



# Are We Doing Enough?

A status report on Canadian public policy  
and child and youth health





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# Background

Protecting the health and safety of Canadian children and youth is a collective responsibility. It starts with parents and caregivers making informed decisions that foster their children's growth and development and keep them safe. At the broadest level, it involves governments creating public policy that safeguards and enhances the health and safety of its youngest citizens.

Legislation and public policy cannot address every child and youth health issue. But there are many areas where government action is critical, indeed, where it can save lives. Consider the impact of seat belt laws, or of measures to fortify certain foods with disease-preventing vitamins and minerals. Public policy is a powerful tool to promote health and safety. Yet all too often the needs of children and youth fail to make to the top of the public policy agenda.

To encourage policy-makers to examine their own progress on child and youth issues and to foster discussion among Canadians, the Canadian Paediatric Society has produced this status report on public policy affecting children and youth.

This report, which will be updated and expanded every two years, looks at how effectively Canada's provinces and territories are using their legislative powers to promote the health and safety of children and youth.

The report looks at the need for legislation in three major areas:

- Disease prevention
- Health promotion
- Injury prevention

Each of the indicators was chosen because it is backed by sound science that points to the need for and effectiveness of government intervention.

Information is current as of June 1, 2005, and was obtained from government documents, websites and personal correspondence.

# Summary

The most striking finding of any review of provincial and territorial legislation is often the policy patchwork that exists across the country. And public policy that affects children and youth is no different. The extent to which the health of kids is protected or promoted by provincial/territorial legislation depends largely on where you live.

Do you want to ensure your child is fully protected against vaccine-preventable diseases? Consider moving to Alberta, where all recommended childhood immunizations are publicly funded. Do bike injuries concern you? Try British Columbia or the Maritimes, where mandatory use of helmets is enforced by fines. Or are you more worried about the growing childhood obesity epidemic? Then Ontario—where daily physical activity is compulsory through Grade 8 and junk food is banned from schools—is probably the best place for you.

But if you want to live in a province or territory that always puts the well-being of children and youth at the top of the public policy agenda, then you might as well stay put. Because overall, there really isn't much difference among them. Although some provinces and territories should be commended for specific initiatives, none gets it right all the time.

First, the good news. Provincial and territorial governments are doing some creative, encouraging

things. In September 2005, for example, Ontario will become the first province to make car booster seats mandatory for children up to eight years old. And the law will apply not just to primary caregivers, but to other adults driving with small children in their vehicles. Most provinces and territories have, or are planning, a new-driver graduated licensing system, a measure proven to reduce the risk of injury and death. And all governments have made at least some progress toward publicly funding new childhood vaccines.

But there is still so much more to be done. Consider childhood obesity, a growing problem with potentially debilitating health effects that turn up in adulthood, such as high blood pressure, heart disease and diabetes. The solution is deceptively simple: more physical activity and better nutrition. Yet too few governments have elected to make quality daily physical activity mandatory for all students. And even fewer have addressed the issue of healthy food choices in schools.

Governments also have a leading role to play in preventing injuries—the leading cause of hospitalization among children over 12 months old. And yet much of the existing legislation shows a woeful lack of understanding of the risks to children and youth. In Prince Edward Island, for example, children as young as six years old can operate an all-terrain vehicle (albeit

under the supervision of an adult). These machines weigh up to 273 kg (600 lbs). The average 6-year-old weighs about 20 kg (44 lbs).

One of the reasons for producing this report is to give local advocates a tool they can use when trying to make changes at the provincial/territorial level. Another is to improve government accountability to children and youth by drawing attention to areas that are either overlooked or underserved.

Provincial and territorial governments are not alone in being accountable to the nation's children and youth. The federal government plays a critical role in providing leadership to benefit Canada's youngest citizens. This report suggests that when the Canadian government assumes that role, kids come out ahead.

Immunization is one example. Since 2003, the federal government has announced \$345 million toward a National Immunization Strategy. The most recent \$300 million, announced in the 2003 federal budget to allow provinces and territories to purchase childhood vaccines, has been vital in ensuring that Canadian children have equal access to all recommended vaccines. All provinces and territories have now used those funds to initiate new immunization programs.

