



**Ministry of Medical Sciences and Health&care services
Mashhad University of Medical Sciences and Health&care services
Bardaskan Health&care Network**



**Application to become a member of the Safe Community Network
for International Designation of**

**Bardaskan COMMUNITY
I.R.Iran**

**As a Safe Community of the International Safe
Community Network**

NOV 2007

Table of Contents

1. Bardaskan Introduction

1.1 History

1.2 Geographical position, weather, jobs, products and roads

2. The Safe Community of the town of Bardaskan

2.1 Reasons for creating a safe community

2.2 The existence of the network system is a great advantage for the implementation of the programs of the Safe Community

2.3 The strategic framework of the Safe Community

2.4 Working groups

2.5 Studying the current status of accidents in the town and identifying the first and second priorities

2.5.1 Collecting information

3. Indicators for International Safe Communities

4. The first indicator: An infrastructure based on partnership

and collaboration, governed by a cross-sectional group that is responsible for safety promotion in their community

4.1. Formation of the Safe Community Committee. In the meeting of the working group held before the formation of the first Safe Community Committee session

4.1.1 Selection of the members of the Safe Community Committee based on the instructions of the ministry

4.1.2 Issuing official notices for the committee members

4.1.3 Holding sessions with the related administrations

4.1.4 Designing a poster showing the indexes of the Safe Community

4.1.5 Writing a time-table for the activities to be done for the committee members

4.1.6 Writing the text of the letter of understanding whose content the committee members are committed to carry out

4.1.7 The first meeting of the committee was held on jolly 27, 2004 at the conference room of the governor's office.

4.1.8 on October 1, 2004, the Swedish Professor Robert Ikman,

4.1.9 The meetings of the committee have been held regularly

5. The second indicator: Long term sustainable programs covering genders and all ages, environments and situations

5.1 Programs related to various age-groups

5.1.1 0-4 year age-group

5.1.2 5-14 year age-group

5.1.3 15-19 year age-group

5.1.4 20-24 year age-group

5.1.5 25 – 44 year age –group

5.1.6 45-64 year age-group

5.1.7 65 year plus age-group

5.2 Appointing the subcommittees of the Safe Community, which execute safety promotion programs in different places?

5.2.1- The Town's traffic committee

5.2.3. School safety committee

5.2.3 – The committee for indoors safety in rural regions

5.2.4 – Workplace safety committee

6. The third indicator: Programs that target high-risk groups and environments and programs that promotes safety for vulnerable groups

7. The forth indicator: programs that document frequency and causes of injuries

8. The fifth indicator: Evaluation measures to assess the programs, processes and the effects of change

9. The sixth indicator: ongoing participation in national and international network

10. Conclusion

INTRODUCTION

By advent of industry and technology in human life communications and urban life development, the Injuries and accidents especially traffic accidents has become an threatening factor for human life.

The most important reason of injuries and accidents in the world is traffic accident.

In fact injuries and accidents are the parts of prices that human being pay for technology progress. Accidents make a lot of numbers of death disabilities and costs for communities.

Economical development, using of new facilities without any cultural and social foundation and changing the life patterns have resulted in increasing the accidents rate, human injuries, mental and social harms that they make national problems nowadays.

There were no programs for safety promotion and injury prevention because of traditional attitudes about safety concept. But in the recent decades, etiology of accidents and facility recognition resulted in making the new attitudes and beliefs about injuries and accidents that they are translated into Safe Community.

1. Bardaskan Introduction

1.1 History

Choopan hills in the Bardaskan belong to 2000 years before Christ (B.C) Different researches by Dr. Mack gray gore and Dr. Henry Walter bell about old roads of khorassan province show that Bardaskan has been a good rest place for passengers because of its good water and food, flat roads and also being located in he cross roads of Tehran,Harat, Khaf, Torshiz, Tabas and Sabzevar cities.

Bardaskan makes a connection among Yazd, Semnan and Khorassan provinces.

1.2 Geographical position, weather, jobs, products and roads

Bardaskan is located in the Khorassan Razavi province at the margin of the north part of Namak Desert (salt desert).Its area is 8535 sq.km. Altitude of Bardaskan is 985 meter.

The weather in the north part of Bardaskan is cold and in the south and central parts changes from semi dry to hot and dry.

Annual raining average is 150 mm.

Bardaskan`s temperature in the hottest summer day is nearly 45°C

And in the coldest winter night is -5°C.

There in not any permanent river in the Bardskan but there are several seasonal rivers.

Bardaskan was a dependent part of Kashmar city in 1937 then it became a town in 1976 and in 1996 it became an independent city.

Nowadays Bardaskan has 3 towns and 293 villages.

Main jobs in Bardaskan are farming and animal husbandry.

Staple crops in Bardaskan are wheat, barley, cotton cumin seed, and pistachio, pomegranate, fig and grape products.

Bardaskan Safe Community Report

Neighboring cities by the Bardaskan are Sabzevar city (in the North) Khalil Abad (in the east) Tabas (in the south) and semnan (in the west).

Population characteristics	rate	Age groups	numbers
Normal population growth in 1000 people	12.8	population	70724
		Under 5 years	5524
Population density in sq.m	10	6-14 years	14500
Urban population percentage	37.7	19-15 years	10526
Rural population percentage	62.3	20-24 years	8644
No. of governmental hospitals	1	25-44 years	18170
No. of health&care centres	7	45-64 years	7818
No. of health houses	36	65 years and older	4620
No. of unofficial clinics	14	Birth in 1000 people	17.3
No. of unofficial polyclinics	1	Death in 1000 people	4.5

Table1.population, age groups, No. of health&care centres

2. The Safe community of the town of Bardaskan

The domination of the idea of safety for all jobs, places and people of various social groups with the aim of preventing accidents and creating a dynamic and healthy community

2.1 Reasons for creating a safe community

The increasing number of accidents in Bardaskan in recent years and the good results obtained from the activities of the Safe community in the neighboring city Kashmar gave the authorities in the health network the idea that they can do something about the situation in Bardaskan specially because the two cities bear resemblances in many respects including the type of population and jobs and their potential.

To achieve this aim, the health and care authorities and experts of the province including the chancellor of Mashhad University of Medical Sciences and his health deputy (manager of the health center in the province), got together in November 2003. In this meeting, the manager of the health network put forward the suggestion for creating the Safe community of Bardaskan. After hours of negotiation, and doing preliminary investigations and obtaining the agreement of the authorities of Mashhad University of Medical Sciences, the plan for prevention of accidents was started in Bardaskan in December 2003.

2.2 The existence of the network system is a great advantage for the implementation of the programs of the safe community. In this system, all care, health and vaccination services and other preventive measures are offered to the people living throughout the town.

