

MUNICIPALITY OF KLEPP

**APPLICATION FOR RECOGNITION AS A SAFE
COMMUNITY
AND FOR MEMBERSHIP IN THE WORLD HEALTH
ORGANISATION (WHO) SAFE COMMUNITIES
NETWORK**



KLEPPE, APRIL 2002

The Municipality of Klepp hereby applies for recognition as a Safe Community and for membership in the World Health Organisation's (WHO) Safe Communities

Kleppe,

Ivar Undheim
Chief Administrative Officer

Elfin Lea
Mayor

Table of contents

1. Klepp Municipality	4
2. Local Agenda 21 as the umbrella for the Safe Communities project	5
3. WHO's criteria for Safe Communities	6
4. Retrospective and pro-active methods	6
4.1 Retrospective,- accident and injury registration	6
4.2 Pro-active,- risk and vulnerability analyses (ROS)	7
5. Review of the 12 criteria	8
5.1 Formation of a cross sectoral group that is responsible for injury prevention	8
5.2 Involvement of the local community network	9
5.3 The programme will address all ages, surroundings, and situations.	11
5.3.1 Injury prevention in relation to different age groups	11
5.3.2 Injury prevention programme and actions based on context and situation	14
5.4 The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups.	17
5.5 The programme should have a mechanism to document the frequency and causes of injuries.	19
5.6 Programme must be a long-term approach, not one of brief duration.	22
5.7 The programme evaluation should include indicators which show effects and provide information on the process as it advances.	23
5.8 Each community will analyze its organizations and their potential for participation in the programme.	24
5.9 Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.	25
5.10 Be prepared to involve all levels of the community in solving the injury problem.	25
5.11 Disseminate information on the experience both nationally and internationally.	26
5.12 Be willing to contribute to the overall network of "Safe Communities."	27
Documentation/sources	29

1. The Municipality of Klepp

The Municipality of Klepp

Klepp takes its name from the knolls ("kleppane") on Kleppe farm.

The Klepp area is characterised by its rolling agricultural landscape, mild coastal climate, shallow lakes and long stretches of beach.

The Municipality of Klepp lies in the heart of the Jæren region, about 25 km south of Stavanger. The Jæren region embraces the municipalities of Klepp, Gjesdal, Hå, Time; Sandnes, Sola, Randaberg and Stavanger.

The old parish of Klepp, extending as far as the municipal area itself, has remained unchanged since around the year 1300.

The municipality covers an area of 115.1 km², of which 81 km² is agricultural land, 10.5 km² water and 4 km² woodland.

*As of 1 January 2001 Klepp had 13 884 inhabitants.
The number of jobs is about 5 400.*

Agriculture, industry, private and public services are the principal occupations.

With just under 600 farms, 81 km² agricultural land and considerable numbers of livestock, Klepp Municipality is the second largest agricultural municipality in Rogaland, and one of the leading areas in Norway.

The town of Kleppe is the municipality's administrative, commercial and service centre. All public offices are located here. Kleppe is a thriving shopping area and offers a wide range of services.

Population and age distribution in the municipality

Year	1950	1960	1970	1980	1990	2000
Population	4 973	5 980	8 878	10 758	11 871	13 884

Table 1- Population growth in the period 1950 - 2000

Over the last 50 years, the population of Klepp has grown from about 5000 to 14 000. The end of the 1960s saw a significant rise in population. From 1980 to the present day, the growth in population has kept approximate pace with the rise in birth rate, i.e. about 1.0 – 1.3%. In the period 1980 – 1990 the population of Klepp rose by 10 % , i.e. an average of 1.0 % a year.

Age	0-6	7-15	16-24	25-66	67-79	80	total
Number	1796	1980	1656	7310	822	320	13884
Percentage	13	14	12	53	6	2	100

Table 2- Age distribution as on 1 January 2001

Of all municipalities in Norway, Klepp has the highest number of 0-5 year olds in relation to overall population. Day care (kindergarten) provision is approximately 45%.

There are currently 6 primary schools, 2 lower secondary schools and 2 combined primary/lower secondary schools in the municipality, spread over 8 catchment areas. Klepp also has a music school (*kulturskule*) and one upper secondary school. Jæren *Folkehøgskule* (county college) also lies in Klepp Municipality.

There are about 150 sports/athletics clubs, recreational organisations and other associations in the municipality. There is a keen sense of team spirit and voluntary commitment. The municipality has had a Voluntary Services Centre since 1991, which is the focal point of much of the voluntary work in the area.

2. Local Agenda 21 as the umbrella for Safe Communities

The Municipal Council passed a resolution in March 1999 that the municipality should associate itself with the Fredrikstad Declaration ("*Fredrikstaderklæringa*") and work towards what is called Local Agenda 21. This is a commitment to work towards sustainable development with the focus on health, safety and the environment. The municipality has gathered and organised several projects and development actions under a Local Agenda 21 umbrella. In addition to the Safe Community project, there is Healthy Outdoors, Green Action, the Jær Water Resources Action (*Aksjon Jærvassdrag*), Biological Diversity and the Public Health Conference.

All subsidiary projects under LA21 pull in the same direction, namely greater focus on health and the environment. There are many common features: interdepartmental cooperation, a sound political and administrative basis and consensus that the work must have a long-term perspective. Experience shows that, with LA21 as the umbrella, conditions are good for launching new projects. The different projects give a synergy effect, and in regard to injury prevention it is a decided advantage to have a broad-based effort directed towards health and the environment, organised on this model:

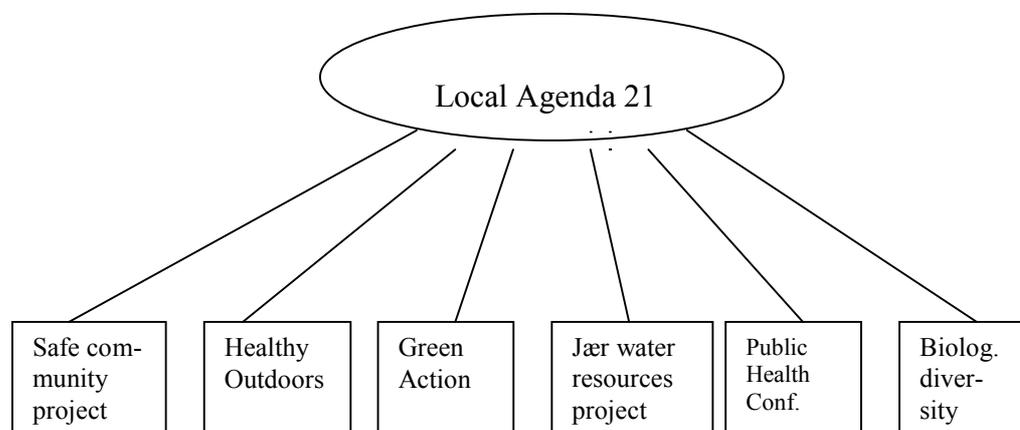


Figure 1- Local Agenda 21 Model, the Safe Community and other projects/actions

3. WHO's criteria for Safe Community status

The World Health Organisation, WHO, has developed the international injury prevention programme Safe Communities. The programme is a model for local injury prevention work where interdepartmental/cross-sectoral cooperation is the key element.