At the other end of the spectrum is injury prevention. Unintentional injury is the leading cause of death, morbidity and disability among Canadian children and youth. One study estimates that unintentional injuries cost Canada more than \$8.7 billion annually.<sup>1</sup> For years, experts have been calling on the federal government to implement a national injury prevention strategy, yet progress continues to be stalled. Canada needs a national injury prevention strategy—a comprehensive plan with communications and outreach initiatives, legislation at all government levels, a national surveillance system, and research into prevention and program evaluation. To facilitate the development and implementation of such a strategy, a Centre for Injury and Violence Prevention should be established within the Public Health Agency of Canada.

In part because of the absence of a national injury prevention strategy, as this report shows, provinces and territories are missing opportunities to protect children and youth from preventable harm.

So are we doing enough? The short answer is no. When it comes to protecting children and youth, there is always more we can do. It is our hope that this report provides a starting point for advocates, legislators and others who care about kids.

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1. Angus D et al. The economic burden of unintentional injury in Canada. SmartRisk: 1998. Accessed at <http://www.phac-aspc.gc.ca/injury-bles/ebuic-febnc/index.html>.

# Disease Prevention



ARE WE DOING ENOUGH?

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## Publicly-funded immunization programs

Immunization is one of the major public health success stories of the last century. Universal coverage of paediatric vaccines offers all children and youth protection against potentially life-threatening diseases. In recent years, vaccines have been introduced to protect against varicella (chickenpox), adolescent pertussis (whooping cough) and certain forms of meningitis (meningococcal and pneumococcal infections).

These vaccines are recommended by the Canadian Paediatric Society (CPS) and the National Advisory Committee on Immunization (NACI). Currently, there is a patchwork of public programs across the country.<sup>1</sup>

**Excellent:** Province/territory provides meningococcal, adolescent pertussis, pneumococcal, and varicella according to the schedule recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization.

**Good:** Province/territory provides all four vaccines, but some are not provided according to the schedule recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization.

**Fair:** Province/territory offers only three of the four recommended vaccines, and schedule does not match the one recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization.

**Poor:** Province/territory only offers two or fewer of the recommended vaccines.

1. Infectious Diseases and Immunization Committee, Canadian Paediatric Society. Paediatric Infectious Disease Note: Routine Immunization Schedule, 2005. Accessed at <http://www.cps.ca/english/statements/ID/PIDNoteImmunization.htm>

## Publicly-funded immunization programs

Province/Territory	Status	Comments
<b>British Columbia</b>	Good	Provides coverage for all four recently recommended vaccines (adolescent pertussis, meningococcal, pneumococcal and varicella), but meningococcal vaccine is not given according to CPS and NACI recommendations. Meningococcal is offered to teenagers as well.
<b>Alberta</b>	Excellent	Provides coverage for all vaccines according to the CPS and NACI recommended schedule.
<b>Saskatchewan</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations. Meningococcal is offered to teenagers as well.
<b>Manitoba</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal and pneumococcal vaccines are not given according to CPS and NACI recommendations.
<b>Ontario</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
<b>Quebec</b>	Fair	Provides coverage for three of the four recommended vaccines. Meningococcal and pneumococcal vaccines are not given according to CPS and NACI recommendations. Varicella is not funded by the province.
<b>New Brunswick</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
<b>Nova Scotia</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations. Meningococcal is offered to teenagers as well.
<b>Prince Edward Island</b>	Good	Provides coverage for all four recommended vaccines. Meningococcal vaccine is not given according to CPS and NACI recommendations. Meningococcal vaccine is offered to teenagers.
<b>Newfoundland</b>	Good	Provides coverage for all four recommended vaccines, but meningococcal vaccine is not given according to CPS and NACI recommendations.
<b>Yukon</b>	Fair	Provides coverage for three of the four recommended vaccines. Meningococcal vaccine is not given according to CPS and NACI recommendations. Varicella is not funded by the territory.
<b>Northwest Territories</b>	Fair	Provides coverage for three of the four recommended vaccines. Meningococcal vaccine is not given according to CPS and NACI recommendations. Pneumococcal vaccine is not funded by the territory.
<b>Nunavut</b>	Fair	Provides coverage for three of the four recommended vaccines. Meningococcal vaccine is not funded by the territory.

