Child Passenger Safety in Taxis in Nova Scotia

A summary of findings and recommendations by Samantha MacLellan, Health Promotion Intern



Background

- Motor vehicle collisions are a leading cause of death and injury to children in Canada (1).
- · When car seats are used properly, they reduce the risk of a child being injured or killed by up to 71% (2).
- · Both the World Health Organization (WHO) and the Canadian Council of Motor **Transport Administrators** (CCMTA) recommend that 1) iurisdictions aim to achieve a minimum seatbelt rate of 95 percent (including car seats); and 2) jurisdictions eliminate any remaining exemptions in seat belt and child restraint laws (3)(4).
- Nova Scotia's current legislation exempts taxi drivers from requiring children in car seats (see below).

Excerpt from Nova Scotia's Motor **Vehicle Act:**

(3) No person shall operate a motor vehicle on a highway unless every passenger in the motor vehicle who is under sixteen years of age is secured: (a) in the prescribed manner in a child restraint system, where the passenger is of an age, height or weight for which such a system is prescribed; or

(b) where the passenger is not of an age, height or weight for which a child restraint system is prescribed, in a seat belt if a seating position with a seat belt is available to that passenger

(7) This Section does not apply to (e) a driver operating a taxicab for hire, in respect of the use of a seat belt by the driver or a passenger.

The Issue

Taxi drivers are exempt from requiring child passengers in car seats putting children at risk for injury/death.



Challenges

1) Very little is known about the needs/barriers of taxi drivers and families/caregivers. 2) Multiple factors beyond behavioural choices must be considered (e.g. income, culture, and health services).

Opportunities

Build upon Child Safety Link's existing momentum, and link with emerging and established initiatives such as the Vehicle for hire licensing program review, Vision Zero, Child Friendly Cities, and Rideshare.



Recommendations for Action

Guided by the 3 Es of Injury Prevention and outlined using Child Safety Link's Pillars.

Partnership & **Capacity Building**

- Educate and train taxi drivers on child passenger safety.
- Establish a Safe Taxi Service with health centres.

Communication & **Public Relations**

- Develop educational materials targeting different audiences (e.g. health providers) on differences in perception of safety.
- Provide educational materials in a variety of settings (e.g. emerg. departments, family resource centres).

Advocacy & Healthy **Public Policy**

- · Adopt/advocate for a Vision Zero approach.
- Advocate for more affordable, easy-touse car seats.

Research & **Evaluation**

- Investigate the applicability of Child Friendly Cities.
- · Conduct research with families /taxi drivers to understand their barriers/needs.
- Conduct research with stakeholders affected by possible legislation change.
- Determine next steps and opportunities re: Rideshare.



(1): Warda, L., Ford-Jones, A., Philpott, J., Hawkins, A., Scott, J., Stanwick, R., & Van Schaik, C. (2008). Transportation of infants and children in motor vehicles. Paediatrics and Child Health, 13(4), 313-318-321-327.

(2): Children's Safety Network (2014 updated). Injury Prevention: What Works? A summary of cost-outcome analysis for injury prevention programs. Calverton, MD: Pacific Institute for Research and Evaluation.

(3): World Health Organization (2004). World report on road traffic injury prevention. Geneva, Switzerland: World Health Organization.
(4): Canadian Council of Motor Transport Administrators (2010). CCMTA Road Safety Report Series: National Occupant Restraint Program 2010. Ottawa, Ontario.





