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**“Working
together
to make
Europe
a safer
Place”**

► EuroSafe news

Consultation meeting strengthens EuroSafe’s direction and development

To help strengthen and mould EuroSafe’s direction and development in the coming five years a consultation meeting with a number of key European stakeholders was recently held in the Netherlands on 9-10 March.

The goal of the meeting was twofold: to involve key stakeholders in the lead up to the 1st European Conference on Injury Prevention and Safety Promotion in June this year where EuroSafe will be officially launched and, in particular, to help with the process of shaping EuroSafe’s role, its priorities, objectives and activities.

In preparation for the consultation meeting EuroSafe carried out a needs assessment earlier this year among current members of EuroSafe, WHO VIP focal points for Europe, members of the European Child Safety Alliance, WP-AI Network members and the EuroSafe Task Force on Public health Action on Injury. In total 218 needs assessment forms were distributed and 47 were returned (21.6%), representing responses from individuals or groups in 27

countries (Armenia, Albania, Austria, Belgium, Bosnia & Herzegovina, Bulgaria, Czech Republic, Cyprus, Estonia, Finland, France, Greece, Hungary, Italy, Latvia, Lithuania, Netherlands, Norway, Republic of Macedonia, Malta, Romania, Slovenia, Spain, Sweden and Switzerland).

The results of the needs assessment were compiled and circulated to the key stakeholders prior to the consultation meeting. A brief summary of the main conclusions is listed below:

- Networking and multi-sectoral collaboration and sharing knowledge, info and good practice are areas which EuroSafe is good in.
- EuroSafe could improve in injury prevention and safety promotion in Europe by creating a European injury database and carrying out advocacy, legislation and awareness raising work.
- To become successful EuroSafe needs to work together, increase awareness

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The Final Announcement

for the 1st European conference on injury prevention and safety promotion is now available.

Important dates

Deadline early registration: April 15, 2006
Deadline for late abstracts: May 15, 2006
Deadline late registration: June 15, 2006

More information: please go to:
<http://www.eurosafe.eu.com>

Or contact: secretariat@eurosafe.eu.com

and support from the Member States and decision makers and have effective communication tools.

- EuroSafe must avoid duplication of work and must not pursue unrealistic objectives.
- The clear majority of respondents felt that EuroSafe's draft vision and mission statement are clear.

consultation meeting and the brainstorming sessions and discussions that took place provided invaluable input for drafting a business plan for EuroSafe for the next five years. In the coming months the business plan will be developed with continued consultation with the stakeholders concerned.

EuroSafe's business plan will provide another key foundation block in making Europe a safer place, building on the momentum



- Focus on child/adolescent safety, vulnerable road users, advocacy work on injury issues, identifying and disseminating good practice information and focus on data and surveillance systems etc were prioritised as being the most important activities in the coming three years.

gained by the two recent European policy papers: the World Health Organization's Resolution of the European Region and the European Commission's draft Communication, "Actions for a safer Europe" which is accompanied by a proposal for a Council Recommendation.

More information on the business plan in the next issue of the Alert.

The results of the needs assessment created a useful framework for the agenda of the

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► EU news

Mercury in measuring equipment: an unnecessary health risk!

Environmental and health NGOs have welcomed the Commission's recent proposal to amending a directive for the restriction of the marketing and use of mercury in certain measuring and control devices. This follows up quite promptly on action proposed in the EU's Mercury Strategy adopted in January 2005.

"We are disappointed however that despite our call in June 2005, the scope of the Commission's proposal is still narrower than the foreseen action of the EU Mercury Strategy", noted Elena Lymberidi, Zero Mercury Project Coordinator at the European Environmental Bureau.

"In the end, mercury use will only be eliminated in measuring devices for consumers and fever thermometers for doctors and veterinarians", said Lisette van Vliet, Toxics Policy Advisor for Health Care Without Harm. "All other measuring and control devices for professional use, like room or equipment thermometers, will not be mercury-free, despite available alternatives. For example, hospitals can continue to use blood pressure gauges and gastro-intestinal tubes containing mercury".