# Disease Prevention



ARE WE DOING ENOUGH?

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## Measures to prevent and reduce adolescent smoking rates

The CPS encourages all provinces and territories to enforce laws that ensure all public places are smoke-free. Besides protecting both children and adults from secondhand smoke, and sending a clear public health message, there is evidence that this measure also encourages some smokers to quit for good.<sup>1</sup>

Adolescent consumption of tobacco is price sensitive.<sup>2</sup> Driven partly by provincial/territorial taxes, the price of a package of cigarettes is one indication of how aggressively governments are trying to discourage smoking.

**Excellent:** Province/territory has a smoking ban in all public places. Cost of a package of 25 cigarettes is in the most expensive quartile. The province/territory has prevention programs specific for youth.

**Good:** Province/territory has passed legislation for a province-wide smoking ban to come into effect in the next 12 months. Cost of a package of 25 cigarettes is in the second most expensive quartile.

**Fair:** Province/territory has legislation banning smoking in some places but not in all public places. Cost of a package of 25 cigarettes is in the third most expensive quartile.

**Poor:** Province/territory has no provincial smoking ban. Price of a package of 25 cigarettes is in the bottom quartile.

1. Moher M et al. Workplace interventions for smoking cessation. *Cochrane Database Syst Rev* 2003; (2):CD003440.
2. Drug Therapy and Hazardous Substances Committee, Canadian Paediatric Society. Effect of changes in the price of cigarettes on the rate of adolescent smoking. *Paediatr Child Health* 1998;3(2):97-8



## Measures to prevent and reduce adolescent smoking rates

Province/Territory	Status	Comments
<b>British Columbia</b>	Fair	No provincial anti-smoking legislation. Cost of 25 cigarettes is \$9.12. Has a number of public health education programs to prevent smoking among children and youth.
<b>Alberta</b>	Fair	The current provincial legislation applies to people under 18, although the province is considering a province-wide ban. Cost of 25 cigarettes is \$8.60. Alberta Tobacco Reduction Strategy aims to increase wellness and decrease smoking-related health care costs.
<b>Saskatchewan</b>	Excellent	Has a province-wide smoking ban. Cost of 25 cigarettes is \$9.51. Has some public health programs to reduce smoking, however no specific programs are in place for 2005.
<b>Manitoba</b>	Excellent	Has a province-wide smoking ban in public places. Cost of 25 cigarettes is \$9.95. Has a number of public health programs to reduce smoking, including ones aimed specifically at youth with input from Manitoba youth.
<b>Ontario</b>	Good	Legislation for a province-wide smoking ban scheduled to take effect May 31, 2006. Cost of 25 cigarettes is \$7.46. The Ontario Tobacco Strategy is currently being implemented.
<b>Quebec</b>	Poor	Legislation for a province-wide smoking ban is currently being reviewed. Cost of 25 cigarettes is \$7.08. Has some public health programs to reduce smoking.
<b>New Brunswick</b>	Good	Has a province-wide smoking ban. Cost of 25 cigarettes is \$8.03. Has some public health programs to reduce smoking, including some specifically for youth.
<b>Nova Scotia</b>	Good	Has provincial legislation but it does not fully cover bars and restaurants. Cost of 25 cigarettes is \$9.11. Has some public health programs aimed at reducing smoking.
<b>Prince Edward Island</b>	Good	Has a province-wide smoking ban, although separate smoking rooms are permitted. Cost of 25 cigarettes is \$8.99. Has some public health programs to reduce smoking, however no specific programs are in place for 2005.
<b>Newfoundland</b>	Good	Has a province-wide smoking ban, although separate smoking rooms are permitted. Government is working on a province-wide ban in all public places. Cost of 25 cigarettes is \$9.25. Has some public health programs to reduce smoking, however no specific programs are in place for 2005. Has some youth-specific initiatives.
<b>Yukon</b>	Poor	No legislation banning smoking. Cost of 25 cigarettes is \$7.86. Has some smoking prevention and reduction strategies.
<b>Northwest Territories</b>	Fair	No legislation banning smoking in public places. Cost of 25 cigarettes is \$9.95. Has some smoking prevention and reduction strategies.
<b>Nunavut</b>	Fair	Has begun to look at legislation, the Nunavut Tobacco Control Act. Cost of 25 cigarettes is \$8.50. Has some public health programs aimed at reducing smoking.

