma Registry is to support injury surveillance through a retrospective data collection of major trauma patients. Data are gathered manually from the patients' hospital or Medical Examiner record. Analysis of the provincial data and subsequent

reporting is to occur yearly through the Provincial annual report. The most recent Provincial Trauma Registry report is posted on the Website. Prospective users of these analyzed data will be determined by a needs analysis guided by the Nova Scotia Trauma Advisory Council.

Injury-Related Content	Classification of injury events :	ICD-9 CM *(up until March 31, 2001)*, ICD-10 CA *(from April 2001 on)*
	Geographic locators: *(for the injured person's place of residence)*	street address, city, province, postal
	Demographic variables:	age, date of birth, sex, occupation
	Unique identifiers :	health card number
	Place of injury occurrence :	ICD-10 CA U98.x *(After April 1, 2001)* the ICD-9 CM E849.x codes *(prior to April 1, 2001)*
	Nature of injury :	ICD-10 CA
	Multiple causes of injury:	ICD-10 CA, External Cause of Injury
	Anatomical location :	ICD-10 CA
	Multiple injuries :	ICD-10 CA
	Index of injury severity:	AIS scale, ISS, GCS, RTS, TRISS
	Pre-event circumstances:	wherever available, free text fields are used to support the cause-of-injury code

Data Collection Methods

Data are gathered from extensive manual chart reviews. Each facility reviews charts, screens for inclusion criteria based on External Cause of Injury Codes (as coded by the health records personnel), then abstracts and encrypts the data and e-mails the files to the registry's central site. The Nova Scotia Trauma registry is comprised of several components, including data from comprehensive and minimal data sets. This information is compiled by the Nova Scotia Trauma Registry's database and later downloaded into the National Trauma Registry. A third component is the death data set, where files are reviewed at the Chief Medical Examiner's Office, and data are collected on the traumatic deaths, excluding injuries where there is a lack of an anatomical lesion (i.e. drowning).

The collection of primary data is not done on the basis of a legal or regulatory requirement. The Nova Scotia Trauma Registry follows the mandate of the Nova Scotia Trauma Program. The highest aggregation of these data is at the provincial level. The Nova Scotia Trauma Registry does not have the ability to identify First Nations/North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

Coding classification switched from ICD-9 to ICD-10 in April 2001.

Data Availability

Requests for raw data have been granted with a signed confidentiality

agreement and with the understanding that these data are used strictly for research and quality assurance purposes. Data are available in various formats for outside requests. The database is not linked with external databases.

Authorized personnel can provide technical information on the list of data elements, coding categories/options, and a data dictionary based on the Collector® software.

Prior to April 2000, when the data collection was facility-based, approximately 215 records were added to the database annually. In 2000 a province-wide registry with 9 participating facilities and the death data set from the Chief Medical Examiner's Office was created, with 612 records being added to the database for the fiscal year of 2002-03. The minimal dataset will have approximately 5,000 to 6,000 records (with some duplication) added to the database.

- Currently there are 3300+ records in the database. This amount represents the data collected since October 1994.
- Data are entered into the database after the injury has occurred and completed several months after discharge.
- Data are available for analysis approximately one year after the injury occurred.
- The last full year of data available is 2002-2003.

Reports and Other Publications

The Nova Scotia Trauma Registry's Annual Report is posted on the Website: http://www.gov.ns.ca/health/ehs/trauma/trauma_reports.htm It is also available in print and distributed via a mailing list as well as by individual request. Ad hoc reports are produced for Research, Statistical and other Injury Surveillance activities.

Service Charges

Service charges are not applied to complete information or data requests at this time.

Other Considerations

Although the review of paper charts is cumbersome and time consuming, the data collected by Nova Scotia Trauma Registry in these three data sets now helps provide a clearer picture of trauma within the province of Nova Scotia.

Other Contacts

See Appendix E for a listing of all provincial/territorial trauma registries.

Nova Scotia Vital Statistics, Mortality Database

Contact

Beverly Billard
Research and Statistical Officer
Tel: 902-424-6841
Fax: 902-424-0678
E-mail: billardb@gov.ns.ca

Nova Scotia Vital Statistics
P.O. Box 157
Halifax, NS B3J 2M9

General Contact: 902-424-4381
Fax: 902-424-0678
URL: www.gov.ns.ca/snsmr/vstat

**Organization Housing
the Data Source**

Nova Scotia Vital Statistics is a Division of Service Nova Scotia
and Municipal Relations. It is responsible for registration and issuance of
official certificates for all vital events in the province including births,
deaths, marriages, stillbirths and domestic partnerships.

Purpose of the Data Source

The primary use of the death database is for collecting mortality and
morbidity data as required by the Nova Scotia *Vital Statistics Act*.

The Nova Scotia (NS) Department of Health uses these data to examine
specific causes of death and to track trends and areas of concern. A
yearly export of data is sent to the NS Department of Health, which uses
the information to meet its internal reporting requirements. Nova Scotia
Vital Statistics data are also used for various health studies.

Statistics Canada uses the data in conjunction with other provincial vital
statistic data. Other organizations using these data include the Cancer
Registry, Lupus Society, various hospitals, organizations requesting
confirmation of deaths to update their databases. As well, families of a
deceased may request the cause of death for various purposes including
insurance claims.

Data analysis is both qualitative and quantitative. The users of the
analyzed data are: government agencies, health planners, researchers,
and the general public.

Injury-Related Content

Classification of injury events:	ICD-10
Geographic locators:	street address, city, province,
(for injured person's place of residence)	postal code
Demographic variables:	age, date of birth, sex, occupation

Unique identifiers:	health card number, social insurance number
Place of injury occurrence:	ICECI classification (*not coded electronically*)
Nature of injury:	inconsistently
Multiple causes of injury:	inconsistently
Anatomical location:	ICD-10
Multiple injuries:	not recorded
Index of injury severity:	not applicable
Pre-event circumstances:	minimal recording relating to the determination of cause of death.

Data Collection Methods

Information regarding a death is provided by family members and the funeral, and a physician or medical examiner completes the medical certificate of death. The Nova Scotia Vital Statistics registration unit reviews the information for completeness and coherency. If the death is deemed accidental, the registration unit does a follow-up investigation with the appropriate authority (physician, next of kin, funeral director, medical examiner) to find out when, where, and how the fatal injury event occurred. Registered death data are collected on paper, microfilmed, and sent to Statistics Canada where data are coded, then returned in electronic format, and uploaded to the Nova Scotia Vital Statistics database - a customized mainframe system.

Nova Scotia Vital Statistics evaluates the numbers and underlying causes of deaths, and conducts quality assurance checks on data. The highest aggregation of these data is at the provincial level.

Nova Scotia Vital Statistics cannot reliably identify First Nations/North American Indian, Inuit, or Métis populations. Some information can be gathered based on geo-codes of place of residence.

Changes in Data Over Time

Coding classification switched from ICD-9 to ICD-10 in January 2000.

Data Availability

Access to raw data is provided to the Nova Scotia Department of Health, Statistics Canada, and individuals or organizations with approved requests. A submission explaining the purpose and use of data, along with the intended use of the resulting information is reviewed by a review board or university/hospital ethics committee. The approved request is accompanied by conditions that data may not be used or disseminated beyond the purpose of the study.

The Nova Scotia Vital Statistics database can access Medical Services Insurance's database to confirm and update health card ownerships. The Nova Scotia Vital Statistics database is not linked with any other external database.

Data are available in various formats. Authorized personnel can provide technical information on the list of data elements, coding categories/ options, data dictionary, file layout, data model, and technical environment**.**

- Approximately 9,000 records are added to the database annually.
- At the end of 2004 the database contained approximately 2.78 million records.
- Demographic information is entered into the database within four weeks of the fatal injury. The medical cause-of-death data are entered into the database within three months of the injury event.
- Data are available for analysis approximately six months after the injury event.
- The last full year of data available is the year 2004.

Reports and Other Publications

Reports are generated annually, quarterly, monthly or weekly on an as requested basis. The NS *Vital Statistics Annual Report*, published since 1917, presents vital event-related data based on information collected from the registration of births, marriages, deaths, and stillbirths**.** The report contains 35 tables and charts that summarize information about the health and status of Nova Scotians.

The annual report is available in print and electronically, and may be found on the organization's Web site. It is distributed via a mailing list to the NS College of Physicians and Surgeons, all other provincial and territorial vital statistics agencies, specific schools, libraries, and some organizations in the United States.

Service Charges

Generally, service charges are not applied to information or data requests. Customized, labour-intensive requests are charged on a cost-recover basis.

Other Considerations

None.

Other Contacts

See Appendix F for a listing of all provincial/territorial offices of vital statistics.

Office of Boating Safety – Central and Arctic Region

Contact	Dawn Colquhoun

Program Support Officer
Tel: 519-383-1980
Fax: 519-464-5137
E-mail: colquhd@tc.gc.ca

Office of Boating Safety
Transport Canada
201 Front St., North, Suite 703
Sarnia, ON N7T 8B1

General Contact: 1-800-267-6687
URL: www.boatingsafety.gc.ca

Organization Housing The Data Source

The Office of Boating Safety, previously part of the Canadian Coast Guard, federal Department of Fisheries and Ocean, became part of Transport Canada in April 2004. The primary functions of the Office of Boating Safety (OBS) are to promote boating safety through awareness, education, printed materials and demonstrations, to promote the enforcement of marine statutes applicable to pleasure crafts in partnership with policing authorities, to monitor and review Operator Competency courses, and to assist in the development of policies affecting safe recreational boating activities. OBS partners with policing authorities, Coast Guard Auxiliary, The Lifesaving Society, and the Canadian Red Cross, work to obtain more accurate fatality and injury information.

OBS manages and maintains a database containing data on water related injuries and deaths collected from secondary sources. OBS supports injury surveillance as it collects, integrates and analyzes data for dissemination.

Purpose of the Data Source

The primary purpose of the data source is to support program planning. The data is also used for cross referencing with police (monthly during the boat season), to generate internal reports for brochures, educational material, and advertising campaigns.

Both quantitative and qualitative analysis is performed on the data including analysis on why the accident happened, the use of protective equipment, water temperature, wave height, weather conditions, and drug or alcohol involvement.

The primary users of the analyzed data are internal staff. Other users include the police, non-government agencies, the media and boating public.

Injury-Related Content	Classification of injury events:	Internal classification
	Geographic locators:	city, province, census (riding)
(for the injured person's place of residence)		
	Demographic variables:	age, sex
	Place of injury occurrence:	body of water, miles off shore
	Nature of injury:	free text field
	Multiple causes of injury:	free text field
	Anatomical location:	free text field (when available)
	Multiple injuries:	free text field
	Index of injury severity:	not recorded
	Pre-event circumstances:	personal factors (i.e. alcohol) environmental factors (i.e. weather) equipment factors (i.e. use of personal floatation devices, carriage requirement for the size of vessel, etc)

Data Collection Methods

OBS receives summary data from the Ontario Provincial Police. Data are supplemented with a clipping service that searches major media outlets daily with key words such as 'Coast Guard', 'water based fatalities' and 'boating accident'. The information is entered into the database, analyzed and reported on accordingly.

The secondary data are received electronically from the OPP marine unit and from an electronic media clipping service.

The highest level of aggregation is with sub-national covering Alberta, Manitoba, Saskatchewan, Ontario, Northwest Territories and Nunavut. OBS does not have the ability to identify First Nations/ Aboriginal, Inuit and Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the data is not provided beyond the organization. The database is not linked to any other external databases. Requests for raw data have never been granted.
The technical documentation available to authorized personnel includes the lists of data elements, and technical environment.

- Approximately 100 records are added to the database annually.
- At the end of year 2001, the database contained approximately 300 records.
- Data are entered into the database usually within a week of the injury occurrence. A delay may occur if complete information is not available such as a missing person related to a boating incident.
- Data are available for analysis as soon as they are entered into the database.

- The last full year of data available is 2003.

Reports and Other Publications	An annual report is generated from the information taken from the database. Reports are also generated on an ad hoc basis. The reports are disseminated in hardcopy internally, to the police and the Recreational Boating Advisory Council that represents the Ontario Boating Forum and Ontario Cottagers and Anglers.
Service Charges	Service charges are not applied to complete information or data requests.
Other Considerations	At this point in time the data is incomplete. This will be remedied with a developed relationship of data sharing with the provincial and territorial coroners' offices, as well as the Water Incident Research alliance.
Other Contacts	See Appendix C for a listing of all offices of boating safety.

Office of Boating Safety - Maritime Region

Contact	**Sandra Inglis** Superintendent, Office of Boating Safety New Brunswick, Nova Scotia & Prince Edward Island Tel: 902-426-7525 Fax: 902-426-4828 E-mail: ingliss@tc.gc.ca

Transport Canada
P.O Box 1013
Dartmouth, Nova Scotia
B2Y 4K2

Boating Safety Info Line: 1-800-267-6687
URL: www.boatingsafety.gc.ca

Brian Avery
Superintendent, Office of Boating Safety
Newfoundland and Labrador
Tel: 709-772-6915
E-mail: averyb@tc.gc.ca

Transport Canada
Northwest Atlantic Fisheries Centre
80 East White Hills Road
PO Box 5667
St. John's, NL
A1C 5X1

Organization Housing the Data Source	The Office of Boating Safety, became part of Transport Canada April 2004. Prior to this move, OBS was part of the Department of Fisheries and Oceans, Canadian Coast Guard.

Transport Canada's Atlantic Region is one of the largest and most diverse regions of boating safety across Canada, covering New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador.

The role and mandate of the Office of Boating Safety has remained constant through the early stages of the transition from Fisheries and Oceans to Transport Canada.

Purpose of Data Source	The primary function of the Office of Boating Safety is to promote safe boating practices and reduce the risk of accident/fatalities on Canadian waterways. OBS manages the regulations applicable to pleasure crafts. It is responsible for compliance of the regulations and is assisted through partnerships with various policing authorities. OBS monitors and

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reviews the Operator Competency Program, and assists in the development of policies effecting safe recreational boating activities. It supports injury surveillance in collecting data on boating-related fatalities that are used to assist in determining injury prevention and boating safety education programs.

Aggregate data is requested by other boating agencies. No analysis is performed on the data by the Office of Boating Safety. Requests for analyzed fatality data are directed to the Lifesaving Society and Canadian Red Cross' drowning reports.

Injury-Related Content

Classification of injury events: free text
Geographic locators: city and province
(for the injured person's place of residence)
Demographic variables: age, sex, occupation (if available)
Unique identifiers: name
Place of injury occurrence: lake, coastal waters and river
Nature of injury: not recorded
Multiple causes of injury: not recorded
Anatomical location: not recorded
Multiple injuries: not recorded
Index of injury severity: not applicable
Pre-event circumstances: protective equipment, alcohol, speed, type of vessel, weather conditions.

Data Collection Methods

Data are collected via reports from Joint Rescue Coordination Centres, Regional Operations Centres and various regional media sources within 24 hours of a reported boating related fatality. The reports and media clippings are kept in paper files. A synopsis of each case is added to an information sheet that lists the fatal event by date, time, location, activity and vessel. This information is shared with the Water Incident Research Alliance, or WIRA. They may be contacted via their website www.waterincident.ca, or at the coordinates below.

Jodie Bala
Manager
Tel: 705-735-0544
Fax: 705-735-0644
Email: jbala@waterincident.ca

Water Incident Research Alliance
80 Bradford St., Suite 325
Barrie, ON L4N 6S7

General Contact: 866-735-WIRA or 9472
Fax: 866-221-5553
E-mail: info@waterincident.ca
URL: www.waterincident.ca

The highest level of aggregation is sub-national - covering the four Atlantic provinces. The Office of Boating Safety - Atlantic Region does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

None

Data Availability

Access to the raw data is not provided beyond the organization. Aggregate data are available upon request.

- On average 11 records are added to the files annually (Maritime Provinces).
- There were a total of 96 records filed at the end of the year 2000 (Maritimes Region).
- The boating related fatality data are filed within approximately one day of the event occurring.
- The data are available for analysis immediately upon receipt.
- The last full year of data available in the files is 2004.

Reports and Other Publications

A five-year report was generated based on the information collected. The title of that publication is *1992-1997 Report from the Office of Boating Safety - Maritime Region*. The variables for the report included the number of actual fatalities and their causes. The report is available upon request in hardcopy and also electronically. Due to resource issues, another report is not planned for the immediate future.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

The data are of inconsistent quality. Not all boating related fatalities are captured as those inland are often the domain of the RCMP with which the Office of Boating Safety does not have an established data sharing partnership with in all provinces.

Other Contacts

Bruce Schmidt
US Coast Guard
Tel: 1-800-368-5647
E-mail: uscginfoline@gcrm.com

Office of Boating Safety
Washington, D.C.

URL: www.uscgboating.org/

Office of the Chief Coroner, British Columbia

Contact	Tej Sidhu
	Manager, Policy and Systems
	Tel: 604-660-7746
	Fax: 604-660-7766
	E-mail: tej.sidhu@gems7.gov.bc.ca
	Coroner Case Management System
	Office of the Chief Coroner
	4720 Kingsway, Suite 2035,
	Burnaby, BC V5H 4N2
	General Contact: 604-660-7745
	Fax: 604-660-7766
	URL: www.pssg.gov.bc.ca/coroners/service

Organization Housing the Data Source

The Office of the Chief Coroner in British Columbia is part of the Ministry of Public Safety and Solicitor General. It reports on all sudden, unexpected, and unexplained deaths in the province. By collecting death data, the B.C. Coroner's Office plays a role in supporting the front end of injury surveillance.

Purpose of the Data Source

The primary purpose of data collection is to fulfill the *Coroners Act* and to provide a public safety service by helping to understand why the deaths occurred and to prevent similar deaths in the future. Data are used for research, prevention, report generation, program planning, and internal financial analysis. Data analysis is quantitative.

The primary data users are health organizations. Other users are the media, police, prevention agencies, the Traffic Injury Research Foundation, the Insurance Corporation of British Columbia, the Canadian Red Cross, the Scuba Group, and the B.C. Data Warehouse.

Injury-Related Content

Classification of injury events:	Internal classification
Geographic locators: *(for the person's place of residence)*	street address, city, province, postal code *(where available)*
Demographic variables:	age, date of birth, sex, occupation *(if ruled an occupational death)*
Unique identifiers:	police file number
Place of injury occurrence:	premise codes similar to the ICECI place of occurrence codes, township
Place of death occurrence:	premise codes, township
Nature of injury:	cause and means of death
Multiple causes of injury:	not recorded
Anatomical location:	inconsistently
Multiple injuries:	not recorded

Index of injury severity: not applicable
Pre-event circumstances: alcohol and drug use

Data Collection Methods	Coroners complete a preliminary report based on findings at the scene of death. The information is entered into the database within 48 hours of the death being reported. Coroners investigate further, using police reports or hospital records, in order to make a judgement. When complete, a report is sent to the coroner's regional office where the contents are verified. The regional office sends the report to the British Columbia Chief Coroner's Office where the report is coded for statistical purposes. The Office of the Chief Coroner has approximately 30 full-time coroners and 100 fee-for-service coroners.

The highest aggregation of these data is at the provincial level. The B.C. Coroners' Case Management System can identify Aboriginal populations, albeit inconsistently as the information is gathered from the registration of death.

Changes in Data Over Time

The Office of the Chief Coroner's database was established in 1982 and switched to Oracle in 1987.

Data Availability

The Coroners' regional office databases are linked through a common server. Data are available in any format extractable from the B.C. Coroner's Case Management System's Oracle database. Authorized personnel can provide technical information on the lists of data elements, coding categories/options, the data dictionary, file layout, data model, and technical environment.

- Approximately 6,500 records are added to the database annually. This number has dropped from 10,000 since the B.C. Coroner's Case Management System stopped tracking community care facility deaths in 1998.
- At the end of 2000 the database contained approximately 100,000 records.
- The information is normally entered in the database within two days of the fatal injury event.
- Data are available for analysis approximately one year after the fatal injury has occurred.
- The last full year of data available is 2002.

Reports and Other Publications

Statistics are compiled on a regular basis and are available upon request. An annual report is generated from the Coroner Case Management System and is available in print, electronically, and will soon be accessible on a Web site.

Regular reports are generated to complement the Annual Report. Examples of topic areas covered by other reports include:

- illicit drug overdose
- motor vehicle fatalities
- alcohol overdose
- suicide
- accidental children's deaths

Service Charges

Service charges are individually determined by the type of request. No service charges are applied to information already available in existing reports.

Other Considerations

The British Columbia Coroner's Case Management System is old and cumbersome, data flow is poor and there is no graphical interface.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of Chief Coroner, New Brunswick

Contact	Dianne Kelly Chief Coroner Tel: 506-453-3604 Fax: 506-462-2038 E-mail: dianne.kelly@gnb.ca

Office of the Chief Coroner, New Brunswick
364 Argyle St., Box 6000,
Fredericton, NB E3B 1T9

General Contact: 506-453-3992
URL: www.gnb.ca/ps-sp

**Organization Housing
the Data Source**

The New Brunswick Office of the Chief Coroner is housed in the N.B. Department of Public Safety. There are five regional coroners' offices in the province and the N.B. Office of the Chief Coroner supports the front end of injury surveillance through the collection of data on all sudden and unexpected deaths in the province.

Purpose of the Data Source

Data are primarily collected to fulfill the provincial *Coroners Act*. Data are also used for research, program planning, and generation of reports.

Data analysis is both qualitative and quantitative. The users of the analyzed data are researchers, special interest groups, and safety organizations.

Injury-Related Content

Classification of injury event:	internal classification prescribed by the system
Geographic locators: *(for the fatally injured person's place of residence)*	street address, city, province
Demographic variables:	age, date of birth, sex
Unique identifiers:	not recorded
Place of injury occurrence:	address, city, province
Nature of injury:	internal classification
Multiple injuries:	where applicable
Anatomical location:	where applicable
Multiple injuries:	where applicable
Index of injury severity:	not applicable
Pre-event circumstances:	personal, environment, and equipment factors

Data Collection Methods

When a sudden, unnatural, or unexplained death is reported by the police, a 911 call, or a hospital, the coroner is sent to the scene to begin an investigation. The coroner completes an investigation statement and

data are verified and entered into the database using software modified from the Ontario Coroners' Information System.

A Declaration of Death is completed with the time and date, manner and medical cause of death, the contributing factors and whether or not an inquest is required. Vital statistics sends files to the N.B. Office of the Chief Coroner for validation.

The highest aggregation of these data is at the provincial level. The N.B. Office of the Coroner cannot identify First Nations/ North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

None.

Data Availability

Requests for raw data are granted based on the provincial *Freedom of Information and Privacy Act* with special approval from the Chief Coroner. Insurance companies, police, and fire marshals may have access to files that pertain directly to their work. Researchers may have access to files under special agreement.

The database is not linked to external databases. The formats available for outside requests are statistics and aggregate data in tables.

Authorized personnel can provide technical information on the list of data elements, coding categories/options, data dictionary, file layout, data model, and technical environment.

- Approximately 1400 to 1500 records are added to the database annually.
- At the end of the fiscal year 2002-2003 the database contained 15,968 records.
- Preliminary information from the coroner is available within 48 hours of the fatal injury event.
- Data are available from six months to one year after the fatal injury occurred, depending on the time required to close the case.
- The last full year of data available is the fiscal year 2002-2003.

Reports and Other Publications

The *Chief Coroner's Annual Report* is available in print, and plans are underway to make the report available on the Web site. The report is a public document available upon request and is also distributed via a mailing list.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

The database system will undergo upgrading in 2003/2004.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Coroner, Northwest Territories

Contact

Percy Kinney
Chief Coroner
Tel.:   867-873-7460
Fax :   867-873-0426
E-mail: percy_kinney@gov.nt.ca

or

Cathy Menard
Deputy Chief Coroner
Tel. :   867-920-8713
Fax :   867-873-0426
E-mail : cathy_menard@gov.nt.ca

Office of the Chief Coroner
Department of Justice
Box 1320
Yellowknife, NT X1A 2L9

General Contact: 867-920-8713
URL: www.justice.gov.nt.ca/Coroner/coroner.htm

**Organization Housing
the Data Source**

The Office of the Chief Coroner, Northwest Territories is housed
within the Department of Justice, Government of the Northwest
Territories. The electronic records cover 1990 to present.

Purpose of the Data Source

The primary purpose of the Office of the Chief Coroner is to fulfill the
requirements of the Coroner's Act.   The Office of the Chief Coroner
plays a role in injury surveillance by investigating deaths due to injury.
It also makes recommendations on how to prevent such deaths in the
future. The data are used for Vital Statistics purposes, archive use,
inquest and court proceedings, mortality research and death benefits.

Quantitative analysis is done on the collected data for the purposes of the
annual report, with statistics calculated for categories such as age and
gender. No qualitative analysis is performed. The users of the annual
report are the media, other chief coroners and medical examiners, the
RCMP and the general public.

Injury-Related Content

Classification of injury events: internal classification
Geographic locators: street address or nearest
(for the injured person's place of residence) community, city, territory
Demographic variables: age, date of birth, sex, occupation
(wherever available), date of death, date
of body found, and ethnicity

Unique identifiers:	name, file number
Place of injury occurrence:	free text field
Nature of injury:	free text field
Multiple causes of injury:	free text field
Anatomical location:	free text field
Multiple injuries:	in file, not in database
Index of injury severity:	not applicable
Pre-event circumstances:	in the file, but limited in the database, such as protective equipment used.

Data Collection Methods

The Office of the Chief Coroner gathers data throughout the process of the investigation, including cause of death, demographic information and circumstantial data. Secondary data are received from the RCMP and police reports, in the form of photographs and hard copy documents. The highest level of aggregation is territorial. The Office of the Chief Coroner, Northwest Territories, has the ability to identify ethnicity systematically, using the categories Métis, Dene or Inuit.

Changes in Data Over Time

None

Data Availability

Access to the data is provided beyond the Office of the Chief Coroner to organizations such as the Canadian Red Cross and the Traffic Incident Research Alliance. The database is not linked with any external database. Requests for raw data have been granted with each case considered individually with respect to the Access to Information Policy. Non-identifiable data are provided on an as requested basis.

The electronic database is in Microsoft Access.

- Approximately 90 entries are added to the database annually.
- At the end of 2004, approximately 2203 records were in the database.
- Data files are usually complete within 3 months of the death.
- The data are available for analysis as soon as the data are entered in the file.
- The last full year of data available is 2002.

Reports and Other Publications

Each year, an Annual Report is produced in hard copy. The Annual Report is disseminated to the media, other chief coroners and medical examiners, the RCMP and can be requested by members of the public. The last report available is for the year 2003. Plans are underway to make the report available in .pdf format. A report of the coroner on each individual death investigation is also produced and is available to the public.

Service Charges

Service charges are applied to complete data and information requests on a cost-recovery basis.

Other Considerations   The database would be more useful if it included more details of the investigation as what is noted in the paper file. Also, files from the previous five years are kept in the office, while records older than five years are kept in a government warehouse where they are not easily accessible.

Other Contacts   None

Office of the Chief Coroner, Ontario

Contact   Dr. David Eden
                                        Regional Supervising Coroner Niagara
                                        Tel: 905-682-9209
                                        Fax: 905-684-0977
                                        E-mail: david.eden@jus.gov.on.ca

                                        Public Safety, Office of the Chief Coroner
                                        Ministry of the Solicitor General
                                        301 St. Paul St., 8th Floor,
                                        St. Catherines, ON L2R 7R4

                                        General Contact: 416-326-5010
                                        URL:
                                        www.mpss.jus.gov.on.ca/english/pub_safety/office_coroner/about_coroner.html

Organization Housing   The Office of the Coroner is mandated under the *Coroners Act* to
the Data Source   investigate the cause of death and make recommendations to prevent
                                        further deaths. There are 350 coroners that cover the 9 regions in
                                        Ontario. The Office of the Coroner supports injury surveillance by
                                        providing injury surveillance groups and researchers with information
                                        based on the data collected in the Coroner's Information System.

Purpose of the Data Source   The primary purpose of the Office of the Coroner is to fulfill the
                                        requirements of the *Coroners Act* by investigating individual deaths to
                                        determine the identity of the deceased; when, where and how the death
                                        occurred (the medical cause of death) and by what means the death
                                        occurred (Natural, Accident, Suicide, Homicide or Undetermined).

                                        The other purposes include reporting to the Minister of Community
                                        Safety and Correctional Services, the Ontario Registrar-General,
                                        Statistics Canada and Health Canada; upon request, providing
                                        information to family and insurance representatives for specific cases;
                                        providing data to various organizations with respect to conditions such as
                                        SIDS, suicide and head injury; providing data or file sharing with the
                                        Ontario and the national trauma registries; and, working with academic
                                        researchers. Data is also available to police, with appropriate safeguards,
                                        to assist with criminal and missing persons investigations.

                                        The Office also has a large library of jury recommendations and
                                        responses relating to Coroners Inquests.

                                        Data analysis is generally quantitative. Data are broken out by region
                                        and by broad categories such as means of death, (e.g. suicide, motor
                                        vehicle collision). Other analysis is performed for internal purposes to
                                        support quality assurance.

Injury-Related Content	Classification of injury event:	internal classification
	Geographic locators:	street address, city, province,
	(for the injured person's place of residence)	postal code
	Demographic variables:	age, date of birth, sex
	Unique identifiers:	assigned case number
	Place of injury occurrence:	street address, city, province
	Place of death:	street address, city, province
	Nature of injury:	free text field and customized
	Multiple causes of injury:	cause of death (e.g. trauma) and involvements (e.g. alcohol) are coded and supplemental information is documented in a free text field
	Anatomical location:	free text field
	Multiple injuries:	not recorded
	Index of injury severity:	not applicable
	Pre-event circumstances:	internal codes, free text field (e.g. equipment, environment, personal factors)

Data Collection Methods

All unnatural deaths are investigated. Reported natural deaths are investigated at the coroner's discretion. Although anyone can report a suspicious death to a coroner, notification is usually done by the police, hospital, or health care providers. The investigating coroner collects primary data from the scene of death and reports findings. If necessary, the coroner also collects data from the autopsy and data gathered from the deceased's family or the police. Most reporting is done on paper; some reporting is done electronically. The regional coroner reviews the information and it is entered in the Coroners' Information System database and sent to the Toronto office, where data are checked again and verified for accuracy.