No. of hospitals	No. of Health bases	No. of Health houses	No. of health&care centers	
1	3	36	2 urban centres	5 rural centres

Table 2 . No. of hospitals, health&care centres and health houses

Bardaskan Safe Community Report

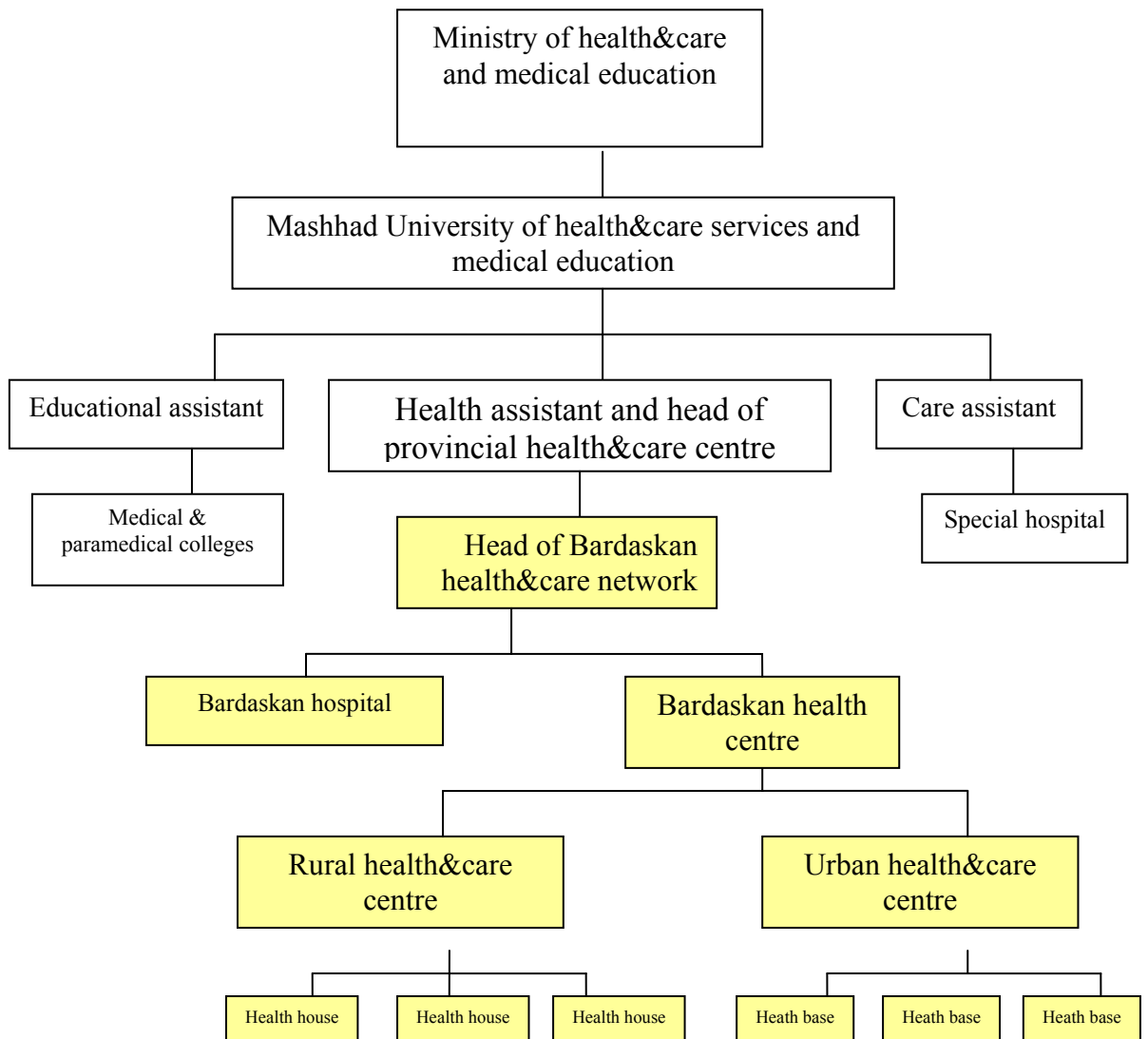


Diagram 1. The organizational chart of the health&care network

(In this diagram you see health&care services chains from highest level in ministry to lowest level in the rural health house by a health worker.

2.3 The strategic framework of the safe community. The first step toward building a safe community is to fulfill the needs that are essential to this community. To identify these needs, Bardaskan health and care network was supplied with preliminary information by the health deputy of the university. The information included the measures that are taken in other safe communities (for example, Safe community of Canada), and the information about the organizations and administrations that can assist the Safe community committee.

Name	Main job
Dr. Maleki	Head of mashhad university of medical sciences
Dr.Majdi	Head of provincial health centre
Dr.Rezaee	Director of diseases prevention special group
Ms Khorshahi	Public health expert in provincial health centre

Table 3.Work group in provincial level

Bardaskan Safe Community Report

Based on the instructions received from the ministry of health, the organizational chart of the safe community committee in a town is as follows: the highest political figure of the town, who is the governor, is selected as the chairman of the committee and the manager of the health and care network is selected as the vice-chairman. Also, the managers of the administrations are selected as members of the committee and the decisions of the committee are implemented and followed up by the town's unit for preventing and fighting diseases, coordinated by the expert of non-infectious diseases.

2.4 Working groups

Decisions and policies are made by a team consisting of the manager of the health and care network, manager of the health center, expert of the unit for diseases, expert of accidents, and a number of experts of the health center.

Responsibility in the work team	Name	Main job
Chairman of committee	Mr Maghaami	Bardaskan governor
Secretary of committee	Dr Reza Nezhad	Head of Bardaskan health&care network
Vice secretary of committee	Dr Rahimi	Director of Bardaskan health&care centre
coordinator committee	Mr Haji Mohammadi	Public health expert in Bardaskan health&care centre
Committee spokesman in the international congresses	Mr Maalek	Nutrition & diet therapist in Bardaskan health&care centre
Injuries and accidents information collector	Mr Emamian	Public health expert in health&care centre
School safety expert	Ms Noori	School health expert
Family safety expert	Ms Jafari	Family health expert
Work place safety expert	Mr Rajab poor	Occupational health expert
People cooperation expert	Ms Khodadadi	Health education expert

Table 4 .safe community work team in the Bardaskan

2.5 Studying the current status of accidents in the town and identifying the first and second priorities

2.5.1 Collecting information

The town's unit for preventing and fighting diseases collected authentic information about the causes of accidents. The unit was assisted by the statistics unit of the health center and the medical documents available at the hospital and the department of forensic medicine. Since the information obtained did not give a clear indication of the type of accident and the nature of injuries, it was decided that the register of the injuries be designed based on ICD10 standard. Also, to attract the partnership of the managers of the town's administrations and the governor, the manager of the health and care network offered statistics to show the significance of the issue.

Identifying priorities based on the number and severity of accidents. The figures of accidents during a certain period showed that traffic-related accidents constitute over 63% of the total accidents. Therefore, prevention of traffic-related accidents, which includes people of all age groups, became priority number one.