Certain criteria must be satisfied in order to be granted recognition as a Safe Community. Local communities awarded this status enter into an agreement with the WHO Safe Communities Centre. The following criteria must be satisfied:

- Formation of a cross sectoral group that is responsible for injury prevention
- Involvement of the local community network
- The programme will address all ages, surroundings, and situations.
- The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups.
- The programme should have a mechanism to document the frequency and causes of injuries.
- Programme must be a long-term approach, not one of brief duration.
- The programme evaluation should include indicators which show effects and provide information on the process as it advances.
- Each community will analyze its organizations and their potential for participation in the programme.
- Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.
- Be prepared to involve all levels of the community in solving the injury problem.
- Disseminate information on the experience both nationally and internationally.
- Be willing to contribute to the overall network of "Safe Communities."

4. Retrospective and pro-active approach

Klepp Municipality employs both a retrospective and pro-active approach to injury prevention.

4.1 Retrospective,- accident and injury registration

In 1999 the registration of injuries began through the emergency medical services (casualty dept.), the three medical centres in the area and the occupational health service. The "Win-med"- program is used in the medical centres while the occupational health service keeps manual records. Analysis of the data enables the municipality to implement specific measures. The registration of injuries will also be a useful tool in evaluating the effect of these measures.

The aim is to reduce the number of accidents by 20% over a 5-year period.

Experience to date is that the local registration of injuries plays a valuable role in injury prevention. It engages the interest of politicians and those working on a daily basis with accident prevention. The continuous registration of injuries will be maintained.

The retrospective method is described in greater detail in section 5.

4.2 Pro-active, risk and vulnerability analyses (ROS)

In 1997, the County Medical Officer of Rogaland took the initiative towards cooperation based on a global approach to emergency preparedness and preventive work/public health. This arose from the Action Programme for Children and Health which was aimed at promoting cross-sectoral cooperation on accident/injury prevention. The work involved looking at emergency preparedness and accident/injury prevention under the same umbrella and deciding whether or not a unified approach would strengthen both areas. The model we have followed in our work is this:

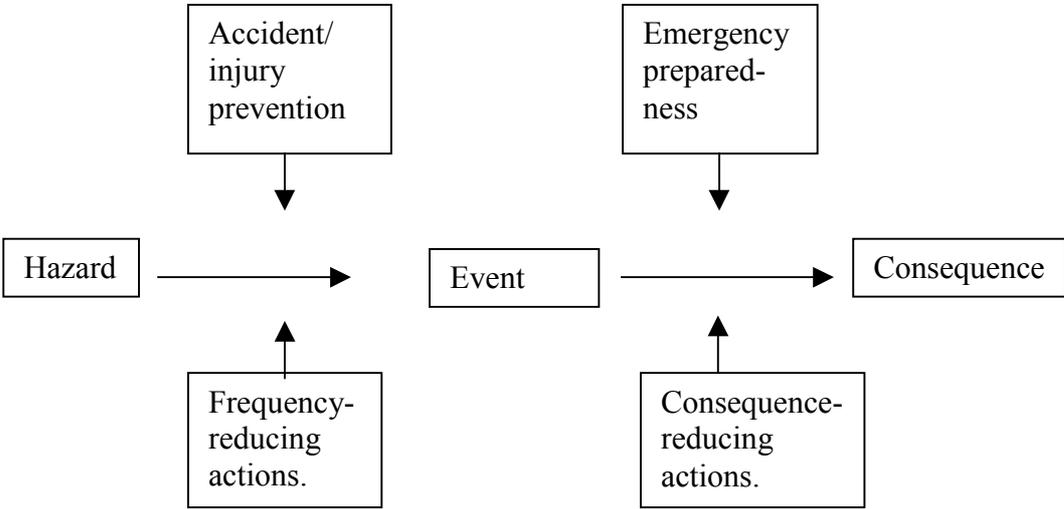


Figure 2- Link between accident/injury prevention and emergency preparedness

ROS is a method for systematic registration of events entailing risk to people, the environment or material assets. The method is best known in connection with emergency preparedness planning. The Directorate for Civil Defence and Emergency Training (*DSB*) encourages local authorities to conduct ROS analyses as a basis for emergency planning at local level.

Looking at accident/injury prevention and preparedness as two sides of the same issue has led to further development of the ROS method. In connection with the Safe Community project the prevention aspect is of particular interest. The systematic, pro-active approach characteristic of the ROS method has proved highly suited to injury prevention.

In 2000, Klepp Municipality was given financial support from DSB to develop the ROS tool for use in local authority administration. Behind this was the idea that ROS could be used in planning, administration and minor matters,- i.e. in routine daily tasks. We have come furthest with the simple everyday variant which has been named *DagROS* , or “a stitch in time”. In

practice, *DagROS* is a simple guide to the ROS method. This guide can be linked to Internet web-sites with examples and details of how the method can be used. It has wide application and can be used by everyone. *DagROS* is in brochure-format and is suitable for use in all local government departments and outside, for example in sports clubs and other recreational organisations.

DagROS is an aid in planning activities and carrying them out in the safest possible way. The focus is on solutions and preventive measures. The experience from, and response to, *DagROS* is positive: this is a simple, systematic way of thinking about prevention, an easily understood product that separates the important elements from the less important, encourages cooperation and focuses on solutions.

Examples of activities where *DagROS* has been used: the kindergarten class is going on an outing, the football team is taking part in the Norway Cup, a group of volunteers is going to renovate the children's play-area, the social club is going to lower the age limit to 12, the municipal works department has to temporarily close the pedestrian/cycle path.

The *DagROS* product will be ready sometime in Spring 2002. Simultaneously, work is continuing on developing a ROS variant for use in planning and administration. This is rather more demanding and detailed, but we have gained enough experience to feel confident that we can complete the task..

We have had much-appreciated support in this project. The County Medical Officer, the emergency preparedness department in the County Governor's office and Stavanger University College (community safety study) have supplied us with speakers, consultants and, not least, valuable discussion partners on the way. This has been extremely helpful throughout the entire process.

5. The 12 criteria in detail

5.1 Formation of a cross sectoral group that is responsible for injury prevention

Steering committee

In March 1999, the municipal council approved the proposal that the Chief Administrative Officer's management group should act as the steering committee for the work of injury prevention in the municipal area. The group comprises the leaders of all the different service departments, which secures central commitment and answers the requirement for a cross-sectoral perspective in the work.

The mandate of the steering committee is to:

- Approve the implementation plan for the Safe Communities project, including
 - accident prevention programmes
 - plans for introducing risk and vulnerability analysis into the municipality
- Approve the application for Safe Community status

Project group

An interdepartmental project group was set up at the start of the project. The composition of the group is as follows:

- Environmental protection coordinator – central administration
- Chief Municipal Health Officer –health and social security dept.
- Chief Municipal Engineer (*teknisk sjef*) – municipal works dept.
- Teacher –vocational training dept.
- Child development leader – dept. of sports and culture
- Technical consultant – agricultural dept.
- Project coordinator - health and social security dept

The mandate of the project group is:

- to develop implementation plans for the project
- to act as an advisory body to the project coordinator
- to implement activities and measures aimed at achieving Safe Community objectives
- to draw up the application for recognition as a Safe Community

The project group was set up in February 1999. On average, the group has held 10 meetings a year. The group has an important role as a driving force in the work of injury prevention. Its broad, cross-sectoral composition means the group is in a good position to coordinate measures and keep all departments actively involved.