Changes in Data

ICD-10 classification is expected to be available for some 2005, cases and all cases in 2006 on.

Data Availability

Access to the raw data is available to the deceased's immediate family and internal staff. Requests for access are granted if certain criteria based on the *Freedom of Information and Privacy Act* are met and approved by the research committee. Data are available in print and in a spreadsheet format for outside requests.

The Coroners' Information System database is not linked with external databases. The Ontario Registrar General has a framework set up to allow for database linkage, but it is not yet operational. Plans are also underway to link data with Statistics Canada.

- Approximately 25,000 records are added to the database annually.
- At the end of 2000 the database contained approximately 300,000 records (data collected since 1984).

- Data are entered into the database as investigators file reports, and completed 6 to 12 months after the fatal injury occurred.
- Data are available for analysis when the case is closed—up to two years after the fatal injury occurred.
- The last full year of data available is 2002.

Reports and Other Publications

Reports are not published from the Office of the Coroner but information in report format is frequently requested and generated to contribute to other published reports, such as those from the Ontario Trauma Registry and National Trauma Registry.

Service Charges

Service charges are not applied to complete data request.

Other Considerations

The Coroners' Information System is comprehensive for all non-natural deaths, has high quality data, and data are available live. A limitation to the availability of data is the lag between the time of death to when the case is closed.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Coroner, Prince Edward Island

Contact	Dr. Charles St. Clair Trainor
	Chief Coroner
	Tel: 902-628-6974 (Coroner's Office – only Friday am)
	902-628-6220 (Family Practice Office)
	Fax: 902-566-5483
	E-mail: charles.trainor@islandtelecom.com
	Office of the Chief Coroner
	22 St. Peter's Rd.,
	Charlottetown, PE C1A 5N4
	General Contact: 902-368-5152
	URL: www.gov.pe.ca/infopei/onelisting.php3?number=52654

Organization Housing the Data Source

The Office of the Chief Coroner, Prince Edward Island is housed within the Office of the Attorney General. There are eight coroners in Prince Edward Island all of whom work part-time for the Office of the Chief Coroner. The Office of the Chief coroner plays a role in injury surveillance by investigating sudden and unexpected fatalities resulting directly or indirectly from injury.

Purpose of the Data Source

The primary purpose is to fulfill the requirements of the Coroners Act of Prince Edward Island by investigating individual deaths to determine the identity of the deceased; when, where and how the death occurred (the medical cause of death) and by what means the death occurred (the surrounding/contributing circumstances).   The data are used to prepare an annual report with qualitative analysis. The users of the analyzed data are internal staff, other coroners, the police and the Auditor General. The Canadian Red Cross and the Traffic Incident Research Alliance also have access to some of the data.

Injury-Related Content

Classification of injury events: internal classification
Geographic locators: street address, city
(for the injured person's place of residence)
Demographic variables: age, date of birth, sex, marital status, occupation, date of death
Unique identifiers: name
Place of injury occurrence: free text field
Nature of injury: free text field
Multiple causes of injury: free text field
Anatomical location: free text field
Multiple injuries: not recorded
Index of injury severity: not applicable

| | Pre-event circumstances: | for unintentional fatalities due to injury, details on circumstances are captured including weather and road conditions, seat belt usage, blood alcohol level, drug screening, vehicle type. Data on suicides include race, sexual preference, history of depression, suicide attempts, and mental health diagnosis. |

Data Collection Methods

When a death occurs, a coroner goes to the scene of the death and identifies whether an autopsy is required. If no autopsy is needed, only minimal information is collected, otherwise a full investigation is begun. Pathologists within the local hospitals are responsible for executing the autopsy. At the end of each year, all the coroners forward their reports to the chief coroner in order for an annual report for the province to be produced. Secondary data are obtained from pathologists, police and the RCMP. The highest level of aggregation is provincial. The Office of the Chief Coroner does not have the ability to identify First Nations/ Aboriginal, Inuit or Métis populations. Attempts to collect ethnic/racial information are made in the case of suicides.

Changes in Data Over Time

Forms for specific causes of death, such as motor vehicle collisions and suicides are in the process of being updated.

Data Availability

Access to the data is provided beyond the Office of the Chief Coroner to other organizations, such as the Canadian Red Cross and the Traffic Incident Research Alliance. Data are provided on an ad hoc basis. Annual Reports are disseminated to the police, each coroner, and each pathologist involved with the autopsies. The annual report is not currently tabled within the legislature, and therefore, it is not available to the public. It is anticipated that the next annual report will be presented to the legislature and will become available to the public.

- A total of 279 records were added to the files in 2002.
- Approximately 240-280 records are added annually.
- Data identifying who, when and where the death occurred are entered in to the file within a few weeks. Several months are required to complete a file when an autopsy or toxicology report is required.
- The data are available for analysis as soon as the data are entered in the file.
- The last full year of data available is 2003.

Reports and Other Publications

Reports are generated annually and on request. The Annual Report of the Chief Coroner, Prince Edward Island is produced in hard copy. Ad hoc recommendations are produced throughout the year to assist in the prevention of deaths.

Service Charges   Service charges are not applied to data or information requests from researchers, charges are applied to complete such requests from private companies.

Other Considerations   Recommendations from the Office of the Chief Coroner are successfully implemented. Work would be made easier if the coroners had a computer system in which information could be submitted to the Office of the Chief Coroner electronically. This way, the data could be stored more efficiently and data could be searched more readily.

Other Contacts   None.

Office of Chief Coroner, Quebec

Contact

Sonia Tennina
Epidemiologist
Tel: 418-643-1845 ext. 223
Fax: 418-643-6174
E-mail: sonia.tennina@msp.gouv.qc.ca

Bâtiment Delta 2
2875, boul. Laurier, Bureau 390,
Sainte-Foy, QC, G1V 5B1

General Contact : 418-643-1845
URL: www.msp.gouv.qc.ca/coroner

**Organization Housing
The Data Source**

The Office of the Chief Coroner of Quebec is part of the Ministry of Public Safety. Its mandate is to investigate sudden or suspicious deaths in an independent and impartial manner. This is done with a view to help prevent similar deaths, promote a better understanding of mortality trends and help people to understand and exercise their rights.

Purpose of the Data Source

The database has been developed to help in the implementation of the *Act Respecting the Determination of the Causes and Circumstances of Death*. The database helps coroners to report and in the production of the annual statistical profile of deaths. The database helps meet fatal trends surveillance needs and can be accessed for research under certain conditions.

Injury-Related Content

Classification of injury events: Internal classification similar to ICD-9
Geographic locators: city
(for the injured person's place of residence)
Demographic variables: age, date of birth, sex
Unique identifiers: file number
Place of injury occurrence: free text field
Nature of injury: ICD-9
Multiple causes of injury: ICD-9
Anatomical location: ICD-9
Multiple injuries: ICD-9
Index of injury severity: not applicable, deadly
Pre-event circumstances: each pre-event circumstance which determines the cause of death is recorded.

Data Collection Methods

Under the law coroners must investigate any sudden death resulting from injury or unknown medical causes as well as deaths occurring in a detention centre or prison, foster home, daycare or rehabilitation centre.

During the inquiry, the coroner can order a post mortem examination and laboratory analysis. He can also access police reports, which describe the circumstances of the fatality and can consult any other relevant documents. Once the inquiry is completed, the coroner delivers a report, which is made public. The coroner also completes the death certificate that is sent to l'Institut de la statistique du Québec.

First Nations, North American Indian and Inuit populations can only be identified according to their place of residence.

The highest aggregation of these data is at the provincial level. The Quebec Office of Chief Coroner can identify First Nations/North American Indian populations, albeit inconsistently as the information is gathered on a voluntary basis by the members of the families, police inquiries and visual elements.

Changes in Data Over Time

The database is improving from one year as it takes into account new information.

Data Availability

External requests for raw data should be addressed to the Quebec Office of Chief Coroner.   The database is not linked to any external databases. Data is usually transferred in Excel spreadsheets or in hard copy.

Coding guides and descriptive lists of the codes are sometimes necessary to understand the data.

- Approximately 4,500 records are added to the database annually.
- At the end of 2001-2002 fiscal year, the database contained approximately 75,000 records.
- Data is available for analysis after the coroner report has been filed, which is between 6 and 18 months after the death occurred.
- The last full year of data available is 2002.

Reports and Other Publications

The *Office of the Chief Coroner's Annual Report* is available in print and on the Web site.

Service Charges

No service charges are applied to information requests in electronic form. The Annual Report is also available on request upon payment of $10.00.

Other Considerations

The information and data collected are unique in the province.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Coroner, Saskatchewan

Contact

Lorna Nystuen
Director
Tel: 306-787-5541
Fax: 306-787-5503
E-mail: lnystuen@justice.gov.sk.ca

R. Kent Stewart
Chief Coroner
Tel: 306-787-5541
Fax: 306-787-5503
E-mail: kstewart@justice.gov.sk.ca

Coroners Office
Saskatchewan Coroners Office
Saskatchewan Justice
1874 Scarth St., 6th Floor,
Regina, SK S4P 3V7

General Contact: 306-787-5541
URL: www.saskjustice.gov.sk.ca/CoronersOffice/

Organization Housing the Data Source

The Office of the Chief Coroner of the Saskatchewan Coroners Branch manages and maintains the Coroners Production System. This system supports injury surveillance by collecting injury data. As mandated by the *Coroners Act*, all unexpected, unexplained, and/or unnatural deaths in Saskatchewan are investigated, including those due to injury.

Purpose of the Data Source

The primary purpose of the Coroners Production System is to fulfill its mandate under the *Coroners Act*. Data are used for the generation of reports and for tracking deaths in the province. Data are available to the relatives of the deceased and provincial government agencies such as the Department of Labour, Department of Health, and Saskatchewan Government Insurance.

Resources limit the amount of data analysis done in-house. However, information is compiled to fulfill specific requests from government agencies and departments, which, in turn, conduct their own analyses.

The Saskatchewan Coroners Branch sends information annually to the Canadian Agriculture Injury Surveillance Program (see profile), to the Traffic Injury Research Foundation (see profile), to the provincial Council on Suicide Prevention, and to other coroner services/medical examiners across Canada. Researchers have access to general information that does not have any personal identifying data.

Injury-Related Content	Classification of injury event:	internal classification
	Geographic locators:	wherever available
(for the fatally injured person's place of residence)		
	Demographic variables:	age, date of birth, sex, ethnicity
	Unique identifiers:	hospitalization number (if an autopsy is required)
	Place of injury occurrence:	classified similar to ICECI
	Nature of injury:	internal classification
	Multiple causes of injury:	wherever available
	Anatomical location:	free text field
	Multiple injuries:	internal classification
	Index of injury severity:	not applicable
	Pre-event circumstances:	free text field (e.g. seatbelt use, speed, alcohol use, road conditions, machine failure)

Data Collection Methods

The coroner visits the scene of death and collects information on a Notification of Death document. This form captures data on who has died, where they died, and any details of the circumstances of death. The form is sent to the Office of the Chief Coroner. The investigating coroner then examines the death in greater detail through interviews and, if necessary, reviews of hospital records and police reports. A Coroner's Report is completed, detailing all information collected and submitted to the Office of the Chief Coroner. Further details from an autopsy or laboratory tests are added to the file. Once the Chief Coroner is satisfied that the information is complete, the file is closed.

Changes in Data Over Time

None.

Data Availability

Access is provided to police who may require access to the Coroner's Report data regarding a suspicious death under investigation. Insurance agencies have access to data in which the Office of the Chief Coroner has the consent of the next of kin. Members of the public may have access to the file of the deceased only if they are next of kin. Hospital staff and physicians have access to files of their deceased patients or if the deaths occurred in their facility. Others conducting scientific research projects can also have access to the data if the request passes the Saskatchewan Coroners Branch's ethics committee and is approved by the Chief Coroner.

- Approximately 1500 records are added to the database annually.
- By January 2005, the database contained over 26 000 records. The Coroners Production System has been collecting data since 1988.
- Data are usually entered into the database within two days of a death.

- The data are available for analysis anywhere from 6 to 12 months after the file is complete.
- The last full year of data available in the database is 2003.

Reports and Other Publications

Reports are not generated by the Office of the Chief Coroner.
The office provides data and information to specific agencies and departments but no formal internal reporting is done.

Service Charges

Services charges are not applied to complete data or information requests.

Other Considerations

The Coroners Production System, albeit aging, is relatively easy to use, and to adapt according to need.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Coroner, Yukon

Contact	Sharon Hanley Chief Coroner Tel: 867-667-5317 Fax: 867-393-6326 E-mail: sharon.hanley@gov.yk.ca Office of the Chief Coroner Department of Justice Box 2703, Whitehorse, YT Y1A 2C6 General Contact: 867-667-5317 Fax: 867-393-6326 URL: www.justice.gov.yk.ca/prog/cjps/crnr/
Organization Housing the Data Source	The Coroners Service of the Office of the Chief Coroner mandate is to investigate all sudden, unnatural, unexpected deaths with a view to assist in the prevention of similar deaths.
Purpose of the Data Source	The purpose of the Coroners Service is to determine who died, how, and by what means, along with the circumstances surrounding the death. Collected data are used to assist programs in the prevention of unnatural deaths, to generate reports, and to plan inquests. Data analysis is both quantitative and qualitative. The main users of the data are internal to the Coroners Service. Other users include interested individuals or organizations involved with inquests generating public awareness.

Injury-Related Content

Classification of injury events:	natural/unnatural, homicide/accident/suicide
Geographic locators: *(for the injured person's place of residence)*	street address, city, province, postal code
Demographic variables:	age, date of birth, sex, occupation, ethnicity
Unique identifiers:	health card number and social insurance number
Place of injury occurrence:	free text field
Nature of injury:	free text field
Multiple causes of injury:	free text field
Anatomical location:	free text field
Multiple injuries:	free text field
Index of injury severity:	not applicable
Pre-event circumstances:	free text field *(not transferred electronically)*

Data Collection Methods	The general data gathering process includes a coroner attending the scene of death and completing a preliminary report with the assistance of other relevant organizations (e.g. the RCMP; the Occupational and Health Safety Board if it is a workplace-related death. The reports from the investigating coroner and the official representatives of the other relevant organizations are collected along with any autopsy results and medical reports. These documents are reviewed and used to determine the cause and circumstances of death. A final report or Judgement of Inquiry is generated and data are entered into the database.
	The primary data are collected on paper forms from the coroner and on disc or hard copy from the other investigators. Collection of the primary data is done according to the requirements of the territorial *Coroners Act*.
	The highest aggregation of these data is at the provincial level. The Coroners Service can identify First Nations populations with confirmation from the deceased's next of kin and band numbers.
Changes in Data Over Time	None.
Data Availability	Access to the raw data is not generally provided beyond the organization. The database is not linked to external databases.
	Authorized personnel can provide technical information on the list of data elements, data dictionary and file layout.
	• Approximately 58 to 60 records are added to the database annually. • The data from the initial findings are usually entered within 48 hours after the fatal injury has occurred. • Data are generally available for analysis within five months. • The last full year of data available is the year 2003.
Reports and Other Publications	No reports are generated from the information stored in the database. Reporting is done manually from the paper files on an ad hoc basis.
Service Charges	Service charges are not applied to complete data or information requests.
Other Considerations	There is a need for a shared database for all coroners and chief medical examiners across Canada.
Other Contacts	See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Medical Examiner, Alberta

Contact

Linda Edey
Regional Administrator
Tel: 780-427-4987
Fax: 780-422-1265
E-mail: linda.edey@gov.ab.ca

Office of the Chief Medical Examiner
 7007 – 116 St.,
Edmonton, AB T6H 5R8

General Contact: 780-427-4987
URL: www.justice.gov.ab.ca/ocme

**Organization Housing
the Data Source**

The Office of the Chief Medical Examiner, Alberta is housed within the
Department of Justice, Government of Alberta. Data are stored in
electronic format in the Medical Examiner Data Information Centre
(MEDIC) since 1977. The Office of the Chief Medical Examiner plays a
role in injury surveillance by investigating sudden and unexpected
fatalities resulting directly or indirectly from injury. It also plays a role in
prevention of injuries and death.

Purpose of the Data Source

The primary purpose of the Office of the Chief Medical Examiner is to
fulfill the requirements of the Fatalities Inquiries Act, investigating
individual deaths. The data are used for death certification, program
planning, for insurance purposes, and to prepare an annual report with
qualitative and quantitative analysis. The users of the analyzed data are
provincial agencies, local agencies, private sector, public and media.

Injury-Related Content

Classification of injury events: internal classification
Geographic locators: street, address, city,
(for the injured person's place of residence) province, postal code
Demographic variables: age, date of birth, sex, occupation and
ethnicity *(if available)*
Unique identifiers: name
Place of injury occurrence: free text field
Nature of injury: free text field
Multiple causes of injury: free text field
Anatomical location: free text field
Index of injury severity: not applicable
Pre-event circumstances: free text field

Data Collection Methods

The police or investigators gather information from the scene of death.
Primary data are collected from witnesses, family, and friends in paper
format. Notes from the investigation are then transferred in to MEDIC.
Secondary data are obtained from other organizations, such as

Occupational Health and Safety, or the Fire Department in paper format. All data solicited and collected are directly related to the investigation to determine the identity of the deceased, the cause of death and related circumstances that can be used to prevent similar deaths. The highest level of aggregation is provincial. The Office of the Chief Medical Examiner has the ability to identify First Nations/North American Indian, Inuit, Métis and other ethnic groupings through a volunteered basis.

Changes in Data Over Time

From 1977 to 1987, the data were coded using the ICD codes.
These data are accessed by a different method that the data recorded from 1987 to the present.

Data Availability

Access to the data is provided beyond the Office of the Chief Medical Examiner to other organizations, such as the Canadian Red Cross, the Traffic Incident Research Alliance, researchers, and those involved with injury prevention. MEDIC is not linked with any other database. Personally identifiable data are not available beyond the next of kin or their assigned representative.

Technical documentation available to authorized personnel, include a list of data elements, coding categories/options, data dictionary, file layout, data model, and technical environment.

- Approximately 5000 entries are added to the database annually.
- At the end of 2002, approximately 125,000 records were in the database.
- Data files are usually complete within 3 months of the death occurring.
- The data are available for analysis as soon as the data is entered in the file.
- The last full year of data available is 2002.

Reports and Other Publications

Reports are generated annually and upon request. The Annual Report of the Chief Medical Examiner, Alberta is disseminated via a mailing list and posted on the web at:
www.justice.gov.ab.ca/ocme/publications_stats.aspx

Service Charges

Service charges are not applied to data or information requests.

Other Considerations

None.

Other Contacts

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Office of the Chief Medical Examiner, Manitoba

Contact

Gordon Holens
Statistician
Tel: 204-945-5750
Fax: 204-945-2442
E-mail: gholens@gov.mb.ca

Office of the Chief Medical Examiner
210-1 Wesley Ave.
Winnipeg, MB R3C 4C6

General Contact: 204-945-2088
URL: www.gov.mb.ca/justice/additional/chief.html

**Organization Housing
the Data Source**

The Office of the Chief Medical Examiner (CME), Manitoba is housed
within the Government of Manitoba's Department of Justice. The files
are kept electronically in the CME Database.

Purpose of Data Source

The primary purpose is to fulfill the requirements of the Fatality
Inquiries Act and to report on the cause and manner of death. The Office
plays a role in injury surveillance by investigating deaths due to injury.
It also makes recommendations on how to prevent such deaths in the
future.

The data are used for reporting to Health Canada, insurance purposes,
tracking of trends, surveillance, inquests, and for the generation of
reports. Data are also used for monitoring and tracking purposes. Both
quantitative and qualitative analysis is performed on the data. Categories
for analysis include numbers of death per year as well as demographic
and geographic data. The users of the analyzed data include the
Canadian Red Cross, the Traffic Accident Research Alliance, as well as
university professors, students, media and law firms.

Injury-Related Content

Classification of injury events: internal classification
Geographic locators: street address city, province,
(for the injured person's place of residence)   postal code
Demographic variables: age, date of birth, sex, occupation *(when
applicable)*
Unique identifiers: name
Place of injury occurrence: free text field
Nature of injury: free text field
Multiple causes of injury: free text field
Anatomical location: internal classification
Multiple injuries: free text field
Index of injury severity: not applicable

| | Pre-event circumstances: free text field which allows for a short summary of the circumstances. |

Data Collection Methods

When a death occurs, the Office of the Chief Medical Examiner is called by either the hospital or the police. The investigator is responsible for collecting all the information surrounding the death. This information is recorded in written format. From there, the information is transferred in to the electronic database. Usually, information will continue to be added over a period of three months. This information includes toxicology reports, autopsy reports, medical examiner reports and reports from auxiliary agencies e.g. Transport Safety Board (TSB), Fire Commission and Workplace Health and Safety (WHS).

Primary data are received from the scene of death, autopsy reports, toxicology results and from the hospital chart. Secondary data are received from the RCMP, health records, fire departments and whoever else can clarify information concerning the death. Most of these data are received in hard copy in the form of videos, CDs, or photos. The highest level of aggregation is provincial.

Although ethnicity can sometimes be assumed by location of residence, the Office of the Chief Medical Examiner does not systematically identify First Nations, Inuit or Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the data is not provided beyond the Office of the Chief Medical Examiner. The records are not linked with any other database, although it has been considered to link the database with organizations such as the police and hospitals. Requests for non-identifiable data have been granted. Each request is considered individually. This information is available in hard copy, electronically, or by fax.

The technical documentation available for authorized personnel include a list of data elements and the technical environment.

- Approximately 6000 files and records are added to the database annually.
- At the end of 2004, approximately 93,000 records were in the database.
- Data files are usually complete within 3 months of the death occurring. Preliminary information is available within a few days.
- The data are available for analysis as soon as the data are entered in the file.
- The last full year of data available is 2004.

Reports and Other Publications	Reports are generated annually, bi-annually, monthly and by request. The most recent publication is the Chief Medical Examiner Annual Review 2002. The Annual Review is disseminated in hard copy via a mailing list including inter government agencies.
Service Charges	Service charges are not routinely applied to complete information or data requests
Other Considerations	The database has increased its searching functions with the addition of SPSS software.
Other Contacts	None.

Office of the Fire Commissioner, Alberta

Contact

Mahendra Wijayasinghe, Ph.D.
Assistant Fire Commissioner
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Fax: 780-427-5898
E-mail: mahendra.wijayasinghe@gov.ab.ca

Fire Commisioner's Office
16th Floor, Commerce Place
10155 – 102 Street
Edmonton, Alberta T5J 4L4

General Contact: 780-427-8392
URL: www.municipalaffairs.gov.ab.ca/fco

**Organization Housing
the Data Source**

The Fire Statistics Information System (FSIS) is managed by the Fire
Commissioner's Office that is part of the Public Safety Division of the
Alberta Municipal Affairs Department within the Government of Alberta.
Data are collected under the Safety Codes Act where all injuries, fatalities
and property damage due to fires are required to be reported to the Fire
Commissioner's Office.

Purpose of the Data Source

The ongoing collection and maintenance of fire related data supports fire
prevention and safety education programs and services. The data are
used to identify the causes of fires and calculate risks for targeted fire
prevention initiatives. Data are also used to update and revise
building/fire codes, support public education activities such as the annual
Fire Prevention Week, and to generate reports.

The types of analysis generally performed on data are both quantitative
and qualitative. Reports are generated using a SAS based software
called: "proc tabulate" that include tables with statistics on the frequency
of fires, injuries, deaths and property loss. The users of the analyzed data
are internal staff, fire departments, insurance industry, researchers, injury
prevention professionals, the public and the media.

Injury-Related Content

Classification of injury events:	ICD-9
Geographic locators:	street address, municipality,
(for the injured person's place of residence)	province, postal code
Demographic variables:	age, date of birth, sex, and whether civilian or firefighter
Unique identifiers:	incident number
Place of injury occurrence:	internal classification
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	ICD-9

Multiple injuries:	not recorded
Index of injury severity:	minor, light, serious, death
Pre-event circumstances:	open text *(ignition, spread of flame, building condition, action condition and clothing of casualties, protective devices, method and equipment used for extinguishment, and probable cause of injury/death.*

Data Collection Methods

The Fire Commissioner's Office receives completed fire incident, casualty, smoke alarm report forms completed (according to the Fire Statistics Reporting Manual) either as hard copies or electronically, from municipal fire departments, insurance companies and RCMP detachments across Alberta, that detail the day, time, location, property type, source of ignition, act or omission, material first ignited, fire/smoke spread, operation of smoke/fire detection/alarm devices, and extent of damage, etc. Injuries associated with the fire are detailed in an accompanying Casualty Report. One report is required for each casualty. All blank fire incident reports and the Fire Statistics Reporting Manual are posted on the Fire Commissioner's website: www.municipalaffairs.gov.ab.ca/fco under "Fire Dept. Operations."

The data are verified and entered into the FSIS database. A summary of annual fire loss statistics are sent to the Canadian Council of Fire Marshals and Fire Commissioners for inclusion in the "Fire Losses in Canada" publication by the federal department of Human Resources and Skills Development.

The collection of primary data is done on the regulatory basis of the Administrative Items Regulation under the Safety Codes Act. The highest level of aggregation to which the injury data apply is provincial. The Fire Commissioner's Office can identify First Nations/North American Indian populations in Alberta from volunteered information.

Changes in Data Over Time

A revised edition of the Fire Statistics Reporting Manual was published in 2002. This edition expanded the coding structure for selected variables to capture more specific information. For example, where "Smoking Materials" was a general category in previous editions, the new edition contains codes for specific   smoking materials such as cigarettes and cigars. A new code introduced in the 2002 edition is the "Persons Starting Fires" which enables targeting fire prevention messages to specific audiences.

Data Availability

Access to data is provided to fire and police departments, researchers, insurance companies, the media and members of the public.
The database links information with municipal population data (www.municipalaffairs.gov.ab.ca/ms/official_pop_lists.cfm).

Requests for raw data are granted with a formal request that is approved by the Fire Commissioner's Office. Aggregate data are available for outside requests in Excel spreadsheets or data tables.

The technical documentation available to authorized personnel for the database include a list of data elements, coding categories, and data dictionary.

- Approximately 6,500 fire incidents are added to the database annually that include 400 fire related injuries and 35 deaths.
- The database contained 335 fire deaths and approximately 3,991 fire injuries for the 10-year period, 1994-2003.
- Data are received and entered into the database between 1-12 months after the injury occurred.
- Data are available for analysis one week after being entered into the database.
- The last full year of data available is 2003.

Reports and Other Publications

Reports are generated quarterly, annually and on an ad hoc basis. Titles of recent publications include*: Fire Commissioner's Annual Statistical Report for 2003.*

Reports are available in hardcopy, on disc, by fax, attached to an e-mail and on the web at: www.municipalaffairs.gov.ab.ca/fco/ and are disseminated via a mailing list and in response to individual requests.

Service Charges

Service charges are applied to complete large information or data requests.

Other Considerations

The data collected provide accurate statistics on the deaths caused by fires whereas non-fatal injuries from fires may be under-reported.

Office of the Fire Commissioner, Manitoba

Contact	Louise Hornbeck
	Manager, Statistics
	Tel.: 204-945-3327
	Fax: 204-948-2089
	E-mail: lhornbeck@gov.mb.ca
	Office of the Fire Commissioner
	Manitoba Statistics Division
	401 York Avenue, room 508
	Winnipeg, MB R3C 0P8
	General Contact: 204-945-3322
	or 1-800-282-8069
	E-mail: firecomm@gov.mb.ca
	URL: www.firecomm.gov.mb.ca

Organization Housing the Data Source

The Office of the Fire Commissioner, Manitoba, manages the Fire Reporting System. The Office of the Fire Commissioner functions under the Canadian Code Structure for Fire Loss Reporting developed and adapted by the Council of Canadian Fire Marshals and Fire Commissioners.

Purpose of the Data Source

The Office of the Fire Commissioner provides a wide spectrum of mandated services and related activities. No one service area of the Office stands alone. They are all fundamentally interrelated with the Education and Training area being the unifying and defining component. These services break down into five broad categories: Fire Investigations, Education and Training, Emergency Services, Codes and Standards and Administration.

The Office supports injury surveillance by collecting and managing data from local fire departments, and investigations conducted by the Office. This data assists us in determining prevention activities. The primary purpose is to report to the Council of Canadian Fire Marshals and Fire Commissions yearly, and conduct program planning. The data are used for the purposes of releasing statistics and information to the public.

Both qualitative and quantitative analysis are done on the data, including type of fire, major cause, and type of property. The users of the analyzed data are the Fire Commissioner's Office, provincial agencies, public and private sector, fire department, media, insurance industry, and researchers.

Injury-Related Content

Classification of injury events: Canadian Code Structure
Geographic locators: street address or

(for the injured person's place of residence)	community, city, province
Demographic variables:	age, date of birth - if a fatality, sex, and identification of either a civilian or firefighter
Unique identifiers:	name, casualty number
Place of injury occurrence:	ICECI
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	by proxy - minor injury, light injury, serious injury, death
Pre-event circumstances:	internal coding including type of property, how many people involved, as well as sprinkler and smoke detector functionality.

Data Collection Methods

All fires and fire incidents are to be reported to the Office of the Fire Commissioner by local fire departments. They fill in a report provided by the Office of the Fire Commissioner in either hard copy, or electronically. Follow-up is done to ensure the completeness of the report. Investigations may be conducted into fires involving fatalities or serious injuries; major losses; arson or suspicious fires, or where the cause is undetermined.

The collection of primary data is done on the basis of the Manitoba *Fires Prevention and Emergency Response Ac*t. Local firefighters complete the information on a designated form. Secondary data are received from a variety of sources including community fire departments, the RCMP, police reports and coroner's offices. The highest level of aggregation to which the injury data apply is provincial. The Office of the Fire Commissioner does not have the ability to systematically identify First Nations/North American Indian, Inuit nor Métis populations. The Office of the Fire Commissioner endeavours to collect this information when called to a fire in a First Nations community.