Devices containing mercury can pose a risk to human health and the environment both during and after use, because they are easily broken. They end up in the waste storage,

landfills and incinerators. Most of this mercury is eventually released to contaminate air, water and soil, and ends up in certain kinds of fish at unsafe levels, posing an unacceptable health risk especially for children and women of childbearing age.

“Many of these devices have already been extensively analysed. Non-mercury alternatives are commercially available - and costs are comparable”, said Genon Jensen, Executive Director of the European Public Health Alliance (EPHA) Environment Network. “Any manufacturer who still wants to use the toxic chemical - in cases where there is no alternative - should then be required to apply for special permission”.

“Actions related to mercury measuring devices and instruments are necessary because of their significant use within the EU

and worldwide”, said Michael Bender, Northern Coordinator of the Ban Mercury Working Group. “The estimated 166 tons of annual mercury consumption in measuring and control devices represents a tremendous opportunity for lowering worldwide mercury demand. If mercury is so toxic that it is being eliminated - in much smaller quantities - from electrical and electronic equipment right now, in line with the RoHS Directive, it is absurd to leave it in so many measuring devices and instruments that can easily be replaced by mercury-free alternatives”.

The EPHA Environment Network calls on the European Parliament and Council to strengthen the Commission’s proposal.

Source and more info: <http://www.env-health.org/a/2027>

► Child Safety

ANEC publishes second part of research on children’s climbing skills

The purpose of this research project was to complement the 2004 study on the same issue and to provide data about the various support points that are needed for children to climb on and/or over products. The children were tested when they climbed on vertical ladders, slanted ladders, and footholds. The contractor also investigated the reasons why children fail to climb. The following results came out of the tests:

- Children use three different methods to climb a ladder: foot on rung, knee on rung, leg over rung;
- It was difficult to split up the children in different groups according to character and climbing behaviour;

- It was difficult for the children to climb when they did not have a support above their shoulders that they could grab;
- A lowest rung height of 40 cm is not high enough to keep children under 3 years from climbing a ladder;
- All children in the test who were 3 and 4 years old were able to climb a ladder with a lowest rung height of 40 cm;

ANEC will use these results to argue for an improvement of the standards for playground equipment, to prevent children under 4 years of age from climbing ladders.

Source and more info: <http://www.anec.org>

European standard for highchairs approved

The draft standard prEN 14988 "Children’s high chair – Part 1: Safety requirements", as well as prEN 14988-2 "Children’s high chair – Part 2: Test methods" have been approved.

ANEC believes that the references of this standard are not suitable for publication in the Official Journal of the EU. It is important to have a European Standard for highchairs, but we feel that the current version of the standard is insufficient. The provisions of the standard are not appropriate to prevent falls from a height. Accident statistics and

scientific literature provide evidence that the typical mode of highchair accidents is when children try to stand up, lose balance and fall down from the chair resulting in head injuries. The provisions for the passive restraint system contained in the American standard ASTM F 404 can widely prevent this by requiring small leg openings and a short distance between the crotch strap/bar and the backrest. These requirements should also be incorporated in the European standard.

Source and more info: <http://www.anec.org>

European draft standard for flammability of nightwear not approved

The draft standard prEN 14878 "Textiles - Burning behaviour of nightwear - Classification schemes" was out for formal vote with a CEN deadline for voting until 8 February 2006, however it was not approved. ANEC lobbied for a negative vote because the document provides little protection and is in clear contrast to the mandate from the European Commission which requires a high level of safety and an even higher level for certain vulnerable groups. The draft standard sets a level which is below the one established in the UK for children's nightwear and thus contradicts national legal provisions.

Also, the wording of the clause dealing with flame retardants is unacceptable as it allows industry to assess the toxicity of these substances, instead of the European Commission's Scientific Committee on Toxicity, Ecotoxicity and the Environment (SCTEE) as requested by the mandate. In 2005, ANEC had already approached the Commission to express these concerns and called for rejection of the standard at the political level.