3. WHO indicators for safe communities

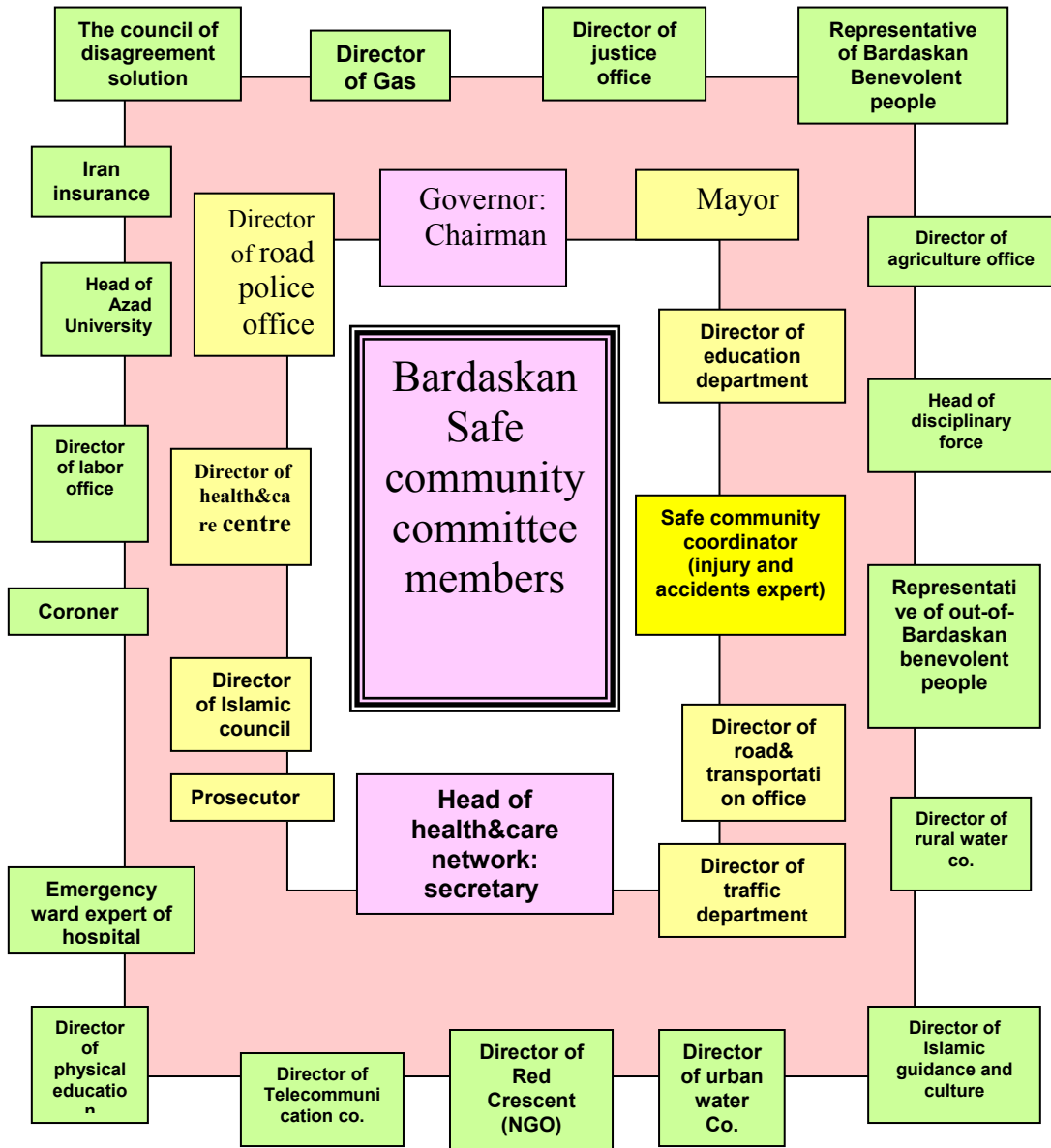
1. The first indicator: An infrastructure based on partnership and
2. The second indicator: Long term sustainable programs covering genders and all ages, environments and situations
3. The third indicator: Programs that target high-risk groups and environments and programs that promotes safety for vulnerable groups
4. The forth indicator: programs that document frequency and causes of injuries
5. The fifth indicator: Evaluation measures to assess the programs, processes and the effects of change
6. The sixth indicator: ongoing participation in national and international network

4. The first indicator: An infrastructure based on partnership and collaboration, governed by a cross-sectional group that is responsible for safety promotion in their community

4.1. Formation of the Safe community Committee. In the meeting of the working group held before the formation of the first Safe community Committee session, measures were taken to make sure that the activities of the committee will continue. Some of these measures are the following:

4.1.1 Selection of the members of the Safe community Committee based on the instructions of the ministry

Bardaskan Safe Community Report



4.1.2 Issuing official notices for the committee members and determining the duties of each member based on the instructions

4.1.3 Holding sessions with the related administrations for designing the operational plan for prevention of accidents in the town.

4.1.4 Designing a poster showing the indices of the Safe community and installing it in the administrations working with the plan as a reminder of their commitments to the committee

4.1.5 Writing a time-table for the activities to be done for the committee members

4.1.6 writing the text of the letter of understanding whose content the committee members are committed to carry out. In this letter of understanding, each members expresses commitment to perform the decisions of the committee, to coordinate with other administrations and to regularly attend the committee meetings.

The chairman of the committee (the governor) is also committed to support all the members in doing the safety programs and send a report of the activities done to the members. This letter of understanding is prepared in three copies. One copy is kept in the archive of the secretariat of the committee and the other two copies are given to the parties to the letter of understanding. It is valid for one year. When the period ends, it is extended again. If during this period, a member of the committee resigns for whatever reason, the person replacing him should be committed to perform the commitments of the previous member.

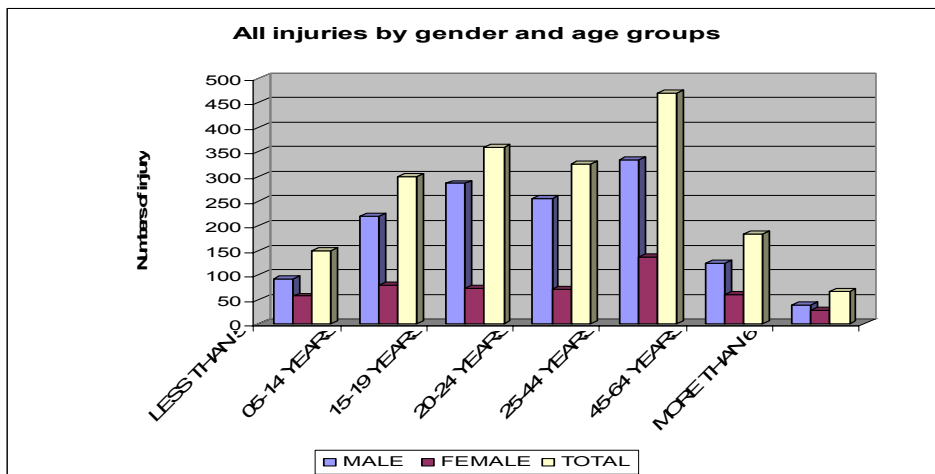
4.1.7 The first meeting of the committee was held on July 27, 2004 at the conference room of the governor's office. In this meeting, which was attended by the governor (the committee chairman), the manager of the

health and care network (the vice-chairman), and the managers of the administrations (committee members) and the expert of accidents at the province's health center, a report of the activities carried out was presented.

4.1.8 On October 1, 2004, the Swedish Professor Robert Ikman, representative of the WHO, visited the Safe community of Bardaskan and the activities carried out.

4.1.9 The meetings of the committee have been held regularly once every three months, sometimes in an extraordinary manner.

5. the second indicator: Long term sustainable programs covering genders and all ages, environments and situations



5.1 Programs related to various age-groups

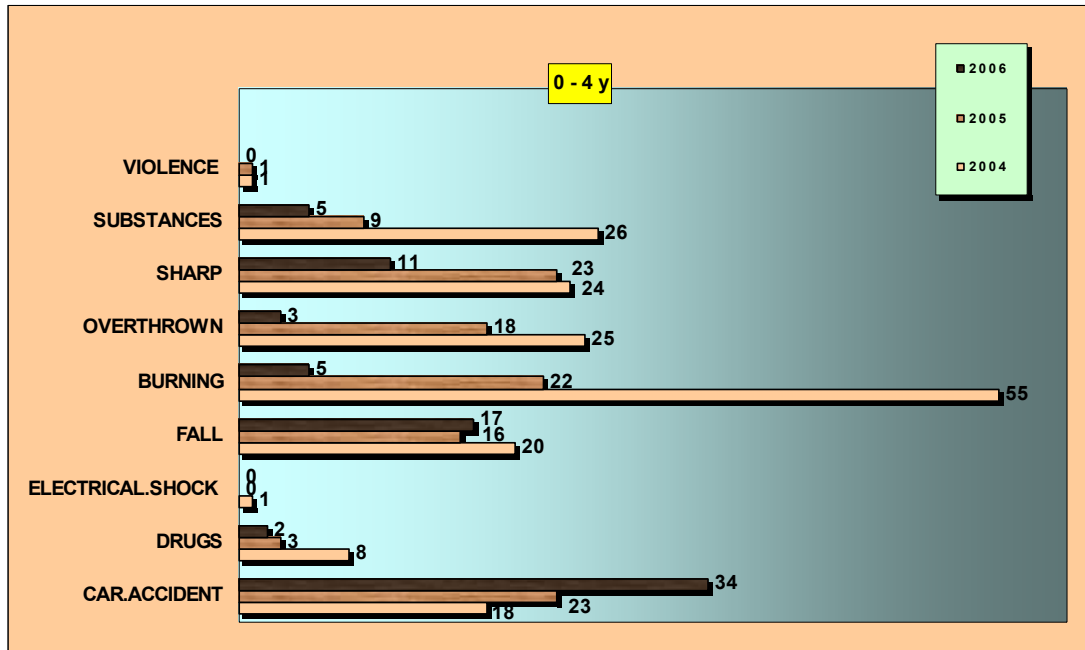
While some accidents happen to people of all age-groups, some are more common with a certain age-group. For each age-group, the type of the accident with the highest priority may be identified and preventive measures be taken.