Changes in Data

Collection of data is consistent. The Canadian Code Structure is continually open to upgrading their code structure to address changing needs across the country.

Data Availability

Access to raw data is not provided beyond the Office of the Fire Commissioner. Only internal staff has access to the data. The database does not link with any other external database. Requests for raw data have not been granted. Requests for aggregate data are honoured, and the information is usually provided in Excel tables and graphs.

The technical documentation available to authorized personnel include a list of data elements, and coding categories/options.

- Approximately 5000-6000 reports are added to the database annually depending on weather conditions.
- At the end of 2002, the database contained 112,086 records from 1979 – 1996 and an additional 31,174 from 1997 to the end of 2002.
- Data are received and entered into the database between 7 days to one month after the fire.
- Data are available for analysis at the end of each year.
- The last full year of data available is year 2003.

Reports and Other Publications

Reports are generated annually, quarterly and on an ad hoc basis. The *Annual Report of the Office of Fire Commissioner* is produced in hard copy and disseminated for individual requests. Quarterly reports are produced internally for the Manitoba Government.

Service Charges

Service charges may be applied to complete data or information requests, and are individually determined by type of request.

Other Considerations

The data are useful for the purposes of the Office of the Fire Commissioner, but limited with regards to injury content. The database is limited to the information provided by secondary sources.

Other Contacts

Fire Marshals and Fire Commissioners of Canada
URL: www.ccfmfc.ca

Office of the Fire Marshal, Northwest Territories

Contact

D.E. (Don) Gillis
Fire Marshal
Tel.:   867-873-7469
Fax: 867-873-0260
E-mail: don_gillis@gov.nt.ca

Office of the Fire Marshal
Government of the Northwest Territories
600, 5201 – 50 Avenue
Yellowknife, NT X1A 3S9

General Contact: 867-873-7469
URL: www.maca.gov.nt.ca/safety/index.html

**Organization Housing
the Data Source**

The Office of the Fire Marshal advises the Government of the
Northwest Territories on all fire-related matters. The Office of the Fire
Marshal functions under the Canadian Code Structure for Fire Loss
Reporting developed and adapted by the Council of Canadian Fire
Marshals and Fire Commissioners. The Office supports injury
surveillance by collecting and managing data from fire investigations, and
interpreting the data to determine prevention activities.

Purpose of the Data Source

The purpose of the data source is to track the cause, origin, and
circumstances of all fires, type of building, type of building use, and
injuries to fire fighters or civilians. The data are used for the purpose of
identifying trends in fire losses, including equipment failure or
malfunction, and failure of a building component. The data can be used
to compare injury and death statistics with other jurisdictions as well as to
study human behaviour in fire conditions. The data are also used for
insurance purposes, surveillance, program planning, the generation of
reports, for linkage, and for the justification of program development or
delivery.

Both qualitative and quantitative analysis are done on the data. The users
of the analysed data are the fire service, various interested agencies and
the public.

Injury-Related Content

Classification of injury events:	Canadian Code Structure
Geographic locators:	street address, city, province,
(for the injured person's place of residence)	postal code
Demographic variables:	age, sex, and identification of either civilian or firefighter
Unique identifiers:	name, casualty number
Place of injury occurrence:	ICECI
Nature of injury:	Canadian Code Structure

Multiple causes of injury:	Canadian Code Structure
Anatomical location:	Canadian Code Structure
Multiple injuries:	Canadian Code Structure
Index of injury severity:	not recorded
Pre-event circumstances:	internal coding including action of casualty, cause of failure to escape, type of fabric or material ignition

Data Collection Methods

All fires and fire incidents are to be reported to the Office of the Fire Marshal. Special investigations are conducted with any fire related death, large dollar loss fire or fire of particular interest to the Fire Marshal's Office. Data from investigations are added to the database with details surrounding the circumstances of the fire.

The collection of primary data is done on the authority of the Northwest Territories *Fire Prevention Act* and completed by telephone or in person. Secondary data are received from a variety of sources including community fire departments, the RCMP, and coroner's offices.

The highest level of aggregation to which the injury data apply is territorial. The Office of the Fire Marshal does not have the ability to identify First Nations/North American Indian, Inuit nor Métis populations, specifically.

Changes in Data Over Time

The Council of Canadian Fire Marshals and Fire Commissioners does not amend the injury data. Periodically the Canadian Coding Structure for Fire Loss Reporting is reviewed to ensure enough relevant information is captured to facilitate its mandate.

Data Availability

Access to raw data is provided to Human Resources and Skills Development Canada (HRSDC) as well as to the National Research Council of Canada (NRCC). This database does not link with any other external database. Requests for raw data have been approved to NRCC for their annual reports. All other requests may be submitted within the Access to Information and Protection of Privacy Regulations. See: www.justice.gov.nt.ca/Legislation/SearchLeg&Reg.htm

The technical documentation available to authorized personnel include a list of data elements, and coding categories/options.

- Approximately 80-300 reports are added to the database annually.
- Since 1995, there has been an individual database for each year of data.
- Data are received and entered into the database within one year of the event.

- Injury data are part of the fire loss reporting requirements from community fire departments and are available for analysis immediately after they are entered into the database.
- The last full year of data available is fiscal year 2000.

Reports and Other Publications   Reports are generated annually and by request. The *Office of the Fire Marshal's Annual Report* is currently available in hard copy and by fax. It is disseminated in response to individual requests.

Service Charges   Service charges are applied, on a cost-recovery basis, to complete data or information requests.

Other Considerations   None.

Other Contacts   **Fire Marshals and Fire Commissioners of Canada**
URL: www.ccfmfc.ca

Office of the Fire Marshal, Nova Scotia

Contact

Robert Cormier
Executive Director, Public Safety/Fire Marshal
Tel.:   902-424-5721
Fax: 902-424-3239
E-mail: cormierr@gov.ns.ca

Office of the Fire Marshal
Public Safety Division
Department Environment and Labour
5151 Terminal Road
Halifax, Nova Scotia B3J 2T8

General Contact: 1-800-559-3473 (FIRE)
URL: www.gov.ns.ca/enla/ofm

Organization Housing the Data Source

The Office of the Fire Marshal of the Department of Environment and Labour, advises government on all fire-related matters, including fire protection. The Office's authority and responsibilities include providing fire safety in buildings the safe storage of flammable and combustible materials as outlined in the Fire Safety Act. It is also responsible for the safe installation and usage of fuel gases and electricity. This includes educating and enforcing building, fire and electrical codes. The Office of the Fire Marshal supports injury surveillance by collecting and managing data from fire investigations, and interpreting the data to determine prevention activities.

Purpose of the Data Source

The purpose of the data source is to determine causation of fire, calculate property loss and document fire-related injuries and deaths. The data are used to help develop or amend codes and standards, as well as to track and evaluate their effectiveness. The data are also used to promote fire prevention initiatives and to generate reports.

The type of analysis generally performed on the data is quantitative. The users of the analysed data are various levels of government, insurance companies, and the private sector.

Injury-Related Content

Classification of injury events:	Canadian Code Structure
Geographic locators:	street address, city, province
(for the injured person's place of residence)	postal code, phone number *(for the property owner)* name, phone number *(for the occupant)*
Demographic variables :	age, sex *(man, woman, child, firefighter, unknown)*
Unique identifiers:	name, casualty number
Place of injury occurrence:	ICECI classification

Nature of injury:	Canadian Code Structure
Multiple causes of injury :	Canadian Code Structure
Anatomical location:	Canadian Code Structure
Multiple injuries:	Canadian Code Structure
Index of injury severity :	not recorded
Pre-event circumstances :	open text injury details on the Fire Report Form.

Data Collection Methods

All fire departments, insurance companies, and industry covered by legislation included in the Fire Safety Act, must report any fire-related incidents of death, injury, near miss and property loss to the Office of the Fire Marshal. Physical and/or human damage due to fuels, such as carbon monoxide poisoning, must also be reported by the gas company, or responding fire department. Data are collected from completed forms that are verified and entered into the database.

Investigations are conducted into any fire or fuel-related death, and into any fire occurring on government property or government leased property. Information from investigations is added with details surrounding the circumstances of the fire or fuel leak, including type and condition of the building, the protective equipment involved and its condition, history of maintainance and service work. These data are important as the legislation allows the Office of the Fire Marshal to hold those responsible accountable for the damage caused by the fire or fuel leak. Data are also collected from coroners' reports whenever an investigation includes a fire-related fatality.

The collection of primary data is done on the regulatory basis within the Fire Safety Act. The secondary data are received in various formats including diskette from insurance companies, hardcopy forms from industry and electronic forms from other fire departments with the exception of the Halifax Region Fire Service which links data with the Office of the Fire Marshal.The highest level of aggregation to which the injury data apply is provincial.

The Office of the Fire Marshal investigates fires that occur on reserves and receives information from the RCMP but does not consistently collect information that cannot identify First Nations/North American Indian, Inuit or Métis populations. The Office of the Fire Marshal can identify native lands.

Changes in Data Over Time

None.

Data Availability

Access to raw data is not provided and the Federal Fire Loss Reporting System is not linked with external databases.

- Approximately 750 – 2,000 records are added to the database annually.
- The database contained 40,697 at the end of the year 2003.
- Data are received and entered into the database approximately 30-60 days after the injury occurred.
- Data are available immediately after being entered into the database.
- The last full year of data available is fiscal year 2003.

Reports and Other Publications

The *Fire Losses in Government of Canada Properties* is produced annually from information provided by the Office of the Fire Marshal by Human Resources and Skills Development Canada. Electronic copies can be found at: http://www.hrsdc.gc.ca/en/gateways/topics/fzp-gxr.shtml Another report prepared by the Office of the Fire Marshal is Fire Marshal's Bulletin (newsletter to fire services) and the Fire Prevention Act Review: Discussion Paper.

Service Charges

Service charges are not applied to complete information or data requests.

Other Considerations

Data regarding the cause of fire, number fire-related injuries and deaths are accurate and complete, yet information regarding pre-event circumstances are based on the best information available at the time.

Other Contacts

Fire Marshals and Fire Commissioners of Canada
URL: www.ccfmfc.ca

Ontario Regional Poison Information Centre - Ottawa

Contact	Jill Courtemanche Manager, Ontario Regional Poison Information Centre Tel: 613-737-7600 ext. 3999 Fax: 613-738-4862 E-mail: courtemanche@cheo.on.ca

Children's Hospital of Eastern Ontario
401 Smyth Rd.,
Ottawa, ON K1H 8L1

General Contact: 613-737-7600
URL: www.cheo.on.ca

Organization Housing the Data Source

The Ontario Regional Poison Information Centre was founded in 1968 and is housed in the Children's Hospital of Eastern Ontario - a teaching hospital affiliated with the Faculty of Medicine at the University of Ottawa and partnered with 17 other hospitals in Eastern Ontario, to provide specialized child health care.

The Ontario Regional Poison Centre supports injury surveillance in collecting, analyzing and disseminating information about poisonings in Eastern Ontario.

Purpose of the Data Source

The purpose of the data source is to provide information, treatment or referral and follow up to anyone who calls with a poisoning. The data are also used to provide information to the general public, to support prevention programs, research, and to generate reports. The tracking of the data serves to indicate among other things, poisonings associated specific products, in specific environments, and hazards to children.

The type of analysis performed on the data is both quantitative and qualitative. Analysis is generally done on sex, age groups, location and time of poisoning, type of poisoning, product involved, symptoms or reaction, treatment and outcomes. The users of the analyzed data are internal staff, health care providers, researchers, the media, manufacturers, and pharmaceutical representatives.

Injury-Related Content

Classification of injury event:	internal classification
Geographic locators:	city, province
(for the injured person's place of residence)	
Demographic variables:	age, sex, occupation (if relevant to the poisoning)
Unique identifiers:	caller classification: i.e. babysitter, spouse or professional
Place of injury occurrence:	free text field

Nature of injury:	internal classification
Multiple causes of injury:	not recorded
Anatomical location:	Internal Classification (route of poisoning)
Multiple injuries:	code up to 3 poisonings per patient
Index of injury severity:	by proxy: A number is assigned to represent from less to more severe - i.e. not toxic, mildly toxic, severely toxic. A letter is assigned to represent the effects from least to most - i.e. no effects expected mild effects, moderate effects, serious effects expected and serious effects expected with amount of toxicity unknown.
Pre-event circumstances:	inferred by type of poisoning i.e. accidental, intentional, food poisoning, misuse, adverse reaction, unknown.

Data Collection Methods

The Ontario Regional Poison Information Centre registers each caller requesting information or help with a poisoning. An annual call database helps to track the calls received, the cases that were managed and the poisonings that were treated at the Children's Hospital of Eastern Ontario. For each call record, there is a hard copy file or patient record that is kept for seven years. An epidemiological data character within the database allows for quick searches. The search functions help the Ontario Regional Poison Centre to be aware of unusual or new poisonings as well as trends and clusters of poisonings.

The collection of primary data is done on the legal requirement to record the information provided including hospital cases where information is given to a treating doctor. The highest level of aggregation to which the data apply is provincial. The Ontario Regional Poison Centre is not able to identify First Nations/Aboriginal, Inuit and Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the raw data is not provided beyond the organization. The database does not link with any external databases. Aggregate data are provided in report or spreadsheet formats.

The technical documentation available to authorized personnel for the database includes a list of data elements, a file layout and a technical environment.

- On average 30,000 records are added to the database annually.

- The data are entered into the database within a week to one month of the poisoning.
- The data are usually available for analysis immediately upon being entered into the database. The SQL Informics database, used from 1984 was not Y2K compliant and therefore the operating system was moved from Unix to Windows. This change caused in part, a nine month back-log, which was caught up at the end of 2002.
- The last full year of data available is 2001.

Reports and Other Publications

Reports are generated annually from information taken from the database. The title of the annual report is *Annual Poison Information Centre Report (year)*. The annual report is available in hard copy and available upon request.

Service Charges

Service charges to complete information or data requests are applied on a cost recovery basis.

Other Considerations

None.

Other Contacts

See Appendix H for a listing of all provincial/territorial poison centres.

Ontario Regional Poison Information Centre - Toronto

Contact	Heather Ferries
	Clinical Nurse Educator
	Tel: 416-813-1061
	Fax: 416-813-7489
	E-mail: heather.ferries@sickkids.ca
	The Hospital for Sick Children
	Ontario Regional Poison Information Centre
	555 University Ave.,
	Toronto, ON M5G 1X8
	General contact: 416-813-5900 or 1-800-268-9017
	URL: www.sickkids.ca

Organization Housing the Data Source

The Ontario Regional Poison Information Centre (ORPIC) of Toronto is housed in the Hospital for Sick Children, - a teaching hospital affiliated with The University of Toronto, that provides specialized paediatric care. Since 1978, the ORPIC has been helping adults and children, as well as healthcare professionals by providing advice with regards to poisonings. It is recognised as a leading Canadian centre for poison information, care, prevention and research.

Purpose of the Data Source

The primary purpose of this data source is to document information and advice about potential or real exposures to poisonous substances by telephone. In addition to its primary role, the ORPIC generates and distributes poison prevention material, and participates in medical toxicology research.

The data are used primarily for statistical purposes including the number and types of calls received. The data are also used for research of specific exposures, comprehensive advice, outreach, program planning, prevention, surveillance and education, as well as creating a legal document of care provided.

The type of analysis performed on the data is both quantitative and qualitative. The users of the analyzed data include internal staff and some members of the greater health care community.

Injury-Related Content

Classification of injury events: internal classification (following TESS system guidelines)

Geographic locators: city, telephone number of caller
(for the injured person's place of residence)

Demographic variables:	age, sex (for all injured persons), ethnicity *(if applicable to the exposure – very infrequent)*
Unique identifiers:	chart number
Place of injury occurrence:	free text field
Nature of injury:	free text field
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	by proxy: potentially toxic exposures, minimal clinical effects possible, and non-toxic exposures
Pre-event circumstances:	free text field

Data Collection Methods

All poisonings reported through calls to the ORPIC are documented in an electronic database called Visual Dotlab. This database stores the data and can be queried. The ORPIC receives calls from the general public, as well as health care professionals seeking advice.

Both death and medical care data recorded in the database if the ORPIC receives the information. Therefore if the hospital does not notify of the patient's death it will not be recorded.

The primary data are collected within the College of Nurses of Ontario Standards under which all Registered Nurses are required to document all care provided. No secondary data is collected.

The highest level of aggregation to which the injury data apply is sub-provincial. The ORPIC does not systematically collect data identifying First Nations/North American Indian, Inuit and Métis populations.

Changes in Data Over Time

In 1999, the ORPIC upgraded its computer documentation system collection process. It is technically possible to convert the pre-conversion data into the new system, however ORPIC has not had the financial resources to have this implemented.

Data Availability

Access to the data is provided beyond the Ontario Regional Poison Information Centre with a request approved by a member of the ORPIC leadership team. The database does not link with any other external database. Data are available for outside requests in hard copy.

A data dictionary from WBM Software is available for authorized personnel

- The Poison Specialists manage approximately 78,000 calls

annually and approximately 175-200 records are added daily.

- The number of records the database contained at the end of the year 2002 is not available at this time.
- Records are added to the database in real-time - immediately after the phone call is complete.
- The data are available for analysis immediately after the record is added to the database.
- The last full year of data available in the database is 2003.

Reports and Other Publications   Reports are generated upon request and are disseminated in hard copy in response to individual requests. *Toxicology Times Newsletter* is distributed quarterly to Emergency Departments to educate nursing staff on matters related to management issues surrounding the poisoned patient.

Service Charges   Service charges to complete data and information requests are determined on an individual basis.

Other Considerations   The number of poisonings added to the database is limited by the number of calls received by the Ontario Regional Poison Information Centre. Many poisonings are not reported and are therefore not included in the database.

Other Contacts   See Appendix H for a listing of all provincial/territorial poison centres.

Ontario Trauma Registry

Contact	Leila Abboud
	Consultant, Trauma Registries
	Tel: 416-481-2002 ext. 3392
	Fax: 416-481-2950
	E-mail: LAbboud@cihi.ca
	Ontario Trauma Registry
	Canadian Institute for Health Information
	90 Eglinton East Ave. Suite 300
	Toronto ON M4P 2Y3
	General Contact: 416-481-2002
	E-mail: otr@cihi.ca
	URL : http://www.cihi.ca/otr

Organization Housing the Data Source

The Ontario Trauma Registry (OTR) was established in May 1992. It is funded by the Ontario Ministry of Health and Long Term Care and housed in the Canadian Institute of Health Information (CIHI). CIHI is a national, non-profit organization working to improve the health of Canadians and the health system by providing high quality, timely health information. CIHI's mandate is to develop and maintain an integrated approach to Canada's health information system.

Purpose of the Data Source

The OTRs main purpose is to help reduce injury and death in the province by identifying, describing, and quantifying trauma. This information plays a role in the planning and evaluation of injury control and prevention programs, examining legislative changes and cost expenditures, assisting in resource allocation decisions, and contributing to cost reductions.

The OTR has three data sets that each serves different purposes.

1. The OTR Minimal Data Set (OTR MDS) contains demographic, diagnostic, and procedural data on all acute car injury hospitalizations in Ontario. It also includes in-hospital deaths due to injury.

2. The OTR Comprehensive Data Set (OTR CDS) contains detailed data on patients hospitalized due to major trauma in 11 lead trauma facilities in Ontario. Demographic, pre-hospital and hospital care, patient outcomes and six-month follow-up data are included in the data set. It does not, however, capture all trauma patients across the province.

3. The OTR Death Data Set (OTR DDS) contains data on all deaths due to injury that occur in Ontario. It includes demographic data, cause of death, injury details, and factors contributing to death.

Data analysis is quantitative. The users of the analyzed data are injury prevention programs, researchers, trauma facilities, and government ministries. Certain programs, such as the PARTY (Prevent Alcohol and Risk-Related Trauma in Youth) Program and the Ontario Pre-Event Life Support, receive data on a regular basis.

Injury-Related Content	Classification of injury events:	OTR MDS - ICD-9 and ICD-10-CA OTR CDS - ICD-9 CM and ICD-10 OTR DDS - mapped to ICD-9 E-codes
	Geographic locators : *(for the injured person's place of residence)*	OTR MDS - postal code OTR CDS - residence code OTR DDS - province, postal code
	Demographic variables:	OTR MDS - age, date of birth, sex OTR CDS - age, date of birth, sex, occupation, language spoken OTR DDS - age, date of birth, sex
	Unique identifiers:	OTR MDS - institution number, chart number, Ontario health card number OTR CDS - institution number, chart number, Ontario health card number, trauma number OTR DDS - deceased's name, file number, investigation number
	Place of injury occurrence:	OTR MDS - ICD-9, ICD-10-CA OTR CDS - ICD-9 CM, geo codes OTR DDS - environment codes
	Nature of injury:	OTR MDS - ICD-9, ICD-10-CA OTR CDS - ICD-9 CM OTR DDS - mapped to ICD-9
	Anatomical location:	OTR MDS - ICD-9, ICD-10-CA OTR CDS - ICD-9 CM OTR DDS - not recorded
	Multiple injuries:	OTR MDS - ICD-9, ICD-10-CA OTR CDS - ICD-9 CM OTR DDS - not recorded
	Index of injury severity:	OTR MDS - not recorded OTR CDS - AIS scale, ISS, GCS score, RTS, TRISS OTR DDS - not applicable
	Pre-event circumstances:	OTR MDS - not recorded OTR CDS - personal factors (including blood alcohol level) Protective equipment usage,

environment (excluding weather)
OTR DDS – limited personal factors
(such as alcohol involvement and
protective devise use)

Data Collection Methods
Data for the OTR CDS are received electronically on a monthly basis
from 11 lead trauma facilities across Ontario that collect and code the
data using Collector®, a trauma specific software. Twice a year the OTR
undergoes a reconciliation process with the trauma centres.

The OTR MDS is collected from the hospital health records that are sent
to CIHI's Discharge Abstract Database. Once reconciled and finalized
for the year the data set is downloaded to the OTR.

The OTR DDS is collected from the files of the Ontario Office of the
Chief Coroner. Trauma components from these files are incorporated
into the OTR DDS.

The OTR cannot identify First Nations/North American Indian, Inuit, or
Métis populations.

**Changes in Data
Over Time**
Data for OTR MDS, CDS and DDS are collected in ICD-10 CA but
converted to ICD-9 or ICD-9 CM for reporting purposes. However, ICD-
10-CA data are available for analyses.

Data Availability
Access to the raw data is granted with a completed privacy and
confidentiality assessment and an approved request stating the purpose
for which the data will be used and how the data will be managed.
Access is not provided to private companies requesting the data to
generate a product or service for profit. The OTR database is not linked
with external databases.

Authorized personnel can provide technical information on the list of
data elements, coding categories/options, data dictionary, file layout, data
model, and technical environment.

- Approximately 72,000 records (65,000 for the OTR MDS, 3500 for
  the OTR CDS, 3500 for the OTR DDS) are added to the database
  annually.
- At the end of 2002 the database contained approximately 1,052,000
  records (OTR MDS - 15 years of data, OTR CDS - 9 years of data,
  OTR DDS - 13 years of data).
- Data are entered into the database and are available for analysis
  approximately two years after the injury occurred.
- The last full year of data available in the database is fiscal year 2002-
  2003. The OTR DDS is complete to 2001-2002, the OTR MDS is
  complete to 2002-2003, and the OTR CDS is complete to 2002-
  2003.

Reports and Other Publications	The OTR generates annual reports from the data in the specific data sets. Examples of recent reports are:

- *Ontario Trauma Registry 2003 Report—Injury Deaths in Ontario (2000-2001 Data).* Includes information from the OTR DDS gathered from the Ontario Office of the Chief Coroner.
- *Ontario Trauma Registry 2003 Report—Major Injury in Ontario (2001/2002 Data).* Includes information from the OTR CDS obtained from the 11 lead trauma centres in Ontario.
- *Ontario Trauma Registry 2004 Report—Injury Hospitalizations (2002-2003).* Includes information from the OTR MDS such as demographic, diagnostic, and procedural information on all acute care injury hospitalizations in Ontario

The annual reports are available for purchase. Contact the OTR for more information. OTR also produces four special analytical bulletins each year, which are available at no charge on the website.

Service Charges

Service charges are applied for data or information requests that are not available in the published reports. New analyses at the aggregate level are charged on a cost-recovery basis. Access to record level data is given without cost to eligible graduate students using the data specifically for their thesis work.

Other Considerations

The Ontario Trauma Registry is working to include the National Ambulatory Care Reporting System data on minor injuries that are seen and treated in Ontario emergency departments.

Other Contacts

See Appendix E for a listing of all provincial/territorial trauma registries.

Ontario Vital Statistics, Mortality Database

Contact
Judi Hartman
Director and Deputy Registrar General
Tel: 416-326-1839
Fax: 416-212-6082
E-mail: judi.hartman@cbs.gov.on.ca

Ontario Vital Statistics, Office of the Registrar General
Ministry of Consumer and Business Services
393 University Ave.,
Toronto, ON M5G 1E6

General Contact: 416-326-8555
URL: www.cbs.gov.on.ca/mcbs/english/deaths.htm

**Organization Housing
the Data Source**
Ontario Vital Statistics is a legislatively mandated provincial
organization responsible for the registration of all vital events happening
in Ontario and the provision of security and delivery of the information
to the appropriate authorities.

Records stored on a mainframe computer are used to generate death
certificates. MICAR software is used to record the cause of death. The
Ontario mortality database supports injury surveillance by collecting data
on all deaths, including deaths due to injury.

Purpose of the Data Source
The primary purpose of this data source is the registration of death and
the issuance of a death certificate. Data collected by the source are also
used by the Ontario Ministry of Health for health planning, and by
Statistics Canada. Records are also accessed for estate closure, benefits
accessed, family genealogy conducted. Minimal statistical analysis is
done in-house.

The users of the analyzed data/information are the Ontario Ministry of
Health, Statistics Canada, Cancer Care Ontario, law enforcement
agencies, the medical research community, and any individual or
organization approved through an access to information request.

Injury-Related Content

Classification of injury events:	ICD-10
Geographic locators: *(for the injured person's place of residence)*	street address, *(if available)* city, province, postal code
Demographic variables:	age, date of birth *(if available)*, sex, occupation *(if known)*
Unique identifiers:	collected but not available
Place of injury occurrence:	geographic location
Nature of injury:	ICD-10
Multiple causes of injury:	ICD-10

Anatomical location :	ICD-10
Multiple injuries :	ICD-10
Index of injury severity:	not recorded
Pre-event circumstances:	inconsistently recorded

Data Collection Methods

Data are collected from physicians, coroners, and family members. Completed paper forms are submitted to Ontario Vital Statistics within three to five days of the death. Registrations documents are then matched up and reviewed for completeness, imaged/scanned, and indexed. The cause of death is coded and the record is sent to Statistics Canada. By law, a death must be registered within one year of the date of death.

The highest aggregation of these data is at the provincial level. The Ontario Vital Statistics mortality database does not have the ability to identify First Nations/North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

Coding classification switched from ICD-9 to ICD-10 for all 2000 deaths. Some data elements have been changed over the years. Not all information requested is critical to registration and therefore not strictly collected.

Data Availability

Ontario Vital Statistics has agreements to share data with Statistics Canada, and the Ontario Ministry of Health. Ontario Vital Statistics has no mandatory requirement to share the data from its mortality database and the database is not linked to external databases. The Deputy Registrar General has discretionary power to share data based on certain parameters including the *Freedom of Information and Protection of Privacy Act*. Data can be provided in various formats and files. The technical information for the database is not available.

- Approximately 80,000 records are added to the database annually.
- At the end of 2000 the database contained approximately 5,000,000 records.
- Data are entered are into the database within 2 to 3 months after the fatal injury.
- Data are available for analysis when the annual report is tabled in the legislature, about 6 to 12 months after the previous calendar year.
- The last full year of data available in the database is 2000.

Reports and Other Publications

The title of the recent annual report is *Annual Report, Office of the Registrar General*. This report is available in print, with plans to make it available electronically and attach it to the Web site. The report is available upon request at no charge.

Service Charges Service charges for data and information requests are applied on a cost recovery basis. Statutory fees are charged for some services and fees are also charged for requests for special analyses.

Other Considerations The Ontario Vital Statistics mortality database contains death records going back 70 years. The database is secure and reliable. The data quality is vulnerable as it goes through a series of transcriptions. A long-term data quality initiative is in place to improve this process. The database's operating system is more than 30 years old and its programming is written in ADF, a language that does not exist anymore which makes system support hard to find.

Other Contacts See Appendix F for a listing of all provincial/territorial offices of vital statistics.

Poison Control Centre, Yukon

Contact	Penny Rawlings Clinical Care Manager, Emergency Department Tel: 867-393-8773 Fax: 867-393-8762 E-mail: penny.rawlings@wgh.yk.ca Whitehorse General Hospital 5 Hospital Rd., Whitehorse, YK Y1A 3H7 General Contact: 867-393-8700 URL: www.whitehorsehospital.ca

Organization Housing the Data Source

The Poison Control Centre of the Yukon is housed in the Whitehorse General Hospital, an accredited acute care hospital that serves as a tertiary care facility for approximately 30,000 residents of the Yukon as well as northern areas of British Columbia and parts of Alaska.

Purpose of the Data Source

The purpose of the data source is to provide timely, accurate information either directly or via the British Columbia Drug and Poison Information Centre (BCDPIC), to anyone suffering a poisoning. The Poison Control Centre of the Yukon was re-instated in April of 2002 after being closed down for approximately three and a half years. The data source is to demonstrate the need for ongoing poison control centre services to meet the needs of residents in the Yukon and neighbouring regions. Currently, the Poison Control Centre of the Yukon refers its non-urgent clients to call the BCDPIC within the University of British Columbia *(see profile)*.

The type of analysis is quantitative based on the number and type of calls and drop-ins. The users of the analyzed data are internal staff, the local media and the general public.