Project coordinator

The project coordinator is organisationally placed in the municipal department of health and social security and ordinarily works with the Municipal Health Officer. The project coordinator is also leader of the project group and reports directly to the steering committee.

Injury prevention forum

The injury prevention forum was intended to be a network of key persons and organisations in the area of prevention. In practice it was an extension of the project group with the addition of the district sheriff (*lensmann*), insurance companies, voluntary health associations, the women's branch of the farmers' union, the advisory body on care of the aged, the student council and the disabled persons' user forum. The intention was that the injury prevention forum should convene 1-2 times a year and act as a think tank and discussion forum on preventive work in the municipality. Experience shows that it is difficult to coordinate such a broad-based group. For that reason, the injury prevention group has been replaced by a number of resource groups. See point 5.2, resource groups.

5.2 Involvement of the local community network

Successful injury prevention depends on the participation and active engagement of many people. The work ranges over a wide number of areas and needs everything from a sound basis and support in local government administration to getting the idea of safety under the skin of every single resident in the municipality.

Clubs, associations and the commercial sector play an important role. Klepp Municipality is well known for its rich sports, social and cultural life with a wide range of recreational activities for all ages. Many of these organisations work closely with the Voluntary Organisation Centre, and they can draw freely on the Centre's network in order to disseminate information about injury prevention.

The largest network involved in the work is that of the voluntary welfare organisations. A welfare organisation is an association of, and for, residents in a geographically delimited residential area. There are today 26 such associations spread throughout the municipality. These voluntary welfare organisations play an important part in injury prevention. Through them, it is possible to reach out to many people who are interested in creating a good, safe, local environment, and it is easy to awaken their spirit of enterprise and communal contribution. There are 2-3 fixed meetings a year between the voluntary welfare organisations and the project group, in which a number of different topics are discussed. The establishment of neighbourhood support areas and safe play-area projects are two important projects. See 5.3 below on local environment.

Under the banner of "Our Children, Our Future", we have aimed to involve our young people in the work. This happens in part through the schools, where pupils from the lower secondary schools in particular have taken an active part in road traffic surveys, actions and project work. The Youth Council, the Young People's Council Meeting and the Youth Conference (a biannual arrangement) is the arena for youth participation in the municipality. Young people are also actively involved in a new municipal plan on the theme of "Health promotion and Community Development". A central aspect of the plan is safety and crime/injury prevention.

Where the local government organisation itself is concerned, all levels are directly or indirectly involved in injury prevention. Some departments are represented in the resource groups, while much of the focus is on incorporating safety-mindedness and injury prevention in the normal everyday running of the organisation. Injury prevention is firmly rooted in municipal planning and in the objectives of each department. In this way, all political levels are involved in injury prevention.

Resource groups

Resource groups are linked to various enterprises or areas of activity. Each group consists of 2 to 8 representatives from different areas inside and outside of the municipality. The composition of these groups is as follows:

Injury registration group

- Chief Municipal Medical Officer
- Nurse/registrar

Road safety group

- Chief Municipal Engineer
- Child development leader
- Teacher
- Principal of the lower secondary school
- 2 Student Council representatives
- Sheriff (*lensmann*)
- Insurance company representative

Group for prevention of accidents among the elderly

- Representative from the Council for Care of the Elderly
- Physiotherapist

- Ergotherapist
- Home care nurse

Local environment group

- Voluntary welfare organisations
- Youth leader
- Municipal gardener

ROS group

- Project group
- Chief County Medical Officer's advisor on accident prevention
- Consultant from the County Governor's emergency preparedness department
- Researcher from the Rogaland Research Institute, Stavanger (community safety)

Crime prevention

- The *SLT* project (for coordination of local crime prevention measures) was set up in autumn 2001.

5.3 The programme will address all ages, surroundings, and situations

5.3.1 Injury prevention in relation to different age groups

Pre-school children aged 0-6

In addition to parents, the family health clinic and day care institution are the most important contributors to accident prevention among pre-school children.

The health clinic has the following injury prevention programmes:

Children 0-6 months

- Information and distribution of brochures about baby care, bathing, accidental falls and drowning
- Advice on toys and equipment
- Child car seats available for borrowing

Children 6 months - 2 years

- Information about child safety equipment
- Information about poisonous plants
- Advice on safe storage of chemicals
- Advice on safe play areas

Children 2 – 6 years

- Information on the risk of accident to children on farms
- Advice on cycling and cycling equipment

Klepp has 45% day care place availability. Injury prevention measures in day care institutions are:

- Annual inspection of outside playgrounds and play apparatus
- Child safety devices on equipment and fixtures where necessary
- Safety procedures during outings
- Use of *DagROS* in extra-curricular activities
- First aid courses for members of staff

The day care institutions work actively with quality development and an internal control system in line with statutory regulations on health and safety in schools and day care institutions has been established. All day care institutions are approved in terms of the regulations.

Schoolchildren 6-15 years

The school nurse gives instruction and advice on cycling, safety on the way to school, wearing safety helmets etc., to pupils in the first and sixth grades.

Individual schools conduct injury prevention activities, such as:

- Regular fire drills
- Inspection and securing of play apparatus
- Road safety education, cycling competitions, cycling certificates
- Permissible age limits for cycling to school
- Cooperation with the police on e.g. technical checks of bicycles
- Personal safety equipment requirements in connection with roller-skating, skate-boarding etc.
- First aid training for teachers and other school employees
- Rules for the use of roller skates and scooters
- Moped training as an optional subject in the 10th grade
- Safety procedures for school outings and other school-organised events
- Application of *DagROS* principles in connection with special events and extra-curricular activities
- Internal control system in compliance with statutory regulations on health and safety in schools and day care institutions: all schools approved or, in a few cases, granted dispensation.

Young people over 15 years of age

A special health clinic for adolescents was set up in 1998. Various topics relating to injury prevention are taken up, including alcohol and the connection between intoxication, violence and accidents. See also point 5.4 Intoxication and crime, on cross-disciplinary teams.

Senior citizens

In 1987-88, the Municipality of Klepp embarked on a programme aimed at the prevention of accidents among the elderly, through participation in the nationwide project *Trygghet i eldre år* (safety for the elderly). The principal action taken was to give information about accidents in the home together with advice and guidance on preventive measures. The target group was all senior citizens over 65 years of age and living at home.