5.1.1 0-4 year age-group.

For this age-group, the committee, in collaboration with the Unit for safety of mothers and children at the health center, performed the Safe Child Project. The effective measures taken for this age-group are presented in table 1.

As shown in the table, in 2004, the burns injuries constituted more than 31.07% of the total number of injuries. Based on this information, preventive measures were taken for this age-group. The main goal was to reduce the figure to 21% by the year 2006. The specific short-term goal was to reduce the incidences of burning by 7% by the year 2005. The strategy to be used included the following: to promote the knowledge of the people on how to use heating devices properly and to observe safety precautions to avoid burning; to promote the knowledge of the health center employees on how to use heating devices properly and to observe safety precautions to avoid burning, so that they can transfer this knowledge to the target group; to promote the knowledge of the related employees on how to use heating devices properly and to observe safety precautions to avoid burning, so that they ultimately transfer this knowledge to the target group. In this educational program, the most important target group was mothers and housewives. They were taught how to prevent burns from hot liquids, fire and hot objects. In addition to the training classes, three educational pamphlets were prepared and distributed among people.

2004	Burning:31.07% of all the injuries	0-4 years
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Note: The project of supplying gas to Bardaskan and instructing people how to use it correctly at home through the mass media played a great role in decreasing the number of burns casualties in the town .

2006	Traffic accidents:44.15% of all the accidents	0-4 years
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Research shows that in recent years while there has been a decrease in the number of adult injuries from car accidents, there has been an increase in the number of accidents for children of 0-4 years of age. The most important cause of these accidents is that parents are not quite aware of the possible dangers of not fastening their children’s seat belts or not using child seats in automobiles. There were many accidents

reported in which parents were not hurt or hurt mildly because they had fastened their seat belts but whose children were thrown out of the car and died because they had not fastened seat belts.

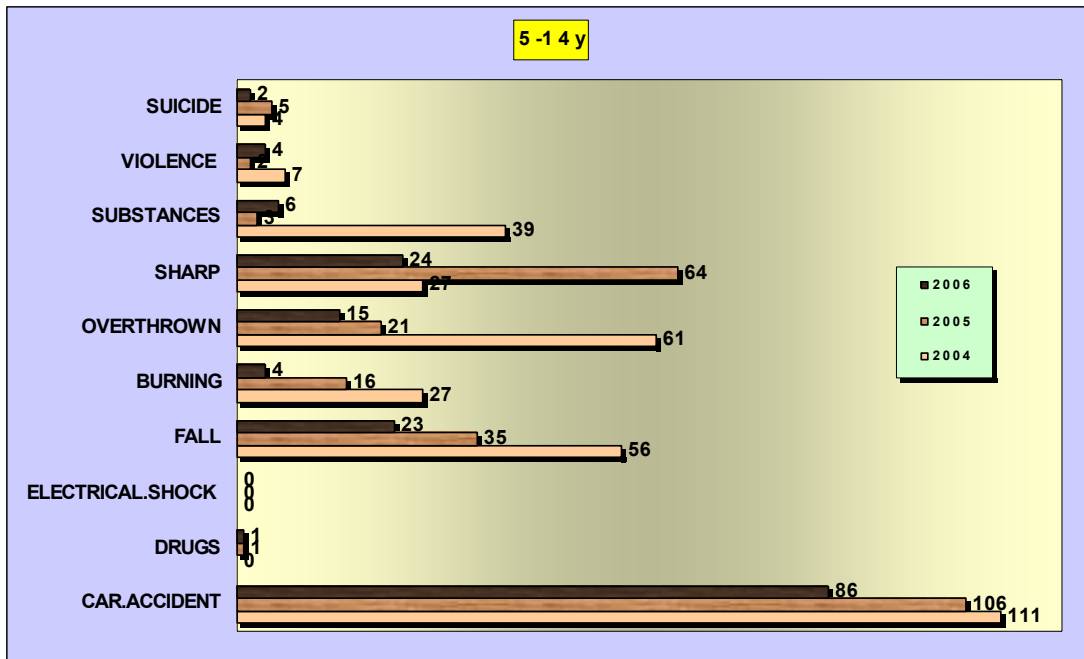
Thus it is important that parents pay more attention to the safety of their children when they travel. The following are suggested in this regard:

1. We should boost among parents the knowledge of how to use safety equipment for children (most parents like to keep their children in their arms during journeys).
2. The equipment should be up to standard and of high quality and reasonable price.
3. We should encourage children to use special seats and seat belts while in the car.

5.1.2 5-14 year age-group

2004	Traffic accidents: 33.43% of all the injuries	5-14years
2004	Falling and falling down: 35.24% of all the injuries	5-14years

In the operational plan approved in 2003, 7% annual decrease in the number of accidents-related casualties was targeted, but, unfortunately, the decrease has been %22.52. However, there is still a long way before we reach the ultimate goal of a safe community, a goal we are striving to achieve by continuing and strengthening the activities of the Safe community Committee.



Police Friends Project

In this project, primary school students (8-12 years of age) are taught traffic regulations so that when their parents violate the regulations when driving, they warn their parents. This project was implemented throughout the country simultaneously, and played an important role in the promotion of driving culture, drastically reducing the number of accidents-related casualties. To prevent children and adolescents from falling down, the following measures were taken: making homes safe, controlling the playgrounds of children and adolescents and writing various educational programs