Injury-Related Content

Classification of injury events:	Internal classification
Geographic locators: *(for the injured person's place of residence)*	city, province/territory
Demographic variables:	name, phone number, sex, age, weight
Unique identifiers:	name and phone number
Place of injury occurrence:	free text field
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	by proxy
Pre-event circumstances:	free text field (*when available*) how much of what drug or product ingested, day, time, basic condition.

Data Collection Methods	The Poison Control Centre of the Yukon collects paper based data from people who come into the centre looking for advice on a poisoning and from those who call in with a poisoning that requires immediate intervention. All others are referred to the BC Drug and Poison Information Centre in Vancouver. This involves getting the basic details and contact information from the caller and passing this onto the BCDPIC for call back. The details of the referral and follow-up information on the outcome are documented based on regular communication with BCDPIC. The information gathered is filed in the patient's folder if they come into the hospital. The type of data collected is medical care data.
	The primary data are collected via telephone. The collection of primary data is not done on the basis of a legal or regulatory requirement. Secondary data are received from BCDPIC by way of checking on the status of the referred calls for information on dealing with non-life threatening poisonings. The secondary data are received via telephone.
	The highest level of aggregation to which the data apply is territorial. The Poison Control Centre of the Yukon is not able to identify First Nations/Aboriginal, Inuit or Métis populations.
Changes in Data Over Time	The National Ambulatory Care Reporting System (NACRS) was fully implemented in January 2004.
Data Availability	Access to the data is not provided beyond the organization. Requests for raw data have never been granted. Aggregate data are available in hardcopy format. Some calls are forwarded straight to British Columbia Poison Control and may not have a form completed with Yukon Poison Control.

- Approximately 20 forms are filed annually.
- There are approximately 350 forms filed up to the end of 2000.
- The forms are filed within a week of the poisoning.
- The data are available for analysis immediately after the forms are complete.
- The last full year of data in the database was 2002.

Reports and Other Publications	A report published at the end of 2002 and was disseminated internally and available upon request in hardcopy.
Service Charges	Service charges are not applied to complete information or data requests.
Other Considerations	A current limitation is the lack of a 1-800 number between the Yukon and BCDIPC for the general public to call directly.
Other Contacts	See Appendix H for a listing of all provincial/territorial poison centres.

Public Health Agency of Canada, Canadian Hospitals Injury Reporting and Prevention Program

Contact

Steven McFaull
Research Analyst
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Fax: 613-941-9927
E-mail: steven_mcfaull@phac-aspc.gc.ca

Canadian Hospitals Injury Reporting and Prevention Program
Injury and Child Maltreatment Section,
Health Surveillance and Epidemiology Division,
Centre for Healthy Human Development,
Public Health Agency Of Canada
Tunney's Pasture, AL 1910C
Ottawa, ON K1A 0K9

General Contact: 613-957-4689
E-mail: childinjury@hc-sc.gc.ca
URL: www.phac-aspc.gc.ca/injury-bles/

Organization Housing the Data Source

The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) is a major program of the Injury and Child Maltreatment Section of the Health Surveillance and Epidemiology Division of Public Health Agency Of Canada. CHIRPP is an injury surveillance system based on data gathered from 15 hospital emergency departments.

Purpose of the Data Source

The primary purpose of this data source is injury surveillance. CHIRPP data may also be used for other purposes including research, profiles of specific types of injury and report generation. CHIRPP operates as a surveillance system at both the national and community levels. Participating hospitals may also use their own data to help develop and evaluate prevention programs. CHIRPP differs from many other sources of injury data because it collects information on the circumstances that led to injury (the who, what, when, where, why and how). The principal users of national CHIRPP data are Public Health Agency Of Canada groups (e.g., Product Safety), provincial and regional public health professionals, the media and non-government organizations involved in injury prevention and safety. These users contribute to the majority of our requests for CHIRPP information.

Injury-Related Content

Classification of injury events: CHIRPP classification
Geographic locators: postal code
(for the injured person's place of residence)
Demographic variables: age, date of birth, sex, occupation *(for work-related injuries)*, ethnicity *(via language spoken at home)*

Unique identifiers:	hospital identifier and chart number
Place of injury occurrence:	CHIRPP codes—location (*e.g. home*) and area (*e.g. living room*) – captured as part of the circumstances
Nature of injury :	CHIRPP code (39 codes)
Multiple causes of injury:	CHIRPP code
Anatomical location:	CHIRPP code (29 codes)
Multiple injuries:	CHIRPP code (*up to three*)
Index of injury severity:	treatment, or disposition, is the proxy for severity, ranging from advice with no treatment to hospital admission
Pre-event circumstances:	* *please see the CHIRPP variable list at the end of this profile*

Data Collection Methods

Injured or poisoned patients who present to any of the 15 participating hospital emergency departments are asked to complete a CHIRPP data collection form that asks about the circumstances surrounding the injury. A hospital staff member then completes a form with details on the diagnosis, the nature of injury, the body part affected and the treatment provided, if any, during the visit. The information is verified for completeness by a dedicated CHIRPP data collection coordinator. If necessary, the data collection coordinator reviews the patient's chart to clarify or complete the information. The forms are then forwarded to the Public Health Agency Of Canada where they are coded and entered into the national database.

The data collection is completed in compliance with a contractual agreement between the Public Health Agency Of Canada and the participating hospitals. The highest aggregation of these data is at the national level, although data are not nationally representative as only 10 pediatric hospitals and 5 general hospitals participate in the program.

CHIRPP cannot consistently identify First Nations/North American Indian, Inuit or Métis populations. A general assumption can be made based on the patient's last name, the postal code of residence, and language spoken at home**.**

Changes in Data Over Time

All 10 children's hospitals have participated in CHIRPP since 1990. The five general hospitals joined the program at different times between 1991 and 1999. The database was converted to an Oracle platform in 1997. At that time the classification system was revised and existing data were converted to the new classification. New codes may be added as the need arises to monitor an emerging hazard (e.g. unpowered scooters) or specific injury (e.g. pulled elbow).

Data Availability

National CHIRPP data can be made available to researchers and

CHIRPP data collection centres whose projects meet the guidelines established by the Injury and Child Maltreatment Section. Data can be provided as ASCII files, as SAS datasets or in spreadsheets. The database is not linked with external databases.

- Approximately 110,000 records are added to the database annually.
- At the end of 2002 the database contained approximately 1,360,928 records.
- Data are entered 4-8 months after the injury event.
- Data are available for analysis 4-8 months after the injury event.
- The last full year of data available is 2002.

Reports and Other Publications

Database summary statistics are completed on an annual basis. More than 700 CHIRPP reports have been generated since the program's inception in 1990. In addition, the Injury Section responds to many specific inquiries that do not require the generation of a formal report.

The following are some key publications related to CHIRPP:

- Mackenzie SG, Pless B. "CHIRPP: Canada's principal injury surveillance program." *Injury Prevention* Volume 5 (1999): 208-13.
- Macarthur C, and Pless B. "Sensitivity and Representativeness of a Childhood Injury Surveillance System." *Injury Prevention* Volume 5, Number 3 (1999): 214-216.
- Pickett W, Brison RJ, Mackenzie SG *et al*. "Youth injury data in the Canadian Hospitals Injury Reporting and Prevention Program: do they represent the Canadian experience?" *Injury Prevention* Volume 6 (2000): 9-15.
- Short reports from CHIRPP and back issues of *CHIRPP News* are all on the Injury Section's Web site.
- CHIRPP *Annual Summary Statistics* are only available on the website.

Reports are available in print and some are on the Public Health Agency of Canada Web site. Reports are available by request and are announced periodically in *CHIRPP News*.

Service Charges

Service charges are not applied to complete data or information requests.

Other Considerations

One of the unique characteristics of CHIRPP is that is collects detailed information on the pre-event circumstances of injury.

CHIRPP does not capture all injuries in Canada. Nor does the database comprise a representative sample of data on injuries seen in the emergency departments of Canadian hospitals. No data are available from CHIRPP on those who die from their injuries before reaching the emergency department. CHIRPP records do not include

information on deaths or other health events that occur after the patient leaves the emergency department.

Other Contacts   See Appendix A for a listing of the 15 participating CHIRPP centres.

CHIRPP Variables	
1. Participating hospital code and name	25. Mechanism factor 1
2. Patient's chart number	26. Mechanism factor 2
3. Description of how the injury happened	27. Contributing factor 1
4. Description of product(s) involved	28. Contributing factor
5. Description of where the injury happened	29. Vehicle seating position
6. First three letters of patient's family name	30. Safety device 1
7. Postal code of patient's residence	31. Safety device 2
8. Sex	32. Safety device 3
9. Patient's date of birth (YYYY-MM-DD)	33. Follow-up permitted?
10. Patient's age in months	34. Injury group (e.g. falls, pedestrian)
11. Patient's age group	35. Nature of injury 1
12. Language spoken in the patient's home	36. Body part injured 1
13. Date of injury (YYYY-MM-DD)	37. Nature of injury 2
14. Hour of injury (using 24 hour clock)	38. Body part injured 2
15. Location: where the injury took place	39. Nature of injury 3
16. Area: specific part of the location	40. Body part injured 3
17. Context: what the patient was doing when the injury occurred	41. Intent of the injury
18. Was the injury work-related?	42. Treatment provided in the emergency dept
19. Industry the patient was working in	43. Local use field 1
20. Patient's occupation	44. Local use field 2
21. Breakdown event: what went wrong to result in the injury	45. Local use field 3
22. Breakdown factor 1	46. Local use field 4
23. Breakdown factor 2	47. Local use field 5
24. Mechanism: type of energy transfer that caused the injury	48. Create date
	49. Created by (data entry clerk)

CHIRPP – Alberta Children's Hospital

Contact   Trudi Senger
                               CHIRPP Coordinator
                               Tel: 403-277-3260 or 403-229-7069
                               Fax: 403-943-7070
                               E-mail: trudi.senger@calgaryhealthregion.ca

                               Alberta Children's Hospital
                               1820 Richmond Rd. S.W.
                               Calgary, AB T2T 5C7

                               General Contact: 403-229-7211
                               URL: www.crha-health.ab.ca/ACH/

Organization Housing the Data Source:
Since 1990, injury data are gathered for the Canadian Hospital Injury Reporting and Prevention
Program (CHIRPP) in Calgary within the Emergency Department of the Alberta Children's Hospital -
a freestanding, paediatric facility and research centre for children from birth to 18 years of age.

Purpose of the Data Source:
The data are used to report nationally to CHIRPP - Health Canada. The primary purpose of the data
source is injury surveillance with collecting consistent data regarding the injured person, the injury,
and the events leading to the injury. They are also used to monitor the trends in injuries occurring in
children, to identify risk factors for specific injuries. The data support public education by providing
content for poster displays, conference presentations and fulfilling ad hoc requests from the media,
medical students and others.

Data Availability:
The highest level of aggregation of data is sub-provincial. Although access to the data has not been
granted, it could if a research proposal is approved by CHIRPP - Central and the Alberta Children's
Hospital. Reports are generated annually and upon request.

- Approximately 12,000 records are added to the database annually.
- From 1990 to the end of 2002, 102,946 records have been generated.
- The data are available for analysis immediately upon entry into the database, approximately 4-8 months after the injury occurred.
- The last full year of data in the database is year 2002.

CHIRPP - BC Children's Hospital

Contact   Mhairi Nolan
                               CHIRPP Coordinator, BC Children's Hospital
                               Tel: 604-875-3044
                               Fax: 604-875-3569
                               E-mail: mnolan@cw.bc.ca

                               BC Injury Research and Prevention Unit
                               4480 Oak St.
                               Vancouver, BC V6H 3V4

                               General Contact: 604-875-3776
                               Fax: 604-875-3569
                               URL: www.injuryresearch.bc.ca

Organization Housing the Data Source:
Since 1990, the data are gathered for the Canadian Hospital Injury Reporting and Prevention Program
(CHIRPP) in British Columbia within the B.C. Children's Hospital - the province's major treatment,
teaching and research facility for child health, caring for patients from birth to age 16. The hospital is
an academic health centre affiliated with the University of British Columbia, and partnered with the
British Columbia Injury Research and Prevention Unit.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries occurring in children, to identify risk factors for specific injuries locally. The data
are useful in understanding the cause, type and frequency of injuries that are seen in the Emergency
Department. Other uses of the data include completing ad hoc requests from the media, general
public, provincial agencies, and non-government organizations.

Data Availability:
The highest level of aggregation to which the data apply is sub-provincial for children up to 17 years
that have presented with an injury or poisoning to B.C. Children's Hospital's Emergency Department.
Access to the data is provided within B.C. Children's Hospital and CHIRPP – Health Canada. The
database is not linked with any other external databases. Requests for raw data have never been
granted. In order to release the data, approval is required from the hospital's ethics committee.
Aggregate data are available for outside requests in form of reports complete with tables in a word
processor file. Most requests for data are satisfied with formatted reports. Reports are generated by
request on an ad hoc basis.

- Approximately 8,000 records are added to the database
  annually.
- The database contained 99,150 records as of February 24,
  2005.
- The data are available for analysis immediately upon entry
  into the database, approximately 4-8 months after the injury
  occurred.
- The last full year of data in our database is for year 2002.

CHIRPP – Children's Hospital of Eastern Ontario

Contact   Maureen Brennan-Barnes
                                 Injury/Data Coordinator

                                 Tel.:   613-737-7600 ext 3204
                                 Fax: 613-738-4208
                                 E-mail: barnes@cheo.on.ca

                                 Children's Hospital Eastern Ontario
                                 401 Smyth Road
                                 Ottawa, Ontario K1H 8L1

                                 General Contact: 613-737-7600
                                 URL: www.cheo.on.ca/english/3030.html
                                 URL: www.plan-itsafe.com

Organization Housing the Data Source:
Since 1990, injury data are gathered for the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) in Ottawa within the Emergency Department of the Children's Hospital of Eastern Ontario (CHEO). CHEO is a fully accredited teaching hospital affiliated with the University of Ottawa providing specialized pediatric services to children and youth under the age of 18. In 1997, CHEO established Plan-It-Safe, a child and youth injury prevention centre that took over the management of CHIRPP to be used as their primary source of injury surveillance data. Plan-It-Safe works collaboratively with community partners to deliver injury prevention programs.

Purpose of Data Source
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries occurring in children, to identify risk factors for specific injuries locally. The data support program planning, and fulfilling requests from the media, researchers and others.
The analysis performed on the data is both qualitative and quantitative. The users of the analyzed data are mainly healthcare professionals but also include provincial and local agencies, parents and the media.

Data Availability
Access to the data is provided internally and aggregate data to outside agencies upon approval.of requests. The database is not linked with any external database. Although access to the data has not been granted, it could if a research proposal is approved by CHIRPP - Central and the Children's Hospital of Eastern Ontario. Requests for raw data have been made available for internal medical staff projects. The technical documentation available to authorized personnel includes a list of data elements, coding categories and technical environment.

- Approximately 13,000 –14,000 records are added to the database annually with 13,841 records recorded for 2003.
- From 1990 to the end of 2002, 147,768 records have been generated.
- The data are entered into the database 1-3 months after the injury event occurred.
- The data are available for analysis 12 months after the injury event occurred.
- The last full year of data in the database is year 2002.

CHIRPP - Children's Hospital of Western Ontario

Contact
Pat Morrison
CHIRPP Coordinator
Tel: 519-685-8300 ext. 57323
Fax: 519-685-8437
E-mail: pat.morrison@cogeco.ca

Children's Emergency Department
Children's Hospital of Western Ontario
880 Commissioners Rd., East
London, ON N6C 2V5

General Contact: 519-685-8300
URL: http://www.phac-aspc.gc.ca/injury-bles/chirpp/injrep-rapbles/

Organization Housing the Data Source:
Since 1990, data have been gathered for the Canadian Hospital Injury Reporting and Prevention
Program (CHIRPP) in London within the Children's Hospital of Western Ontario of the London
Health Sciences Centre. The hospital serves as a regional referral centre providing specialized
paediatric services to children from birth to 17 years, in South-western Ontario.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries occurring in children, to identify risk factors for specific injuries locally**.** They are
also used to produce reports for the Injury Prevention community and other stakeholders, to respond
to media questions and ad hoc requests - with an overall aim of reducing the number and severity of
injuries in children. The users of the analyzed data are government agencies, the media, special
interest groups and the public.

Data Availability:
The highest level of aggregation is sub-provincial. Access to the data is not provided beyond
CHIRPP. The database does not link information with any external database. Requests for raw data
without personal identifiers have been granted with the approval of CHIRPP- Health Canada. Data
are available for outside requests in the form of reports, tables, graphs or charts in either hard copy
format or electronically in Excel. Reports are generated by request on an ad hoc basis.

- Approximately 7,800 records are added to the database annually.
- At the end of year 2002, the database contained 86,996 records.
- The data are available for analysis immediately upon entry into the database, approximately 4-8
   months after the injury occurred.
- The last full year of data available in the database is year 2003.

CHIRPP - Hôpital Sainte-Justine, Montreal

Contact   Elizabeth Platonow
                                    CHIRPP Coordinator
                                    Tel: 514-345-4931 ext. 2869
                                    Fax: 514-345-4823
                                    E-mail: elizabeth_platonow@ssss.gouv.qc.ca

                                    Hôpital Sainte-Justine
                                    Urgence-Trauma-Chirurgie
                                    3175 Côte Sainte-Catherine, Pièce 1103
                                    Montréal, QC H3T 1C5

                                    General Contact : 514-345-4931
                                    URL: www.hsj.qc.ca/

Organization Housing the Data Source:
Data are gathered for the Canadian Hospital Injury Reporting and Reporting and Prevention Program (CHIRPP) within the Hôpital Sainte-Justine - Quebec's major treatment, teaching and research facility and network for patients from birth to age 18. The hospital is an academic health centre affiliated with the University of Montreal.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries occurring in children, to identify risk factors for specific injuries locally**.** Data are used for internal monitoring, for program planning, and to respond to ad hoc requests from the media and general public.

Data Availability:
The highest level of aggregation is sub-provincial. On occasion, the database links information with CHIRPP - Montreal Children's Hospital for specific research projects. Access to the data is provided within CHIRPP. Requests for raw data have been granted to *La Direction de la santé publique - Montréal Centre.* All requests outlining the purpose, management and proposed use of the data are sent to the CHIRPP Director for approval. If approved, the data are provided with an agreement of confidentiality. With Access 97 , CHIRPP - Hôpital Sainte-Justine has the ability to provide information in different formats with the most popular being Access and Excel. Reports are generated on ad hoc basis with an average of two requests per month. The searches are done bilingually as patients complete the forms in either French or English. The users of the analyzed data are injury prevention programs, government agencies, researchers, the media and general public.

- Approximately 9,500 records are added to the database annually.
- The database contained 120,853 records at the end of year 2004.
- The data are available for analysis immediately upon entry into the database, approximately 4-8 months after the injury occurred.
- The last full year available in the database is year 2003.

CHIRPP – Hôpital de l'enfant-Jésus

Contact   Monique Rainville
                                     CHIRPP Coordinator
                                     Tel: 418-666-7000 ext. 305
                                     Fax: 418-666-2776
                                     E-mail: monique.rainville@ssss.gouv.qc.ca

                                     Hôpital de l'enfant-Jésus
                                     2400 d'Esimauville
                                     Beauport, QC G1E 7G9

                                     General Contact: 418-649-0252
                                     URL: www.cha.quebec.qc.ca/

Organization Housing the Data Source:
Data are gathered for the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) at
the Hôpital de l'enfant-Jésus. Hôpital de l'Enfant-Jésus (HEJ) is a 500-bed, general hospital in
central Quebec City.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries occurring in children, to identify risk factors for specific injuries locally. The Centre
has responded to information requests from a wide variety of sources, such as other health units,
hospital physicians, journalists, the Quebec sports safety board (Régie de la sécurité dans les sports du
Québec (RSSQ), universities and local governments. In cooperation with the other Quebec CHIRPP
centres, occasional newsletters on different issues, such as baby walkers, trampolines and poisonings
have been produced.

Data Availability:
The highest level of aggregation of data is sub-provincial.

- Approximately 3,000 records are added to the database annually
- The data are available for analysis immediately upon entry into the database, approximately 4-8
  months after the injury occurred.
- The last full year of data available in the database is 2002

CHIRPP - IWK Health Centre, Halifax

Contact   Merida MacNeil
                                           CHIRPP, Information Officer
                                           Tel: 902-470-8054
                                           Fax: 902-470-6774
                                           E-mail: merida.macneil@iwk.nshealth.ca

                                           IWK Health Centre
                                           5850/5980 University Ave., P.O Box 9700
                                           Halifax, NS B3K 6R8

                                           General Contact: 902-470-8888
                                           URL: www.iwk.nshealth.ca/

Organization Housing the Data Source:
Since 1990, injury data have been gathered for the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) in Halifax within the Emergency Department of the IWK Health Centre - a tertiary care health centre affiliated with Dalhousie University that is focused on education, research, family centred care and health promotion. CHIRPP works with the Nova Scotia Child Safety and Injury Prevention Program. This program was re-named (2 years ago) to Child Safety Link, and the Injury Prevention Newsletter is now known as the Child Safety Link Newsletter.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries occurring in children, to identify risk factors for specific injuries locally**.** They are also used to assist with program planning and evaluation such as the Nova Scotia Child Safety and Injury Prevention Program. With IWK Health Centre's affiliation with Dalhousie University, the data are used to identify cases for injury related academic research. The data are also used for public education providing content to newsletters, bulletin boards, displays and fulfilling ad hoc requests. The users of the analyzed data are the internal office staff, local agencies, the public and the media.

Data Availability:
The highest level of aggregation is sub-provincial. Access to the data is not provided beyond CHIRPP. The database is linked with the Nova Scotia Department of Health for project research data. Although access to the data has not been granted, it could if a research proposal is approved by Health Canada and the IWK Health Centre ethics committee. Reports are generated annually and upon request. The data are used also in publishing a quarterly newsletter with the Child Safety program. Titles of recent publications include: *Injury Prevention Newsletter* - a quarterly newsletter that highlights a selected injury (i.e.: hockey and figure skating injuries) from the Nova Scotia Child Safety and Injury Prevention Program.

- Approximately 5,150 records are added to the database annually.
- At the end of 2002, our database contained 62,587 records.
- The data are available for analysis immediately upon entry into the database, approximately 4-8 months after the injury occurred.
- The last full year of data in the database is year 2002.

CHIRPP – Janeway Children's Health and Rehabilitation Centre
Formerly the Dr. Charles A Janeway – Child Health Centre

Contact   Leonard Gallant
                                         CHIRPP Coordinator
                                         Tel: 709-777-4550
                                         Fax: 709-777-4726
                                         E-mail: leonard.gallant@hccsj.nf.ca

                                         Janeway Children's Health and Rehabilitation Centre
                                         300 Prince Phillip Dr.,
                                         St. John's, NL A1B 3V6

                                         General Contact: 709-77-6300
                                         URL: www.hccsj.nl.ca/

Organization Housing the Data Source:
Since 1990 data have been gathered for the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) at the Janeway Children's Health and Rehabilitation Centre. This centre moved locations to become adjacent with the General Hospital and was renamed from the Dr. Charles A Janeway – Child Health Centre, in June 2003.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries occurring in children, to identify risk factors for specific injuries locally**.** They are also used to produce reports for the injury prevention community and other stakeholders, to respond to media questions and ad hoc requests. The users of the analyzed data include government agencies, the media, special interest groups and the public.

Data Availability:
The highest level of aggregation of data is sub-provincial.

- Approximately 6,000 records are added to the database annually.
- The data are available for analysis immediately upon entry into the database, approximately 4-8 months after the injury occurred.
- The last full year of data available in the database is 2002.

CHIRPP - Kingston General Hospital and Hôtel Dieu Hospital

Contact

Kathy Bowes
Coordinator, CHIRPP
Tel: 613-549-6666 ext. 2738
Fax: 613-548-1381
E-mail: bowesk@kgh.kari.net

Empire 3, Kingston General Hospital
76 Stuart St.,
Kingston, ON K7L 2V7

General Contact: 613-549-6666
URL: www.kgh.on.ca/kgh/home.html

Organization Housing the Data Source:
Kingston General Hospital and Hôtel Dieu Hospital serve the Greater Kingston Area's population of 160,000 from both rural and urban communities. The Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) Coordinator, located in the Kingston General Hospital, manages and coordinates a database of injury data collected from patients that present with an injury or poisoning to either hospital's Emergency Department since the mid-1990's.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries and to identify risk factors for specific injuries locally**.** The data are also used in association with Queens University, for epidemiology students' thesis work and medical students' summer projects. The local health unit uses the data for playground safety campaigns, the Safe & Sober program, and a falls prevention program called Step Safe. The users of the analyzed data are health units for injury prevention programs, internal office staff, provincial agencies, local agencies, private sector, public, media, and also non-government organizations. Data are occasionally merged with the hospital data for specific geographical studies to better understand where the injuries are occurring.

Data Availability:
Access to the data is provided to CHIRPP - Health Canada. The database does not link with any other organization. Access to the raw data is granted to internal researchers. The aggregated data are available for outside requests in Excel spreadsheets and hardcopy formats. Reports are generated on an ad hoc basis.

- Approximately 21,000 records are entered into the database annually.
- In 2001, the database contained 161,154 records.
- The data are available for analysis immediately upon entry into the database, approximately 4-8 months after the injury occurred.
- The last full year of data is 2002.

CHIRPP - Montreal Children's Hospital

Contact   Glenn Keays
                               CHIRPP Coordinator
                               Tel: 514-412-4400 ext. 23167
                               Fax: 514-412-4477
                               E-mail: glkeays@yahoo.fr

                               Medical Records Department
                               Montreal Children's Hospital
                               2300 Tupper St., Room BC29
                               Montreal, QC H3H 1P3

                               General Contact: 514-412-4400
                               URL: www.thechildren.com

Organization Housing the Data Source:
Since 1990, data on injuries in children up to 18 years of age have been gathered for the Canadian
Hospital Injury Reporting and Prevention Program (CHIRPP) in Montreal within the Emergency
Department of the Montreal Children's Hospital.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries occurring in children, to identify risk factors for specific injuries locally**.** The data
are also used to respond to ad hoc requests, for program planning, to support prevention, used
internally and shared with the hospital's Trauma Committee.

Data Availability:
Access to the data is not provided beyond the organization and CHIRPP – Health Canada. The
database does not link with other external databases although it is possible with the required approval
from the hospital's ethics committee and the participating doctors. Requests for raw data have been
granted with time limited access via an approval from CHIRPP – Health Canada. The analyzed data
are disseminated widely, without personal identifiers, in form of reports to all who are interested.
Specific analyzed information that includes identifiers is given to hospital doctors for patient care
purposes only. The data are used to produce quarterly reports that are forwarded to the media, and
injury specialists based in Montreal. Quarterly reports are generated from information taken from the
database. Titles of the publications are: *CHIRPP Quarterly Report.* The reports are available in hard
copy and disseminated via mailing lists and in response to individual requests.

- Approximately 13,500 records are added to the database annually.
- By the end of year 2000, the database contained 150,000 records.
- The data are available for analysis immediately upon entry into the database, approximately 4-8
  months after the injury occurred.
- The last full year of data available is the year 2002.

CHIRPP - Stanton Regional Hospital, Yellowknife

Contact   Peggy DiGeorgio
                               CHIRPP Coordinator and Supervisor, Health Records
                               Tel: 867-669-4326
                               Fax: 867-669-4129
                               E-mail: peggy_digeorgio@gov.nt.ca

                               Stanton Regional Hospital
                               550 Byrne Rd.,
                               Yellowknife, NT X1A 2N1

                               General Contact: none
                               URL: www.srhb.org

Organization Housing the Data Source:
Since the mid-1900's data have been gathered for the Canadian Hospital Injury Reporting and
Prevention Program (CHIRPP) within Stanton Regional Hospital - an accredited referral facility
providing acute and long-term care services for a population of approximately 35,000 residents of
Yellowknife, Mackenzie, Inuvik and Kitikmeot regions.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries and to identify risk factors for specific injuries locally**.** The data are also used to
support injury prevention programs, city planning and to generate ad hoc reports. The analysis is
generally directed to specific programs such as playground safety. The users of the analyzed data are
members of the Fire hall Committee made up of city employees, health care professionals and injury
specialists. Other users include the media, local agencies, and seniors groups.

Data Availability:
The highest level of aggregation is sub-provincial. CHIRPP - Stanton Regional Hospital has the
ability to identify First Nations/North American Indian, Inuit, and Métis populations by way of the
patient's Alpha NWT Health Care number and response to the language spoken at home question**.**
Access to the data is provided to the Department of Health and to the local fire station. The database
does not link with other external databases. Data for outside requests are available in hard copy.
Reports are generated on an ad hoc basis. The reports are not published but distributed in hard copy
internally and to local interests groups such as the Senior Health Group.

- Approximately 2,500 – 3,000 records are added to the database annually.
- At the end of year 2003, the database had approximately 39,507 records.
- The data are available for analysis immediately upon entry into the database, approximately 4-8
  months after the injury occurred.
- The last full year of data available in the database fiscal year 2002-2003.

CHIRPP - The Hospital for Sick Children, Toronto

Contact   Shirley Yee
                                     CHIRPP Coordinator
                                     Tel: 416-873-7836
                                     Fax: 416-813-5605
                                     E-mail: shirley.yee@sickkids.ca

                                     The Hospital for Sick Kids
                                     Division of Emergency Services
                                     555 University Ave.,
                                     Toronto, ON M5G 1X8

                                     General Contact: None
                                     URL: www.sickkids.ca

Organization Housing the Data Source:
Since 1990 data have been gathered for the Canadian Hospital Injury Reporting and Prevention
Program (CHIRPP) within the Hospital for Sick Children - a teaching hospital of The University of
Toronto that provides specialized pediatric care to children and training to medical and nursing
students.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury
surveillance data are used to report centrally to Health Canada. They are also used to monitor the
trends in injuries occurring in children, to identify risk factors for specific injuries locally. Other
purposes include responding to requests by residents and nurses for patient care improvement or to
support community health projects. The data are also used to respond to the many requests from
media, police, school boards, injury prevention and safety organizations and the general public via the
hospital's Public Relations staff.