# Health Promotion



ARE WE DOING ENOUGH?

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## Obesity prevention and promotion of physical activity

Although information on the number of children in Canada taking regular physical education classes is incomplete, it is estimated that most schools offer half of the recommended provincial requirement, and less than 4% offer quality daily physical education programs.<sup>1</sup> Children and youth should be provided with safe school recreation facilities that have appropriate equipment, ensuring exposure to a wide range of physical activities, especially those encouraging lifestyle changes.

While some provinces and territories have begun to introduce legislation about the types of foods that can be offered in schools, the CPS recommends comprehensive initiatives to serve healthy foods and eliminate the sale of high carbohydrate soft drinks and high fat or sugary snacks in schools.

**Excellent:** Schools are mandated to provide at least 30 minutes of physical activity per day from kindergarten to Grade 12. Schools are also mandated to have healthy nutrition choices in the cafeteria and to ban junk food and sugary drinks.

**Good:** Schools are required to offer regular but not daily physical activity. Province/territory is considering implementing some nutrition policies.

**Fair:** Province/territory has begun to research obesity prevention programs but has yet to implement any.

**Poor:** Schools are neither mandated to have daily physical activity nor to have healthy nutrition choices in the cafeteria.

1. Healthy Active Living Committee, Canadian Paediatric Society. Healthy active living for children and youth. *Paediatr Child Health* 2002;7(5):339-345.

## Obesity prevention and promotion of physical activity

Province/Territory	Status	Comments
<b>British Columbia</b>	Fair	Physical education is a required subject for kindergarten through Grade 10, must be 10% of time. However, physical exercise is not a mandatory daily activity. Considering legislation on a junk food ban in schools.
<b>Alberta</b>	Good	Mandatory physical activity to begin in September 2005 for all students Grades 1-9 at 30 minutes a day. No information found on healthy food choices.
<b>Saskatchewan</b>	Fair	No daily requirement for physical activity. Grades 1-5 have at least 150 minutes of physical activity per week, which then decreases with increasing age. No information found about healthy food choices at school.
<b>Manitoba</b>	Fair	Considering legislation to introduce daily physical activity, however amount of time dedicated to physical activity decreases with increasing age. Has a Healthy Kids, Healthy Futures Task Force to determine a healthy active future for Manitobans. No specific information found on healthy food choices in schools.
<b>Ontario</b>	Good	Daily physical activity mandatory through Grade 8. Has banned junk food from schools and has an Eat Smart cafeteria program.
<b>Quebec</b>	Fair	Minimum of two hours of physical education per week at the elementary school level and two credits per week at the secondary level. No information found about healthy food choices at school.
<b>New Brunswick</b>	Fair	Daily physical activity is not mandatory. Amount of physical activity offered is 100 minutes per week for kindergarten through Grade 5 and 150 minutes per week for Grades 6-8. No information found on provincial approaches to healthy food choices at school.
<b>Nova Scotia</b>	Fair	No provincial guidelines for mandatory daily physical activity or healthy food choices. Province is doing research into best practices to promote physical activity, and it provides grants to appropriate programs. No information found about healthy food choices at school.
<b>Prince Edward Island</b>	Fair	No specific programs at present, but PEI has developed a strategic plan which states it wants to increase physical activity at school. Province has started some pilots in school healthy eating policy.
<b>Newfoundland</b>	Fair	Physical education must make up 6% of instructional time in Grades 1-6. No information found about healthy food choices at school.
<b>Yukon</b>	Fair	Physical education is a required subject for kindergarten through Grade 10, must be 10% of time. However, physical exercise is not a mandatory daily activity. Considering legislation to ban junk food in schools.
<b>Northwest Territories</b>	Good	Mandatory physical activity to begin in September 2005 at 30 minutes a day. No information found on healthy food choices.
<b>Nunavut</b>	Poor	No territorial guidelines for mandatory daily physical activity or healthy food choices.