In the next national project on the same theme in 1993-95, in which the Chief County Medical Officer for Rogaland acted as secretariat, Klepp was involved in the development of the education package "Stay on your feet, Olga". A package comprising a study guide, video, slides and safety kit was developed. Competence development for home care workers and technical planners was a key feature. Safety for the elderly focused particularly on accidental falls. The local actions implemented were:

- Training of all employees working in the home care services and nursing homes
- Practical preventive measures directed towards users of home care services, eliminating possible causes of falls etc.
- The identification of fall hazards in all local authority homes

New programme 2001

Injury prevention work among the elderly has been an integral part of the services we have provided in recent years. In 2001 we felt the need to give extra impetus to the work. It was clear that more than 80% of all accidents among the elderly aged 65 and over involve falls and that the majority of such falls occur in the home. The number of hospital admissions because of femoral fractures is on the increase and as many as 10% of all hospital beds are occupied by elderly patients with broken femurs. Such fractures cost NOK 250 000 to repair and rehabilitate. In addition to these substantial social costs, a broken femur means a reduced quality of life for very many elderly people.

	1992	1994	1996	1998	1999	2000
male	4	2	4	4	4	2
female	9	4	7	5	12	10

Table 3- Overview of patients from Klepp admitted to the Rogaland Regional Hospital with femoral fractures

The "Programme for the prevention of accidents in the home" was developed by an interdisciplinary group in which *Eldrerådet* (Council for the Elderly) was represented. The programme contained three new measures:

1. All 70-year-olds who visit their doctor to renew their driving licence will be offered a home visit by an ergotherapist. The aim here is to offer advice and guidance on adapting the home environment, to identify potential fall hazards and suggest practical solutions. About 100 elderly people a year attend the 70th birthday medical examination. In this way it is possible to cover most of the 70-year-old age group and introduce preventive measures at an early stage. The accident statistics show that there is a marked increase in the number of home accidents after age 80.

2. High risk individuals, i.e. those who visit their doctor after a fall or who are considered to be at great risk of falling, will be offered a home visit by an ergotherapist or physiotherapist. The aim of these home visits is to get an indication of the level of functionality and pattern of behaviour, to identify fall hazards and encourage the elderly person to think in terms of preventive measures aimed at reducing the risk of falling. A checklist has been drawn up for use during these home visits.

3. The same checklist is used in assessing new users of the home care services and when home care agreements are due for renewal. This guarantees the systematic registration of fall hazards and helps focus on preventive measures so that users can continue living at home for as long as possible.

5.3.2 Injury prevention programme and actions based on context and situation

Road safety

Local accident statistics show that road accidents are the second most frequent type of accident. Police statistics also show that 40% of these accidents occur along national highway 44, which passes through the centre of Klepp. Work has gone on for many years to improve traffic conditions in the municipality by re-routing highway 44. A political decision has now been taken that this should take place in 2005/2006.

Road category	Fatalities	Critically injured	Seriously injured	Injured, not seriously	Total fatalities/ injured
Municipal and Private roads	1	0	7	31	39
County roads	3	2	14	75	94
National Highway	6	5	24	148	183
Total	10	7	45	254	316

Table 4- Number of fatalities and injured in Klepp in the period 1989- 1998, by type of road. (Police accident statistics)

A questionnaire about road traffic accidents and danger spots in the municipality was sent to all households in 1999. This survey, together with the police accident statistics, has been used as the basis for revising the municipal road safety plan. The lower secondary schools in the area played an active part in this work. Road traffic was the theme of their project and pupils worked on different aspects of the road traffic problem. The aim was to gain an overview of road traffic black spots in the local environment and to learn about preventive measures.

Some schools followed up the project through road safety actions, reflector-tag campaigns etc.

Special emphasis has been given to creating safe school routes for the youngest children. The 1997-1999 plan "A safer way to school", with particular focus on six-year-olds, incorporated a number of safety measures. All the measures contained in the plan have been implemented.

Another regular action is the distribution every autumn of reflector tags to all 6-year-olds by commercial and voluntary organisations.

"The Road Safety Plan 2001-2008" was drawn up by a broad cross-sectoral group. The Safe Communities project group, the police and the municipal roads department have all played an essential part. Lower secondary school pupils have also made an important contribution. The concrete aim of the road safety plan is to achieve a 35% reduction in the number of accidents

in the plan period, divided 10-15% over the first 5 years. The plan contains a number of large-scale, high-cost physical measures as well as more limited safety and safety awareness-raising projects.

Local environment

The development of safe, robust residential areas is one of the underlying aims of the project. As previously mentioned, the various clubs and organisations in the municipality are important partners in this objective. The project group and the police invited representatives of all these organisations to the first meeting in February 1999. The intention was to focus on the problem of crime and the increase in crimes of gain (theft, robbery etc.). The clubs and organisations were encouraged to form neighbourhood watch areas in different parts of the municipality and to cooperate with the police in aiming to reduce the number of criminal offences. In 1999, one residential area (70 households) took part in the neighbourhood watch scheme: in 2000 the number had risen to 5 residential areas (220 households). Work is continuing to encourage more communities to form neighbourhood watch groups.



Figure 4- The neighbourhood watch symbol

Cooperation with local clubs and organisations has developed into regular meetings, at which topics such as a safe local environment, crime prevention, safe play areas, local environment development and social activities are discussed. We have drawn up a checklist for safe play areas, distributed copies of this to all clubs and organisations and encouraged them to undertake regular safety checks.

In summer 2001, the register of accidents showed a sharp rise in the number of trampoline accidents. Trampoline jumping had suddenly become very popular and many families bought a trampoline to have in the garden. In the course of 6 weeks, the casualty department treated 26 cases of trampoline-related injuries, the majority of which involved fractures, particularly broken arms. Cuts, concussion and neck-injuries were also registered. With this in mind, the Municipal Medical Officer published an article in the local newspaper giving information and advice on trampoline jumping. The paper followed this up with further articles on the subject,

many readers got involved and various concrete proposals for preventing accidents were implemented.



Figure 4- Cutting from the local newspaper, *Jærbladet*, August 2001

Sports clubs and other recreational organisations

During 2002, the *DagROS* campaign will be introduced to sports clubs and other organisations, to encourage them to apply these principles to their activities in the interests of better safety. The tool can be applied in analysing the regular activities they run, e.g. football training, climbing courses, BMX cycling. The clubs will also be encouraged to apply *DagROS* in connection with special arrangements such as when the football team is playing away in cup matches, the scouts/guides (etc.) are going camping or when the athletics team is arranging big meetings. Through applying *DagROS*, those responsible for administration and activities will be trained in pro-active thinking, will become more aware of risk and be able to take sensible action. It is important that clubs and organisations should develop competence in terms of both prevention and preparedness.

Agriculture and commerce

The agricultural health service, which is linked to the occupational health service, is responsible for accident prevention work in farming communities and makes a general contribution to the protection of health, safety and the environment. Only 15% of farms in Klepp are currently members of the agricultural health control service (*Landbrukshelsa*), but there is an on-going drive to increase membership figures.

The agricultural health control service conducts annual visits among its members to review safety. It also disseminates information about farming accidents and provides training in preventive measures at the agricultural schools in the area and as part of various courses and seminars. Government brochures may be included in the materials used.

2002 has been nominated as a fire protection year for agriculture. The Directorate for Fire and Electrical Safety (*DBE*) has selected Klepp and 3 other municipalities to take part in a pilot

project. The grounds for selection are the number of fires, size of farm, type of livestock etc. 12 farms in Klepp will be taking part in the project. The experience gained in the course of the year will be passed on to other municipalities.