Data Availability:
Trauma patients, cases of suspected child abuse and neglect, sexual assault and intentional injury are
excluded from this process. Access to raw data is not generally provided beyond CHIRPP. The
database does not link with other external databases. Requests for raw data have been granted to
hospital staff for research purposes if approved by the ethics protocol and an agreement of
confidentiality is signed. The data are available in Excel or Word formats.

- Approximately 8,300 records are added to the database annually.
- At end of year 2004, the database held 89,288 records.
- The data are available for analysis immediately upon entry into the database, approximately
  4-8 months after the injury occurred.
- The last full year of data available in the database is 2002.

CHIRPP - Winnipeg Children's Hospital

Contact   Arva Kalynuk
                                     CHIRPP Coordinator
                                     Tel: 204-787-2444
                                     Fax: 204-787-4807
                                     E-mail: akalynuk@hsc.mb.ca

                                     Winnipeg Children's Hospital
                                     Emergency Department
                                     840 Sherbrook St.
                                     Winnipeg, MB R3A 1S1

                                     General Contact: none
                                     URL: www.wch.ca

Organization Housing the Data Source:
Since 1990 data have been gathered for the Canadian Hospital Injury Reporting and Prevention Program
(CHIRPP) at the Winnipeg Children's Hospital. Now, more than 90 years old, the Children's Hospital has
grown into a state-of-the-art, 127-bed facility that treats more than 130,000 children each year. It is the
only hospital between Toronto and Calgary devoted expressly to the health care needs of children. From
its base of operations in Winnipeg, the Hospital reaches out to children in every part of Manitoba,
Northwestern Ontario and the Keewatin District, Nunavut. It is also a teaching facility affiliated with the
University of Manitoba.

Purpose of the Data Source:
The primary purpose of the data source is injury surveillance with the ongoing collection of consistent
data regarding the injured person, the injury, and the events leading to the injury. The injury surveillance
data are used to report centrally to Health Canada. They are also used to monitor the trends in injuries
occurring in children, to identify risk factors for specific injuries locally**.** They are also used to produce
reports for the injury prevention community, including IMPACT, at the injury prevention centre of the
hospital. Data is used to respond to other stakeholders, the media and ad hoc requests. The users of the
analyzed data are government agencies, non-government agencies, the media, special interest groups and
the public.

Data Availability:
The highest level of aggregation of data is sub-provincial. Access to the data is available to CHIRPP-
Health Canada but not available beyond CHIRPP – Winnipeg Children's Hospital, and the database does
not link with any external database. Requests for raw data have not been granted.

- Approximately 6300 records are added to the database.
- At end of year 2004, the database held 70,304 records.
- The data are available for analysis immediately upon entry into the database.
- The last full year of data available in the database is 2002.

Rapid Risk Factor Surveillance System

Contact	Lynne Russell
	Ontario Coordinator
	Tel: 905-570-9952 ext. 238
	Fax: 905-570-0974
	E-mail: lrussell@cwhpin.ca

Rapid Risk Factor Surveillance System
Central West Health Planning Information Network
10 George St., suite 301B
Hamilton, ON L8P 1C8

General Contact: none
URL: www.cehip.org/rrfss/

**Organization Housing
the Data Source**

The Rapid Risk Factor Surveillance System (RRFSS) is a series of ongoing monthly surveys designed to monitor community trends in health risk behaviours across much of Ontario. First piloted in 1999 in Durham Region, this study is based on a model developed by the Centers for Disease Control in Atlanta -- the Behavioral Risk Factor Surveillance System (BRFSS) --that is currently conducted in each U.S. state. By 2003, 23 of Ontario's 37 health units were participating in the RRFSS.

The goal of the Ontario RRFSS is to gather trend data which, in addition to information from other sources, is used to monitor key public health issues such as asthma rates, smoking, drinking and driving, sun safety, women's health issues, bicycle helmet use, the amount of water testing being conducted in private wells, rates of rabies vaccinations, and so on. The Institute for Social Research (ISR) at York University conducts the survey on behalf of all RRFSS-participating health units. Gathering regular, ongoing data across the province assists health units in planning, implementing, monitoring and evaluating public health programs and services. The results from the RRFSS are also used to advocate on behalf of public policy development and to improve community awareness regarding risks for injuries and chronic and infectious diseases.

Purpose of the Data Source

The main purpose of this data source is to provide timely data, relevant to local public health needs. RRFSS is used to monitor key public health issues and is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, to generate reports that help improve community awareness regarding the risks for chronic diseases, infectious disease, and injuries. Quantitative analysis is performed on the data. Analysis at the health unit level is generally limited to rates and proportions but more detailed analysis is possible as design effect information is available. The users of the analyzed data are

internal staff, participating public health regions, the Ontario Ministry of Health & Long-Term Care, Health Canada, and Cancer Care Ontario.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	health region
(for the injured person's place of residence)	
Demographic variables:	age, sex
Unique identifiers:	not recorded
Place of injury occurrence:	free text field
Nature of injury:	internal classification
Multiple causes of injury:	internal classification
Anatomical location:	internal classification
Multiple injuries:	internal classification
Index of injury severity:	not recorded
Pre-event circumstances:	activity when injured, use of protective equipment (bike helmets, seat belt usage, infant/child car seats) risk behaviour, health knowledge

Data Collection Methods

Data are collected via the on-going telephone survey in participating public health units across Ontario. On a monthly basis, trained members of the Institute for Social Research at York University select a random sample of 100 households with telephones and who speak English or French. They randomly select one adult (18 years or older) from the household and interview them regarding risk behaviours, knowledge attitudes and awareness about health related topics of importance to public health. Topic areas include among others, smoking, sun safety, cancer screening, pesticide use, vaccination of pets, West Nile Virus, use of bike helmets, seat belts, and car seats, and water testing in private wells.

The questionnaire contains two main sections, core (asked in all participating health units) and optional (asked by those interested in topic area). The survey is approximately of 20 minutes in length; about 120 questions.

Secondary data from Statistics Canada, the Canadian Institute of Health Information, Cancer Care Ontario, and other sources (e.g. mortality data, hospital separation data, cancer incidence data) are also used to complete reports.

The collection of primary data is done on the basis of a contractual agreement with the health units. The highest level of aggregation is the health unit (not all health units participate at this time, thus it cannot be aggregated to the provincial level). There is an optional module on ethnicity that can identify the respondent as First Nations/North American Indian/Inuit/Métis.

Changes in Data Over Time	Changes or additions are made to the core module by consensus of the participating health units on an annual basis. Optional modules change several times per year based on health unit needs.
Data Availability	Access to non-identifying data is provided beyond the participating health units and RRFSS' administrators at York University via an approved Freedom of Information application.

Researchers within the health unit have regular access to the raw data. The database does not link information with other external databases. Raw data has been granted under specific conditions where the purpose, use and management of data were agreed upon.

The technical documentation available to authorized personnel from the database is of list of data elements, a data dictionary file layout, data model and technical environment.

- Approximately 100 records per health unit are added to the database monthly for an approximate total of 25,200 annually.
- The database contained approximately 12,817 records at the end of the year 2001.
- The data are entered into the database upon survey completion. The health units receive the data approximately eight weeks after the completion of the survey wave (month).
- The data are available for analysis as soon as they are forwarded to the participating health unit**.**
- The last full year of data available in the database is 2003.

Reports and Other Publications

Summary, topic-specific reports and annual reports are generated by the health unit epidemiologist, based on information from the survey data, census reports, mortality, cancer incidence, hospital separation, road safety, and other available data. Many reports by RRFSS-Participating Health Units are produced using RRFSS data. Listed below are a few examples:

- Sudbury & District Health Unit. *The Monitor: Highlights from RRFSS 2001 -Food and Water Issues.* August 2002.
- Middlesex-London Health Unit. *Cardiovascular Disease Risk Factors: A Community Health Status Report for Middlesex-London.* May 2003.
- Durham Region Health Department. *Periodic Update: The Impact of the SARS Outbreak -Unmasking The Impact of SARS.* June 2003.
- Durham Region Health Department. *Periodic Update: Influenza Immunization* -Flu's Clues. July 2003.
- Halton Region Health Department. RRFSS Reports, Issue 1. *West Nile Virus – Fight the Bite!* July 2003.Virus -Fight the Bite! July 2003

The reports are disseminated to the health units via the Web site, in response to individual requests in the format requested, and subject-specific reports via mailing lists.

Service Charges   No service charges have been applied to complete information requests for other health care organizations. This is at the discretion of the individual health units. Requests for information may be bound by the amount of time required to complete them and the level of data requested.

Other Considerations   RRFSS provides timely data within eight to ten weeks of survey collection. The data collection tool is flexible and can meet the requirements of collecting information on new and emerging health issues.

Limitations to using RRFSS include: a) data collection, analysis and dissemination is expensive and time consuming; b) development of new modules (sets of questions) require an extensive amount of time, expertise, and resources; and c) the system is set up to collect a small amount of information on several topics: not an in-depth amount of information on one topic.

Other Contacts   Kathy Moran, Epidemiologist
Durham Region Health Department
1615 Dundas St., East, Suite 210
Whitby, ON   L1N 2L1
Tel: 905-723-8521 ext. 2309
Fax: 905-723-6026

Statistics Canada, Canadian Community Health Survey

Contact	Data Access Unit Tel: 613-951-1653 Fax: 613-951-4198 E-mail: cchs-escc@statcan.ca

Canadian Community Health Survey
Statistics Canada, Health Statistics Division
Main Statistics Building, Room 2600
Tunney's Pasture,
Ottawa, ON K1A 0T6

General Contact 1 800 263-1136
URL: http://www.statcan.ca/english/freepub/82-573-GIE/surveys.htm

Organization Housing the Data Source

The Canadian Community Health Survey (CCHS) is managed by the Health Statistics Division, Statistics Canada, which collects, integrates, analyzes, interprets, and disseminates population health information. Statistics Canada is legislated to produce statistics that help Canadians better understand their country, its population, resources, economy, society and culture.

Purpose of the Data Source

The purpose of the CCHS is to provide reliable and timely cross-sectional estimates of health determinants, health status, and health system utilization for about 130 health regions across the country.

The CCHS began in September 2000 and operates on a two-year collection cycle. The first year of the survey cycle is a large sample, general population health survey, designed to provide reliable estimates at the health region level. The second year of the survey cycle is a smaller survey designed to provide provincial level results on specific focused health topics. The CCHS targets persons aged 12 years and older who are living in private dwellings in the ten provinces and 3 territories. Persons living on First Nations Reserves or Crown lands, Canadian Forces Bases, institutions, and certain remote areas are excluded from this survey.

Data are used to provide information to health regions for program planning and promotion. Data are also used to generate reports and for tracking, outreach, research, and surveillance purposes. It is CCHS's goal to make data widely available at the lowest possible cost.

The Health Statistics Division of Statistics Canada does many kinds of analysis from general cross tabulation to complex statistical analysis. The users of the data are principally health region planners and researchers. Other users include insurance companies, the media, and the

general public.

Injury-Related Content		
	Classification of injury events:	ICD-10
	Geographic locators:	city, province, health region,
(for the injured person's place of residence)		postal code, census geography
	Demographic variables:	age, date of birth, sex, occupation, income, immigrant status, education and language spoken
	Unique identifiers:	health card number *(restricted access)*
	Place of injury occurrence:	ICECI classification
	Nature of injury:	ICD-10
	Multiple causes of injury:	ICD-10
	Anatomical location:	ICD-10
	Multiple injuries:	ICD-10
	Index of injury severity:	with variables from other modules (such as disability, chronic pain)
	Pre-event circumstances:	the activity leading to the injury event and cause of injury event

Data Collection Methods

A representative sample of the target population is chosen in each of the health regions across the country. About 85% of the CCHS is conducted via face-to-face interviews and 15% is conducted by telephone. All the interviews are computer assisted using the BLAISE software application, which has been specifically designed for survey interviewing. The collected information is sent electronically to Statistics Canada where data are processed, cleaned, and put on a datafile.

The survey data results and details about how the data were collected and processed, along with the methodology of accounting for non-responses and how to use the data were released in May 2002 for cycle 1.1 and July 2004 for cycle 2.1.

The second year of the survey cycle entails a specific content focus on such topics as Mental Health and Well-being, and Nutrition. The focus changes based on needs and identified data gaps identified through consultation with provinces, health regions, researchers, Health Canada, and any other interested organizations.

The CCHS is a voluntary survey. However, Statistics Canada is mandated under the *Statistics Act* to collect, compile, analyze, abstract, and publish statistical information relating to the general activities and condition of the people of Canada.

The highest aggregation of these data is at the national level. The CCHS has the ability to identify the First Nations/North American Indian, Inuit, and Métis populations—all off-reserve.

Changes in Data Over Time	Health region boundaries are defined by the provinces and may change as provinces reorganize.
Data Availability	Access to the raw data is provided beyond Statistics Canada to all the provincial ministries of health, and to Health Canada via micro data records of all the respondents who consent to share the information. This is facilitated with a data sharing agreement set out by Statistics Canada.

Provincial ministries can link respondent information to their administrative records for respondents who agree to have their data linked. Data are available in ASCI text files and in SAS and SPSS record layouts that can be read into other applications.

Authorized personnel can provide technical information on the list of data elements, data dictionary, and file layout.

- Approximately 132,000 records are added to the database annually.
- Data from the first survey were released on May 8, 2002.

Reports and Other Publications

The Health Statistics Division generates reports, based on the data collected with the CCHS. Information is available to the public via the Statistics Canada Web site. The division released the 1.1 Public-Use Microdata File in the summer of 2003, which consists of all the data records with some aggregation on specific variables to maintain confidentiality. The 1.2 Public-Use Microdata File was

Researchers with university affiliations can have access without costs through the Data Liberation Initiative. Also, researchers can develop their own analysis through the Research Data Centre Program or the Remote Access Service.

Service Charges

Minimal service charges are applied to data and information requests that are not covered in the publicly released report (includes approximately 50 tables set out by age, sex, and health region) or for those that do not have access to the Internet. The RDC Program and the remote access are free of charge.

Other Considerations

The CCHS contains self-reported sample survey estimates.

Other Contacts

Health Activity Limitation Survey
National Longitudinal Child and Youth Survey
National Population Health Survey (see profile)

Statistics Canada, National Population Health Survey (Cross-Sectional)

Contact
Data Access Unit
Tel: 613-951-1653
Fax: 613-951-4198
E-mail: nphs-ensp@statcan.ca

National Population Health Survey
Statistics Canada, Health Statistics Division
Main Statistics Building, Room 2600
Tunney's Pasture,
Ottawa, ON K1A 0T6

General Contact 1 800 267-7277
URL: http://www.statcan.ca/english/freepub/82-573-GIE/surveys.htm

**Organization Housing
the Data Source**
The National Population Health Survey (NPHS) is managed by the
Health Statistics Division, Statistics Canada, which collects, integrates,
analyzes, interprets, and disseminates population health information.
Statistics Canada is legislated to produce statistics that help Canadians
better understand their country, its population, resources, economy,
society and culture.

Purpose of the Data Source
The purpose of the NPHS is to improve the information available to
support the development and evaluation of health policies and programs
in Canada during a time of economic and fiscal pressures on the health
care system.

The target population of the cross-sectional NPHS included all age
household residents from all provinces, with the principal exclusion of
populations on Indian Reserves, Canadian Forces Bases and some remote
areas in Québec and Ontario. The NPHS targets a single household
member for the household and territorial components. The NPHS
collects information from a panel of 17,276 individuals, re-interviewing
them every two years for up to two decades for longitudinal purposes.

The Household component started in 1994-1995 and is conducted every
two years. The first three cycles (1994-1995, 1996-1997 and 1998-1999)
were both cross-sectional and longitudinal. Beginning in Cycle 4 (2000-
2001), the survey became strictly longitudinal (i.e. collecting health
information from the same individuals each cycle). The cross-sectional
component is now part of the Canadian Community Health Survey.
The Health Statistics Division of Statistics Canada does many kinds of
analysis from general cross tabulation to complex statistical analysis.
The users of the data are principally health planners and researchers.
Other users include insurance companies, the media, and the general

public.

Injury-Related Content

Classification of injury events: ICD-10
Geographic locators: province, postal code
Demographic variables: age, date of birth, sex, occupation, income, immigrant status, education and language spoken
Unique identifiers: health card number *(restricted access)*
Place of injury occurrence: ICECI classification
Nature of injury: ICD-10
Multiple causes of injury: ICD-10
Anatomical location: ICD-10
Multiple injuries: ICD-10
Index of injury severity: with variables from other modules (such as disability, chronic pain)
Pre-event circumstances: the activity leading to the injury event and cause of injury event

Data Collection Methods

This is a sample survey with a cross-sectional design and a longitudinal follow-up. Responding to this survey is voluntary. Data are collected directly from survey respondents. At the beginning of each cycle, each person part of the NPHS sample received by mail a letter announcing the start of data collection and a brochure, which provided information about the survey and presented results based on NPHS data. In Cycle 1, 79% of the interviews regarding the household members were conducted in person (21% by telephone), and 72% of the interview with the selected respondent were conducted in person (28% by telephone). In Cycles 2 and 3, approximately 95% of the interviews were conducted by telephone (5% in person).

Personal visits were made only if the selected respondent did not have a telephone, if the interviewer made a personal visit in the course of tracing a respondent or upon request by the respondent. Proxy reporting was allowed for the general health questions (household members) and for the interview for the selected respondents under 12 years old were done by proxy. However, proxy reporting for selected respondents aged 12 and over, was allowed only for reasons of illness or incapacity. The survey questions were designed for computer-assisted interviewing (CAI).

Refusals were followed up by senior interviewers. Interviewers used several methods to trace a respondent. If these leads were unsuccessful, the case was transferred to an interviewer specially trained in tracing respondents.

Attempts were made to contact panel members who moved. The survey was not conducted with respondents living outside Canada and the

United States.

Changes in Data Over Time	In addition to a common set of questions asked in cycles 1, 2 and 3, the questionnaire included focus content and supplements that changed from cycle to cycle.

NPHS observed some under-coverage which is manifested by positive slippage rates (about 10% for the longitudinal sample selected in 1994-95). To reduce the effect of the coverage error, sampling weights are adjusted during their computation to population estimates provided for the survey's period reference.

Data Accuracy: Cycle 3, household level (general questionnaire) cross-sectional response rate: 89.7% Cycle 3, selected person level (health questionnaire) cross-sectional response rate: 98.8%

The NPHS Cycle 3 health cross-sectional file contains all selected respondents (longitudinal sample and top-up sample) that answered the detailed health questionnaire. The NPHS Cycle 2 general cross-sectional file contains all members of households (longitudinal sample and top-up sample) for which a general health questionnaire was completed

Data Availability   Access to the raw data is provided beyond Statistics Canada to all the provincial ministries of health, and to Health Canada via micro data records of all the respondents who consent to share the information. This is facilitated with a data sharing agreement set out by Statistics Canada. Provincial ministries can link respondent information to their administrative records for respondents who agree to have their data linked. Data are available in ASCII text files and in SAS and SPSS record layouts that can be read into other applications.

Reports and Other Publications   The Health Statistics Division generates reports, based on the data collected with the NPHS. Information is available to the public via the Statistics Canada Web site.

The division released the 1.1 Public-Use Microdata File in the summer of 2003, which consists of all the data records with some aggregation on specific variables to maintain confidentiality. Researchers with university affiliations can have access without costs through the Data Liberation Initiative. Also, researchers can develop their own analysis through the Research Data Centre Program or the Remote Access Service.

Service Charges   Available at cost or fee for service from Statistics Canada. The RDC Program and the remote access are free of charge.

Other Considerations   The NPHS contains self-reported sample survey estimates.

Other Contacts   Health Activity Limitation Survey
                               National Longitudinal Child and Youth Survey
                               Canadian Community Health Survey (see profile)

Statistics Canada, National Population Health Survey (Longitudinal)

Contact   Data Access Unit
                         Tel: 613-951-1653
                         Fax: 613-951-4198
                         E-mail: nphs-ensp@statcan.ca

                         National Population Health Survey
                         Statistics Canada, Health Statistics Division
                         Main Statistics Building, Room 2600
                         Tunney's Pasture,
                         Ottawa, ON K1A 0T6

                         General Contact 1 800 267-7277
                         URL: www.statcan.ca/english/freepub/82-573-GIE/surveys.htm

Organization Housing   The National Population Health Survey (NPHS) is managed by
Data Source   the Health Statistics Division, Statistics Canada, which collects,
                           integrates, analyzes, interprets, and disseminates population health
                           information. Statistics Canada is legislated to produce statistics that help
                           Canadians better understand their country, its population, resources,
                           economy, society and culture.

Purpose of the Data Source   The purpose of the NPHS is to improve the information available to
                           support the development and evaluation of health policies and programs
                           in Canada during a time of economic and fiscal pressures on the health
                           care system. The target population of the longitudinal NPHS includes
                           household residents in 1994-1995 from all ages and all provinces, with
                           the exclusion of populations on Indian Reserves, Canadian Forces Bases
                           and some remote areas in Québec and Ontario. The NPHS targets a
                           single household member for the household and territorial components.
                           The NPHS longitudinal sample includes 17,276 persons from all ages.
                           These same persons will be interviewed every two years over a period of
                           18 years i.e. 10 cycles.

                           In the longitudinal survey, a group will be followed longitudinally over
                           time to follow the process of health and illness.
                           The Health Statistics Division of Statistics Canada does many kinds of
                           analysis from general cross tabulation to complex statistical analysis.
                           The users of the data are principally health planners and researchers.
                           Other users include insurance companies, the media, and the general
                           public.

Injury-Related Content	Classification of injury events:	ICD-10
	Geographic locators:	province, postal code
	Demographic variables:	age, date of birth, sex, occupation, income, immigrant status, education and language spoken Unique identifiers:
	Place of injury occurrence:	ICECI classification
	Nature of injury:	ICD-10
	Multiple causes of injury:	ICD-10
	Anatomical location:	ICD-10
	Multiple injuries:	ICD-10
	Index of injury severity:	with variables from other modules (such as disability, chronic pain)
	Pre-event circumstances:	the activity leading to the injury event and cause of injury

Data Collection Methods

Responding to this survey is voluntary. Data are collected directly from survey respondents. At the beginning of each cycle, each person part of the NPHS sample received by mail a letter announcing the start of data collection and a brochure, which provided information about the survey and presented results based on NPHS data. In Cycle 1, 79% of the interviews regarding the household members were conducted in person (21% by telephone), and 72% of the interview with the selected respondent were conducted in person (28% by telephone). In Cycles 2 and 3, approximately 95% of the interviews were conducted by telephone (5% in person).

Personal visits were made only if the selected respondent did not have a telephone, if the interviewer made a personal visit in the course of tracing a respondent or upon request by the respondent. The total interview time averaged one hour per household. Proxy reporting was allowed for the general health questions (household members) and for the interview for the selected respondents under 12 years old were done by proxy. However, proxy reporting for selected respondents aged 12 and over, was allowed only for reasons of illness or incapacity.

The survey questions were designed for computer-assisted interviewing (CAI). Refusals were followed up by senior interviewers. Interviewers used several methods to trace a respondent. If these leads were unsuccessful, the case was transferred to an interviewer specially trained in tracing respondents.

Attempts were made to contact panel members who moved. The survey was not conducted with respondents living outside Canada and the United States.

Changes in Data Over Time	In addition to a common set of questions asked in cycles 1, 2 and 3, the questionnaire included focus content and supplements that changed from cycle to cycle.

Cycle Response rate
Cycle 1 : 83.6%
Cycle 2 : 92.8%
Cycle 3 : 88.2%
Cycle 4 : 84.8%
Cycle 5 : 80.6%

The main cause of attrition is due to an increasing number of respondents who refuse to continue to participate to the survey.

Cycle Attrition rate
Cycle 2 : 9.3%
Cycle 3 : 15.4%
Cycle 4 : 21.4%
Cycle 5 : 27.4%

Data Availability

Access to the raw data is provided beyond Statistics Canada to all the provincial ministries of health, and to Health Canada via micro data records of all the respondents who consent to share the information. This is facilitated with a data sharing agreement set out by Statistics Canada. Provincial ministries can link respondent information to their administrative records for respondents who agree to have their data linked. Data are available in ASCII text files and in SAS and SPSS record layouts that can be read into other applications.

Reports and Other Publications

The Health Statistics Division generates reports, based on the data with the NPHS. Information is available to the public via the Statistics Canada Web site.

Researchers with university affiliations can have access without costs through the Data Liberation Initiative. Also, researchers can develop their own analysis through the Research Data Centre Program or the Remote Access Service.

Service Charges

Available at cost or fee for service from Statistics Canada. The RDC Program and the remote access are free of charge.

Other Considerations

The NPHS contains self-reported sample survey estimates.

Other Contacts

Health Activity Limitation Survey
National Longitudinal Child and Youth Survey
Canadian Community Health Survey (see profile)

Statistics Canada, National Coroner and Medical Examiner's Database

Contact	Valérie Gaston
	Senior Analyst
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	Health Statistics Division
	Statistics Canada
	Main Building, Room 2200, Section D
	Ottawa, ON K1A 0T6

The objective is to develop a national database of information on deaths reported to and investigated by coroners and medical examiners (C/MEs). Canadian C/MEs work under provincial/territorial jurisdiction and their data are not standardized.

In 1998 the Chief C/MEs agreed to collaborate with HC, CIHI and Statistics Canada (STC) in developing the national database. A business plan approved by the Chief C/MEs in 2001 calls for the development of a minimum dataset compatible with provincial/territorial territorial data. It will hold basic information on all reported deaths and be supplemented by modules dealing with specific types of deaths (e.g. child death, drowning). Data from each Province/ Territory will then be uploaded to STC where the national database will be housed. Management of the database will be overseen by a steering committee comprising representatives from the Chief C/MEs and the three sponsoring organizations (HC, CIHI, STC). The steering committee and two sub-committees, on database content and technological issues, are at work.

Drafts from the minimum dataset and child death module have been developed and discussed with the Chief C/MEs. It is anticipated that the dataset will be finalized by summer 2004, conception and initialization by winter 2005, followed by a pilot period, and then roll out in 2006. It is expected that reports will be generated annually.

The national C/ME database will enhance health surveillance and facilitate identification and characterization of emerging and known issues and hazards, ultimately contributing to a decrease in preventable deaths among Canadians.

See Appendix B for a listing of all provincial/territorial coroner's offices and chief medical examiners services.

Statistics Canada, National Vital Statistics, Mortality Database

Contact

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National Vital Statistics
Health Statistics Division, Statistics Canada
Main Building, 2200 Section D, Tunney's Pasture,
Ottawa, ON K1A 0T6

General Contact: 613-951-1746
URL: www.statcan.ca

**Organization Housing
the Data Source**

The National Vital Statistic's mortality database is housed in the Health
Statistics Division of Statistics Canada. Statistics Canada is legislated to
produce statistics that help Canadians better understand their country, its
population, resources, economy, society, and culture.

Purpose of the Data Source

The primary purpose of the National Vital Statistics' mortality database
is for population estimates. In 1921, a central repository of all vital
statistic data came was established in collaboration with provincial/
territorial vital statistic registries. The purpose of such a repository was
to collate information in the same format and to make it available
nationwide.

Data are used to generate tables and reports, to support surveys and
program work, and to link with other internal databases for specific
studies.

Data analysis is both qualitative and quantitative. The users of the
analyzed data/information are everyone and anyone interested in socio-
demographic statistics and trends.

Injury-Related Content

Classification of injury events:	ICD-10 for 2000+ data
Geographic locators:	street address, city, province,
(for the injured person's place of residence)	postal code
Demographic variables:	age, date of birth, sex
Unique identifiers:	heath card number (*collected for special studies*)
Place of injury occurrence:	ICD-10
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded

Index of injury severity: not applicable
Pre-event circumstances: not recorded

Data Collection Methods   Under a federal-provincial agreement, the registration of deaths is the responsibility of the provinces and territories. In most provinces/territories, the personal information part of the death registration form is completed by an informant, usually a relative of the deceased. The part of the form comprising the medical certificate of death is completed by the medical practitioner last in attendance or by a coroner, if an inquest or enquiry was held. The funeral director enters details on burial or disposition of the body on the death registration form, and is responsible for filing the completed form with the local or provincial/territorial registrar, who then issues the burial permit. The central vital statistics registry in each province/territory provides Statistics Canada with copies (paper, microfilm and wherever possible, optical disc) of the registration document and data from death registration forms. Data quality is assessed. The Operations and Integration Division of Statistics Canada processes the data, flagging any outliers for data capture errors and ensures a common set of codes are applied. Subsequent changes to registrations due to errors or omissions are transmitted to Statistics Canada as the information becomes available. However, changes received after a cut-off date and deaths of Canadians in countries other than Canada or the United States are not reflected in the tabulations.

The primary data are collected according to Statistics Canada's mandate and the collaborative agreement between the federal, provincial, and territorial governments.

The highest aggregation of these data is at the national level. The National Vital Statistics mortality database does not have the ability to identify First Nations/North American Indian, Inuit, or Métis populations.

**Changes in Data
Over Time**   The coding classification switched from ICD-9 to ICD-10 in January 2000. Changes expected in the next few years include, the development of a standard definition of 'Nature of Injury' and 'Multiple Causes of Death' allowing for more accurate classification.

Data Availability   Access to the data files are not generally provided beyond the organization with the exception of Health Canada, which receives non-identifiable data for analytical purposes. This database is not linked with external databases. Requests for internal linkage are assessed by a linkage committee made up of Statistics Canada's senior management.

Requests for raw data are granted with permission from the 13 participating provincial/territorial vital statistics registries. Data are available in various formats. Authorized personnel can provide technical information on the list of data elements, data dictionary (both paper and

electronic), and file layout.