Source and more info: <http://www.anec.org>

► Consumer Safety

ICPHSO 2006 annual meeting

The International Consumer Product Health and Safety Organization (ICPHSO) will be holding its annual meeting in Washington D.C. on May 9-12. In recent years European input in ICPHSO's work has increased and this year is no exception. Here are a few of the highlights on this year's agenda:

- *Interactive Exercise in "Writing" a Safety Standard:* This interactive workshop will engage participants in a stimulating discussion of issues to be considered when developing a consumer product safety standard. Working in small groups, participants will be challenged to identify the potential hazards associated with a consumer product and to work out how those hazards can be addressed in a safety standard. The session will begin with a case study presentation and conclude with brief reports from each group on their deliberations.
- *Improving Product Safety and Performance with Standards:* This session will focus on the use of internal, mandatory and voluntary standards by various industry segments, e.g., Manufacturers, Retailers and the Media, to effect changes in the marketplace. Representatives from the selected industry segments will present and discuss their approaches to standards and how decisions are made in their respective organisations with regards to product design, packaging, labeling and consumer advocacy. The Manufacturer will also explain the special considerations

taken for international market distribution of their products.

- *Relationship Between Consumers, Manufacturers, and Retailers:* The safety of consumer products very much depends on the design of the product, how it is manufactured, how it is stored and transported and how it is used and maintained. Manufacturers/retailers/consumers all have roles to play, all have critical information and a need to work cooperatively. This roundtable will follow-up on the recommendations made in 2005 on the role that ICPHSO could play which included: providing a neutral forum, facilitating the participation of consumer groups in ICPHSO and identifying their priorities, acting as an "agent for change" to improve the involvement of consumers in product safety issues.
- *A Comparative Analysis of EU and US Methods for Risk Analysis of Consumer Products:* A CPSC expert along with a European expert will discuss the methods used by each country in determining risks in consumer products. The Roundtable will emphasize the similarities and differences present in the two methods of analysis as well as the way the analysis is used by the different regulatory systems.

For more information: <http://www.icphso.org>

► Adolescents & risk taking

Adolescents and injury risks: How to communicate safety messages to this age-group

During the last decade the Dutch Consumer Safety Institute (CSI) has gained a lot of experience in the prevention of accidents involving fireworks and, in particular, among the highest risk group, adolescents. In a series of successful firework safety campaigns powerful messages have really hit home with the target group and have subsequently led to a significant reduction of firework-related injuries among adolescents.

In the Netherlands people can let off fireworks by themselves on New Year's Eve, an activity which is very popular among adolescents and one with a representatively high injury rate. However, communicating how to let off fireworks safely and about risk-taking behaviour to adolescents requires a special approach. This is partly due to a couple of personality traits which characterise this period of life - namely, the thrill of experimenting and pushing the boundaries of one's skills and capacities to their limits. Youngsters of this age want to make their own choices and, at the same time, peer pressure dominates a very important part of their behaviour.

Collecting information

The first steps in making a campaign to communicate safety messages to adolescents are to map out the nature of accidents caused by fireworks and to compile the knowledge and opinions about risks, prevention and education. In particular, information is collected on:

- What are the circumstances pertaining to injuries involving fireworks?
- What behaviour do youngsters consider as being risky?
- To what extent do friends, internet and television influence the risk behaviour of adolescents?
- What effect does the opinions of youngsters have on information and education concerning risk-taking behaviour in relation to fireworks?
- What kind of information do youngsters want to receive?

Lessons learned

Through surveys and focus group analyses, as much information as possible is collected in view of answering these questions. It is evident that youngsters between 13 and 16 are building up their own identity and need one another for support and to exchange experiences. They generally have an aversion to authorities and to rules and codes of conduct that are not their own. They prefer above all else their own values and standards such as enjoying optimum freedom, having fun and last but not least trying to get their own way and doing as they please.

In some respects youngsters are not so receptive to people (neither to parents) and organisations who try to address them about their behaviour and responsibilities.

Besides, the television medium and the popularity of computer games ensure that youngsters are confronted on a day-to-day basis with a broad scale of violence and with the causes and effects of terrible accidents.

The Consumer Safety Institute's research shows that youngsters find it important that information and education about fireworks and risk-taking behaviour is both real and trustworthy. The safety messages have to be communicated in a tone that addresses them as grown-ups and not as children or youngsters who are not able to take any responsibility to prevent accidents.

Information and education has to clearly show them what they can do themselves to prevent accidents as a result of risk-taking behaviour with fireworks.