All farms are required to have a quality system in which protection of health, safety and the environment must be an integral part. Some farms have done this, others not. The self-auditing requirement will come in 2003 and will include everyone on the farm, both family and employees.

During 2002, all farmers will be offered training in *DagROS* through the farmers' and women farmers' associations. We shall encourage them to incorporate *DagROS* in their quality assurance systems.

The injury prevention programme contains no specific measures aimed at business and industry. The Working Environment Act, the Internal Control Regulations (health, safety and environment) are adequate tools for companies in relation to the prevention of occupational accidents and illness. The municipality and larger enterprises are members of the Occupational Health Service and there has been cooperation with the health service on accident registration.

Occupational accidents come in third place in local accident statistics, after home and road accidents. We intend to look more closely at this category to find out what kind of enterprise is highest on the list and what kind of injury/illness is involved, etc. It is important that companies should be made aware of these details.

5.4 The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups

The accident statistics reveal that children, young people and the elderly are most vulnerable to accidents. For that reason, the injury prevention programme is directed primarily towards these age groups. In addition, road traffic and the home are the predominant arenas for accidents, a factor also reflected in the programme, point 5.3

Intoxication and crime

The project for coordination of local crime prevention measures (*SLT*) was established in 2001 and is a continuation of the interdepartmental youth work in the municipality. The "new" element in this project is the close cooperation between the various local authority services and the police. Klepp has been given government funding for the *SLT* project, which has many features in common with the Safe Community project in regard to aims and means. The two projects will give a synergy effect and strengthen the overall work being done towards the prevention of accidents and crime.

Annual surveys have been conducted in the lower secondary schools in order to map e.g. the use of alcohol and tobacco, diet, general well-being and leisure-time interests. The survey also shows the trend from year to year and will be used as the basis for determining the measures to be implemented through the *SLT* project and other preventive work.

Klepp has had a night-watch (street patrol) scheme for the last 4 years. This is a joint initiative between the municipal cultural department and the parents of lower secondary school children. About 250 parents take part in the scheme each year.

A new element in the municipality's psychiatric plan for the period 2000-2004 is the establishment of an interdisciplinary team for young people between the ages of 15 and 20. The team will go into the areas frequented by young people and work actively there, focusing particularly on identifying and helping youngsters who seem to be following an undesirable trend.

Employees who are particularly vulnerable to violence and injury

Personnel working with users/clients whose behaviour can be aggressive have a job that makes them particularly vulnerable. Health, safety and environment (HSE) statistics show that this is a high risk group in terms of exposure to violence and injury. From 1995, systematic work has been done on the prevention of violence and accidents among this group of personnel. Measures taken include:

- Training in tackling aggressive behaviour in a therapeutic way, a 3-year programme
- Implementation of a 2-year project aimed at safeguarding personnel who are exposed to violence in the course of their work. This is a joint project involving the social security office, the occupational health service and the municipality
- Additional staffing resources
- The establishment of an emergency preparedness system with alarms and security guards
- Improved injury registration form in the HSE system

The topic of violence and injury is dealt with each week in the personnel group, through discussion and practical exercises. The work done in Klepp has aroused interest outside the municipal area. Other bodies have adopted our injury registration form and the knowledge and experience gained in Klepp have been passed on to other local authorities.

Measures aimed at refugees

The Voluntary Services Centre has a comprehensive programme aimed at integrating refugees into the local community. During the last two years, 70 refugees have been housed in Klepp. All new arrivals are put in touch with the Centre, where they can join activities such as driving practice and theory/highway code, cookery, the international cafe and discussion groups. Refugees act as assistants or help to welcome newcomers. On average, between 10 and 15 refugees are engaged as assistants in the Centre. Experience shows that this is a good way to come into contact with the local population.

The aim is to help all refugees, regardless of nationality, to settle down happily and become active fellow-members of the local community in Klepp.

The functionally disabled

In the period 1994-1997, Klepp was involved in the nationwide project "User participation in the municipality". Until now, the User Forum for the Functionally Disabled has been the users' formal voice. This year, the municipality has approached 3 neighbouring communities with a view to forming an inter-municipal council for the functionally disabled. The objective is to create an effective council capable both of raising issues and acting as a consultative

body. Attention to layout and universal design are key elements in ensuring accessibility and safety. Greater emphasis will also be put on involving users at an early stage in the planning process in order to ensure that their interests have been properly catered for.

Suicide prevention

Klepp is taking part in a pilot project entitled ”*Videre sammen*”(forward together). This is a joint project involving 3 municipalities and second-line services, aimed at developing a well-coordinated approach to the prevention of suicide. The aim is to develop a system for following up persons who have tried to take their own life. Improved internal competence is the key element in this suicide prevention work.

5.5 The programme should have a mechanism to document the frequency and causes of injuries

The local registration of accidents is the most important method for documenting the frequency of injuries and the associated causal pattern in the municipality. There are also central and regional registers which are a useful supplement to local registration.

Central registers

The cause of death register gives the number of deaths due to accidents, for people both from and in Klepp. These are reliable but very limited statistics.

The Norwegian Patient Register shows the number of patients discharged from hospital and gives details of age, sex and diagnosis. The register is reasonably complete from 1990. This provides us with statistics of the serious injuries and has proved useful in, for example, in giving an overview of the number of femoral fractures and trends over the last decade.

The Rogaland Regional Hospital (SiR), is one of 4 large hospitals that maintain a register of accidents and injuries. This register is a useful source of data in accident prevention work but it has not always been easy to obtain the desired statistics from the hospital. The Public Health Service has been helpful in giving us statistics but it appears that registration has been rather unsystematic in the last 3-4 years.

Regional registers

The Rogaland Roads Department, drawing on police reports, registers the number of road traffic accidents, the type of accident, the number of fatalities/injured, degree of severity and road category (exact geographic location). This information is useful in road safety work and has been of great help in e.g. the development of our municipal road safety plan.

Since the project also focuses on crime, the police criminal offences register are of value. We receive annual reports from the police and can monitor trends, in particular for crimes of gain, at which our work is especially directed.

Local registration

The registration of accidents and injuries at local level is well established, cf. 4.1. All accidents resulting in injury, regardless of severity, and which require the services of a doctor, are registered in the electronic records system in the relevant medical centre. Details

registered include cause, place of the accident, activity at the time of the accident and time of the accident. There is also a comments box on the form for a more detailed description of the accident, where it took place and what was going on at the time etc..

In the latest version of the computer program, the degree of severity is also included, which is useful in differentiating between negligible incidents and more moderate and serious accidents.

The manual registers maintained by the occupational health service contain the same variables as those in the computer records in the various medical centres. This helps in the task of coordination and allows us to have a total overview of registered accidents in the municipality.

The first half of 1999 was defined as a trial period for injury registration. A permanent registration system was introduced on 1 September and has continued to function reasonably well. It has been shown that follow-up is essential to ensure that all doctors have the same understanding of the different categories on the injury registration form. Nurses have had a 10% position devoted to the work of registration. Their task has been to coordinate the work and to retrieve and systematise the accident statistics.