# Health Promotion



ARE WE DOING ENOUGH?

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## Over-the-counter availability of emergency contraception

Emergency contraception has been in use in North America for over two decades. Often referred to as the morning-after pill, emergency contraception is an effective way to prevent pregnancy after unprotected intercourse. Many adolescent girls are not aware of emergency contraception or do not know how to obtain it. In all provinces, pharmacists can now give emergency contraceptive pills without a prescription following amendments to the Food and Drug Regulations<sup>1</sup>.

In 1997, about 19,724 women 15-19 years old gave birth, and another 21,233 had an abortion. Babies born to teen moms are more likely to have low birth weights and related health problems. Pregnant teens are also at greater risk of health problems, including anemia, hypertension, renal disease, eclampsia and depressive disorders.<sup>2</sup>

The CPS recommends that all provinces and territories empower pharmacists to dispense emergency contraception, with appropriate confidential information at no cost.

**Excellent:** Province/territory offers access to emergency contraception to individuals under 18 without a prescription and has free confidential counselling.

**Good:** Province/territory offers access to emergency contraception to individuals under 18 with a prescription or through specially trained pharmacists.

**Poor:** Province/territory does not offer access to emergency contraception.

1. Health Canada. "Minister Dosanjh announces regulatory changes to allow Levonorgestrel 0.75 mg (plan B) to be sold without a prescription." April 20, 2005. Accessed at: [http://www.hc-sc.gc.ca/english/media/releases/2005/2005\\_25.html](http://www.hc-sc.gc.ca/english/media/releases/2005/2005_25.html).
2. Dryburgh, Heather. Teenage pregnancy. In Health Reports, 12(1), Statistics Canada, Cat. 82-003. Accessed at [www.statcan.ca/english/kits/preg/preg3.htm](http://www.statcan.ca/english/kits/preg/preg3.htm)

## Over-the-counter availability of emergency contraception

Province/Territory	Status	Comments
<b>British Columbia</b>	Good	Currently available through physicians and specially trained pharmacists. Province pays for counselling component if the pharmacy applies.
<b>Alberta</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Saskatchewan</b>	Excellent	Currently available at all pharmacies. Province pays for counselling through the provincial drug insurance plan.
<b>Manitoba</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Ontario</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Quebec</b>	Excellent	Currently available at all pharmacies. Province pays for counselling and the cost of the drug, depending on the individual's income.
<b>New Brunswick</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Nova Scotia</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Prince Edward Island</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Newfoundland</b>	Good	Currently available at all pharmacies. Information about provincial coverage of counselling fees not available.
<b>Yukon</b>	Good	Currently available at all pharmacies. Information about territorial coverage of counselling fees not available.
<b>Northwest Territories</b>	Good	Currently available at all pharmacies. Information about territorial coverage of counselling fees not available.
<b>Nunavut</b>	Good	Currently available at all pharmacies. Information about territorial coverage of counselling fees not available.

# Injury Prevention



ARE WE DOING ENOUGH?

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## Bike helmet legislation

Bicycle injuries are the third leading cause of injury for children between the ages of 10 and 14 years old.<sup>1</sup> Each year, about 875 children between 5 and 19 years old suffer a head injury while cycling.<sup>2</sup> Bike helmets reduce the risk of brain injury by 88%.<sup>3</sup> Where laws exist to make bike helmets mandatory, not only do most people use helmets, but injury rates among young cyclists are lower.

The Canadian Paediatric Society recommends that everyone riding a bicycle be required to wear a CSA-approved bike helmet. Bike helmet laws should be accompanied by effective enforcement and public education.

**Excellent:** Province/territory has legislation requiring all cyclists to wear helmets with financial penalties for non-compliance. Parents are responsible for ensuring their child is wearing a helmet.