- Approximately 220,000 records are added to the mortality database annually.
- The mortality database stores data in distinct years. National Vital Statistics has collected death data since 1921 and has been electronically entered into the database.
- Data are received annually from the provinces/territories and are entered into the database anywhere from 6 to 18 months after the fatal injury occurred.
- Data are usually available for analysis 5 to 6 months after being entered into the database.
- The last full year of data available is 2002.

Reports and Other Publications

Reports are generated annually by Statistics Canada. Specific reports are also generated upon requested.

The titles of recent publications produced from the database are *Deaths* and *Causes of Death,* both available (for 2000 data onwards) for free on the Statistics Canada website: www.statcan.ca. Other publications soon to be available on-line are *Leading Causes of Death*, and *Mortality Summary List of Causes.* Historical data in paper publications and reports are available by request for a cost of $20.00 per publication.

Service Charges

Cost recovery service charges are applied to requests for special analysis and for large/major information products.

Other Considerations

The National Vital Statistics' mortality database is a good example of a balance between timeliness and data quality. Within a couple of years, Statistics Canada is anticipating having more data available on-line.

The records of the deaths stored in the mortality database contain 40 variables. The data are limited to what is captured for the death registration.

Other Contacts

See Appendix F for a listing of all provincial/territorial offices of vital statistics.

Statistics Canada, Uniform Crime Reporting Survey

Contact   John Turner
                                    Chief, Policing Services Program
                                    Tel.: 613-951-6635
                                    Fax: 613-951-6615
                                    E-mail: john.turner@statcan.ca

                                    Canadian Centre for Justice Statistics
                                    Statistics Canada
                                    RH Coats Building, 19th Floor
                                    Tunney's Pasture
                                    Ottawa, ON K1A 0T6

                                    General Contact: 1-800-387-2231
                                    URL: www.statcan.ca/english/sdds/3302.htm

**Organization Housing   The Policing Services Program of the Canadian Centre for Justice
the Data Source**   Statistics (CCJS), within Statistics Canada, administers the Uniform
                                 Crime Reporting (UCR) survey. Since its creation in 1981, the CCJS has
                                 been the focal point of a federal-provincial-territorial partnership for the
                                 collection of information on the nature and extent of crime and the
                                 administration of civil and criminal justice in Canada. This partnership,
                                 known as the "National Justice Statistics Initiative", is now a national
                                 justice statistics program with data collected from surveys such as the
                                 UCR and the UCR2.

Purpose of the Data Source   The purpose is to measure the extent and nature of crime in Canada.
                                 Information is collected only on crimes that come to the attention of the
                                 police. The data, therefore, do not contain a count of all crimes in
                                 Canada.

                                 The original UCR survey was an aggregate survey which collected
                                 limited information. In order to collect more detailed information on
                                 each incident, victims and accused persons, an "incident-based" (UCR2)
                                 survey was developed in the mid-1980's, with the first respondent
                                 reporting incident-based data in 1988. The UCR2 survey generates a rich
                                 micro-database where incident, accused and victim variables can be
                                 linked and analyzed. This alternative method of data collection in which a
                                 separate statistical record is created for each criminal incident is known
                                 as an "incident-based" reporting system. Research questions and issues
                                 that previously could only be addressed through small sample surveys or
                                 case studies can now be undertaken using data from the UCR2 Survey,
                                 such as data on victim injuries.

                                 Not all police services are currently able to provide the incident-based
                                 crime data; as of December 2004, survey coverage was at 64% of the

national volume of crime in Canada.

The UCR2 supports injury surveillance by collecting data on injuries that occur during incidents of crime. The data are used for public awareness as well as for justice and policy purposes.   The data are used by the media to compare trends in crime between cities and between years, as well as for clearance rates. The data are also used by federal and provincial justice-related ministries to assess the effectiveness of programs and policies. Both qualitative and quantitative analysis are performed on the data. The users of the data are the media, those involved with justice, and the public.

Injury-Related Content

Classification of injury events:	internal classification
Geographic locators:	geographic area/
(for the injured person's place of residence)	police boundary
Demographic variables:	age, date of birth and sex
Unique identifiers:	name (Soundex), file number
Place of injury occurrence:	incident location codes
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	ICD-9, ICD-10, AIS 90
Multiple injuries:	not recorded
Index of injury severity:	by proxy (no injury, minor injury, major injury and death)
Pre-event circumstances:	weapons used

Data Collection Methods

The UCR (aggregate) survey collects summary data for about 100 separate criminal offences. The statistics collected are: offences reported or known to police, offences that are unfounded, actual offences, offences cleared by charge, offences cleared otherwise, persons charged including sex and age, and youth not charged data.

Data are processed through a set of automated edit routines to further verify the counts for internal consistency. Error reports are produced and respondents are contacted to obtain correct information. Corrections are re-submitted for verification and updates. Master files of aggregate data are continually updated throughout the year and, in turn, are further processed to produce the year-end data.

Police services are expected to update submitted information if additional information becomes available (e.g., an accused has been charged for a previously reported incident). When all procedures have been followed, the UCR counts processed by the CCJS will correspond with the records maintained by police services at year-end.

The UCR2 has accused and victim characteristics (e.g., age, sex, accused-victim relationship, level of injury and weapon causing injury), as well as characteristics of the incident itself (e.g., location, targets of violations,

secondary violations, the presence of weapons, property type damaged or stolen, date and time).

Data are collected via the police records management system as the police database and the UCR2 database are interfaced. The data are transferred monthly from the police records to the UCR2 database into nationally recognized categories.

For violent crimes, a separate incident is recorded for each victim (categorized according to the *most serious offence* against the victim). If, for example, one person assaults three people, then three incidents are recorded. If three people assault one person, only one incident is recorded. For non-violent crimes, one incident (categorized according to the *most serious offence* in the incident) is counted for every distinct or separate occurrence.

Robbery is one exception to the above scoring rule. Robbery is categorized as a violent offence. Unlike all other violent offences, one occurrence of robbery is equal to one incident, regardless of the number of victims. The reason for this exception is that robbery can involve many people who could all be considered victims.

The data for the UCR2 are collected under the authority of the Statistics Act, via the police records management system. The highest level of aggregation is national.

The UCR2 survey collects information as to the Aboriginal / non-Aboriginal status of victims and accused. It should be noted, however, that there are data quality issues around the collection of this information by police, and these issues continue to be discussed.

Changes in Data Over Time

Legislation affects the UCR survey by requiring the adding of new CriminalCode offences or by changing the severity of those that presently exist. This can affect data comparisons over time.

Data Availability

Aggregate data are provided beyond the organization, but direct access to the database is not permitted. Only internal staff has direct access to the database. The UCR2 is not linked with any other database, but it is interfaced, and receives data from the police records management system via an extranet site. Requests for raw data have not been granted due to privacy issues. Aggregate data are available in standardized table format.

The technical documentation available to authorized personnel include a list of data elements, coding categories, data dictionary, file layout, data platform and technical environment.

- Over 1.5 million records are added to the UCR2 database annually.
- At the end of 2003, there were over 30 million records in the

database.
- The record is entered in to the database once the police incident is closed which can be up to a year after the injury has occurred.
- The data are available for analysis at the end of the year.
- The last full year of data available in the database is 2003. The year 2004 data will be available in July 2005.

Reports and Other Publications

Reports are produced annually, including Crime Statistics, and by request. All reports are available for purchase from Statistics Canada at www.statcan.ca/english/IPS/Data/85-205-XIE.htm.

Service Charges

Service charges are applied to complete data and information requests beyond what is available in standard charts and tables.

Other Considerations

The data in the UCR2 are limited to police reports, and no follow-up information is available concerning the outcome of an injury. By 2006, it is estimated that coverage will reach 90% of the national volume of crime, including data from the RCMP.

Other Contacts

None.

ThinkFirst Foundation of Canada - International Ice Hockey Spinal Injury Survey

Contact   Christine Provvidenza
                               Research and Program Manager
                               ThinkFirst-SportSmart
                               Tel: 416 603 5331
                               Fax: 416 603 7795
                               E-mail: sports@thinkfirst.ca

                               ThinkFirst Canada
                               750 Dundas Street West, Suite 2-227
                               Toronto, Ontario M6J 3S3

                               General Contact: 416-603-5331
                               URL: www.thinkfirst.ca

**Organization Housing   ThinkFirst Canada is a brain and spinal cord injury prevention
the Data Source**   organization that created the ThinkFirst-SportSmart Sports and
                               Recreational Injuries Research and Prevention Centre (TF-SS) to
                               examine injuries resulting from participation in sports and recreational
                               activities. Since 1980, it has been maintaining a Registry of Spinal
                               Injuries in Ice Hockey, based on data collected through the International
                               Ice Hockey Spinal Injury Survey that is completed every two years by
                               participating physicians in Canada and their counterparts in countries
                               that are part of the International Ice Hockey Federation. Hockey Canada
                               has also assisted with the data collection process.

Purpose of Data Source   The purpose of the data is to determine characteristics of spinal cord
                               injury in both Canadian and International Hockey. The data are also
                               used to assess how and what type of spinal cord injuries are occurring in
                               ice hockey, to support program planning and reporting.

                               The analysis performed on the data is quantitative, with frequency
                               distributions and Chi square analysis *(statistical process that examines
                               frequencies as compared to theoretically expected frequencies)*. The
                               users of the analyzed data are internal staff, hockey association members,
                               and injury researchers.

Injury-Related Content   Classification of injury events: Internal classification
                                      Geographic locators: not recorded
                      (for the injured person's place of residence)
                                     Demographic variables: age, sex
                                       Unique identifiers: initials
                               Place of injury occurrence: city, province/state, country
                                          Nature of injury: internal classification

Multiple causes of injury: internal classification
Anatomical location: specific to spine and head
Multiple injuries: internal classification
Index of injury severity: by proxy: survived – yes/no, length of hospital stay, occurrence of paralysis.
Pre-event circumstances: type of hockey game, protective equipment used, source of impact and mode of injury (slid, pushed, checked, checked from behind, tripped by player, tripped on ice, unknown)

Data Collection Methods

Copies of the International Ice Hockey Spinal Injury Survey are mailed to participating neurosurgeons, orthopaedic surgeons, physical medicine and rehabilitation specialists. The physicians are asked to note the occurrence of spinal cord injuries related to ice hockey by recording the cases and details in the survey. Once complete, the survey provides information on the player, the game, the equipment, vertebral damage, neurological deficit, position of neck, cause and mode of injury, and outcome. The surveys are mailed back to ThinkFirst and incomplete forms are followed-up via telephone interviews with the physician.

The collection of data is done on the basis of an agreement with the partnership of Canadian and International Hockey Associations, the Canadian Neurological Society and ThinkFirst's sponsors. The International Ice Hockey Spinal Injury Survey does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

Changes to the survey are content based, and depend on developments in the relevant research.

Data Availability

Although access to the data has not been granted, it could if a research proposal is approved by ThinkFirst and its partners.
The database is not linked with any external database. Data for outside requests are available via manuscripts, papers, articles, and presentations that encompass data.

The technical documentation available to authorized personnel includes a list of data elements, coding categories.

- Approximately 10-15 cases are added to the database every 2-3 years.
- From 1943 to the end of 1999, approximately 271 Canadian cases have been captured. A total of 388 cases have been recorded (this number includes Canadian and International cases).
- The data are entered into the database every 2-3 years. Given the nature of this study, injury data cannot be entered

immediately after the injury has occurred, or even on an annual basis.
- The data are available for analysis after all the surveys are collected.
- The last full year of data in the database is year 2002.

Reports and Other Publication

Brief reports of the occurrence and other characteristics of spinal cord injury (e.g. mechanism, on ice location, use of equipment while injured) in ice hockey are generated periodically to give members an update.

The titles of recent publications are, "Spinal Injuries in Canadian Ice Hockey: Documentation of Injuries Sustained from 1943-1999" published in The Canadian Journal of Neurological Sciences; 31: 460-466, *"Spinal Injuries in Ice Hockey – Clinics in Sports Medicine"*, *"Hockey Injuries of the Spine in Canada 1966-1996"* and *"Spinal Injuries in Canadian Ice Hockey Players, 1966-1996"* – chapter from the book, Neurologic Athletic Head and Spine Injuries, by Rober C. Cantu, published by W.B. Saunders Company.

The information is available in hard copy, as e-mail attachments and by fax. The information is disseminated in in the form of e-mail and mail, in response to individual requests.

Service Charges

Service charge are not applied to complete data or information requests.

Other Considerations

International Ice Hockey Spinal Injury Survey provides a comprehensive method of recording spinal cord injury in hockey. Prospective rather than retrospective data collection would be beneficial.

Other Contacts

ThinkFirst's 20 Local Chapters
URL: www.thinkfirst.ca/aboutus_chapters.html

Traffic Injury Research Foundation

Contact	Steve Brown Research Assistant Tel: 613-238-5235 Fax: 613-238-5292 Traffic Injury Research Foundation 171 Nepean St., Suite 200, Ottawa, ON K2P 0B4 General Contact:1-877-238-5235 Fax: 613-238-5292 E-mail: tirf@trafficinjuryresearch.com URL: www.trafficinjuryresearch.com

Organization Housing the Data Source

The Traffic Injury Research Foundation (TIRF) is a national, charitable road safety institute established in 1964 to reduce traffic-related deaths and injuries by conducting research and designing, promoting, and implementing preventative programs and policies.

TIRF maintains a national fatality database and a national injury database funded by Transport Canada and the Canadian Council of Motor Transport Administrators (CCMTA). These data support injury prevention program work. TIRF's work includes evaluation and policy development in driver licensing and improvement, motorcycle safety, driver education and training, assessment and treatment of impaired driving offenders, elderly road users, and bicycle safety.

Purpose of the Data Source

Information collected is primarily for research purposes and secondarily for surveillance. Data indicate trends related to motor vehicle injuries and fatalities as well as the severity of road use problems (such as drinking and driving). Data analysis is generally quantitative. Users of the analyzed data are Transport Canada, CCMTA and special interest groups such as Mothers Against Drunk Drivers (MADD). Some of the information is available for the general public on the Web site.

Injury-Related Content

Classification of injury events:	Internal classification (8 causes of death for the fatality database—head injury, drowning, incineration, internal injury, spinal injury, external bleeding, multiple injuries and other; 3 types of injury for the injury database—minor, moderate, and major)
Geographic locators: *(for the injured person's place of residence)*	not recorded

Demographic variables:	age, sex
Unique identifiers:	not recorded
Place of injury occurrence:	internal accident location variables (highway, other public road, private property, and other)
Nature of injury:	primary cause of death only
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	yes/no category
Index of injury severity:	recorded by definition of police reports—minor, moderate, or major
Pre-event circumstances:	human factors such as seat belt use, helmet use, air bag deployment, proper car seats, alcohol use

Data Collection Methods

Data are gathered from police reports and from provincial/territorial motor vehicle branches. Depending on the province, the variables include such information as the date and time of crash, place, number and types of vehicles, number of people involved, number of people killed, date of deaths, drivers killed within six hours of the crash. For the injury database, police accident report data are based on the injury categories of none, minimal (on site first-aid treatment required), moderate (sent to hospital), major (admitted to hospital), and fatal. For the fatality database, police report data are matched with the list of names and dates motor vehicle-related deaths that are sent annually from the provincial/territorial coroners' and chief medical examiner's offices. These data are sent electronically or by fax, and where required, TIRF staff members visit the offices and manually review the files.

The highest aggregation of these data is at the national level. TIRF does not have the ability to identify First Nations/North American Indian, Inuit, or Métis populations.

Changes in Data Over Time

Since 1995, the injury database has information on surviving drivers.

Data Availability

Access to the raw data is provided to Transport Canada and CCMTA only. The databases are not linked with external databases. Authorized personnel can provide technical information on the lists of data elements, coding categories/options, data dictionary, file layout, data model, and technical environment.

- Approximately 3,000 fatality records are added to the fatality database and 200,000 injury records to the injury database annually.
- At the end of 2002 the fatalities database contained approximately 112,000 records (collected since 1973), and the injuries database contained approximately one million records (collected since 1995).

These data include approximately 125,000 serious/major injuries requiring hospitalization.
- Data are entered 6 to15 months after the injury or fatal injury occurred.
- Data are available for analysis approximately two years after the injury or fatal injury occurred.
- The last full year of data available in both databases is 2002.

Reports and Other Publications

TIRF has produced nearly 500 reports and publications since its inception in 1964. Reports produced since 1980 are listed on the Web site and are available upon request for a minimal charge. Other reports are generated upon request. Transport Canada also produces a report from the data provided by TIRF. CCMTA uses the data for reporting to their board members and their stakeholder groups. TIRF reports are available on the Web site.

Service Charges

Service charges are determined by the type of request (depending on how much data and how many variables are required). Services charges are based solely on a cost recovery basis. Requests are received from universities, private organizations, and companies. The variables are aggregated for reasons of privacy and confidentiality and no data are released with personal identifiers.

Other Considerations

The system answers the current and future needs of the organization.

Other Contacts

Transport Canada (*see profile*)

Canadian Council of Motor Transport Administrators (CCMTA)
2323 St. Laurent Blvd.
Ottawa, ON   K1G 4J8
Tel: 613-736-1003
Fax: 613-736-1395
E-mail: ccmta-secretaria@ccmta.ca

Transport Canada - Dangerous Goods Accident Information System

Contact

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Transport Canada
Transportation of Dangerous Goods Directorate
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General Contact: 613-992-4624
URL: www.tc.gc.ca/tdg/menu.htm

**Organization Housing
The Data Source**

The Transport Dangerous Goods (TDG) Directorate is located within the Safety and Security Group of the federal department of Transport Canada. The TDG Directorate serves as the major source of regulatory development and national standards development, information and guidance on dangerous goods transport for the public, industry and government employees. It is also the focal point for the national program to promote public safety during the transportation of dangerous goods.

Purpose of Data Source

The main purpose of the data source is administrative. The data are used to help with regulatory development and amendment of the federal *Transportation of Dangerous Goods Act* and *Regulations*. The legal obligation under the Transportation of Dangerous Goods Regulation 8.3 requires that the number of deaths and injuries resulting from the accidental release of a dangerous good being recorded.

The data are also used for reporting to Transport Canada's Research, Evaluation and Systems Branch that implements Regulatory Impact Assessment Statements (RIAS) before the introduction of new regulations or amendments. They are used to support directives to minimize the adverse effects of accidental losses to people, property and the environment, and for reporting to the Compliance and Response Branch that ensures that consignors, carriers and consignees are complying with the regulations. Other internal groups that use the data are the Regulatory Affairs group that develop national standards for the design and construction of means of containment, Remedial Measures Specialists that review industry Emergency Response Assistance Plans (ERAP) registered with the Directorate, and CANUTEC (the Canadian Transport Emergency Centre) a 24-hour-a-day bilingual emergency advisory and regulatory information service to redirect all requests for accident data.

Both quantitative and qualitative analysis is performed on the data. The analyzed data are used to monitor programs, such as the National Program to Promote Public Safety during the transportation of dangerous goods. The users of the analyzed data are internal staff, provincial agencies, local agencies, the media, the public and the private sector.

Injury-Related Content

Classification of injury events: Internal classification

Geographic locators: City and address

(for the injured person's place of residence)

Demographic variables: Not recorded

Unique identifiers: Accident identification number

Place of injury occurrence: City and street address *(for loading or unloading facility accidents only)*

Nature of injury: Free text

Multiple causes of injury: Free text

Anatomical location: Free text

Multiple injuries: Internal classification

Index of injury severity: by proxy - minor, moderate, major or death

Pre-event circumstances: free text field detailing the events leading to the accident.

Data Collection Methods

When dangerous goods are unintentionally released during their loading, transport or unloading cycle, the company responsible for the goods at the time of the incident is required to complete a report and return it to the Transportation of Dangerous Goods Directorate within thirty days. The data are collected primarily from the driver and the dangerous goods handlers responsible for the loading and unloading process. Incomplete reports are followed-up with the originator. Once complete, the report's details are entered into the database and a series of selected tables sent to Statistics Canada for CANSIM updates. The cumulative data are subjected to risk management techniques to determine the potential for accident-related losses.

Secondary data are received from newspapers, Environment Canada pollution reports and Transportation of Dangerous Goods Inspectors (approximately 30 across Canada). The data are received either in hard copy or via e-mail. Primary data are collected in 30-day follow-up reports, request letters, telephone calls, survey forms, and from inspectors in the regions. These data are collected on the basis of the legal requirement outlined in the Transportation of Dangerous Goods Regulation 8.3 (1).

The highest level of aggregation to which the injury data applies is National. The Transportation of Dangerous Goods Directorate does not have the ability to identify First Nations/North American Indian populations. Using Census Standard Geographical Classification contained within the database, incidents involving the transportation of

dangerous goods on First Nations/North American Indian land are documented.

Changes in Data Over Time

Since 1999, the territory of Inuvut has its own geographical designation within the database. Since 2002, the 30 day follow up reporting requirements, no longer necessitate the reporting of incidents that involve only damage to the means of containment without a dangerous goods release.

Data Availability

Access to the data is provided beyond the organization to Statistics Canada. The DGAIS does not link with any other external database. Requests for raw data have been granted. A data dictionary is available from Statistics Canada to authorized personnel for the database.   DGAIS began in 1980 recording major injuries only and in 1988 introduced the narrative field, recorded minor and moderate injuries along with major injuries and initiated the accident severity ranking system.

- Since database inception there has been an average of 700 records (including both reportable and non-reportable accidents) added per year.
- At the end of year 2004, the database contained 18,300 records, of which 1,300 involved at least one injury and almost 300 involved at least one death.
- The data are entered into the database within 90 days of the accident.
- The data are available for analysis within 9 months of the accident.
- The last full year of data available in the database is 2003. Data from the year 2004 will be available in September of 2005.

Reports and Other Publications

Reports are generated annually, bi-annually, quarterly, monthly, daily and by request. Titles of the recent publications are available at: www.tc.gc.ca/tdg/menu.htm Reports are available on disc, in electronic format, attached to an e-mail, faxed, in hard copy or on the Web and are disseminated upon request.

Service Charges

Services charges, individually determined by type of request, are applied to complete information or data requests.

Other Considerations

DGAIS is unique as it is the only accident database specializing in dangerous goods incidents for all modes of transportation including the handling phases of loading and unloading.

Other Contacts

Environment Canada, Transportation Safety

Transport Canada, Traffic Accident Information Database

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Organization Housing the Database

The traffic accident information database is part of Transport Canada's Road Safety Directorate that was created in 1969 to respond to the road safety problem in Canada. The Directorate's mandate is to reduce the number of deaths, injuries, damage to property and the environment, health impairment, and energy consumption resulting from the use of motor vehicles in Canada.

Purpose of the Data Source

The purpose of this data source is to support the regulatory activity of the *Motor Vehicle Safety Act* and to provide national figures, both to Canada and the international community, of all reported traffic collisions in the country. Developed under the auspices of the Canada Council of the Motor Transportation Administrators (CCMTA), all police-reported collisions in the country are collected where there are fatalities, $1,000 in property damage, and/or self-reported injuries.

These data are used to identify issues/characteristics related to traffic accidents, develop countermeasures, analyze trends, and generate reports and regulatory impact analysis statements. Other purposes include supporting the Organization for Economic Co-operation and Development's international road traffic and accident database, and supporting the programs developed under the Canadian Road Safety Vision 2010.

Data analysis is both qualitative and quantitative. The users of the analyzed data include regulators and provincial transportation ministries.

Injury-Related Content

Classification of injury events: none applied
Geographic locators: not recorded
(for the injured person's place of residence)
Demographic variables: age, sex
Unique identifiers: none

Place of injury occurrence:	not recorded
Nature of injury:	minimal (minor injuries, no treatment at collision), minor (treated & released), major (admitted to hospital), fatal
Multiple causes of injury:	not recorded
Anatomical location:	not recorded
Multiple injuries:	not recorded
Index of injury severity:	not recorded
Pre-event circumstances:	road, light, and weather conditions; posted speed limit; vehicle maneuver; driver condition/action; and blood-alcohol levels of fatal injuries.

Data Collection Methods

Transport Canada receives provincial police reports of traffic accidents. Police officers complete reports at the scene or at the self-reporting police centres. The reporting forms are not uniform and some jurisdictions do not supply all the information regarding the location of damage on the vehicle. Data have been received annually since the database's inception in 1984. The collected police reports are sent electronically. Data are also received from the Traffic Injury Research Foundation (see profile) that detail some pre-event circumstances of the fatal traffic injuries.

Data Availability

Requests for raw data have been granted with approval from the jurisdictions, with the exception of the CCMTA and its consultants who have access without requiring the individual jurisdiction's approval.

The database is not linked with external databases. Transport Canada is exploring the possibility of linking the traffic accident information database with both the Ontario and National Trauma Registries of the Canadian Institute of Health Information. The aim is to link approximately 25,000 people seriously injured from vehicle collisions to the treatment and outcome of the care received at trauma facilities.

Authorized personnel can provide technical information on the list of data elements, data dictionary, and technical environment.

- Approximately 600,000 records of collisions are added to the database annually, including approximately 150,000 records of injuries.
- At the end of 2000 the database contained approximately 3 600 000 records.
- Data are entered into the database within six months of the receipt of data –and up to one year after the injury occurred.
- Data are available for analysis six months after being entered into the database.
- The last full year of data available in the database is 2003.

Reports and Other Publications	Annually, Transport Canada's Road Safety Directorate generates reports from information taken from the traffic accident information database. It also generates reports upon request. A 10-year trend report is updated every two years. Recent titles include:

- *Trends in Motor Vehicle Traffic Collision Statistics, 1988-1997,*
- *State of Road Safety in Canada, 1998,*
- *Road Safety in Canada - 2001,*
- *School Bus Collisions, 1992-2001,*
- *Canadian Motor Vehicle Traffic Collision Statistics: 2003,*
- *Mature Drivers in Casualty Motor Vehicle Collisions, 1988-98,*
- *Heavy Truck Collisions 1998-2002,*
- *Pedestrian Fatalities and Injuries 1992-2001.*
- *The Alcohol-Crash Problem in Canada: 2002,*
- *Vulnerable Road User Safety: A Global Concern.*

Reports are available on the Web site, electronically, in print, via mailing lists and occasionally with a press release. The alcohol-crash problem document is located on the web site: www.trafficinjuryresearch.com.

Service Charges	Service charges are not applied to complete data or information requests.
Other Considerations	The traffic accident information database produces a consistent, long-term series of reports with high quality data.
Other Contacts	None.

Water Incident Research Alliance

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	Manager
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	Barrie, ON L4N 6S7
	General Contact: 866-735-WIRA or 9472
	Fax: 866-221-5553
	E-mail: info@waterincident.ca
	URL: www.waterincident.ca

Organization Housing the Data Source

The Water Incident Research Alliance (WIRA) is a not-for-profit organization formed as an alliance of its members, who have an interest in making available better research data and statistics regarding water-related incidents, injuries and fatalities. As a new organization, WIRA was developed and launched by representatives of the Canadian Coast Guard, Lifesaving Society, Canadian Red Cross, Ontario Provincial Police, the Canadian Institute for Health Information, the National Search and Rescue Secretariat, Parks and Recreation Ontario, the Cook-Rees Memorial Fund for Water Search & Safety and municipal recreation departments.

As a not-for-profit corporation, membership in the Water Incident Research Alliance is open to all paid WIRA members. Corporate members are voting members and private individual members are non-voting members. WIRA's business is managed by a volunteer board of directors. Directors are elected by the members at WIRA's annual general meeting. WIRA's day-to-day operations are managed by the WIRA manager, who is its lead staff person.

Purpose of the Data Source

WIRA provides timely accurate "water-related" injury and fatality information on the web in support of research, advocacy and prevention. WIRA strives to assist in reducing drowning and water-related incidents in Canada by collecting, disseminating and interpreting information around fatalities, rescues and incidents. Strategic partners, governments and the public used the information to educate, create awareness and implement and measure the effectiveness of drowning prevention strategies. The main users of the data are internal staff and other WIRA partners, the public, provincial agencies, local agencies, the media, and non-government organizations.

Injury-Related Content	Classification of injury events:	internal classification
	Geographic locators:	city, province where incident occurred
(for the injured person's place of residence)		
	Demographic variables:	age, sex
	Place of injury occurrence:	body of water
	Nature of injury:	internal classification
	Multiple causes of injury:	internal classification
	Anatomical location:	internal classification
	Multiple injuries:	internal classification
	Index of injury severity:	by proxy: major, minor, rescue only
	Pre-event circumstances:	personal, environmental and equipment factors wherever available

Data Collection Methods

WIRA receives data from first responders (e.g. ambulance, fire, police, Canadian Coast Guard, lifeguards, the medical system, media monitoring Service, municipalities, community representatives, etc.) Data are then reconciled with existing drowning reports produced by other organizations such as the Canadian Institute for Health Information, Canadian Red Cross and Lifesaving Society. The National data are accessible to the public and more detailed data is accessible to members. The type of data collected is observational: type of body of water, location, weather condition, activity (swimming, boating, etc.); if boating, what type of boat, was personal flotation device (PFD) worn, etc. WIRA obtains data from outside sources. No primary data are collected. Data are received via download and in hardcopy. At this time, data is sub-provincial but will eventually be national. First Nations/ Aboriginal, Inuit or Métis populations are not identified.

Changes in Data Over Time

None.

Data Availability

Release of data from the WIRA database occurs on a 'real-time' basis. Once data are entered and pass the validity checks, they become incorporated into the database and are immediately available to registered users online. It is WIRA's intent to work towards having all data submitted to WIRA within 48 hours of an incident.

The database links information with other external databases such as the Canadian Surveillance System for Water Related Fatalities. Aggregate data are available for outside requests in report formats. Data collection started in 2002 and was limited to a few data sources in Ontario.

- As of March 2005, approximately 4000 incidents were in the database.
- Data is entered in to the database within a week of the incident.
- Data are available for analysis within a month of the incident.

Reports and Other Publications   An annual report is available along with quarterly newsletters.

Service Charges   Service charges are applied to members.