Safety messages that work

In conclusion, communicating safety messages to adolescents requires a number of precautions, as adolescents present quite a specific target audience. Research can help to find powerful messages and the most effective means of communication to ensure that the message really does hit home and horrific injuries are prevented.

For more information please contact Cees Meijer at CSI: cmeijer@consafe.nl

► Burden of Injuries

2nd International Seminar on Injury Research Methods, 6-7 April, Cape Town, South Africa

In 2004 ECOSA/EuroSafe's 1st Seminar on Injury Research Methods was held in Vienna. This year, EuroSafe has joined forces with the Medical Research Council in South Africa to address this essential aspect of injury prevention: research methods.

Injuries are a major public health problem and solid research is needed in order to develop effective countermeasures. Information on accidents and injuries is needed to set the right priorities, to select the main target groups, to determine the contents of the preventive measures, and to evaluate the effect of those measures. The Global Burden of Disease Study undertaken by the World Health Organisation reported that injuries account for 15% of the burden of death and disability, and that they are projected to ac-

count for 20% of the burden of death and disability worldwide by 2020.

The aim of the seminar on Injury Research Methods is to exchange knowledge and experiences on concepts and methods applied in injury research. The focus is on methodology instead of findings. Special attention will be paid to measuring the economic costs of injuries, evidence based injury prevention, quantifying disabilities and translating the results of research into recommendations for prevention. The seminar should increase synergy between researchers in the field of injury prevention and safety promotion.

For more information: <http://www.mrc.ac.za/conference/ecosa/>

► Community Safety

15th International Safe Communities Conference, Cape Town, South Africa

According to the World Health Organization, 875,000 children, worldwide, die each year as a result of trauma. Statistics released by safety and security minister, Charles Nqakula, recently announced that 1128 children in South Africa were murdered between April 2004 and March 2005, while more than 60 children are raped each day.

South Africa is a signatory to the Convention of the Rights of the Child, one of the rights of children being to live in a safe environment without the threat of being hurt. Unfortunately, as in many countries, these rights of children are not met.

Therefore, The Child Accident Prevention Foundation of Southern Africa (CAPFSA) will host the prestigious 15th International Safe Communities Conference in Cape Town 9-11 April 2006 at the University of Cape Town. Since the Child Accident Prevention Foundation of Southern Africa is hosting this conference the Organizing and Scientific Committees have decided on a particular focus on poor children in the developing world. Sponsorship has kindly been provided

by Johnson & Johnson; Woolworths and the Swedish International Development Agency.

This conference will focus on safety in the home, school and community with emphasis on what communities can and are doing to improve their environment. Themes will include accident prevention, violence prevention and creating a safer environment. Speakers will also address the creation of Safety Networks within the local communities and it is more than likely that two informal townships in Cape Town, Nomzamo and Broadlands Park, will qualify to become part of the World Health Organisation's International Safe Communities Network.

African as well as global Keynote Speakers from as far afield as Sweden, Iran, Uganda, Columbia and the USA will address safe community topics from their unique personal experience and perspective. In addition to the Key Notes, there will also be over 200 oral and poster presentations.

As part of the conference, there will also be a number of symposia, dealing with specific issues such as the role of the Police,

Emergency Service and Disaster Management personnel in creating a safer community; Safe Sports symposia and Farm Safety symposia.

This conference will provide the unique opportunity for all stakeholders and

community members to meet and to exchange ideas about creating a safer environment on the road, at school, at play and at home.

More information: <http://www.cmc.uct.ac.za>

► Safety for Seniors

Fall prevention: crossing the bridge between 'research' and 'practice'

In the last decade a lot of reviews and guidelines with evidence-based clinical practice to prevent falls have been published and interest in this area of injury prevention seems to be increasing. Yearly approximately 300 articles of research about falls of elderly are presented. All these data and activities give us a lot of evidence-based measures to prevent elderly from falling, so why isn't there a national fall prevention programme in every European country? Why doesn't every European citizen aged over 60 know the risk factors of falling and why hasn't all of Europe's elderly population taken the necessary measures to prevent falls?