Age distribution of accident cases

Age	01.09.99 – 01.09.00	01.09.00 - 01.09.01	Average per year
0-6 years	235	178	216
7-15 years	242	272	250
16-24 years	221	197	209
25-66 years	517	438	955
67-79 years	68	47	115
over 80 years	44	34	78
Total	1327	1166	1246

Table 5- Age distribution and average number of accidents over a 2-year period

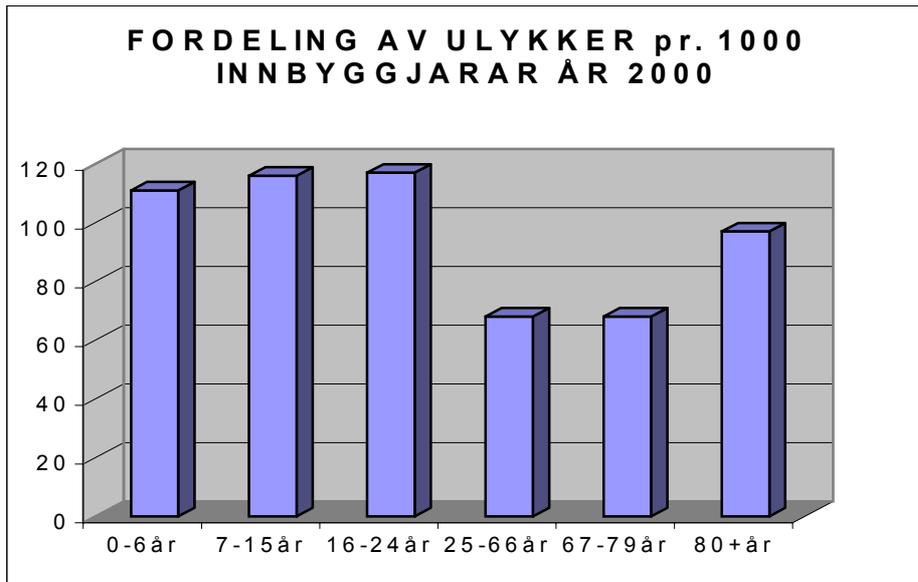


Figure 5- Accident distribution by age group

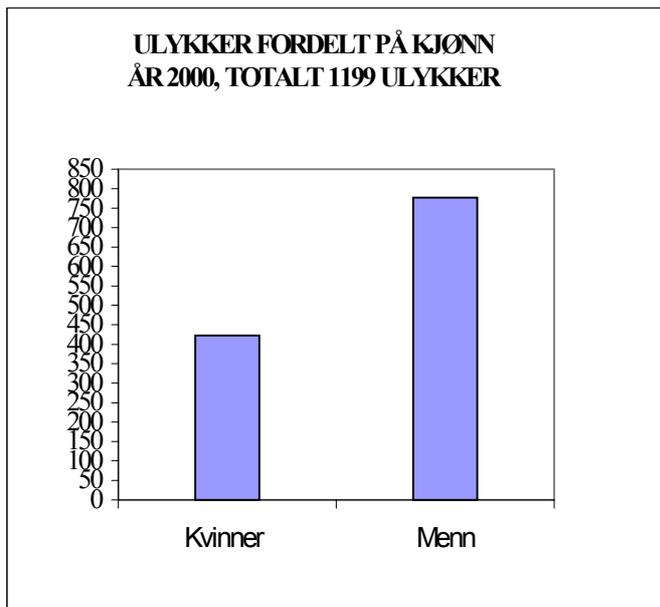


Figure 6- Accident distribution by gender

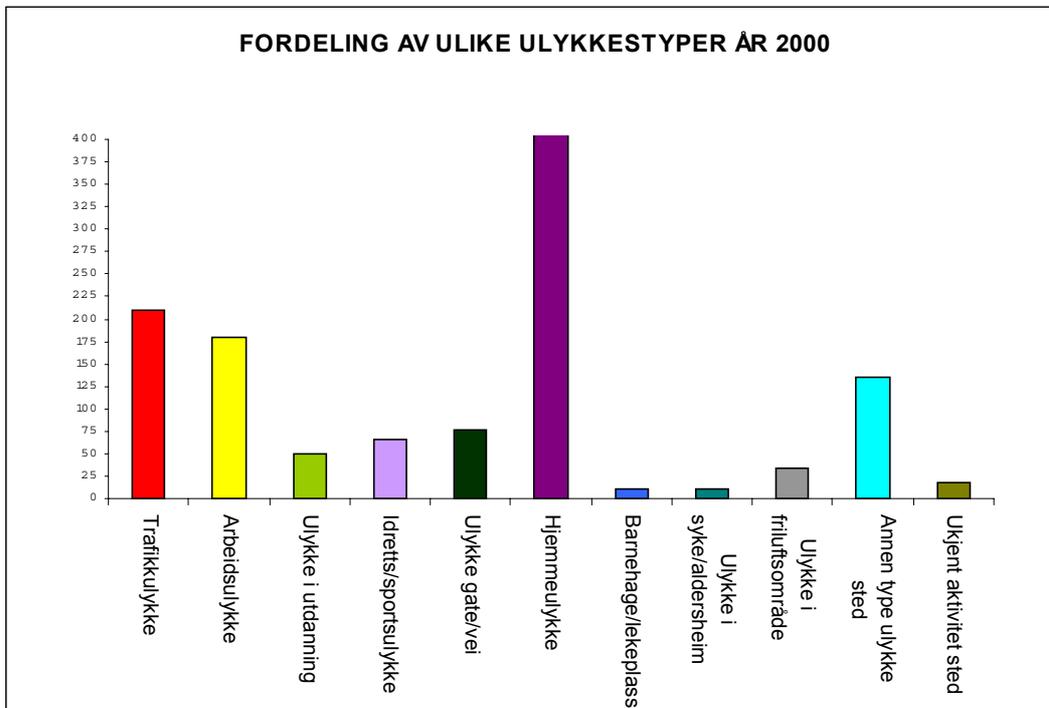


Figure 7- Accident distribution by type of accident

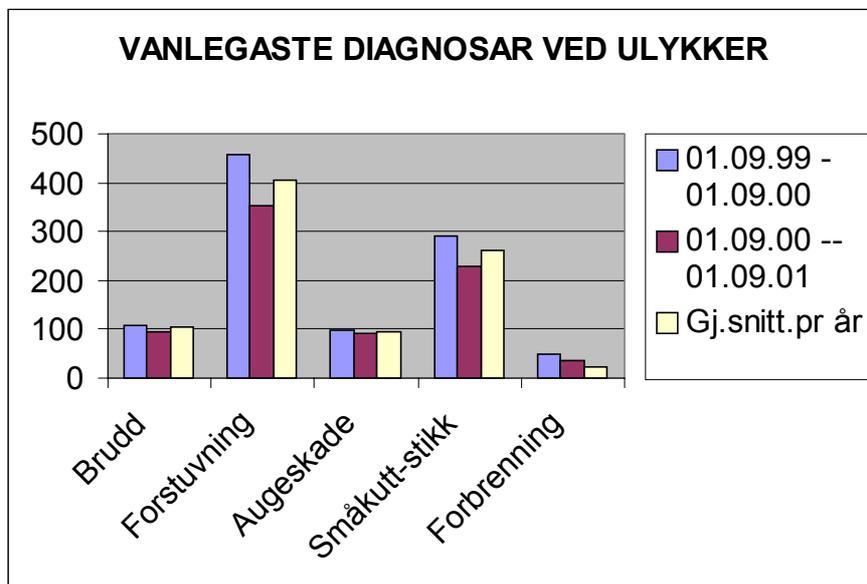


Figure 8- The five most frequent categories of diagnosis over a 2-year period

5.6 Programme must be a long-term approach, not one of brief duration

As already noted, the municipal council voted unanimously in March 1999 that Klepp should work in accordance with the ideas contained in “Local Agenda 21” and that the Safe Community project should be one of the subsidiary projects under that umbrella. Both Local