**Good:** Province/territory has legislation requiring all cyclists under 18 to wear a helmet.

**Poor:** Province/territory has no legislation pertaining to bike helmets.

1. Health Canada. For the safety of Canadian children and youth: From injury data to preventive measures. Ottawa: 1997.
2. Macpherson A et al. Impact of mandatory helmet legislation on bicycle related injuries in children: A population based study. *Pediatrics* 2002;110(5):e60.
3. SmartRisk. The Economic Burden of Unintentional Injury in Ontario. Hygeia Group: 1999. Accessed at [www.smartrisk.ca](http://www.smartrisk.ca)

## Bike helmet legislation

Province/Territory	Status	Comments
<b>British Columbia</b>	Excellent	Helmets mandatory for all ages. Parents of youth under 16 years responsible to ensure the use of a properly fitted helmet. Enforced through fines of up to \$100.
<b>Alberta</b>	Good	Helmets mandatory only for those under the age of 18. Enforced through fines of \$69.
<b>Saskatchewan</b>	Poor	There is no provincial bike helmet legislation.
<b>Manitoba</b>	Poor	There is no provincial bike helmet legislation.
<b>Ontario</b>	Good	Helmets mandatory only for those under the age of 18. Parents of youth under 16 responsible to ensure the use of a properly fitted helmet. Enforced through fines of \$60. Considering a provincial law making helmets mandatory for all cyclists.
<b>Quebec</b>	Poor	There is no provincial bike helmet legislation.
<b>New Brunswick</b>	Excellent	Helmets mandatory for all ages. Enforced through fines of \$25.
<b>Nova Scotia</b>	Excellent	Helmets mandatory for all ages. Enforced through fines of no less than \$25.
<b>Prince Edward Island</b>	Excellent	Helmets mandatory for all ages. Parents of youth under 16 responsible to ensure the use of a properly fitted helmet. Enforced through fines of up to \$100.
<b>Newfoundland</b>	Poor	There is no provincial bike helmet legislation.
<b>Yukon</b>	Poor	There is no territorial bike helmet legislation.
<b>Northwest Territories</b>	Poor	There is no territorial bike helmet legislation.
<b>Nunavut</b>	Poor	There is no territorial bike helmet legislation.

# Injury Prevention



ARE WE DOING ENOUGH?

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## All-terrain vehicle (ATV) safety legislation

ATVs are widely used in rural Canada for employment, recreation, and transportation. These vehicles are especially dangerous when used by children and young adolescents, who lack the knowledge, physical size and strength, and cognitive and motor skills to operate them safely. Children less than 16 years of age account for almost one-third of ATV injury-related emergency department visits, and 30% or more of ATV injury hospitalizations.<sup>1</sup>

The CPS recommends that provinces and territories harmonize off-road vehicle legislation, including: minimum operator age of 16 years; restricting passengers to the number for which the vehicle was designed; compulsory helmet use with no exemptions; mandatory training, licensing and registration; and banning the use of three-wheeled vehicles. It also recommends appropriate enforcement of such legislation.

**Excellent:** ATVs banned for youth under 16 years, mandatory driver education for new users, and mandatory helmet use.

**Good:** ATVs banned for youth under 14 years, mandatory driver education, mandatory helmet use.

**Fair:** Some requirement for adult supervision for youth under 15, restrictions on where youth under 16 can operate an ATV.

**Poor:** No ATV legislation or minimum driver age extremely low.

1. Injury Prevention Committee, Canadian Paediatric Society. Preventing injuries from all-terrain vehicles. *Paediatr Child Health* 2004;9(5):337-340