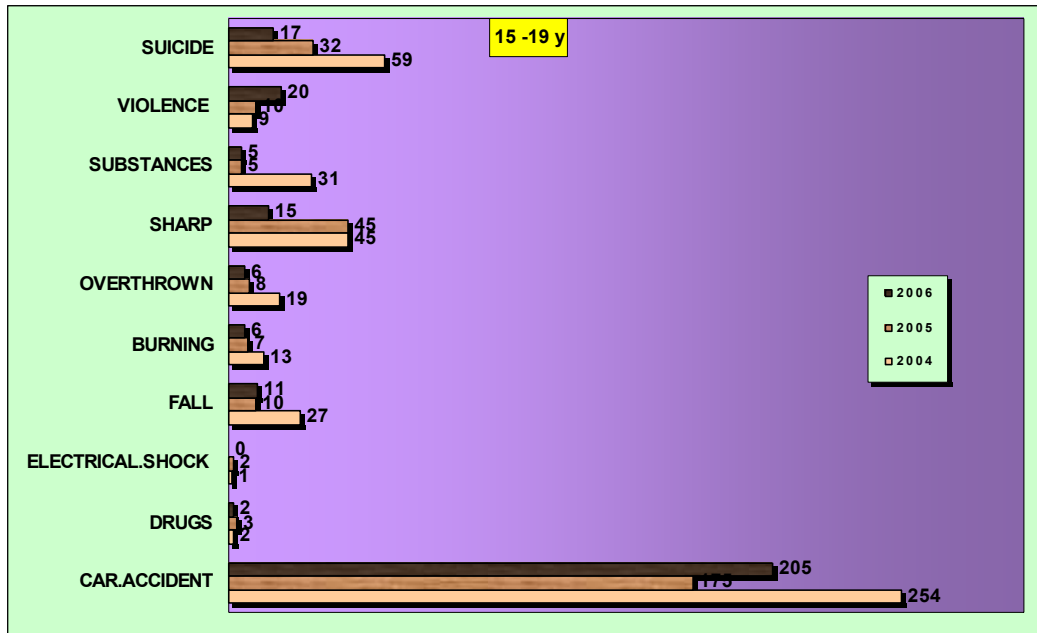
5.1.3 15-19 year age-group

2004	Traffic accidents: 55.21% of all the injuries	15-19 years
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This age group has the greatest number of injuries in car accidents. Most of the casualties are high school boys or boys who have entered job market. Some of them are boys who have graduated from high school and are waiting fore their compulsory military service. The important point is that more than %70 of the traffic accidents in this group happened for motorcycle drivers or passengers.

1. Taking measures to form motorcycling committees in villages and forming integrated institutions in order to make plans for the target group (young motorcyclists).
2. Constructing a motorcycling track and encouraging bikers to enroll in the motorcycling committee.
3. Holding matches in the motorcycling track and rewarding the winners.

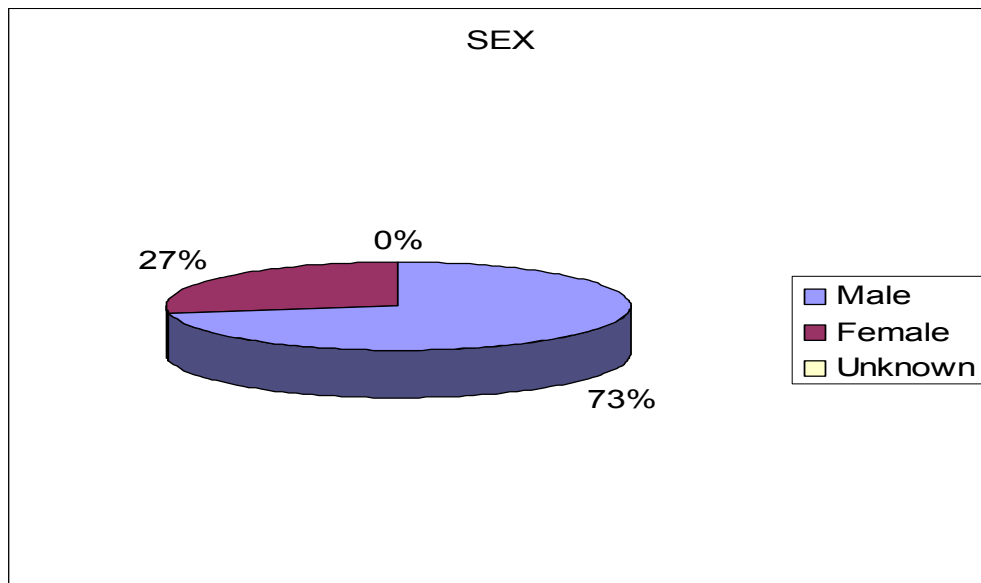
Bardaskan Safe Community Report



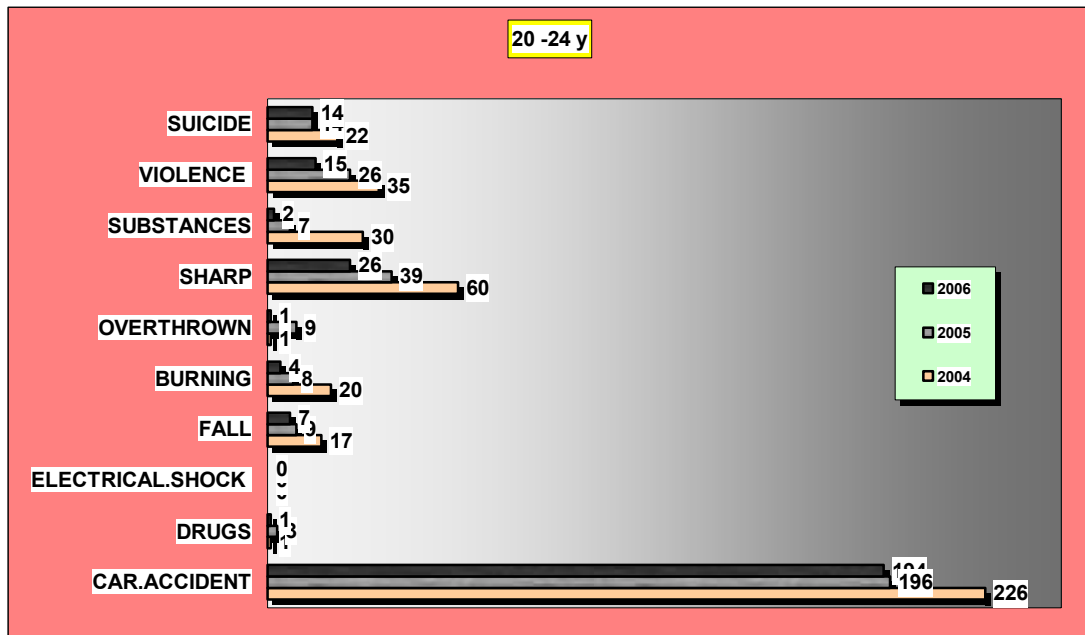
In 2005, there was a remarkable decrease in traffic injuries in this and other age group as a result of intensifying the plan for compulsory usage of crash helmets. This plan was, of course, faced with public resistance, so it was pursued less seriously in 2006. The result was a renewed increase in f.

5.1.4 20-24 year age-group

2004	Traffic accidents: 54.85% of all the injuries	20-24 years
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Traffic accidents could happen to age groups. Those who are more active and have to use vehicles are more susceptible to accidents than others. Especially in motorcycling accidents, %73of the victims are men. Holding numerous training sessions for people from all walks of life to prevent traffic accidents can be helpful to the improvement of the traffic culture in the long run.