Agenda 21 and Safe Community are based on a long-term approach. Sustainable development and the reduction of accidents are goal-oriented, long-term activities.

The long-term perspective is secured in the steering plan document. The Municipal Plan for 2002-2013, with its main theme of "health-promoting community development", has accident and injury prevention as one of its focal areas. This ensures that priority will be given to this area from now on and that accident and injury prevention will be set in a broader public health perspective.

Accident prevention is also rooted in municipal sub-plans and thematic plans. Continuous registration of accidents and injuries provides background data for the concrete measures contained in the plans and is a useful tool in evaluating the effects of the work.

Injury prevention as a separate project will cease from January 2003. From that point onwards, the work will be incorporated in the normal organisation. It will be continued in a model for public health work which will include both preventive and health-promoting measures. When the project is wound up, it is important above all to uphold the competence and interdepartmental cooperation developed in the course of the project period. Focal points for carrying on the work are:

- Injury prevention work is to be integrated in the municipality's long-term planning, cf. point 5.10
- An interdepartmental group is to coordinate all future injury preventive work. In order to retain the competence acquired so far, this group will partly consist of people who are currently involved in the project team.
- The injury prevention programme will be subject to annual evaluation.
- On the basis of this evaluation and injury registration data, the programme will be revised as necessary.

5.7 The programme evaluation should include indicators which show effects and provide information on the process as it advances

The continuous registration of accidents provides an overview of the accident situation in the municipality at any time. Concrete goals have been set for reducing the number of accidents. During a 5-year period, the goal is:

- a 20% reduction in the overall number of accidents
- a 35% reduction in the number road traffic accidents (as set out in the road safety plan)
- a 20% reduction in the number of criminal offences (with reference to crimes of gain – burglary, theft etc. – registered by the police)

In the initial period, accident statistics were generated every 4th month in order to monitor the registration process carefully and to ensure that different medical centres were using the same type of registration. Once the quality of the work is seen to be satisfactory, statistics will be generated annually.

The annual, local injury statistics are the most important evaluation tool for assessing the impact of the various measures and strategies.

From 2000 onwards, health and environment accounts have been kept for the municipality and will form a regular part of the collective annual report. These accounts serve to document the effect of actions and investments. In order to measure whether the actions taken by the municipality produce positive or negative trends, specific indicators have been chosen. These indicators were determined on the basis of the political objectives stated in municipal plans and sub-plans. Typical indicators are the number of accidents, criminal offences, intoxication, smoking, CO2 emissions and waste/refuse. Health and environment accounts provide information on the health and environment profile of the municipality, give the politicians a more reliable basis for decision-making and keep the public informed about the status and trends in focal areas.

Topic	Goal	Indicator	Year			Other information
			1998	1999	2000	
Safe community / Lifestyle	20 % reduction in accidents by 2005	Accidents registered locally			1199	Deficient registration by one doctor's practice. The real figures are slightly higher.
	Safe and sound residential areas to be established	The number of households taking part in neighbourhood watch schemes	70	70	220	Applies to the res. districts of Nymyra, Kleppetun and Nymyra, Røysvn. and Rydningen
	20% reduction in the number of criminal offences (crimes of gain) by 2005	Police-reported offences (crimes of gain)		412	449	

Table 6- Excerpt from health and environment accounts

5.8 Each community will analyze its organizations and their potential for participation in the programme

In the project period, as noted, the injury prevention work was spearheaded by the chief municipal administrator's department leader group, a cross-sectoral project group and various partnership networks. When the work is transferred from the project phase to normal operations, the interdepartmental aspect will be maintained through regular cooperation fora.

The Municipality of Klepp follows a departmental model with political management of each department or service. The model gives a ready overview and a clear indication of lines of responsibility. A great deal of the development work being done in the municipality calls for cooperation across department/service boundaries. For that reason, a number of cross-sectoral fora have been established. The gap between different organisational levels in the municipality is small, and there is close contact between politicians and administrators, an important factor in ensuring a sound basis for the work and its progress.

From 2003, the number of service departments will be reduced from 5 to 3. These 3 are vocational training, health and social services and the local area development department. The local area development department will be responsible for general, long-term planning. Injury prevention, with its long-term perspective, will in future be integrated in general planning. We believe that this new development department will provide a sound basis for the coordination and continuation of the municipality's injury prevention work.

5.9 Participation of the health care community in both the registration of injuries and the injury prevention programme is essential

Continuous registration of accidents and injuries takes place in the 3 medical centres in the municipality (cf. pt 4.1). If we are to derive any benefit from injury registration, active use must be made of the data and the information must reach the decision-making level of the organisation. Injury statistics are coordinated and communicated to politicians, municipal departments and external working partners at regular intervals. These figures provide the basis for implementing measures in different areas and for determining strategies. In the longer term, the injury statistics will also serve as an evaluation tool.

It is claimed that the public health service influences 10% of people's health and that 90% is due to other factors. The most important task of the public health service is to provide information on the health situation/status, including injuries and accidents, to other service sectors. The transfer of experience and knowledge about the factors that influence people's health is a key task for the public health service.

The public health service makes an active contribution to planning in various areas (e.g. municipal planning, road safety planning) and by this means ensures that the health perspective is taken into account. The Municipal Plan for 2002- 2013 has "health-promoting community development" as its theme, which confirms the close involvement of the public health service in planning.

The public health service is directly engaged in preventive work through a number of concrete measures. Examples here are the medical centre's lending service for child safety equipment, the information about accidents and prevention given to all parents of young children and about cycling and safety equipment to schoolchildren.

Physio- and ergotherapists have long been engaged in preventive work. This happens through direct, practical assistance/advice and the removal of accident hazards and more indirectly through training and helping people to cope in various areas of activity. The "Programme for the prevention of home accidents among the elderly" is an example of work in which the public health service is closely involved. This is an interdisciplinary programme involving medical officers/doctors, the home care services and the physio-/ergotherapists and is a long-term, comprehensive project aimed primarily at the prevention of falls.

5.10 Be prepared to involve all levels of the community in solving the injury problem

The municipality is involved at the political level through the municipal council decision to work in accordance with the Safe Communities concept and through municipal planning. In

addition, injury prevention work is an integral part of several municipal thematic and sub-plans.