## All-terrain vehicle (ATV) safety legislation

Province/Territory	Status	Comments
<b>British Columbia</b>	Poor	There is no provincial legislation on the use of ATVs.
<b>Alberta</b>	Fair	There is no minimum driver age. Driver must be over 14 years to drive on the highway. On public property, an adult must supervise drivers less than 14. No legislated requirements for helmet use.
<b>Saskatchewan</b>	Fair	There is no minimum driver age. Drivers 12-15 years old who operate an ATV on public property must have passed an approved ATV training course or be accompanied by someone with a valid driver's license. Drivers must be at least 16 years old to operate an ATV on the highway. Helmets are mandatory.
<b>Manitoba</b>	Fair	There is no minimum driver age. An adult must supervise drivers under 14 years, except in remote areas. Helmets are mandatory.
<b>Ontario</b>	Fair	There is no minimum driver age. An adult on private property must supervise drivers less than 12 years old. Drivers must be over 12 to operate an ATV on public property. Driver must have driver's license to operate an ATV on a highway. Helmets are mandatory.
<b>Quebec</b>	Good	Minimum driver age of 14 years. Drivers less than 16 must have a certificate of competence. Helmets are mandatory.
<b>New Brunswick</b>	Fair	No minimum driver age. An adult must supervise drivers under 14 years. Must be 16 to drive on the highway. Drivers under 16 are required to take an approved safety-training course. Helmets are mandatory.
<b>Nova Scotia</b>	Fair	There is no minimum driver age. An adult on private property must supervise drivers under 10 years old. Drivers operating an ATV on public property must be at least 10 years old. An adult must supervise those under 14. Helmets are mandatory.
<b>Prince Edward Island</b>	Poor	Minimum driver age of 6 years old. An adult must supervise drivers under 14 years. Drivers operating an ATV on a highway must be over 16 years old and have a driver's license. Helmets are mandatory.
<b>Newfoundland</b>	Good	Minimum age to operate a full sized ATV is 16 years. Individuals under 14 can not operate an ATV. Youth 14-16 can operate 90 cc ATVs under adult supervision. A safety awareness campaign is proposed but not a mandatory course. Helmets are mandatory.
<b>Yukon</b>	Poor	There is no ATV-related legislation.
<b>Northwest Territories</b>	Fair	There is no minimum driver age. Drivers must be over 14 years old to operate an ATV on the highway. An infant may be transported on an ATV when in a device designed for carrying infants is worn by the driver or passenger. Helmets are mandatory.
<b>Nunavut</b>	Fair	There is no minimum driver age. Drivers must be over 14 years old to operate an ATV on the highway. An infant may be transported on an ATV when in a device designed for carrying infants is worn by the driver or passenger. Helmets are mandatory.

# Injury Prevention



ARE WE DOING ENOUGH?

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## Booster seat legislation

Motor vehicle collisions are the leading cause of injury-related death among Canadian children. Child passenger restraints reduce the risk of serious injury by 40% to 60%.<sup>1,2</sup>

Although all provinces and territories require by law the use of restraint systems for children up to about 4 years old, children aged 4 to 8 years often graduate too soon to seat belts, increasing their risk of injury, disability and death. In a collision, children using seat belts instead of back-seat booster seats are 3.5 times more likely to suffer a serious injury and 4 times more likely to suffer a head injury.<sup>3</sup>

The CPS recommends that children between 18 kg and 36 kg be properly secured in booster seats in the back seat when traveling in a vehicle. This legislation should be complemented by appropriate enforcement measures and public education programs that help parents understand the need for and proper use of booster seats.

**Excellent:** Children 18 kg to 36 kg must be in an approved booster seat.

**Good:** Children under 22 kg must be in an approved, size-appropriate infant/child car seat.

**Fair:** Children in specific weight/height ranges must be in an approved infant/child car seat.

**Poor:** No specific legislation pertaining to children over 18 kg.

1. Dalmatas D, Kryzewski J. Restraints system effectiveness as a function of seating position. Society of Automotive Engineering. Publication #807 371. 1980.
2. Ramsay A, Simpson E, and Rovera FP. Booster seat use and reasons for non-use. Pediatrics 2000;106(2):e20.
3. Winston FK, Durbin DR, Kallan MJ and Moll EK. The danger of premature graduation to seat belts for children in crashes. Pediatrics 2000;105(6):1179-1183.