Other Considerations   Although 'real-time' data release is desirable, it does present some limitations related to data completeness. Some incident reports are submitted the same day as the incident. Others are submitted days, weeks, or months after the incident. In addition, WIRA performs database cleaning on a weekly basis, which may result in changes in data that have been flagged due to an error. The success of WIRA will depend on collective cooperation of partners for its data reporting and funding in part by its members for its sustainability.

Other Contacts   Claire Tuck-Reid
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Workers' Compensation Board of Alberta

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	Workers' Compensation Board - Alberta
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	Edmonton, AB T5J 2S5
	General Contact: 780-498-3999
	URL: www.wcb.ab.ca

Organization Housing the Data Source

The Workers' Compensation Board of Alberta is a not-for-profit mutual insurance corporation funded entirely by employers. It aims to protect the employers and workers against the impact of work injury. Guided by the *Workers' Compensation Act*, workers are compensated for lost income, health care and other costs related to a work related injury. The focus is to bring stability and protection to employers and workers against the risks and expenses of injury and litigation.

Purpose of the Data Source

WCB Alberta supports injury surveillance by collecting and disseminating occupational injury data and statistics. The primary purpose of the data source is to support the administrative purposes documenting and compensating workers who are injured on the job. Other purposes include program planning, generating reports including reporting annually to the Alberta Ministry of Health and data sharing with the Ministry of Human Resources and Employment.

The type of analysis generally performed on the data are quantitative - the number and type of injury by occupation and industry. The users of the analyzed data are internal staff, Alberta Human Resources, safety organizations, university researchers, injury prevention associations, and the media.

Injury-Related Content

Classification of injury events:	CSA-Z795
Geographic locators:	city, province
(for the injured person's place of residence)	
Demographic variables:	age, date of birth, sex, occupation *(recorded using the Occupational Classification Manual, 1971 version)*
Unique identifiers:	healthcare patient identification number, unit number for each claim
Place of injury occurrence:	geographical code within the province
Nature of injury:	CSA-Z795

Multiple causes of injury: CSA-Z795
Anatomical location: CSA-Z795
Multiple injuries: not recorded
Index of injury severity: not recorded
Data source: both unintentional and intentional work-related injuries

Data Collection Methods

Data are collected from the paper-based reports completed by the injured worker, the treating physician and the employer. The data are verified and inputted into the database. The type of data collected relates to all injuries in the work force, intentionally and unintentionally.

The collection of primary data is done on the basis the regulatory requirement of the *Workers' Compensation Act*, which requires the collection of occupational injury information for case adjudication.

The highest level of aggregation to which the injury data applies is provincial. The WCB Alberta does not collect data on ethnicity and cannot identify First Nations/Aboriginal, Inuit or Métis populations.

Changes in Data Over Time

Various changes in the collection and coding of data have occurred over the years that may affect data interpretation.

Data Availability

Access to the data is provided beyond the organization to Alberta Human Resources for lost time and employer data and to the Association of Workers Compensation Board Committee. The database does not link with other external databases.

The technical documentation available to authorized personnel are the list of data elements, coding categories/options, data dictionary, file layout and technical environment.

- Approximately 150,000 separate injury claims are added to the database annually.
- At the end of year 2004, the database contained more than three million records since 1973.
- The data are entered into the database upon receipt of the claim information, which is available approximately one week the injury occurred.
- The data are available for analysis immediately upon being entered into the database.
- The last full year of data available in the database is 2004.

Reports and Other Publications

Reports are generated annually and on an ad hoc basis. Titles of recent publications produced from information from the database are *The WCB (year) Annual Report*. The reports are disseminated to stakeholders and upon request in hard copy, and in .pdf on the Web site for downloading.

Service Charges   Services charges are applied to complete data or information requests that are individually determined by the type of request.

Other Considerations   The database is mainly for administration purposes therefore recording of the data is good for case managements but is not good for research or lost time analysis.

Other Contacts   See Appendix G for a listing of all provincial/territorial workers' compensation boards and commissions.

Workers' Compensation Board of Manitoba

Contact	Barry Warrack
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	Workers' Compensation Board of Manitoba
	10th –363 Broadway
	Winnipeg, Manitoba R3C 3N9
	General Contact:
	Tel: 204-954-4895
	Fax: 204-954-4995

URL: www.wcb.mb.ca/

Organization Housing the Data Source

The Workers' Compensation Board (WBC) of Manitoba is a not-for-profit mutual accident and disability insurance agency established by legislation in 1917. It is a partnership between workers and employers and is funded by employer premiums. The goals are to reduce the risk of workplace injuries and illness, and reduce the impact of injuries and illnesses.

Purpose of Data Source

WCB Manitoba supports injury surveillance by collecting and disseminating occupational injury data and statistics. The primary purpose of the data source is to document and compensate workers who are injured on the job. Other purposes include supporting the Workplace Safety and Health Division that is responsible for regulating health and safety in Manitoba workplaces, and generating reports.

The type of analysis performed on the data is quantitative and used in preparing the annual statistical report on Workplace Injuries and Illnesses. The users of the analyzed data are internal staff, injury prevention specialists, business, labour, and other WCBs.

Injury-Related Content

Classification of injury events:	CSA injury coding standards
Geographic locators:	street address, city, province,
(for the injured person's place of residence),	postal code
Demographic variables:	date of birth, sex, occupation, industry of employment
Unique identifiers:	healthcare patient identification number, social insurance number, claim number
Place of injury occurrence:	industry code
Nature of injury:	CSA
Multiple causes of injury:	CSA

Anatomical location:	Stickman code, CSA
Multiple injuries:	CSA
Index of injury severity:	not recorded
Pre-event circumstances:	event and source of injury coded with CSA standard.

Data Collection Methods

Data are collected from the paper-based reports completed by the injured worker, the treating physician and the employer. The data are gathered as part of the claim reporting and adjudication process. They are verified and coded as to type of injury, source and event, then entered into the database. Data are also linked as to the characteristics of the claimant (i.e. age, gender, industry occupation).

The type of data collected relates to all injuries in the work force, specifically for time loss injuries. For a complete list see 'Claim Variables below.

The collection of primary data is done on the basis the regulatory requirement of the *Workers' Compensation Act W200*.

The highest level of aggregation to which the injury data applies is provincial. The WCB Manitoba does not collect data on ethnicity and cannot identify First Nations/Aboriginal, Inuit or Métis populations.

Changes in Data Over Time

The claims are coded using standards developed by the National Work Injuries Statistics program operated under the auspices of the Association of Workers Compensation Boards of Canada. Over the past 10 years, only minor coding changes have occurred to expand and improve codes for information that is collected such as upgrading industry codes or occupation codes to newer Statistics Canada coding system standards.

Data Availability

Access to the data is provided beyond the organization to researchers, insurance companies and the Association of Workers' Compensation Boards of Canada via a legal data sharing agreement. The database does not link with other external databases.

The technical documentation available to authorized personnel includes the list of data elements, coding categories/options, data dictionary, file layout, data model and technical environment.

- Approximately 35,000 injury claims are added to the database annually.
- At the end of year 2004, the database contained more than a million records.
- The data are entered into the database a few days after notification of injury.
- The data are available for analysis a month after being entered into the database.

- The last full year of data available in the database is 2004.

Reports and Other Publications

Reports are generated monthly, quarterly, bi-annually, annually and by request. Titles of recent publications produced from information from the database are *Workplace Injuries and Illnesses in Manitoba 2000 to 2003*. The reports are disseminated to stakeholders and upon request in hard copy, disc, fax, and on the Web at www.wcb.mb.ca/facts.html for downloading.

Service Charges

Services charges are applied to complete data or information requests that are individually determined by the type of request.

Other Considerations

None.

Other Contacts

None.

Claim Variables	
1. claim_no	25. medaid_paid_to_date
2. claim_id	26. rehab_paid_to_date
3. record_type	27. pension_paid_to_date
4. mhsc_code	28. claimant_address_line_1
5. sex6	29. claimant_address_line_2
6. surname	30. claimant_address_line_3
7. init1	31. claimant_postal_code
8. init2	32. marital_status
9. first_name	33. number_of_dependants_
10. firm_number	34. education
11. Social_ins_number	35. body_part
12. firm_suffix	36. Third_diagnosis_code
13. firm_rate_code	37. third_area_of_injury
14. major_diagnosis_code	38. icd_code
15. major_area_of_injury	39. fatal_notify_date
16. description_of_injury	40. fatal_adjudication_date
17. cause_of_accident	41. no_days_of_comp_benefits
18. source_of_injury	42. no_days_of_rehab_benefits
19 .occupation_code	43. z795_part
20 .current_case_type	44. z795_nature
21. claimant_date_of_birth	45. z795_source
22. Last_accident_date	46. z795_event
23. accident_date	47. home_phone
24. comp_paid_to_date	48. work_phone

Workers' Compensation Board of Nova Scotia

Contact

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Statistician
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Workers' Compensation Board of Nova Scotia
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General Contact : 1-800-870-3331
URL: www.wcb.ns.ca

**Organization Housing
the Data Source**

The Workers' Compensation Board (WCB) of Nova Scotia is a worker's indemnification system. The mission of the WCB is to provide timely healthcare and rehabilitative support to help injured workers return to work, and to provide compensation for work-related disabilities.

Purpose of the Data Source

WCB Nova Scotia supports injury surveillance by collecting and disseminating occupational injury data and statistics. The primary purpose of the data source is to support the administrative purposes of documenting and compensating workers who are injured on the job as well as the prevention of work-related injuries and illness.

Other purposes of the data include reporting to the national Association of Workers' Compensation Boards of Canada, program planning, and surveillance. The data are also used to support WCB's partnership with the Department of Environment and Labour of Nova Scotia that is responsible for occupational health and safety.

The type of analysis performed on the data is quantitative. The users of the analyzed data are internal staff, the media, research students, healthcare providers, occupational health and safety coordinators, injured worker groups, and unions.

Injury-Related Content

Classification of injury events: CSA-Z795
Geographic locators: street address, city, province,
(for the injured person's place of residence)
Demographic variables: age, date of birth, sex, occupation
(NWISP and SIC codes)
Unique identifiers: claim number, provincial health card number
Place of injury occurrence: not recorded
Nature of injury: CSA-Z795
Multiple causes of injury: CSA-Z795

Anatomical location:	CSA-Z795
Multiple injuries:	CSA-Z795
Index of injury severity:	by proxy: duration of time away from work due to injury
Pre-event circumstances:	free text field based on comments as documented on the accident report forms

Data Collection Methods

Data are gathered via completed reports: the accident report that is completed by both the injured worker and the employer and a medical report completed by the treating physician. The reports are received in hardcopy then scanned into the database running off of an AS400 platform as well as web-based applications, which allows for extensive querying.

Secondary data such as Labour Force data are received from Statistics Canada in hardcopy. The data are used to calculate the percentage of work force covered by WCB.

The highest level of aggregation to which the injury data applies is provincial. WCB Nova Scotia does not have the ability to identify First Nations/Aboriginal, Inuit and Métis populations.

Changes in Data Over Time

Data quality audits are conducted periodically, which help pinpoint areas for improvement that when implemented may affect data interpretation over time.

Data Availability

Access to sections of the data is provided to the Nova Scotia Department of Environment and Labour Division of Occupational Health and Safety. The database does not link with other external databases. Requests for raw data have never been granted. Aggregate data are available in hardcopy, a PDF file, or an Excel spreadsheet.

The technical documentation available to authorized personnel for the database includes a list of data elements.

- On average, approximately 30,000 new claims are registered every year.
- At the end of 2004, the database contained millions of records as a record is opened for a payment, a change of address, phone number or work location, etc. The database allows variables to be combined to generate reports on any combination of records.
- The data are entered into the database as soon as the reports are received approximately 3-7 days from the injury occurrence.
- The data are available for analysis immediately upon receipt. Quality checks and a standard verification process take approximately two weeks to complete.
- The last full year of data is year 2004.

Reports and Other Publications	Reports are generated daily, annually and on an ad hoc basis. The most recent annual publication produced from this database is the 2003 Annual Report.
	Reports are disseminated by hard copy to those registered on the mailing list. Annual reports are available to the public on the Web site and individual requests for reports can be honoured by mail, fax, E-mail. This function is maintained by WCB's Communications Department.
Service Charges	Service charges are not applied to complete information or data requests.
Other Considerations	None.
Other Contacts	See Appendix G for a listing of all provincial/territorial workers' compensation boards and commissions.

Workers' Compensation Board of Prince Edward Island

Contact

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Workers' Compensation Board of Prince Edward Island
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Charlottetown, PE   C1E 1R6

General Contact: 902-368-5680
Atlantic Canada: 1-800-237-5049
Fax: 902-368-5705
URL :   www.wcb.pe.ca

**Organization Housing
the Data Source**

The Workers' Compensation Board (WCB) of Prince Edward Island is
part of a nationwide workers compensation system in place to provide
workplace insurance and safety compliance for workers on behalf of
employers. WCB Prince Edward Island is divided into three divisions:
Corporate Services Division, Client Services Division and Occupational
Health and Safety Division. It is the Client Services Division that
maintains and manages the Workers' Compensation Board Claims
Management System that reflects workplace injury in the province.

Purpose of the Data Source

The purpose of this data source is for claims adjudication. Other
purposes of the data include reporting to the Association of Workers'
Compensation Boards and Commissions for the National Work Injury
Statistic Program, and supporting prevention and education activities.

Both qualitative and quantitative analysis is performed on the data. The
internal staff are the main users of the analyzed information.

Injury-Related Content

Classification of injury events:	AWCBC
Geographic locators:	street address, city, province,
(for the injured person's place of residence)	postal code
Demographic variables:	age, date of birth, sex
Unique identifiers:	social insurance number
Place of injury occurrence:	NOC *(National Occupation Classification)*
Nature of injury:	not recorded
Multiple causes of injury:	not recorded
Anatomical location:	free text field
Multiple injuries:	AWCSC
Index of injury severity:	not recorded
Pre-event circumstances:	free text field

Data Collection Methods	The data gathering process begins with the date of injury entered in the system at point of claim creation, gathered from forms completed by workers, employers and health care providers. Primary raw data are collected via the completed forms. The collection of the primary data is done based on the *Workers' Compensation Act*.
Changes in Data Over Time	Various changes over the years may affect some data interpretation.
Data Availability	Access to data is not provided beyond the organization. The database is not linked with other external databases. However, under certain circumstances, requests for raw data have been granted. Any identifying information on the form is excluded. Every attempt is made to provide the information in the requested format.

The technical documentation available for the database is a list of data elements, coding categories/options, and data dictionary.

- Approximately 5,000 records are added annually to the database.
- By end of year 2000, the database contained approximately 50,000 records.
- The data is entered into the database approximately 2 weeks after the injury occurred.
- The data is available for analysis approximately 2 weeks after the injury occurred.
- The last full year of data available is 2003.

Reports and Other Publications	Reports are generated on a yearly basis. Recent publications produced from this database include *National Work Injury Statistics*, from the Association of Workers' Compensation Board of Canada (AWCSC). The report is disseminated in hard copy and electronically. Reports are sent only in response to individual request.
Service Charges	Services charges are not applied to complete data or information requests.
Other Considerations	See Appendix G for a listing of all provincial/territorial workers' compensation boards and commissions.

Workers' Compensation Board of Saskatchewan

Contact

George Marshall
Research Officer, Revenue Analyst

Tel.:   306-787-3286
Fax: 306-787-4205
E-mail: gmarshall@wcbsask.com

Saskatchewan Workers' Compensation Board
1881 Scarth Street
Regina, Saskatchewan S4P 4L1

General Contact: 1-800-667-7590
URL: www.wcbsask.com

**Organization Housing
the Data Source**

The Saskatchewan Workers' Compensation Board is a no-fault system
that provides coverage protecting workers and employers from the results
of work related injuries and illness. It is an independent body created by
provincial legislation - the Workers' Compensation Act 1979.
Assessment premiums are collected from employers to administer
payments to injured workers and managed with the data collected in three
databases: Claims database, Revenue and Employer Account database,
and the amalgamated Datamart.

Purpose of Data Source

The main purpose of the data sources is administrative to provide
accurate and fair compensation to injured workers so that they may return
to work as soon as medically possible. The data are used to managing
and adjudicating claims, for calculating premium rates, for experience
rating programs, targeting prevention and return to work programs. The
data are also used for reporting purposes.

The type of analysis performed on the data is both qualitative and
quantitative. The users of the analyzed data are internal staff including
the Board of Directors for strategic planning purposes. External to
Saskatchewan Workers' Compensation Board, the users of the analyzed
data include the Department of Labour's Occupational Health and Safety
Division, the participating employers, consultants to employers, safety
associations across the province, and healthcare professionals.

Injury-Related Content

Classification of injury events:	NWISP (AWCB coding)
Geographic locators:	street address, city, province,
(for the injured person's place of residence)	postal code, audit area
Demographic variables:	age, date of birth, sex, occupation
Unique identifiers:	WCB claim numbers
Place of injury occurrence:	not recorded
Nature of injury:	NWISP

Multiple causes of injury:	not recorded
Anatomical location:	NWISP
Multiple injuries:	NWISP
Index of injury severity:	by proxy via program intensity that ranks levels of treatment
Pre-event circumstances:	free text field capturing cause and source

Data Collection Methods

When an injury occurs in the workplace three forms are submitted to the Saskatchewan Workers' Compensation Board. The injured worker that seeks medical treatment for his or her injuries completes and submits a W1 form providing details regarding the injury event, the injury along with some personal information. The attending physician submits a PP1 form detailing the medical condition and treatment. The injured worker's employer submits, within five working days of the injury event, a completed E1 form that provides details on the employee, certifying the employee's employment and detailing work undertaken at the time of the injury and current wage information. Updates are provided by the injured worker's medical care specialists that confirm or clarify the diagnosis, cause and source of injury and part of body affected. The case manager or claims specialist may follow up with the injured worker to complete the claim.

The primary data are collected on the basis of the provincial Workers' Compensation Act, 1979, from the WCB forms and by personal interview follow up wherever necessary. Secondary data are received from rehabilitation centres; long-term care facilities and other organizations involved in the injured worker's recovery. A substantial amount of data is captured to reflect the types of treatment and their outcomes along with treatment costs for billing purposes. The highest level of aggregation to which the injury data applies is provincial. The Saskatchewan Workers' Compensation Board does not have the ability to identify First Nations/North American Indian, Inuti or Métis populations.

Changes in Data Over Time

None.

Data Availability

Access to the data is to the Department of Labour, the Saskatchewan Safety Associations, the AWCBC, other government agencies and employers. Anyone can have access to the aggregate data as long as request is in line with the spirit of the Workers Compensation Act. The databases link information with the Department of Labour's Occupational Health and Safety Division. This is possible through a Memorandum of Understanding that includes a confidentiality agreement. Aggregate data are available for outside requests in various formats including text file and Excel spreadsheets.

The technical documentation available to authorized personnel for the Claims database, and the Revenue and Employer Account database include the list of data elements, coding categories/options, data dictionary and data model.

- Approximately 35,000-40,000 WCB claims are added to the databases annually.
- Since 1996 to the end of year 2004, the WCB database contained approximately 370,000 claims.
- The data are entered into the database 13-14 days after the injury occurred.
- The data are available for analysis between a week and six months of the injury event.
- The last full year of data available in the database is 2004.

Reports and Other Publications

Reports are generated at any time, from information taken from the databases. Titles of recent publications produced from information from the database include: *2002 Annual Report* and the *Statistical Supplement tothe Annual Report* found at: www.wcbsask.com/Forms_&_Publications/Publications.html The reports are available electronically and in hardcopy and are disseminated to key stakeholders via list serve and mailing list. Reports are also made available in response to individual requests.

Service Charges

Services charges are applied to complete data or information requests and are individually determined by type of request.

Other Considerations

The data captured are accurate and of a high quality but the coding structure with its many codes limits its usability outside the organization.

Other Contacts

Saskatchewan Government Insurance
URL: www.sgi.sk.ca

Workers' Compensation Board of the Northwest Territories and Nunavut

Contact	Dave Grundy Manager Communication and Information
	Tel: 867-669-4442 Fax: 867-669-4462 E-mail: davegru@wcb.nt.ca
	Workers' Compensation Board - Northwest Territories and Nunavut PO Box 8888 Yellowknife, NT X1A 2R3
	General Contact: 1-800-661-0792 Fax: 1-866-277-3677 E-mail: yellowknife@wcb.nt.ca URL: www.wcb.nt.ca
Organization Housing the Data Source	The mission of the Workers' Compensation Board of the Northwest Territories and Nunavut is to promote safe work practices and provide fair benefits to the workers of the NWT and Nunavut, a small population spread thinly over a large land mass.
Purpose of the Data Source	The WCB of the NWT and Nunavut supports injury surveillance by managing a database for work-related injury claims. The Prevention Services of the WCB has also an inspection database related to the employer's compliance with occupational health and safety guidelines. The process of integrating the systems was completed in 2004.
	The primary purpose of the data source is to assist the WCB in achieving its mission. The data source assists the WCB in setting insurance levels, tracking injuries and fraud activities, analysis of claims and costs associated with the type of injury, and the type of industry. Other purposes include program planning, reporting to the Association of Workers' Compensation Board of Canada (AWCBC), and other interested groups.
	The number of reported workplace injuries is not sufficient to allow for significant statistical analysis. The type of analysis performed on the data is qualitative with graphical presentation. The users of the analyzed data include the Chief Financial Officers of the AWCBC where key statistical measures are calculated by comparing the national number against the jurisdictions.
Injury-Related Content	Classification of injury events: CSA-Z795 Geographic locators: street address, city, province,

(for the injured person's place of residence)	postal code
Demographic variables:	age, date of birth, sex, occupation, marital status, northern resident
Unique identifiers:	WCB claim number, social insurance number
Place of injury occurrence:	at settlement level
Nature of injury:	CSA-Z795
Multiple causes of injury:	allowance for secondary source
Anatomical location:	CSA-Z795
Multiple injuries:	not recorded
Index of injury severity:	not recorded
Pre-event circumstances:	NWISP coding for source, secondary source and event supplemented by a free text field

Data Collection Methods

Data are gathered via three separate forms that are completed for each work-related injury. The Claimant Form is completed by the injured worker, the Employer Form by the employer, and the Medical Form, by the attending healthcare professional. The forms include information about the injured worker, the working environment and the injury itself. If the claim is adjudicated, the judicators will obtain additional information by contacting the claimants directly and adding more information to the file. The claimants' services, the judicators' notes, and notes to file from free text fields are all used to code accurately. The data are verified and subjected to quality checks and added to the database.

The type of data collected relates to intentional and unintentional occupational injuries. Secondary data regarding the number of workers in the Northwest Territories and Nunavut are received from Statistics Canada. The secondary data are received either in hardcopy or electronically.

The primary data are collected through the three forms that are submitted by the claimant, the employer and the healthcare professional that provided the medical care. The collection of primary data is done on the basis of the regulatory requirement as outlined in the *Workers' Compensation Act*.

The highest level of aggregation to which the injury data applies is the Northwest Territories and Nunavut regions. Ethnicity is not a data collection requirement and therefore the WCB of the Northwest Territories and Nunavut cannot identify First Nations/Aboriginal, Inuit or Métis populations.

Changes in Data Over Time

Various changes in the collection and coding of data have occurred over the years that may affect data interpretation.

Data Availability	Access to the data is provided to Association of Workers' Compensations Boards of Canada (AWCBC). Access is provided to internal staff that conduct yearly actuary analyze for financial statement purposes. Other organizations that have partial access to the data are the Bureau of Statistics, Government of the Northwest Territories. The database is not linked with other external databases. Access to raw data beyond those described above, has not been granted. Under limited circumstances, non-identifying data are available for outside requests in summary tables from Excel spreadsheets.

The technical documentation available to authorized personnel for the database includes a list of data elements, data dictionary, and file layout. The Information Services for the WCB of the Northwest Territories and Nunavut are outsourced.

- Approximately 3,000 to 3,500 records are added to the database annually.
- At the end of year 2000, the database contained 77,000 records and 80,000 records for the year 2001. For 2002 there are approximately 87,000 records.
- The data are entered into the database approximately three days after the injury occurred.
- The data are available for analysis within one week after the injury occurred; however, reliable analysis is available 1 to 3 months after the data are entered.
- The last full year of data available is year 2003.

Reports and Other Publications

Reports are generated annually and ad hoc reports are generated upon request. Internally within the WCB Northwest Territories and Nunavut, monthly reports are generated for planning and priority setting purposes.

Titles of recent publications produced from information taken from the database include:

- *2002 Classification and Rates*
- *Workers' Compensation Board of the Northwest Territories*
- *Nunavut Annual Report 2001*
- *Workers' Compensation Board of the Northwest Territories*
- *Nunavut 2002-2006 Corporate Plan.*

The standard reports are available in hardcopy format and electronically on the Web site as of this year. The newsletter entitled *Directions* that contain some basic statistics are sent to all of the employers, claimants and stakeholders.

Service Charges

Service charges are not applied to complete information or data requests.

Workers' Compensation Health and Safety Board, Yukon

Contact

Mike McCormick
Statistical Analyst
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Yukon Workers' Health and Safety Board
401 Strickland St.,
White Horse, YK Y1A 5N8

General Contact: 867-667-5645
URL: www.wcb.yk.ca

Organization Housing the Data Source

The Yukon Workers' Compensation Health and Safety Board (WCHSB) administers the *Workers' Compensation Act* and the *Occupational Health and Safety Act* (OHS).   These acts outline, among other things, the reporting requirements for injured workers, their employers and the attending medical professionals.

The Yukon WCHSB supports injury surveillance, in collecting injury data, including from the Canadian Centre for Occupational Health and Safety for work safety programs, analyzing and disseminating the data to employers and other stakeholders.

Purpose of the Data Source

The primary purpose of this data source is to manage claims. Other uses of the data include: program planning, generating reports, and tracking. The Yukon WCHSB reports nationally to the National Work Injury Statistics Program, Human Resources and Skills Development Canada, Canadian Institute for Health Information, and others. The data are used to help with program planning, evaluation, statistical tests, trends, cost projection, and budgeting.

Both qualitative and quantitative analysis is performed on the data. The small population base of the Yukon lends itself to variability that is challenging to analyze statistically. Information and findings from other jurisdictions, academic articles and occupational safety agencies are used to help place the data into context.

The users of the analyzed data are internal staff members. Limited analysis is provided to other workers' compensation boards and commissions, occupational health and safety agencies, and government departments.

Injury-Related Content

Classification of injury events: CSA-Z795
Geographic locators: street address, city, province/
(for the injured person's place of residence)   territory, postal code, injury occurred

	inside or outside of Yukon
Demographic variables:	age, date of birth, sex, occupation (SOC-91)
Unique identifiers:	social insurance number, healthcare insurance number
Place of injury occurrence:	free text field
Nature of injury:	CSA-Z795
Multiple causes of injury:	CSA-Z795
Anatomical location:	CSA-Z795
Multiple injuries:	CSA-Z795
Index of injury severity:	not recorded
Pre-event circumstances:	via Occupational and Health Safety's investigations into serious and fatal work related injuries.

Data Collection Methods

All workplace injuries are documented in three separate reports each completed by the employer, the injured worker and the medical provider such as the attending physician, nurse, or chiropractor. The data are coded, verified and entered into the claim system. Wherever necessary contact is made with the injured worker to complete missing or clarify contradictory information. Depending on the severity of the claim, a visit may be made to the employer.

Under the OHS, serious work related injuries or fatalities are investigated and the system used to track the resulting information, including the pre-event circumstances, are hoped to be linked with the WCHSB in 2004. It is anticipated that the linked systems will provide a more complete understanding of the scope and nature of workplace injuries and fatalities.

The types of data collected are all occupational injuries, illnesses, and diseases. There are no restrictions on what can be reported. The simplest claim such as a paper cut is entered into the system. Workforce data are also collected from the Bureau of Statistics - Yukon, Statistics Canada, Bureau Labour Statistics in United States, HRDC, and NWISP, periodically via e-mail attachments or in hardcopy.

The highest level of aggregation to which the injury data applies is the Yukon. The Yukon WCHSB covers the province's entire workforce with the exception of its federal government employees. WCHSB Yukon does not have the ability to identify First Nations/Aboriginal, Inuit nor Métis populations.

Changes in Data Over Time

None.

Data Availability

The database does not link with external databases. The Policy and Planning area of WCHSB has access to the information for

administrative and program planning needs. Requests for access to the raw data have not been granted. Requests from the general public and from the media are managed by the WCHSB's Public Relations department that operates within the *Access to Information and Protection of Privacy Act*.

The technical documentation available to authorized personnel includes a list of data elements, coding categories, data dictionary, file layout, data model and technical environment.

- Approximately 1,400 claims records are added to the database annually.
- At the end of year 2000, the database contained approximately 61,122 records.
- The time required for all the data to be entered into the database is dependent on the complexity of the reports received. The average is 42 days for all claims including occupation disease. Injury claims are entered approximately seven days after the injury event.
- The last full year of data available in the database is 2002.

Basic analysis can begin as soon as the data are entered into the database, noting that the integrity of the variables may be missing. Within three months, most of the variables are entered and accurate analysis, can be provided after all data quality control and data integrity processes are complete by March 31 of the year following. A limited number of built-in controls are hard coded into the application, and queries are run to determine anomalies such as missing codes, invalid codes and invalid codes combination. Other processes are in development that review the date of an injury that comes after a payment or a payment that comes before date of an injury, age discrepancy, and other inconsistencies.

Reports and Other Publications

Reports are generated on a daily basis for internal purposes. An annual report is published for stakeholder dissemination and is available upon request.
Titles of recent publications produced from this database include:

- *Annual Report 2001*
- *Strategic Plan 2002-2004*
- *Assessment Premium Review 2002*

The publications are disseminated in hardcopy by mail, or electronically attached to e-mail and distributed to the Government of Yukon, libraries, and via a mailing list.

Service Charges

Service charges are not applied for requests for information or data - charges are only applied for Access To Information requests.