A lot of these studies are specifically designed to respond to the local situation. There is an available budget to create the most optimum situation to test if a combination of certain activities (like home visits, home checks, capacity screening, exercise programmes) is effective in preventing elderly from falling. However, after the study is completed and the researchers go back to their academic desks, the implementation and continuation of interventions is often a big problem. Therefore, while we know what works to prevent falls we are unable to translate this knowledge and implement it on a large scale.

On the other hand, local practitioners working with the elderly also see falling as a big problem. They are witness to the sad and serious consequences of a fall and due to their more hands on approach to work they are keen to address and fix the problem. Unfortunately, such local professionals don't read the academic articles about randomized control trials, intervention and control groups, incidences and prevalence's. They just want practical guidelines on how to prevent their elderly clients from falling and if these guidelines don't exist, they use their common sense to help in the best way they can.

Intervention managers know more or less what works in prevention. However, they are

confronted with the challenge of copying interventions in their own environment which have been tested elsewhere - interventions which may differ significantly in structure, culture and environmental conditions. What happens is that the studies, from which the interventions are derived, are translated into practical projects and implemented in local organisations. This raises two important questions: are these projects still effective after the translation and secondly, was the right translation made?

It is necessary to build a strong bridge between academic research and practice, in particular, local interventions. In the Netherlands, the Dutch Fall Prevention Network (<http://www.dutchfallspreventionnetwork.nl>) was set up in 2003 to help facilitate coalitions between practitioners and researchers. In particular, this network aims to exchange scientific knowledge and experience and good practice between researchers and practitioners in relation to fall prevention for the elderly. In 2005 the results of the first two years of the network were evaluated.

The evaluation concluded that although the network has collected a lot of information and a good database has been developed, no working coalitions between researchers and practitioners have been created. On the positive side, practitioners and researchers have the opportunity to meet one another, to network and to share information about current projects and their results.

It is a challenge for all concerned to cross the bridge and start working together locally in evidence based, practical fall prevention projects. Only when academic studies are designed in coalition with local practitioners and local projects are evaluated by well-designed academic studies, effective local fall prevention activities can prevent Europe's elderly from falling.

From national to European level, the ProFaNE and EUNESE networks are helping

practitioners and researchers start to cross over the bridge. The main goal of the Prevention of Falls Network Europe (ProFaNE) is 'to bring together workers from around Europe to focus on a series of tasks required to develop multi factorial prevention programmes aimed at reducing the incidence of falls and fractures amongst elderly people'. Academic researchers currently dominate this network and a stronger link is being sought with practitioners.

EUNESE, the European Network for Safety among Elderly, is an initiative of a number of practitioners. Although EUNESE is not yet as visible as the ProFaNE network, it may create the foundation for a long-lasting process in bridging the gap between research and practice.

In conclusion, setting up national fall prevention networks is essential to create more awareness of who is actually working in the field at national level. We know that professionals at local level are most concerned about fall injury risks among elderly. These grass-root professionals are essential in developing national networks and have an important role to play at European level. Only then can information and best-practices be effectively exchanged and translated into fruitful co-operation in the future. By crossing the bridge between research and practice the risk for Europe's elderly of becoming a victim of a serious fall should reduce significantly.

For more information please contact Hannelore Schouten: hschouten@consafe.nl

► Sport Safety

A new skatepark: The impact on the local hospital

An abstract of a paper by Macdonald DJ, McGlone S, Exton A and Perry S published in 'Injury' (Copyright © 2006, Elsevier Publishing).

There has been a resurgence of skateboarding, rollerblading and BMX riding in recent years and in response dedicated skateparks have opened in many cities across the UK. It is acknowledged that these sports are associated with risk of injury and it is recommended that participants wear protective clothing.

We aimed to determine if the opening of a skatepark near our hospital had any effect on the number of skatepark related injuries attending the emergency department and to describe the types of injuries sustained.

All patients attending the emergency department with sports injuries were identified over 24 consecutive weeks. At the end of the 12th week a skatepark opened nearby. Data recorded prospectively included

age and sex of subjects, the delay from injury to presenting to hospital, whether or not protective equipment was worn and if first aid was administered before attending hospital. The investigations performed in the emergency department, the diagnosis, treatment received and disposal from the hospital were also recorded.