5.1.5 25 – 44 year age -group

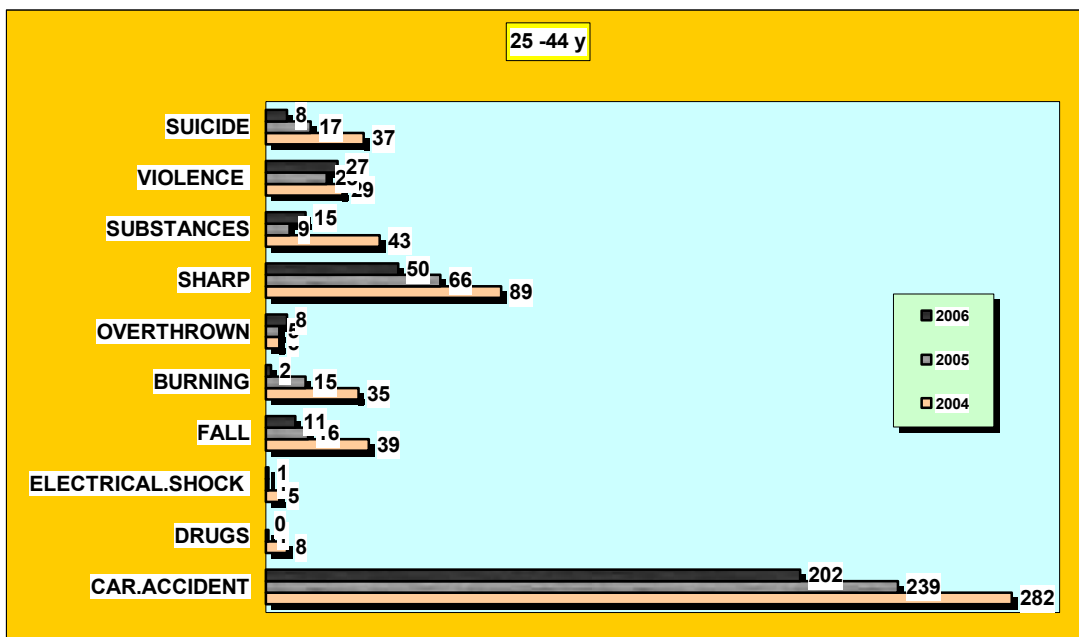
2004	Traffic accidents:49.3% of all the injuries	25-44 years
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A decrease is observed in the traffic accidents in the 25 – 44 year age-group, but the decrease is chiefly concerned with the car passengers who abide by the compulsory law of using safety belt. Unfortunately, the number of helmet users is very low and amounts to %15 in summer and at most %35 in winter. But the point is that those who use crash helmets are usually more careful about other traffic laws as well.

The number of those who use roads and streets and the number of vehicles is steadily increasing. The improvement of living conditions requires applying new regulations and methods. One of the solutions recommended by World Health Organization is the plan for the traveling

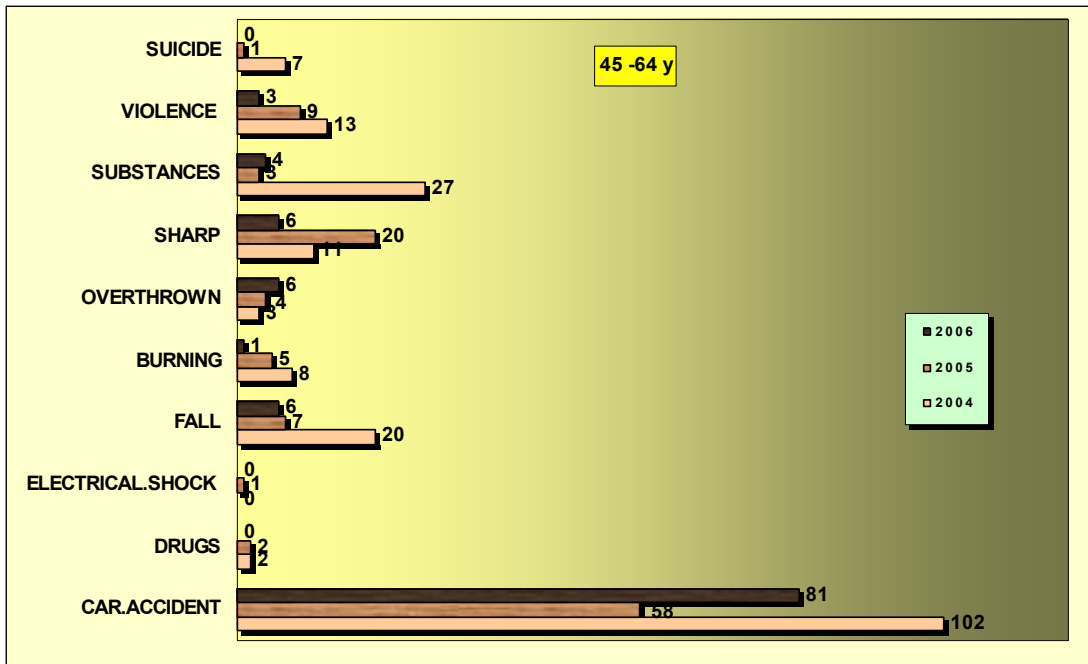
of motorcycles with their lights on, even during the day. This plan can remarkably reduce accidents since one of the important factors in preventing traffic accidents is seeing well and being seen well.

A popular myth is that the lights of a vehicle are only there for the driver to see well, and there is no need to turn them on if the street light is adequate. Some people don't turn the lights on until it gets completely dark. They are usually heedless of the fact that most accidents happen because of not being seen well at dawn or dusk.