Other Considerations   The strength and limitation of WCHSB-Yukon is with the small population covered. The strength is the close contact with the data allowing better control. The limitation is the lack of numbers for detailed statistical analysis. A new computer system is anticipated to be in place in two years.

Other Contacts   See Appendix G for a listing of all provincial/territorial workers' compensation boards and commissions.

Workplace Health, Safety and Compensation Commission, New Brunswick

Contact

David Greason
Vice President, WorkSafe Services

Tel.:   506-632-2816
Fax: 506-642-0728
E-mail: greasond@whscc.nb.ca

Workplace Health, Safety and Compensation Commission
P.O Box 160
Saint John, NB E2L 3X9

General Contact: 506-632-2200
or   1-800-222-9775
URL: www.whscc.nb.ca/index.asp

Organization Housing the Data Source

The Workplace Health, Safety and Compensation Commission (WHSCC) is dedicated to the promotion of a safe and healthy work environment, and the provision of services to workplaces, employers and injured workers of New Brunswick. These services include prevention services, no-fault insurance services, as well as compensation and rehabilitation services. The WHSCC administers three acts: the *Occupational Health and Safety Act*, *Workers' Compensation Act, and Workplace Health, Safety and Compensation Commission Act*. The Commission protects the integrity of these documents over time through court proceedings, arbitration hearings, and fraud and abuse detection initiatives.

The WHSCC manages the data collected in three databases: Claims database, Document database and Employer database. The Information Technology Department of the WHSCC, manages these systems.

Purpose of Data Source

The primary role of the data source is claim management and compensation for work-related injuries. The data are used for tracking injuries, for the generation of reports, for reporting to the Minister of Training and Employment Development, and for the identification of trends by type of injury and by type of industry.

The WHSCC supports injury surveillance by tracking workplace injuries, and ensuring compliance of Health and Safety laws and regulations. The type of analysis performed on the data is mostly quantitative, including payment analysis, actuarial analysis and some trend analysis. The users of the analyzed data are upper management of the WHSCC, stakeholders, the media, the private sector and the public.

Injury-Related Content	Classification of injury events:	NWISP (WCB coding)
	Geographic locators:	street address, city, province,
	(for the injured person's place of residence)	postal code
	Demographic variables:	age, date of birth, sex, occupation, industry
	Unique identifiers:	Healthcare patient identification number, social insurance number, claim number
	Place of injury occurrence:	internal code - by county
	Nature of injury:	NWISP
	Multiple causes of injury:	not recorded
	Anatomical location:	NWISP
	Multiple injuries:	not recorded
	Index of injury severity:	by proxy – length of recovery
	Pre-event circumstances:	not recorded

Data Collection Methods

When a workplace injury occurs, two forms are submitted to the WHSCC; one from the injured worker and the employer and one from the treating physician or agency (www.whscc.nb.ca/emp12_e.asp) Primary data are collected under legal obligation of the New Brunswick, *Workers' Compensation Act* through the specialized forms administered by the WHSCC, as well as personal interviews and service provider bills.

Secondary data are received from rehabilitation centres, long-term care facilities and other organizations involved in the injured worker's recovery. These data are received electronically, by fax, and in hard copy.

The highest level of aggregation to which the injury data applies is provincial. The WHSCC does not have the ability to identify First Nations/North American Indian, Inuit or Métis populations.

Changes in Data Over Time

The number of codes and data items (such as event dates) has increased over the years and has had a beneficial effect on data interpretation due to the increased richness of the information.

Data Availability

Access to the data is not generally provided beyond the organization, and the database does not link with any other external database. Specific requests for data can be granted provided the Workplace Health, Safety and Compensation Board gives approval. Linkage of the data can also be done with authorization from the Chief Executive Officer. Requests for data can be provided in various formats, including on tape, diskette or CD-Rom.

The technical documentation available to authorized personnel includes the list of data elements, coding categories/options, data dictionary, file layout, data model and technical environment.

- Approximately 28,000 records are added to the claims database annually.
- At the end of year 2003, there were approximately 803,000 records in the database.
- The data are entered in to the database 1-5 days after the injury occurred.
- The data are available for analysis immediately after being entered in to the database.
- The last full year of data available in the database is 2004.

Reports and Other Publications

Reports are generated annually, bi-annually, quarterly, monthly, weekly, daily and by request. The reports are available in hardcopy, attached to an e-mail, by fax and on the Web. They are disseminated by a mailing list and through individual requests.

Service Charges

Services charges are not applied to complete data or information requests.

Other Considerations

Injury data are not easily accessible through the databases as they were primarily designed as a claim management tool and accounting application.

Other Contacts

WHSCC, Information Technology Department
Peter Murphy
506-632-2204

Appendix A Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) Centres

**Health Canada, Canadian Hospitals Injury
Reporting and Prevention Program (CHIRPP)**
Steven McFaull
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Injury and Child Maltreatment Section,
Health Surveillance and Epidemiology Division,
Centre for Healthy Human Development,
Public Health Agency of Canada
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General E-mail: childinjury@hc-sc.gc.ca
General Contact: 613-957-4689

Alberta Children's Hospital
Trudi Senger
CHIRPP Coordinator
Alberta Children's Hospital
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BC Children's Hospital
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BC Injury Research and Prevention Unit
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Children's Hospital of Eastern Ontario
Maureen Brennen Barnes
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Hôpital Sainte-Justine, Montréal
Elizabeth Platonow
CHIRPP Coordinator
Urgence-Trauma-Chirurgie
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E-mail: elizabeth_platonow@ssss.gouv.qc.ca
General Contact : 514-345-4931

Hôpital de l'Enfant Jésus
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Fax: 418-666-2776
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General Contact: 902-470-8888

IWK Health Centre, Halifax
Merida MacNeil
CHIRPP, Information Officer
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Fax: 902-470-6774
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Janeway Children's Health and Rehabilitation Centre
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Kingston General Hospital and Hôtel Dieu Hospital
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Montreal Children's Hospital
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Stanton Regional Hospital, Yellowknife
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The Hospital for Sick Children, Toronto
Shirley Yee
CHIRPP Coordinator
Division of Emergency Services
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Winnipeg Children's Hospital
Arva Kalynuk
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Appendix B   National and Provincial/Territorial Coroners' and Medical Examiner's Services

Statistics Canada, National Coroner and Medical Examiner's Database
Valérie Gaston, Senior Analyst
Health Statistics Division, Statistics Canada
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Alberta
Linda Edey, Regional Administrator
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British Columbia
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Manager, Policy and systems
Office of the Chief Coroner
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Fax: 604-660-7766
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Manitoba
Gordon Holens, Statistician
Chief Medical Examiners Office
210 – 1 Wesley Ave.
Winnipeg, MB   R3C 4C6
Tel: 204-945-5750
Fax: 204-945-2442
E-mail: gholens@gov.mb.ca
General Contact: 204-945-2088

New Brunswick
Dianne Kelly, Chief Coroner
Office of the Chief Coroner
364 Argyle St, Box 6000,
Fredericton, NB   E3B 1T9
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Northwest Territories
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Nova Scotia
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Nova Scotia Medical Examiner Service
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General Contact: 902-428-4052

Nunavut
Tim Neilly, Chief Coroner
Office of the Chief Coroner
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Ontario
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Regional Supervising Coroner for Operations
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Prince Edward Island
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22 St. Peter's Road
Charlottetown, PE C1A 5N4
Tel.:   902-628-6974
Fax: 902-566-5483
E-mail: charles.trainor@pei.sympatico.ca

Quebec
Sonia Tennina, Epidemiologist
Bâtiment Delta 2
2875, boul. Laurier, Bureau 390,
Sainte-Foy, QC   G1V 5B1
Tel: 418-643-1845 ext. 223
Fax: 418-643-6174
E-mail: sonia.tennina@msp.gouv.qc.ca

Saskatchewan
Lorna Nystuen, Director
Saskatchewan Coroners Office
Saskatchewan Justice
1874 Scarth St, 6th Floor,
Regina, SK   S4P 3V7
Tel: 306-787-5541
Fax: 306-787-5503
E-mail: lnystuen@justice.gov.sk.ca

Yukon
Sharon Hanley, Chief Coroner
Office of the Chief Coroner
Department of Justice
Box 2703
Whitehorse, YK   Y1A 2C6
Tel: 867-667-5317
Fax: 867-393-6326
E-mail: sharon.hanley@gov.yk.ca

Appendix C   National and Provincial/Territorial Offices of Boating Safety

National Headquarters
Office of Boating Safety
Transport Canada
200 Kent St., 5th Floor
Ottawa, ON   K1A 0E6
Tel: 1-800-267-6687 (in Canada only)
Tel: 613-991-9002 (outside Canada)

Central and Arctic Region
Dawn Colquhoun
Program Support Officer
Office of Boating Safety
Transport Canada
201 Front St North, Suite 703
Sarnia, ON   N7T 8B1
Tel: 519-383-1980
Fax: 519-464-5137
E-mail: colquhd@tc.gc.ca
General Contact: 519-383-1972

Laurentian Region
Lucie Gagnon, Supervisor
Office of Boating Safety
Transport Canada
101 Champlain Boul, 2nd Floor
Québec, QC G1K 7Y7
General Contact: 418-648-4914

Maritime Region
Sandra Inglis
Super Intendent, Office of Boating Safety
Transport Canada
P.O Box 1013
Dartmouth, NS   B2Y 4K2
Tel: 902-426-7525
Fax: 902-426-4828
E-mail: ingliss@mar.dfo-mpo.gc.ca
General Contact: 902-426-2292

Newfoundland Region
Brian Avery, Supervisor
Office of Boating Safety
Transport Canada
Northwest Atlantic Fisheries Centre
East White Hills Rd, P.O. Box 5667
St. John's, NF A1C 5X1
General Contact: 709-772-6915

Pacific Region
Paul Blunt
Office of Boating Safety
Transport Canada
25 Huron St.
Victoria, BC   V8V 4V9
Tel: 250-480-2730
Fax: 250-480-2793
E-mail: bluntp@pac.dfo-mpo.gc.ca
General Contact: 250-480-2792

Appendix D   National and Provincial/Territorial Offices of the Fire Marshals and Commissioners

Government of Canada
Colette Trudel
Fire Prevention Information Officer
Human Resources and Skills Development Canada
Fire Protection Services, Labour Program
Phase II, Place du Portage
Gatineau, QC   K1A 0J2
Tel: 819-953-0970
Fax: 819-997-6795
E-mail: colette.trudel@hrdc-drhc.gc.ca
General Contact: 819-997-1306

Canadian Forces
Luc Pagé
Fire Prevention and Statistics Officer
Office of the Canadian Forces Fire Marshal
101 Colonel By Dr.
Ottawa, ON   K1A 0K2
Tel: 613-995-7719
Fax: 613-995-2610
E-mail: page.jl@forces.gc.ca
General Contact: 613-995-2534

Alberta
Mahendra Wijayasinghe, Ph.D.
Assistant Fire Commissioner
Fire Commisioner's Office
16th Floor, Commerce Place
10155 – 102 St.
Edmonton, AB T5K 4L4
Tel: 780-415-0546
Fax: 780-427-5898
E-mail: mahendra.wijayasinghe@gov.ab.ca
General Contact: 780-427-8392

British Columbia
Mr. E. David Hodgins
Fire Commissioner
Ministry of Community, Aboriginal and
Women's Services
P.O. Box 9491, Stn. Prov. Govt.
800 Johnson St.
Victoria, BC V8W 9N7
Tel: 250-387-5536
Fax: 250-356-9019
Email: david.hodgins@gems4.gov.bc.ca

Manitoba
Doug Popowich
Fire Commissioner
Manitoba Labour
1601 Van Horne Ave. E.
Brandon, MB R7A 7K2
Tel: 204-726-6841
Fax: 204-726-6847
Email: dpopowich@gov.mb.ca
Web Page:http://www.firecomm.gov.mb.ca/

New Brunswick
John C. McLaughlin
Fire Marshal
Police, Fire and Emergency Services
NB Public Safety
P.O. Box 6000
65 Brunswick St.
Fredericton, NB E3B 5H1
Tel: 506-444-4556
Fax: 506-457-4899
Email: john.c.mclaughlin@gnb.ca

Newfoundland
Mr. Fred Hollett
Fire Commissioner
Department of Municipal &Provincial Affairs
2 Wellon Dr.
Deer Lake, NF A8A 2G5
Tel: 709-635-4153, 635-4154
Fax: 709-635-4163
Email: fhollett@mail.gov.nf.ca

Northwest Territories
D.E (Don) Gillis
Fire Marshal
Office of the Fire Marshal
Government of the Northwest Territories
600, 5201 – 50 Ave.
Yellowknife, NT   X1A 3S9
Tel: 867-873-7469
Fax: 867-873-0260
E-mail: don_gillis@gov.nt.ca

Nova Scotia
Robert Cormier
Executive Director, Public Safety/Fire Marshal
Office of the Fire Marshal
Public Safety Division
Department Environment and Labour
5151 Terminal Rd.
Halifax, NS   B3J 2T8
Tel: 902-424-5721
Fax: 902-424-3239
E-mail: cormierr@gov.ns.ca
General Contact: 1-800-559-3473 (FIRE)

Nunavut
Mr. Gerald Pickett
Fire Marshal
Nunavut Emergency Service
Government of Nunavut
P.O. Box 430
Iqaluit, NU X0A 0H0
Tel: 867-975-5310
Fax: 867-979-4221
Email: gpickett@gov.nu.ca

Ontario
Mr. Bernie A. Moyle
Fire Marshal
Ministry of The Solicitor General and
Correctional Services
5775 Yonge St, 7th Floor
Toronto, ON M2M 4J1
Tel: 416-325-3101
Fax: 416-325-3119
Email: bernie.moyle@jus.gov.on.ca
Web Page:http://www.gov.on.ca/OFM/

Prince Edward Island
Mr. David Blacquiere
Fire Marshal
Community Affairs and Attorney General
31 Gordon Dr.
P.O. Box2000
Charlottetown, PE C1A 7N8
Tel: 902-368-4869
Fax: 902-368-5526
Email: djblacquiere@gov.pe.ca

Quebec
Mr. Denis Racicot
Associate Deputy Minister
Civil Security and Fire Safety
2525 Laurier Boul.
Tour des Laurentides, 5th Floor
Sainte-Foy, QC   G1V 2L2
Tel: 418-643-3500
Fax: 418-643-0275
Email: denis.racicot@msp.gouv.qc.ca

Saskatchewan
Mr. Rick McCullough
Fire Commissioner
Saskatchewan Municipal Affairs
Office of the Fire Commissioner
Suite 310, 1855 Victoria Ave.
Regina, SK   S4P 3V7
Tel: 306-787-4516
Fax: 306-787-9273
Email: rmccullough@mach.gov.sk.ca

Yukon
Mr. Jack Holesworth
Fire Marshal
Department of Community Services
2nd and Hansen Streets, P.O. Box 2703
Whitehorse, YK Y1A 2C6
Tel: 867-667-5217
Fax: 867-393-6249
Email: john.holesworth@gov.yk.ca

Appendix E   National and Provincial/Territorial Trauma Registries

National Trauma Registry
Leila Abboud
Consultant, Trauma and Joint Replacement Registries
Canadian Institute of Health Information
300-90 Eglinton Ave. East,
Toronto, ON   M4P 2Y3
Tel: 416-481-2002 ext. 3545
Fax: 416-481-2950
E-mail: labboud@cihi.ca
General Contact: ntr@cihi.ca

British Columbia Trauma Registry
Sharon Kasic, Manager
British Columbia Trauma Registry
Vancouver General Hospital, Trauma Services
855 West 12th Ave,
Vancouver, BC V5Z 1M9
Tel: 604-875-4748
Fax: 604-875-5348
E-mail: skasic@vanhosp.bc.ca

Alberta Trauma Registry
Mary Stephens, Registry Manager
University of Alberta/ Stollery Children's Hospital
8440 – 112 St.
Edmonton, AB T6G 2B7
Tel: 780-407-6844
Fax: 780-407-1192
E-mail: mhs1@ualberta.ca
General Contact: 780-407-7416

Manitoba Trauma Registry
Mike Hoppensack, Analyst
Health Sciences Centre
820 Sherbrook St.,
Winnipeg, MB R3A 1R9
Tel: 204-787-1217
Fax: 204-787-4837
E-mail: mhoppensack@hsc.mb.ca

Ontario Trauma Registry
Leila Abboud
Consultant, Trauma and Joint Replacement Registries
Canadian Institute of Health Information
300-90 Eglinton Ave. East,
Toronto, ON   M4P 2Y3
Tel: 416-481-2002 ext. 3545
Fax: 416-481-2950
E-mail: labboud@cihi.ca
General Contact: ntr@cihi.ca

Atlantic Health Science Corporation Trauma Registry
Heather Oakley
Trauma Coordinator
Saint John Regional Hospital
P.O. Box 2100,
Saint John, NB   E2L 4L2
Tel: 506-648-7303
Fax: 506-648-7806
E-mail: oakhe@reg2.health.nb.ca

Nova Scotia Trauma Registry
Beth Sealy
Coordinator, Provincial trauma registry
Nova Scotia Trauma Registry
Emergency Health Services
1278 Tower Rd, Victoria Building, 13th Floor,
Halifax, NS   B3H 2Y9
Tel: 902-473-5949
Fax: 902-473-5835
E-mail: beth.sealy@cdha.nshealth.ca

Quebec Trauma Registry
Joanne Gaumond, Chef du service
Régie de l'assurance-maladie du Quebec
Services des relations avec la clientele et de la diffusion de l'information
1125 ch. Saint-Louis, Sillery, QC
Tel: 418-682-5163
Fax: 418-643-7381
E-mail: statistique@ramq.gouv.qc.ca

Newfoundland & Labrador Trauma Registry
Shirley Roche
300 Prince Philip Pky
St. John's NL A1B 3V6
Tel.: 709-777-7806
E-mail: Shirley.Roche@hccsj.nf.ca
Health Care Corporation of St. John's – General Hospital

Note: There are no official trauma registries for Saskatchewan, Prince Edward Island, Yukon Territory, Nunavut or the Northwest Territories.

Appendix F   National and Provincial/Territorial Vital Statistics Registries

National Vital Statistics
Leslie Geran, Senior Analyst
Health Statistics Division, Statistics Canada
Main Building, 2200 Section D, Tunney's Pasture,
Ottawa, ON   K1A 0T6
Tel: 613-951-5243
Fax: 613-951-0792
E-mail: leslie.geran@statcan.ca
General Contact: 613-951-1746

Alberta Vital Statistics
Gail Brese, System Administrator
10365 – 97th St,
Edmonton, AB   T5J 3W7
Tel: 780-422-7941
Fax: 780-422-4225
E-mail: gail.brese@gov.ab.ca

British Columbia Vital Statistics
Rosemary Armour
Information and Resource Management Unit
P.O. Box 9657 Station Provincial Government
Victoria, BC   V8W 9P3
Tel: 250-952-2558
Fax: 250-952-2594
E-mail: rosemary.armour@gems4.gov.bc.ca

Manitoba Vital Statistics
Caroline Kaus
Director, Division of Vital Statistics
Consumer and Corporate Affairs
254 Portage Ave,
Winnipeg, MB   R3C 0B6
Tel: 204-945-4168
Fax: 204-945-0424
E-mail: ckaus@gov.mb.ca

New Brunswick Vital Statistics
Robert Breau, A/ Program and Policy Analyst
Department of Health and Wellness
435 King Street, Room 203
Fredericton, NB   E3B 1E5
Tel.:   506-453-2008
Fax: 506-453-3245
E-mail: robert.breau@GNB.ca
General Contact: 506-453-2385

Newfoundland Vital Statistics
Government Service Centre
Department of Government Services and Lands
5 Mews Pl, P.O. Box 8700
St. Johns, NL   A1B 4J6
Tel: 709-729-3308
Fax: 709-729-0946

Northwest Territories Vital Statistics
Anthony Leamon
Health Information Analyst
Planning, Accountability & Reporting
Department of Health and Social Services
Government of the Northwest Territories
Box 1320, Centre Square Tower 6
Yellowknife, NT   X1A 2L9
Tel: 867-873-7055
Fax: 867-873-0204
E-mail: anthony_leamon@gov.nt.ca
General Contact: 867-920-8946

Nova Scotia Vital Statistics
Beverly Billard
Research and Statistical Officer
P.O. Box 157
Halifax, NS   B3J 2M9
Tel: 902-424-6841
Fax: 902-424-0678
E-mail: billardb@gov.ns.ca

Nunavut Vital Statistics
Department of Health and Social Services
Government of Nunavut
Bag 003 Rankin Inlet, NU X0C 0G0
Tel: 867-645-8002
Fax: 867-645-8092

Ontario Vital Statistics
Judi Hartman, Director and Deputy Registrar General
Ontario Vital Statistics, Office of the Registrar General
Ministry of Consumer and Business Services
393 University Ave,
Toronto, ON M5G 1E6
Tel: 416-326-1839
Fax: 416-212-6082
E-mail: judi.hartman@cbs.gov.on.ca

Prince Edward Island Vital Statistics
Department of Health and Social Services
35 Douses Rd, P.O. Box 3000
Montague, PE C0A 1R0
Tel: 902-838-0880
Fax: 902-838-0883

Québec Civil Registration
Le Directeur de l'état civil
205, rue Montmagny
Québec, QC G1N 4T2
Tel: 418-643-3900
Fax: 418-646-3255

Saskatchewan, Vital Statistics
1942 Hamilton St.
Regina, SK   S4P 3V7
Tel: 306-787-3092
Fax: 306-787-2288

Yukon Vital Statistics
Sylvia Kitching, Deputy Registrar
204 Lambert Street, 4th Floor
Whitehorse, Yukon Y1A 2C6
Tel.:   867-667-5207
Fax: 867-393-6486
E-mail: sylvia.kitching@gov.yk.ca
General Contact: 1-800-661-0408, x. 5207

Note: You can visit the Web site of the Vital Statistics Council of Canada at **www.vscouncil.ca**.

Appendix G   National and Provincial/Territorial Workers' Compensation Boards and Commissions

National Work Injuries Statistics Program
Dilys Robertson , National Coordinator
Association of Workers' Compensation
Boards of Canada
National Work Injuries Statistics Program
6551B Mississauga Rd,
Mississauga, ON L5N 1A6
Tel: 905-373-7255
Fax: 905-373-4949
E-mail: dilysr@sympatico.ca
General Contact: 905-542-3633
URL: www.awcbc.org

Alberta
Workers' Compensation Board of Alberta
Rita Yim, Analyst
PO Box 2415, 9912-107 St.
Edmonton, AB T5J 2S5
Tel: 780-498-4895
Fax: 780-498-7880
E-mail: rita.yim@wcb.ab.ca
General Contact: 780-498-3999
URL: www.wcb.ab.ca

British Columbia
Workers' Compensation Board of British Columbia
P.O. Box 5350,
Vancouver, BC V6B 5L5
Tel: 604-273-2266
Fax: 604-276-3151
URL: www.worksafebc.com

Manitoba
Workers' Compensation Board of Manitoba
Barry Warrack
Manager, Planning and Evaluation
10th –363 Broadway
Winnipeg, MB R3C 3N9
Tel: 204-954-4895
Fax: 204-954-4995
E-mail: bwarrack@wcb.mb.ca
URL: www.wcb.mb.ca

New Brunswick

Workplace Health, Safety and Compensation
Commission
1 Portland St., P.O. Box 160
Saint John, NB E2L 3X9
Tel: 506-632-2200
Fax: 506-632-4999
URL: www.whscc.nb.ca

Newfoundland
Workplace Health Safety and Compensation
Commission
Dierdre Tiffany
Manager Image Processing and File Management
146–148 Forest Rd, P.O. Box 9000, Station B
St. John's, NL A1A 3B8
Tel: 709-778-1000
Fax: 709-738-1714
URL: www.whscc.nf.ca

Nova Scotia
Workers' Compensation Board of Nova Scotia
Kelly MacDonald
Statistician
5668 South St, PO Box 1150
Halifax, NS   B3J 2Y2
Tel: 902-491-8410
Fax: 902-491-8720
E-mail: kelly.macdonald@wcb.gov.ns.ca
URL: www.wcb.ns.ca

Northwest Territories & Nunavut
Workers' Compensation Board - Northwest
Territories and Nunavut
Dave Grundy
Manager Public Affairs and Information
PO Box 8888
Yellowknife, NT X1A 2R3
Tel: 867-669-4442
Fax: 867-669-4462
E-mail: davegru@wcb.nt.ca
URL: www.wcb.nt.ca

Ontario
Workplace Safety and Insurance Board
Carol Luce
200 Front St. West,
Toronto, ON   M5V 3J1
Tel: 416-344-4367
Fax: 416-344-3999
General Contact: 416-344-1000
URL: www.wsib.on.ca

Prince Edward Island
Workers' Compensation Board of Prince Edward
Island
Mark Barrett, Communications Officer
14 Weymouth St., PO Box 757
Charlottetown, PE C1E 1R6
Tel: 902-894-0362
Fax: 902-368-5705
E-mail: mabarrett@wcb.pe.ca
URL: www.wcb.pe.ca

Quebec
Commission de la santé et de la sécurité du travail
1199, rue de Bleury C.P. 6056
Succursale «centre-ville»
Montréal, QC H3C 4E1
Tel: 514-906-3780
Fax: 514-906-3781
URL: www.csst.qc.ca

Saskatchewan
Saskatchewan Workers' Compensation Board
George Marshall
Research Officer, Revenue Analyst
1881 Scarth St.
Regina, SK   S4P 4L1
Tel: 306-787-3286
Fax: 306-787-4205
E-mail: gmarshall@wcbsask.com
General Contact: 1-800-667-7590
URL: www.wcbsask.com

Yukon Territory
Yukon Workers' Health and Safety Board
Mike McCormick
Statistical Analyst
401 Strickland St.
White Horse, YK   Y1A 5N8
Tel: 867-667-5370
Fax: 867-393-6279
E-mail: michael.mccormick@gov.yk.ca
General Contact: 867-667-5645
URL: www.wcb.yk.ca

Appendix H   Provincial/Territorial Poison Centres

Alberta
Poison and Drug Information Services
Foothills General Hospital
1403 – 29th St. N.W.
Calgary, AB T2N 2T9
Tel: 1-800-332-1414 or 403-670-1414
Fax: 403-670-1472

British Columbia
Derek Daws
Managing Director
B.C. Drug and Poison Information Centre
Ministry of Health
University of British Columbia
1081 Burrard St.
Vancouver, BC   V6Z 1Y6
Tel: 604-682-2344 ext. 62126
Fax: 604-806-8262
E-mail: daws@dpic.bc.ca
General Contact: info@dpic.ca

Manitoba
Provincial Poison Information Centre
Children's Hospital Health Sciences Centre
840 Sherbrook St.
Winnipeg, MB   R3A 1S1
Tel: 204-787-2591 emergency inquiries
        204-787-2444 general inquiries
Fax: 204-787-4307

New Brunswick
Poison Control Centre
The Moncton Hospital
135 McBeath Ave.
Moncton, NB E1C 6Z8
Tel: 506-857-5555 emergency inquiries
          506-857-5353 general inquiries
Fax: 506-857-5360

Newfoundland
Provincial Poison Control Centre
The Janeway Children's Hospital and Rehabilitation
Centre
710 Janeway Place
St. John's, NL A1A 1R8
Tel: 709-722-1110

Northwest Territories
Emergency Department
Stanton Yellowknife Hospital
P.O.Box 10
Yellowknife, NT X1A 2N1
Tel: 867-669-4100

Nova Scotia & Prince Edward Island
Poison Control Centre
IWK Children's Hospital
P.O. Box 3070
Halifax, NS   B3J 3G9
Tel: 1-800-565-8161 or 902-428-8161 (Nova Scotia)
418-656-8090 (Prince Edward Island)

Nunavut
Baffin Regional Hspital
Tel.:   867-979-7300

Cambridge Bay Health Centre
Tel: 867-645-2816

Ontario
**Ontario Regional Poison Information Centre -
Ottawa**
Jill Courtemanche, Manager
Children's Hospital of Eastern Ontario
401 Smyth Rd
Ottawa, ON   K1H 8L1
Tel: 613-737-7600 ext. 3999
Fax: 613-738-4862
E-mail: courtemanche@cheo.on.ca
General Contact: 613-737-7600

**Ontario Regional Poison Information Centre -
Toronto**
Heather Ferries, Clinical Nurse Educator
The Hospital for Sick Children
Ontario Regional Poison Information Centre
555 University Ave.
Toronto, ON M5G 1X8
Tel: 416-813-1500
Fax: 416-813-7489
E-mail: heather.ferries@sickkids.ca
General contact: 416-813-5900

Quebec
Centre antipoison du Québec
Le Centre Hospitalier de l'Université Laval
2705 boul. Laurier
Sainte-Foy, QC G1V 4G2
Tel: 1-800-463-5060 or 418-656-8090
Fax: 418-654-2747

Saskatchewan
Saskatchewan Poison control Centre
Tel: 1-866-454-1212 (Services Alberta as well)

Regina General Hospital
Emergency Department
1440 14th Ave.
Regina, SK S4P 0W5
Tel: 1-800-667-4545 or 306-359-4545
Fax: 306-359-4357

Royal University Hospital
Emergency Department
Saskatoon, SK S7N 0X0
Tel: 1-800-363-7474 or 306-966-1010
Fax: 306-966-1011

Yukon
Whitehorse General Hospital
Emergency Department
5 Hospital Rd
Whitehorse, YT Y1A 3H7
Tel: 403-667-8726
Fax: 403-667-2471

Acknowledgements

Many dedicated people have contributed both their ideas and energies to the development of this Inventory. In particular, the Centre for Surveillance Coordination would like to thank Caroline da Silva, Alan Hotte, Shannon Cushman, Jana Knazko, and Kurt Combden for their efforts in preparing this fourth edition of the *Inventory of Injury Data Sources and Surveillance Activities*.

Thank you also to the individual contact people listed in the inventory, who have been so helpful in providing us with the details of their systems and organizations. This initiative could not be done without the efforts and continued support of these people.