After the skatepark opened there was a significant increase in the number of skatepark related attendances from 7 to 32. Protective clothing was only worn by 9 out of 39 of those with injuries. The commonest injuries were musculoskeletal and the limbs were injured more frequently than the head and trunk.

We demonstrated a significant increase in the number of skatepark related injuries attending the emergency department following the opening of a nearby skatepark.

Source and more information: <http://www.safetylit.org>

► Suicide & Self-harm

Suicide in Spain today

An abstract of a paper by Ruiz-Pérez I and Olry de Labry-Lima A published in 'Gac Sanit' in 2006; 20 Suppl 1: 25-31. (Copyright © 2006, SESPAS - Editorial Doyma)

Spain presents one of the lowest suicide rates (8.7 per 100,000) but, as well as Ireland, it has also experienced one of the highest rate increases both within Europe and within the world. In Spain, an increase in the suicide rates from 1975 to 1994 can be observed, with the increase being greater in men than in women. It can also be noted that there was a stabilisation in the following years.

Social factors, specially those which have to deal with gender roles and changes in these roles, are the most common explanations. Another possible explanation for the observed increase in mortality due to suicide among young men could be the AIDS epidemic and intravenous drug addiction, that was observed in Spain during the eighties and nineties. Furthermore, we are witnessing an epidemic related to violence against children and women. Literature strongly suggests that child abuse (psychological and

sexual) is associated with increased suicide risk in adolescent or adult life. Women experience violence from their intimate partners and have a greater risk of suffering from chronic pain, diverse somatisations, greater substance use like drugs and alcohol, depression and suicide attempts. The association between work precariousness and suicide seems to be due to economic and social and family support factors, which can lead to greater vulnerability to mental health problems.

These factors are of great relevance, since Spain has one of the highest unemployment and temporary employment rates in the European Union. Due to the individualism that characterises contemporary society, its demands and the new role of women in the work market it is, among other things, more difficult to combine work and family life. These are factors that could explain the lack of decrease in suicide rates.

Source and more information:

<http://www.safetylit.org>

► Violence Prevention

African and international health experts step-up efforts to curb violence and injuries

For the first time, a major international conference on the prevention of violence and injury is being held in Africa. The 8th World Conference on Injury Prevention and Safety Promotion, 2-5 April, will convene Africa's leading public health experts and others from around the world in Durban, South Africa to share the latest scientific knowledge on preventing violence and injury-related death and disability.

Her Majesty Queen Rania Al-Abdullah of Jordan, WHO patron for violence prevention, and the 8th World Conference's keynote speaker, comments, "If we summon the will, if we work together, we can build a global commitment to violence and injury prevention and create a peaceful, safe and healthy future."

As the major scientific platform for furthering the global violence and injury prevention field, the 8th World Conference will draw more than 1000 of the world's leading researchers, practitioners, policy-makers and advocates from nearly 130 countries. They will share information and experiences, discuss current approaches and plan next steps in data collection, policy development, services for victims and prevention.

WHO Director-General Dr LEE Jong-wook said, "There must be a fundamental change in perception about the preventable nature of violence and injuries. Violence and injuries do not result from random events. The acts which provoke them have identifiable causes and in most cases could be prevented." For violence-related injuries, examples of proven

and promising prevention strategies include home visitation by professional nurses and social workers; parent training on child development, non-violent discipline and parenting skills; pre-school enrichment programmes to give young children an educational head start; life skills training; reducing alcohol availability through taxation, pricing and the enforcement of liquor licensing laws; restricting access to firearms; and multi-media campaigns to promote non-violent social norms.

Globally, violence and injuries killed more than five million people in 2002. Of the total number of those who died, an estimated 875,000 were children and adolescents under the age of 18 years. More than 90% of

the total deaths from violence and injuries occurred in low-income and middle-income countries, as did the vast majority of cases requiring medical attention.

Dr Etienne Krug, Chair of the International Organizing Committee and WHO Director of the Department of Injuries and Violence Prevention concludes, "In Africa and around the world, hospital beds and doctors' waiting rooms are filled with patients who have been injured. The enormous amount of suffering, time and expense our societies bear as a result could be spared. This 8th World Conference is a milestone for increasing action in Africa and around the world."