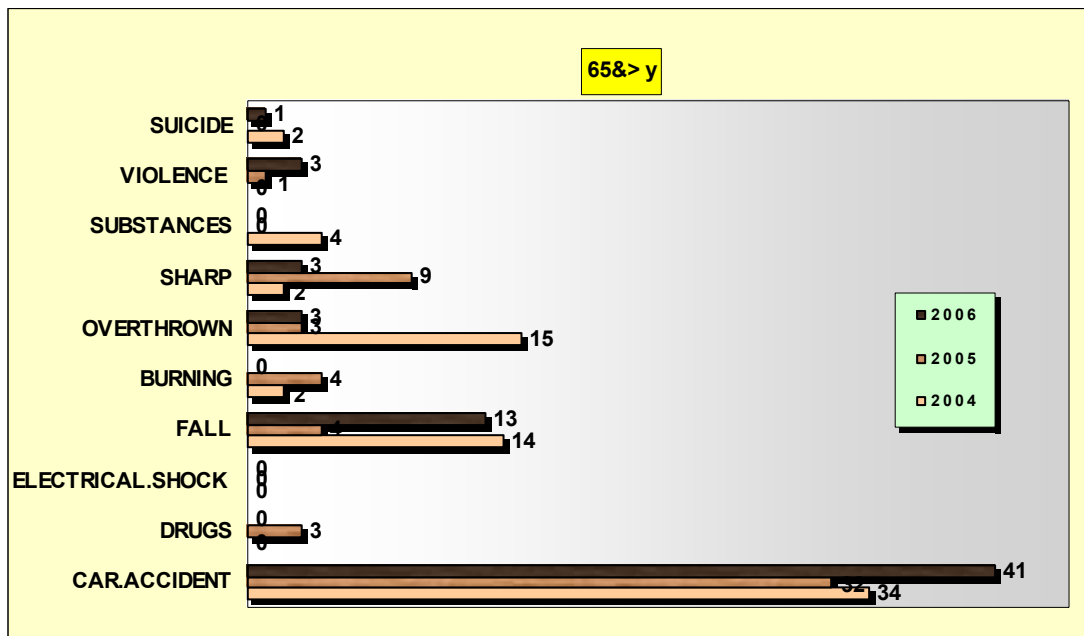
5.1.6 45-64 year age-group

2004	Traffic accidents:52.84 % of all the injuries	45-64years
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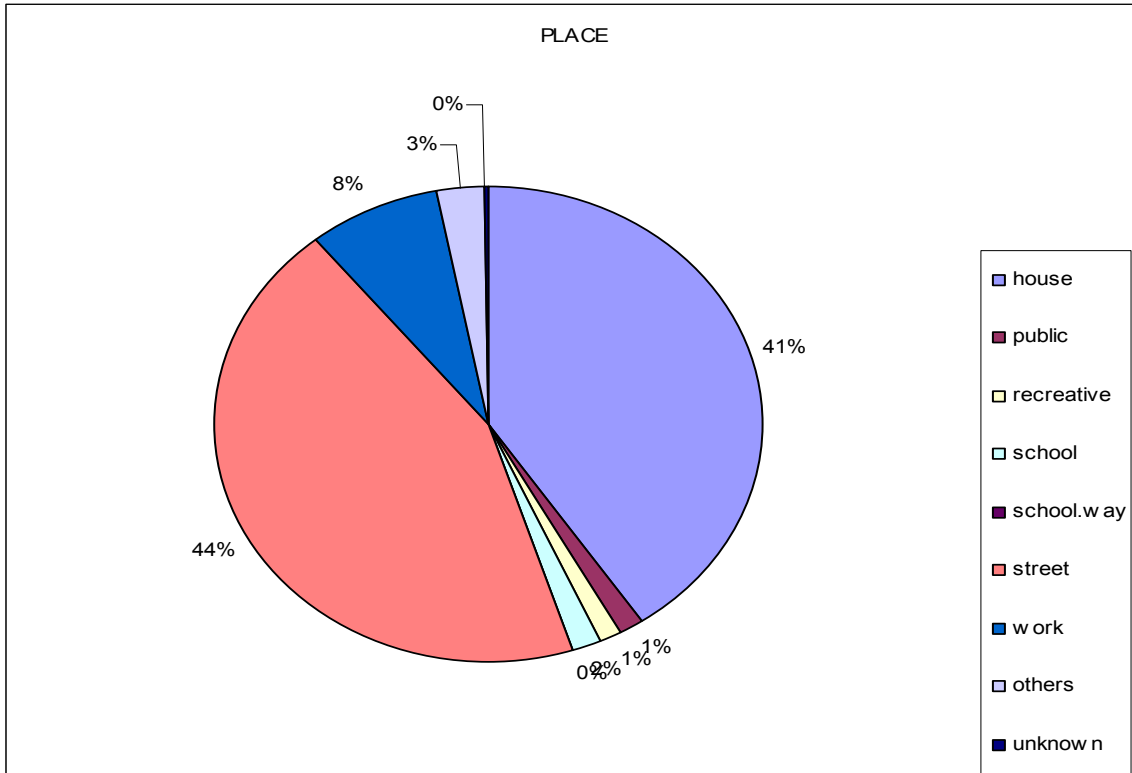


5.1.7 65 year plus age-group

2004	Traffic accidents:46.57% of all the injuries	65 year plus age-group
2004	Falling and falling down: 39.72% of all the injuries	65 year plus age-group



5.2 Appointing the subcommittees of the Safe Community, which execute safety promotion programs in different places



5.2.1 The Town's traffic committee:

Presently, regarding the accidents and the resulting injuries, roads and streets are insecure places for all users including passers-by, the drivers, and passengers of the vehicles, especially for motorcyclists and passers-by. This called for effective measures to be taken by a specialized committee to improve safety.

Director of Traffic department	governor
Director of road&transportation office	Head of health&care network
Director of road police office	mayor
Injuries and accidents expert	Director of health&care centre
Head of disciplinary force	Director of Islamic council
	prosecutor

Table: Traffic committee members

The tasks of the committee are as follows:

1. Identifying and removing accident-prone spots of inner-city passages. In 2004, an expert team examined all the accident-prone spots of streets, crossroads, squares etc. in the town of Bardaskan and presented a report of these problems, along with pictures, to the committee. The committee decided that taking measures to eliminate these accident-prone spots should be the first priority for the municipality of Bardaskan.

Useful measures were taken such as application of speed humps, increasing the length of traffic islands in boulevards, broadening the main streets. In the subsequent reports from those spots, the occurrence of the accidents had reduced to zero. Also, the accident-prone spots of outer-city passages (major and minor roads and rural routes) were detected and eliminated. The required information about the accident-prone spots of outer-city passages was provided by the Highway Patrol and The Road and Transportation Administration. Due to the significance

of these accident-prone spots, dealing with them was given priority. In view of the fact that the executive operation in some accident-prone spots required great time and expenses, the quick remedy was to give the drivers necessary cautions by installing numerous warning signs and taking other measures. Even these measures reduced the accidents in those spots to a minimum, and in some spots to zero.

2- Inter-departmental cooperation of the committee members to carry out safety promotion projects.

3. The plan of reducing accidents and injuries in motor cyclists.

Based on the recorded statistics of traffic accidents, %80 of these accidents involves motorcyclists. It was, therefore, necessary to take serious measures to prevent motorcycling accidents. Matters of priority are the following: 1. Issuing school police license for volunteer students after they pass a training course and an examination. These students are expected to cooperate with school officials in passing the students across the street. 2. Holding special programs for training students who have to cross main roads to get to their school and are therefore exposed to many risks.

Identifying the careful motorcyclists and giving safety helmet them as award

-Holding project of luminous marks installation and lamp replacement free of charge for motorcycles:

-General goal: reducing the accidents rate of motorcycles resulting from invisibility while riding

-Special goal: increasing the awareness of motorcyclists about the importance of visibility while driving and prevention of accidents resulting from invisibility while riding

5.2.2 School safety committee

Director of Traffic department	Director of education department
Director of road transportation office	Head of health&care network
Director of road police office	mayor
Injuries and accidents expert	Director of health&care centre
School health expert in the education department	School health expert in the health and care centre

Table: School safety committee members

Writing a planning of action about school safety -

Surveying the schools safety and writing a school safety checklist -

-Issuing the school police certificate for volunteer students after passing a training course and an exam. The duty of these students is crossing the students from street

Training to the in the in the margin of road schools

Programming for students of in the margin of road schools

5.2.3 – The home safety committee in rural regions

The home is the place to relax and feel safe, but many of the injured have been hurt at home. Safety measures are particularly underestimated in rural regions due to cultural and economic reasons. So a household safety checklist prepared by health agents aims at both house safety and face-to-face instruction of the inhabitants (Director of health centre, injuries and accidents expert, prevention and control of disease experts, directors of health&care centers)

5.2.4 – Workplace safety committee

(Director of health centre, injuries and accidents expert, occupational health expert)

_ The target group in this program are the employers and employees in industry, farmers, and risky occupations. In the visits paid by the vocational unit health members, these groups were advised to observe safety standards. The factories were demanded to report the measures taken to improve safety and to hold training sessions to increase safety in the workplace, depending on the type of job.

_ teaching the methods of preventing traffic accidents is the first priority of the town and is part of the educational syllabus of the courses offered to members of business guilds. These methods are continuously taught by experts.

Activities:

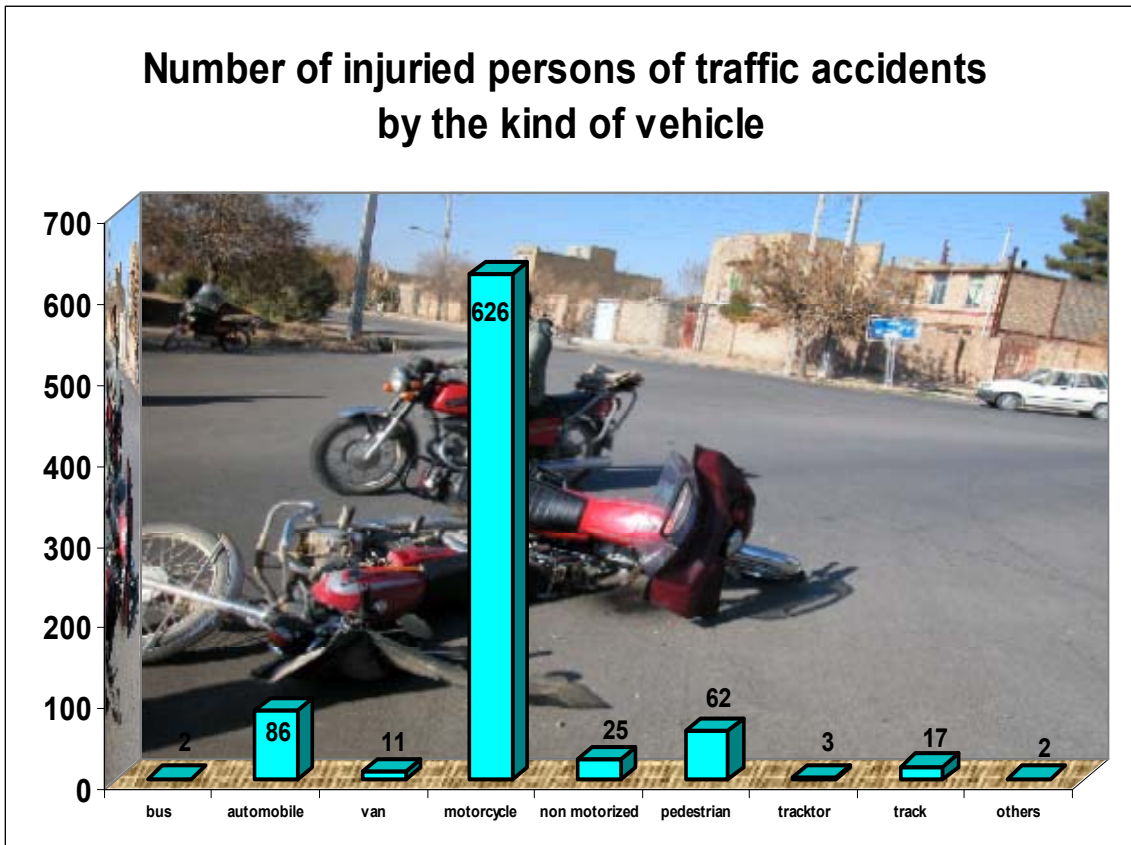
Writing a training program for prevention of traffic accidents by the Power point Software according to the scientific references

-. Holding the training sessions for:

Health&care experts, related offices, school teachers, workers of guilds

- . - Training programs for kindergartens and primary schools
- . Providing the pamphlets, posters and tracts specially for offices and schools
- . Training of Childs in the kindergartens
 - . Holding the training sessions for students, the volunteers of school police, selected teachers, workers of the guilds, mothers in the health bases and houses
 - . Holding the training sessions for motorcyclists in the motorcycling Board
 - . Providing the educational posters-
 - . - The opposite poster has downloaded from Accidents site of the WHO anti its motto has been translated into Persian language
 - . Providing CDs of animation films for training to prevent accidents (Davood Khatar) and giving mottos an subtitles mid reproducing them for giving to the students as awards
- . Holding Exhibitions about the Accidents in the health week
 - . - holding the Exhibitions about the Accidents with the collaboration of traffic department in the honor week of disciplinary force
 - . - Holding the training workshop of injuries and accidents prevention in the health&care centre for physicians and health&care experts.
 - . Sending the 8 important topics about safety to the education department as a composition topic (topics: safe city, accidents and injuries in the home and road, the characteristic of a good driver, safe road and etc)
- . Holding graphic and essay-writing competitions with the subject of accidents in schools of the city

6. The third indicator: Programs that target high-risk groups and environments and programs that promotes safety for vulnerable groups



The study on motorcyclists' safety in the city with the aim of prioritizing measures and educational programs.

A: This project was carried out in the second half of June in 2004 and 2005 in five urban spots and five rural spots by ten Health Center personnel and the technicians of health centers.

B: In order to analyze the collected data, software questionnaires were designed and processed into the computer.

C: The data was analyzed and displayed in Excel software.

D: The collected data was emailed to the center for disease management.

- Law reinforcement for compulsory usage of safety helmets and safety belts under the support of "Safe Community Committee".

- The project of replacing lamps and putting phosphorescence tags on motorcycles for free, with the cooperation of Highway Patrol, Traffic Police, Road and Transportation Administration and the Health Center of the town.

- The program of encouraging motorcyclists to drive with their lights on during the day.

-establishing a motorcycling course and encouraging the motorcyclists to membrane in the motorcycling Board

-following for the establishing of motorcycling Board in the villages in order to achieving a united establishment and programming

2. Holding motorcycling races in the motorcycling course and giving them awards to the winners

7. The forth indicator: programs that document frequency and causes of injuries

Designing a register for recording the information about the people who refer to the Emergency Section.

Before the register was officially used, a meeting was held in the presence of the supervisor of the Health Center and the head of the hospital and the personnel of the emergency section in the conference hall of the health center. In the meeting, the necessary explanations were provided by the Disease Combat Department about the manner of recording accidents and injuries, and the questions posed by the Emergency personnel were answered.

The instructions for recording the information of the clients of the Emergency Section are printed and framed in size A2 and placed on the counter of the Emergency Section.

After the histories of the patients are recorded in the register, they are entered into the related software. Every six months, a copy of the results is sent to the Health center of the Province.

Moreover, these data were analyzed and applied in remedial programs. A monthly meeting is held to exchange views, remove errors in recording the accidents and encourage the hardworking personnel.

8. The fifth indicator: Evaluation measures to assess the programs, processes and the effects of change

Compiling a program of operation (POA) and preparing evaluation tables for the execution phases of the program.

Documenting the measures taken in accidents and injuries, examining the case before and after the measures based on the photos and videos taken.

Preparing safety checklists for automobiles and motorcycles:

A: One of the chief causes of accidents is technical defects in vehicles. It was necessary to define a uniform standard to evaluate the safety of vehicles. In this regard, those parts of the vehicle which have special significance for the safety of the passenger and automobile are examined e.g. lighting system, technical system, safety equipment, tires and necessary equipment.

B: The above-mentioned checklist was sent to town administrations for the evaluation of state automobiles.

C: The checklist was filled in by the administrations and sent to the Health Center.

D: The collected data were analyzed and the feedback was sent to all administrations.

Filling in safety checklists for houses in rural health centers.

Filling in safety checklists for schools by health units of schools.

Determining the number of motorcycles operating in the town.

Publishing articles about injuries and accidents in the journal Nedaye Salamat (Health Echo) (Appendix 14)

Devoting an indicator book for recording all correspondences concerning accidents and injuries. So far 155 letters have been recorded.

9. The sixth indicator: ongoing participation in national and international network

Two persons participated in the training workshop in Mashhad in June 2003 which was held in cooperation with Sweden and was attended by Professor Lars Gunnar Hourt, Lars Berg and Mrs. Moa Sundstrom.

Communicating with the Safe Community committees of the towns of Kashmar, Torbat Jam, Fariman and Semnan, and exchanging information and experience.

Participating in the nation-wide conferences on accident prevention.

The visit paid by the members of the Safe Community of Semnan to Bardaskan and learning about its activities.

The visit paid by members of the Safe Community of Torbat Jam to Bardaskan and learning about its activities.

The visit paid by the chancellor of the university to Bardaskan and learning about its activities.

Publication of a summary of the activities in the website of Mashhad University of Medical Sciences.

Sending the pictures taken from the accidents and a report of the measures taken to the editor of the book to be published on The Safe Community.

10. Conclusion

Our achievement in the past three years shows that the people who worked hard to materialize the goals of the Safe Community were encouraged and supported by high-ranking authorities in the province. This has had a great effect on the promotion of the goals and the determination of the people involved to further advance the goals in the province. The Safe Community program provides a framework in which we can collect and offer correct data and identify problems and devise ways to prevent them. It saves us both time and money. One of the very important organizations that can assist the safe Community and ultimately reduce the number of injuries and deaths is Insurance companies. They have done nothing so far in this regard. Probably, the most important reason is that they are all governmental institutes and whose managers find no incentive to risk the revenue of these companies by participating in the program.

11. Scientific references:

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