

# National Council on Ageing and Older People



## ACCIDENTS AND SAFETY Ageing in Ireland Fact File No. 14

Although the number of deaths caused by accidents has fallen by 37% across all age groups in Ireland over the past twenty years, accidents and falls continue to be relatively common causes of death and injury among older people, often resulting in serious long-term difficulties and even premature death.<sup>1</sup>

Consequently, the reduction of accidents in the older population is considered to be an important factor in promoting the general well-being of older people. The 1998 Health Promotion Strategy for Older People, *Adding years to life, life to years*, which was formulated by the National Council on Ageing and Older People in co-operation with the Department of Health and Children, set a target to reduce the death rate from all accidents and their adverse effects in people aged 65 and over by at least 17% in the year 2005. It also set a target of reducing hospital admissions due to falls in people aged 65 and over by at least 17% in the same year.<sup>2</sup>

### Older People and Accidents

- While there are marked differences between individuals, age-related disabilities like impaired vision, hearing and mobility, osteoporosis, arthritis, rheumatism and reduced resistance to poisons and food-borne infections make older people more prone to accidents and make their recovery slower or more limited than younger people.<sup>3</sup>
- Surveys indicate that people aged over 80 are more likely to have problems with mobility and everyday activities such as bathing, dressing, moving about and eating.<sup>4</sup>
- In a study of over 900 older people living in the community, *Health and Social Services for Older People (HeSSOP)*, 78% of both men and women aged 65-69 reported having no functional disability but figures for the over 80s declined to 31% of men and 36% of women.<sup>5</sup> People aged 80 or over have higher levels of difficulty carrying out daily tasks and women also reported higher levels of difficulty than men.

The differences in functional disability are much larger between women and men aged over 80.

- The number of older people, especially those aged over 80, is expected to increase markedly between 1991 and 2011. The number of older people living alone is also expected to rise sharply, by 13,203 men and 28,087 women, so that by the year 2011, 20% of older men and 31.5% of older women will be living alone.<sup>6</sup>

## Types of Accident

- Although all-age mortality from accidents has fallen by a third in the past ten years, the annual number of deaths from accidents in those aged 65 and over has remained fairly constant between 1992 and 1998, varying between 335 and 390.<sup>7</sup>
- Older people, like other age groups, suffer domestic, traffic and workplace accidents and falls. In some significant areas, however, they have disproportionately high accident rates or are more severely affected by accidents. They also have the highest hospital admission rates due to accidents and the longest length of stay.
- In the HeSSOP study, respondents who were older were more likely to have accidents, having a mean age of 75.9 versus 73.9 for those who were accident-free.<sup>5</sup> Some 58% of all accidents reported in this study happened at home, either inside the home (39%) or in the garden (19%). Domestic accidents include falls, fires, burns and food-borne infection or poisoning.
- Older people are more likely to live in older accommodation which may be more conducive to accidents or unsuitable for those affected by disability.<sup>8</sup>
- Falls account for almost one third of deaths from all accidents. Older people are at particular risk with 65% of fatal falls occurring among older people aged over 75.<sup>9</sup>
- Osteoporosis can predispose older women to hip fractures. It is estimated that 12% of women will sustain hip fractures by the age of 85.<sup>10</sup>
- Older people are at particular risk from injury or death from domestic fires. In 1999 more than 45% of all people killed in fires were aged over 65.<sup>11</sup> Females accounted for 30% and males made up 70% of those over 65 who died from fire-related accidents.
- An estimated 19.1% of all those killed in road accidents in Ireland in 1999 were aged over 65,<sup>12</sup> although they only form 11.4% of the population. While older people were less likely to be involved in all types of road accidents, they are equally likely to be involved in pedestrian accidents.
- The HeSSOP Study revealed that 9% of those surveyed had experienced an accident involving a car or bicycle in the previous year, while 14% of respondents reported that they had had an accident as a pedestrian.<sup>5</sup>

- Most employees have retired by the age of 65 and so occupational injuries to older people are generally among the self-employed. Older workers are, however, most likely to be engaged in occupations with traditionally high levels of occupational accidents and deaths, namely the agriculture, fishing and construction sectors.
- There seems to be an increase in occupational injury amongst the over-65 workforce. In 1997, there were 500 reported cases of occupational injury which increased to 600 reported cases of occupational injury among the over-65 workforce in 1999.<sup>13</sup>

## **Risk Factors**

The risk factors associated with accidents and injury among older people are very broad and include the following:

- Environmental factors
  - Inappropriate use of medicine
  - Poor health status
  - Disability
  - Being overweight
  - Misuse of alcohol
  - Lack of appropriate appliances
  - Lack of exercise
  - Unsafe roads and vehicles
  - Nutritional deficiency
  - Driver behaviour
  - Poor housing
  - Lack of training for carers
- In addition, the lack of occupational therapy, physiotherapy and chiropody services may increase vulnerability to accidents or lengthen recovery time for older people.<sup>14</sup>
  - Older people may be unable to summon help when accidents occur. While the number of older people with telephones has increased, a study in 2000 found that 4% of older people had no telephone.<sup>5</sup>
  - Older people may also be reluctant to use alarm or alert systems or they may live in isolated areas where help is less easily available.<sup>15</sup> Security devices intended to deter intruders may prevent help reaching an injured older person.

## **Accident Prevention**

People in all age groups suffer accidents and general prevention and reduction strategies may be expected to reduce accident rates in older people.