Source and more info: <http://www.who.int>

► Vulnerable road users

Robertson Commission report

The Global Road Safety Partnership's (GRSP) 2006 Annual Meeting in Moscow will provide a platform for the launch of the Robertson Commission Report. The Report will highlight the global road safety situation and make suggestions on the action needed to reduce the 1.2 million deaths and 15 million serious injuries caused by road traffic crashes each year. One of the primary objectives of the Report is to put the issue of road safety on the development agenda of the G8 countries.

Initiated by the FIA-Foundation, the Commission is chaired by Lord Robertson of Port Ellen, former Secretary General of NATO and British Cabinet Minister. Members of the Commission represent each of the Group of Eight (G8) countries. The magnitude of the global road safety problem led the United Nations General Assembly last October to call for concerted action by the international community. The Report is a response to this call and it will propose an action plan to tackle the growing epidemic of road crashes, which kills some 3000 people, including 500 children, every day. More than 80% of road deaths and injuries occur in low-income countries.

Although road traffic injuries are the second leading cause of death worldwide (behind HIV/AIDS) for young men, and cost poor economies billions of dollars, there is very

little funding available to middle and low income countries for prevention. In high income countries, road deaths have fallen by more than half since the 1970s, as the result of dedicated efforts by government, society and private companies such as safer roads, seat belt laws, drink driving initiatives, dedicated enforcement, community awareness programmes and better vehicle design. In contrast, low and middle income countries in Africa, Latin America, Asia and Eastern Europe are today experiencing rapid and steep increases in road casualties, many of which are preventable. The Commission will examine how best to reverse this trend and prevent the further 65% increase in road traffic deaths and injuries predicted by the World Health Organization by 2020 if no action is taken.

The Report and recommendations will be published on 8 June 2006. Copies of the Report will be sent to the G8 Heads of Government in advance of the 2006 G8 summit in St Petersburg, Russia, in July 2006. It will also be submitted to the United Nations Road Safety Collaboration as part of the preparation of the 2007 UN Global Road Safety Week. Work Safety

Source: *GRSP Newsletter, February, 2006*

More info: <http://www.GRSProadsafety.org>

European Commission adopts mid-term review of the road safety action programme

On 22 February 2006, the European Commission adopted the Mid-term Review of the 3rd Road Safety Action Programme. Unfortunately, the review does not include any proposed legislation, as the Commission had initially promised, if there was no significant reduction in the number of road deaths.

The programme's target is to half road deaths by 2010, however, in 2005, half way into this period, the Commission estimates that approximately 41,600 people were killed on European roads, which means a reduction of only 17.5%. ANEC and other VOICE network members have time and again called for legislative means to address this situation, for issues such as infra-

structure, day time running lights, seat belt reminders and alcohol interlocks.

The Commission currently has plans to launch new initiatives once the revised Transport White Paper has been adopted, this being expected at the end of April 2006.

Source: <http://www.anec.org>

More information is available at:

http://europa.eu.int/comm/transport/road/roadsafety/index_en.htm for annexes containing statistical data and country files;

and http://europa.eu.int/comm/transport/road/roadsafety/rsap/index_en.htm

100 million euros for European research to advance road safety

The European Commission has made 100 million euros available from the Sixth Framework Programme for Research to advance the safety of drivers, passengers and pedestrians. These funds will go to key projects on the following issues, many of which feed into European and international working groups on vehicle safety and supports European transport and industrial policies:

- Reducing death and injury due to road accidents
- Reducing whiplash injuries

- Improving passive safety
- Improving crash compatibility between cars
- Daytime running lights
- Better crash test dummies
- In-vehicle system to sense danger
- Improved safety through car-to-car communication
- Road sector working together to identify its research agenda

More information is available at:

<http://europa.eu.int>.

► Work Safety

Corporate manslaughter warning to poor performers

The Royal Society for the Prevention of Accidents, RoSPA, in the UK has welcomed the recent announcement that the UK Government is determined to press ahead with proposals to create a new offence of corporate manslaughter.

Roger Bibbings, RoSPA Occupational Safety Adviser, said: "The Government has quite rightly accepted many of the recommendations of the recent joint Home Affairs and Work and Pensions Select Committee enquiry to which we submitted evidence.