## Booster seat legislation

Province/Territory	Status	Comments
<b>British Columbia</b>	Poor	There is no provision in legislation for booster seats.
<b>Alberta</b>	Poor	Examining the possibility of introducing legislation requiring the use of booster seats for children who have outgrown the toddler car safety seat but are too small to properly use the vehicle's seat belt system by itself.
<b>Saskatchewan</b>	Fair	Legislation states that a child under 6 years old must be in a properly installed prescribed child restraint system, but gives no specific weights.
<b>Manitoba</b>	Poor	There is no provision in legislation for booster seats.
<b>Ontario</b>	Excellent	Starting September 2005, children between 18 kg and 36 kg (40-80 lbs), with a standing height of less than 145 cm (4'9") or a maximum age of eight years are to use a booster seat. More drivers, beyond parents and legal guardians, will be required to use child car seats when travelling with toddlers, such as babysitters and grandparents as well as primary caregivers.
<b>Quebec</b>	Fair	The Quebec Highway Safety Code states that every child whose sitting height is less than 63 cm (measured from the seat to the top of the head) must be restrained by a restraint system or booster cushion.
<b>New Brunswick</b>	Poor	There is no provision in legislation for booster seats.
<b>Nova Scotia</b>	Poor	There is no provision in legislation for booster seats. Booster seats are optional for children 18-23 kg.
<b>Prince Edward Island</b>	Poor	Considering introducing legislation requiring booster seats for children who have outgrown toddler car safety seats but are too small to properly use the vehicle's seat belt system by itself.
<b>Newfoundland</b>	Poor	There is no provision in legislation for booster seats.
<b>Yukon</b>	Good	Children under 7 years of age must be secured in a child restraint system. The weight categories for child seating restraint systems are: <ul style="list-style-type: none"> <li>• 0-9 kg: infant carrier</li> <li>• 9-22 kg: child restraint seat</li> <li>• 18-22 kg: booster cushion</li> <li>• 22 kg and up: standard seat belt</li> </ul>
<b>Northwest Territories</b>	Poor	There is no specific legislation on booster seats. Territory is in the early stages of discussing changes to the current legislation, which could include booster seats.
<b>Nunavut</b>	Poor	There is no specific legislation on booster seats.

# Injury Prevention



ARE WE DOING ENOUGH?

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## Graduated license legislation

Motor vehicle collisions are the leading cause of injury and death among youth 15 to 19 years old. Graduated licensing, which places restrictions on new drivers, reduces the risk of injury and death.

In Ontario, a system of graduated licensing is credited with a 30% drop in crashes involving new drivers, while deaths and serious injuries have declined by 26%.<sup>1</sup>

Although more than 80% of Canadians are now covered under programs of graduated licensing for new drivers, the CPS recommends that all provinces and territories introduce programs where none exist and that all continue to monitor, evaluate and improve current programs.

**Excellent:** Province/territory has a graduated licensing program for youth under 18 years.

**Good:** Province is soon to implement a graduate licensing program for youth under 18 years.

**Poor:** Province/territory has no graduated licensing program.

Insurance Bureau of Canada. Graduated licensing for new drivers. Accessed at [http://www.ibr.ca/ii\\_road\\_graduated\\_licensing.asp](http://www.ibr.ca/ii_road_graduated_licensing.asp)

## Graduated license legislation

Province/Territory	Status	Comments
<b>British Columbia</b>	Excellent	Has graduated licenses for new drivers.
<b>Alberta</b>	Excellent	Has graduated licenses for new drivers.
<b>Saskatchewan</b>	Good	Implementing a graduated licensing system for September 2005.
<b>Manitoba</b>	Excellent	Has graduated licenses for new drivers.
<b>Ontario</b>	Excellent	Has graduated licenses for new drivers.
<b>Quebec</b>	Excellent	Has graduated licenses for new drivers.
<b>New Brunswick</b>	Excellent	Has graduated licenses for new drivers.
<b>Nova Scotia</b>	Excellent	Has graduated licenses for new drivers.
<b>Prince Edward Island</b>	Excellent	Has graduated licenses for new drivers.
<b>Newfoundland</b>	Excellent	Has graduated licenses for new drivers.
<b>Yukon</b>	Excellent	Has graduated licenses for new drivers.
<b>Northwest Territories</b>	Good	Implementing a graduated licensing system for August 2005.
<b>Nunavut</b>	Poor	Does not have a graduated licensing system for new drivers.



The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research, and support of its membership.

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