As the number and proportion of the elderly in Irish society grows, and especially the old elderly and those living alone, older people may be more susceptible to accidents and greater attention should be given to their safety inside and outside the home. A number of strategies aimed at older people could be implemented.

The recent Health Promotion Strategy for Older People, *Adding years to life, life to years*, set a goal of reducing the number of accidents and associated mortality and morbidity among older people.<sup>2</sup> One target specified in the strategy is to reduce the death rate from all accidents and their adverse effects in people aged 65 and over by at least 17% to no more than 67.6 per 100,000 in the year 2005 (from a baseline of 81.5 per 10,000 in 1995). The other target included in this study is to reduce hospital admissions due to falls in people aged 65 and over by at least 17% to no more than 1,171 per 100,000 in the year 2005 (from a baseline of 1,411 per 100,000 in 1993).

Recommended action plans in the study included:

- Extended awareness programmes for older people, their carers and health professionals in relation to the common causes of accidents in the home.
- The promotion of healthy ageing practises – for example, reduced smoking and increased exercise, especially among women, could reduce the incidence of osteoporosis and therefore of fractures in later life.
- The promotion of greater awareness among older people about the side-effects of some medications – for instance, the danger of accidents as a result of the drowsiness brought on by some medicines.
- Educational programmes to improve knowledge and safety skills by: identifying risk factors; identifying older people's concerns about accidents; identifying safety hazards in the home and local environment; assisting with taking preventive measures; assisting in eradicating hazards, and encouraging and motivating older people to resume regular activities as soon as possible after accidents.
- Other recommendations made in relation to the risk of accidents include: recognition and correction of sight problems; encouraging physical activity to maintain mobility and improve balance, and programmes on prevention of osteoporosis, alcohol misuse and some mental disorders.
- Encouraging the provision of alarm or alert systems. Such alarm systems inform relevant emergency services in the event of a medical emergency or a threat to personal security. They may be provided by health boards, voluntary groups or commercial firms. In the HeSSOP study which surveyed older people living in the community, 19% of respondents reported that they owned a fully functioning personal alarm. In general, they saw the alarm system as a comforting security aid that could be used to obtain help in the event of a medical emergency rather than as a device that provided enhanced personal security.<sup>5</sup>
- The development of housing that can be adapted to the needs of older people as they age, as well as advocacy for intersectoral planning leading to the safer design of roads and vehicles, including public transport systems. Older people should be encouraged

to use rear as well as front seat-belts in cars. Well designed road crossings and well maintained pavements should be a priority, given that older people are particularly at risk of injury as pedestrians.<sup>2</sup>

- There should be ongoing support for the work of organisations promoting the safety of older people, such as the National Safety Council's Fire Safety Programme and the Office for Health Gain's National Accident Forum.<sup>2</sup>

## Reference Material

- 1 Department of Health, 1994. *Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s*. Dublin: Stationery Office.
- 2 National Council on Ageing and Older People and the Department of Health and Children, 1998. *Adding years to life, life to years – a Health Promotion Strategy for Older People*. NCAOP Report No. 50.
- 3 Grimley-Evans, J. et al., 1992. *Health: Abilities and Well-Being in the Third Age*. Carnegie Inquiry into the Third Age, Research Paper No. 9. London: Carnegie United Kingdom Trust.
- 4 Martin, J., Melzer, H. and Elliott, D., 1988. *The Prevalence of Disability among Adults*. Report 1. London: HMSO.
- 5 Garavan, R., Winder, R., and McGee, M. H., 2001. *Health and Social Services for Older People (HeSSOP). Consulting Older People on Health and Social Services: A Survey of Services Use, Experiences and Needs..* National Council on Ageing and Older People.
- 6 Fahey, T., 1995. *Health Service Implications of Population Ageing in Ireland, 1991-2011*. Dublin: National Council for the Elderly.
- 7 National Council on Ageing and Older People and the Department of Health and Children, 1998. *Adding years to life, life to years – a Health Promotion Strategy for Older People*. Dublin: NCAOP Report No. 50.
- 8 O'Shea, E., 1993. *The Impact of Social and Economic Policies on Older People in Ireland*. Dublin: National Council for the Elderly.
- 9 CSO, 2000. Vital Statistics.
- 10 Department of Health, 1995. *Developing a Policy for Women's Health: a discussion document*. Dublin: Stationery Office
- 11 Department of the Environment, 2000. Unpublished Data from Fire Statistics
- 12 CSO, 2000. Provisional unpublished data.
- 13 Health and Safety Authority, 2000 (derived from QNHS 1999).
- 14 Blackwell, J. et al., 1992. *Care Provision and Cost Measurement: Dependent Elderly People at Home and in Geriatric Hospitals*. Dublin: Economic and Social Research Institute.
- 15 Task Force on Security for the Elderly, 1996. *Report to the Minister for Social Welfare*. Dublin: Stationery Office.

## Useful Contacts

National Safety Council, 4 Northbrook Rd, Dublin 6. Telephone 01 496 3422.

Health and Safety Authority, 10 Hogan Place, Dublin 2. Telephone 01 662 0400, Fax 01 662 3560.

The Office for Health Gain, Phoenix Hall, St Mary's Hospital, Dublin 20. Telephone 01 670 5194.

---

National Council on Ageing and Older People  
22 Clanwilliam Square  
Grand Canal Quay  
Dublin 2  
01 676 6484/5  
01 676 5754  
email : [info@ncaop.ie](mailto:info@ncaop.ie)  
[www.ncaop.ie](http://www.ncaop.ie)

© National Council on Ageing and Older People, 2001