"Establishing a new offence which will enable corporations to be found guilty of manslaughter - as opposed to their directors as individuals - has not been easy. In practice, the key test will remain how to demonstrate evidence that an accidental death was due to management system failures, whether these were at the board or the supervisory level. Juries will need to be convinced that standards of health and safety risk management in such cases fell 'far below' what might reasonably have been expected.

"RoSPA agrees that prosecution for the offence should be reserved for the most blatant cases of health and safety management failure. Health and safety law should continue to be used to prosecute when employers have failed in their duty to safeguard lives, limbs and health."

He said a new corporate manslaughter offence would help to close the justice gap for families in the aftermath of tragedies which could have been easily prevented. But it would also help to focus the attention of directors, particularly in organisations which were poor health and safety performers.

RoSPA welcomed the recent decision of the Health and Safety Commission to examine the case for clearer health

and safety duties for directors and the possibility of disqualification for home and safety offences.

Roger Bibbings said: "The new offence is an important step in the right direction, but equally it must not lead to inappropriately risk averse behaviour. Those directors and organisations that take their health and safety responsibilities seriously will have nothing to fear, even if, despite everything, things go tragically wrong. It would be quite wrong, for example, for corporate manslaughter to be used as an excuse for board members to resign, overseas companies not to invest in the UK or for organisations to try to ban things because they might be dangerous."

Source and more info: <http://www.rospa.com>

► Events

2006

1 April, Durban, South Africa

6th International Conference on Measuring the Burden of Injury

More information: Stephen Luchter

E-mail: sluchter@earthlink.net

2-5 April, Durban, South Africa

8th World Conference on Injury Prevention and Safety Promotion

Website: safety2006.info

3-5 April, Berlin, Germany

3rd International Seminar of the ISSA-Section "Education and Training for Prevention"

Website: <http://www.ivss-seminar.org>

April 6-7, Cape Town, South Africa

2nd International Seminar on Injury Research Methods

Organised by ECOSA-Eurosafe & the Medical Research Council, Cape Town

More information: Saakje Mulder

E-mail: s.mulder@consafe.nl

Website: <http://www.mrc.ac.za/conference/ecosa/index.htm>

6 -8 April, South Africa

15th International Safe Communities Programme 2006

Contact: Yousif Rahim

E-mail: Yousif.Rahim@phs.ki.se

May 9-11, 2006, Birmingham, England

RoSPA's Occupational Safety and Health at Work Congress: Protecting People, Adding Value

Location: National Exhibition Centre, Birmingham, England

Website: <http://www.rospa.com/shwcongress>

19-20 June 2006, Linz, Germany

5th European conference on promoting workplace health

More info: ENWHP Secretariat C./O. BKK Bundesverband

Tel.: +49-201-179-1298

E-mail: enwhp@bkk-bv.de

25-27 June, 2006, Vienna, Austria

1st European Conference on Injury Prevention and Safety Promotion

Challenges and Solutions for a Safer Europe

Secretariat: Mrs Joke Broekhuizen

Tel.: + 31 20 5114 513

E-mail: secretariat@eurosaf.eu.com

5-7 July, 2006, Bristol, England

Planning and designing healthy public outdoor spaces for young people in the 21st century

Website:

<http://environment.uwe.ac.uk/publicspaces/conference>

12-15 September, The Netherlands

3rd International Conference Working on Safety

International Network on the Prevention of Accidents & Trauma at Work

Tel. +31 (0)70 3766 733 (Conference secretariat:)

Website: <http://www.workingonsafety.net>

13-15 October 2006, Melbourne, Australia

The 3rd International Conference on Healthy Ageing & Longevity

Email: info@longevity-international.com

Website : <http://www.longevity-international.com>

16-18 October, Melbourne, Australia

20th World Congress of the International Traffic Medicine Association (ITMA 2006)

Tel: +61 3 98878003

E-mail: convention@optusnet.com.au / traffimed@vifm.org

Website: <http://www.trafficmedicine>

November 15-18, 2006, in Montreux, Switzerland

EUPHA conference

Website: <http://www.eupha.org>