Accident registration statistics will be made available to as many people in the municipality as possible. This means everyone from politicians, who are expected to take these statistics into account in deciding their priorities, to local residents, whose attention will be drawn to the accident situation in the municipality through the local press and other channels.

Reference is also made to the resource groups and network of voluntary organisations, point 5.2, showing that many people are engaged in preventive work. In addition there are all those who are involved in accident/injury prevention as an integral part of their normal work.

We further believe that the principles contained in *DagROS* can help to make the population more aware of the need to “think safety” in everything they do. Our strategy of marketing this tool among local sports clubs and other voluntary organisations is a step in increasing people’s ability to take action. The idea is that when people become more aware of risk and the need for pro-active thinking they will also be in a better position to prevent undesirable events. We intend to actively encourage sports groups, recreational clubs, schools and day care institutions to practice *DagROS*. Experience to date shows that *DagROS* has been well-received among people with no special training in systematic safety and emergency preparedness work.

5.11 Disseminate information on the experience both nationally and internationally

The experience Klepp has gained in the field of accident and injury prevention is disseminated through participation in various conferences, articles in journals and the local press, home pages on the Internet and visits from other municipalities.

International level

- Presentations/talks to different groups (politicians and administrators) from our twin municipality of Mariager, Denmark. There are regular exchanges between Klepp and Mariager. Mariager will be invited to next year’s public health conference.
- Experience exchange between Klepp and a representative from the Veste Gøtaland region of Sweden.

National level

- Klepp Municipality presented its work in Norwegian Network Journal for Safe Communities (AU) no.3, 2001.
- Talk given at the conference ”*Fra svart til hvitt*” (from black to white), Røros, Nov. 2001.
- Talk given at the Chief County Medical Officer’s annual meeting for public health personnel in Telemark 2001.
- Lecturing/teaching at Oslo University College, continuing education in health promotion and accident/injury prevention etc.2000-2001.
- Talk given at the annual Health & Environment Conference, Stavanger 2001.
- Information brochures and materials supplied on request from other municipalities.
- The *DagROS* document to be distributed to all municipalities and a number of organisations.

- Information on the work being done in connection with the Safe Communities project is published on Klepp Municipality's Internet home page.

Regional level

- Talk given at the regional Health & Safety conference, Stavanger 2001.
- Talk given at the joint conference of the County Governor's emergency preparedness departments in Rogaland and Agder, 2000.
- Talk given at the joint conference of municipalities engaged in injury prevention, Tysvær 2001.
- Klepp arranges, and contributes to the programme of, our annual public health conferences.
- Klepp works closely with the County Governor's emergency preparedness departments. We give presentations at their joint conferences for municipalities in Rogaland.

Local level

- The local newspaper is used to publish information on our accident and injury prevention work.
- The house newsheet, *Kleppnytt*, for employees and politicians has presented articles about the project.
- *Safe Communities* has been the main topic in the last few years in the municipality's annual report.
- We provide information on injury prevention to the various clubs and recreational organisations in the area.

5.12 Be willing to contribute to the overall network of "Safe Communities"

Klepp Municipality is applying for recognition as a safe community. We accordingly also apply to become a member of the World Health Organisation's network "Safe Communities".

During the last 4 years, we have had a county-wide network of municipalities working in accordance with the Safe Community concept. The network comprises Stavanger, Haugalandet (5 municipalities in North Rogaland) and Klepp Municipality together with the Chief Medical Officer of Rogaland. This closed network has been both extremely useful and a great source of inspiration. We have had annual network meetings in Rogaland, to which this year a representative from the Vestre Gøtaland region of Sweden was invited. The region has 7 of a total of 13 recognised municipalities in Sweden. The work going on there is of keen interest and we intend to maintain our contact with Vestre Gøtaland.

Klepp Municipality's development work in the field of risk and vulnerability analysis has aroused a great deal of interest. The training package *DagROS* (A stitch in time), which is a simple guide to the so-called ROS method, will shortly be available. The guideline will be issued in English, Norwegian and the language of the Laps (Norwegian minority group). *DagROS* will be linked to websites, giving good examples and material about how the method can be used. *DagROS* was presented at a national network conference in Røros, November 2001. Following this, the secretariat for Safe Communities has become involved and gives both financial and professional support. The result is that *DagROS* is now going to be

distributed to all municipalities in the country and the Safe Communities Network will have a special role as arenas for dissemination.

As noted in point.5.11, we have held presentations for administrators and politicians from our twin municipality of Mariager in Denmark about Safe Communities. Mariager will be invited to next year's public health conference.

Klepp is together with 5 other municipalities in the area involved i local conflict mitigation in Bosnia, Kroatia and Serbia. The project is managed by a foundation called Jæren Produktutvikling, and is funded and supported by the Ministry of Foreign Affairs, The Directorate of Development Aid and The Directorate for Refugees. The programme focuses on agricultural development, mainly rebuilding of farms, creation of new workplaces and development of farming practise. Independent evaluations of the project are very positive. It is especially emphasized that the concept is of great value with regard to mitigation of etnical conflicts.

As a contribution to strengthening the national network, Klepp will assume responsibility for arranging the national network conference in 2002, at which the link between Safe Communities and ROS will be the main topic. The conference will also be open to participants from other countries and an invitation will be extended to our twinned municipalities and to other municipalities and organisations invited by Klepp, DSB and the Norwegian secretariat for Safe Communities.

We shall continue to hold regular regional meetings and it is our aim to arrange annual public health conferences for all municipalities in Rogaland. In addition, we have shared our experiences with other municipalities in the county of Rogaland, and have initiated a local network group.

Documentation/sources

- The Directorate for Civil Defence and Emergency Training. Guide to municipal risk and vulnerability analyses (*Veileder i kommunale risiko- og sårbarhetsanalyser.*) 1994
- The Directorate for Civil Defence and Emergency Training. A systematic approach to community safety and emergency preparedness in municipalities. (*Systematisk samfunnsikkerhets- og beredskapsarbeid i kommunene.*) 2001
- Public Health Authority. Cases of injury in municipalities and counties (*Personskader i kommuner og fylker*). Report 1998
- Municipal plan, Klepp Municipality 2002- 2013
- Klepp Municipality, Health & Environment Accounts, Annual Report 2000
- Municipal Council Case 22/99, Safe Communities and Local Agenda 21
- Klepp Municipality. Road Safety Plan 2001- 2008
- Ministry of Health and Social Affairs, in cooperation with other ministries/departments. Prevention of accidents in the home, school and recreational contexts (*Forebygging av ulykker i hjem, skole, fritid*). Action plan 1997-2002
- Ministry of Social Affairs. Govt. White Paper (Stortingsmelding) no.37. 1992-93. Challenges in health promotion and accident prevention work (*Utfordringer i helsefremmende og forebyggende arbeid*)
- Ministry of Health and Social Affairs. Regulations relating to health and the environment in day care institutions and schools (*Forskrift om miljørettet helsevern i barnehager og skoler m.v*). I-0848 B. 1995