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EuroSafe Alert

European Association for Injury Prevention and Safety Promotion

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"Working together to make Europe a safer Place"

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EU-Injury Data Exchange - Strategy for 2010-2015

At the request of the Commission services, the EuroSafe - Injury Database programme produced a proposal for a strategy for EU-wide injury data reporting. At the annual meeting of national injury data administrators (NDA), convened by EC - DG Sanco and held on 5-6 October 2009 in Luxembourg, the strategy has been thoroughly discussed and unanimous endorsed by the members of the network of NDA's.

The IDB-strategy 2010-2015 presents a vision as to the future of a sustainable EU-wide exchange of information on fatal and non-fatal injuries due to accidents or violence. It also presents a road map that guides the European Commission and MS's competent authorities towards a commonly agreed injury data exchange system by the year 2015.

Policy and legal framework

Injury data is currently being used for policy and programme development purposes by various Commission services, national governmental departments and their respective enforcement agencies and safety inspectorates, EU-consultative committees, EU- and national standardization and certification bodies, insurance businesses, manufacturers, trading houses, as well as public and private sector service providers.

Injury prevention is also an important health priority. The 2007-Council Recommendation on the Prevention of injury and the promotion of safety invited the Commission to establish a Community-wide injury surveillance system collecting injury data provided by the Member States on the basis of their national injury surveillance systems.

The recently adopted 'Regulation on Community statistics on public health and health and safety at work' (2009) provides now a legal framework for such actions and identifies 'accidents and injuries' as one of the core subjects to be included in the envisaged harmonized EU-statistics in the field of public health.

Vision

Given current information needs and the available infrastructure in the health sector, the IDB strategy wants by 2015 a common hospital-based surveillance system for injury prevention in operation in all MS's. Such a system should report on external causes of injuries due to accidents and violence as part of the Community Statistics on Public Health.

More specifically, EU-wide injury surveillance should:

- cover all Member States, including EEA and EU candidate countries ("EU33") and collect minimum level injury data in all hospitals;
- have in all countries at least one hospital serving as a reference hospital for collecting on routine base more detailed data on external causes and the circumstances of the injury event, as well as the long term consequences;
- serve the needs of the main stakeholders (public health, consumer safety, safety practitioners) at EU as well at MS level;
- be mandatory by 2015 in the framework of the EU Regulation on health statistics, which will imply that form 01/01/2016 EuroStat should be in charge of the IDB database.

EU-leadership

The European Commission (directorate Public health) should take the lead in the process of the creating a full-fledged EU injury data exchange in close collaboration with Eurostat and other relevant EC-services in the field of consumer protection, transportation, health & safety and justice.

More information:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I2injurydata.htm

EuroNGO's call for stricter EU alcohol policies

EuroSafe has brought together twelve European health and safety umbrella organisations in a joint policy statement on 'Alcohol and injuries', issued on 25 November 2009 at the occasion of the second European Public Health Conference in Lódz, Poland.
In this policy statement, these twelve organisations call for stricter EU-coordinated alcohol policies in order to effectively reduce injuries and violence due to alcohol.

Innocent victims of alcohol
Alcohol consumption forms an integral part of the European culture. Fortunately, a large majority of those who consume alcohol do so in moderation. However, the European region is the heaviest drinking region in the world, consuming on average more than 2,5 times as much alcohol as the rest of the world.
Alcohol is a toxic substance and is a major risk factor for accidents and injuries. Alcohol does not only harm the individual drinker, but also harms innocent bystanders such as young children in families disrupted by alcohol (5-9 million children), vulnerable road users, and victims of domestic violence and street crime.

Priority to health and safety
Health and safety aspects related to alcohol consumption should be prioritised over free trade interests. Alcoholic drinks should therefore not be considered as an ordinary consumer product.

National authorities and the European Commission need to cooperate towards a much stricter regulation and enforcement of controls on the marketing, sale and consumption of alcohol. There must also be a renewed effort to increase risk awareness among consumers.

This is fully justified because:

- consumers, as potential victims of alcohol related accidents and violence, have the right to be protected from harm done to them by alcohol; and
- alcohol related harm has an substantial impact on the entire EU region and countries have difficulties in dealing with this in isolation.

Stricter alcohol policies needed
The organisations that endorse the joint policy statement, call upon Member States and the European Commission to ensure a stricter and more co-ordinated alcohol control policies in order to effectively address this important risk factor to injuries and violence, by:

- ensuring minimum pricing policies, sales restrictions and discount bans in all Member States;
- introducing a EU- labelling system for alcohol products informing consumers of the specific risks related to alcohol consumption; and by
- adopting the principle of zero tolerance to alcohol consumption before driving or at work by reducing BAC- levels to 0,2 mg/ml maximum throughout Europe (currently in most member states set at 0,5 mg/ml).

Public health authorities should increase their efforts in education, and public awareness rising campaigns. Special attention needs be given to:

- *youth and young adults*: as it is proven that an earlier age of onset of alcohol consumption, tends to lead to greater consumption at adult age, delaying the age of onset can help reduce harm;
- *workplace settings:* as those in the workforce represent the bulk of heavy drinkers, the workplace is a promising setting for primary prevention; and
- *older persons:* as at older age, body and mind become less tolerant to alcohol in particular while combined with medicines, older people need to be made aware of the risks involved.

More information:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/

► EU news

New team of Commissioners

On 27 November 2009, José Manuel Barroso, President of the European Commission, announced the portfolios responsibilities for the next Commission. The team will work on the basis of the political guidelines for the next Commission set out by President Barroso in September last. He highlighted the need for EU leadership, shaping globalisation on the basis of its values and interests. Taking global interdependence as the starting point, he has set out a transformational agenda for the EU, a Europe that puts people at the heart of its agenda. He emphasized five key challenges facing Europe:

- Restarting economic growth today and ensuring long–term sustainability and competitiveness for the future.
- Fighting unemployment and reinforcing our social cohesion.
- Turning the challenge of a sustainable Europe to our competitive advantage.
- Ensuring the security of Europeans.
- Reinforcing EU citizenship and participation.

Priorities for tackling these challenges will be set in a ten year framework to deliver a vision for the EU in 2020, reinvigorating the inclusive social market economy.

The allocation of portfolios has been structured to deliver this ambitious agenda. President Barroso has underlined the essential role of the Commission as the motor for the EU's efforts to address tomorrow's challenges, as well as the new opportunities provided by the Lisbon Treaty. He repeated his commitment to a smart regulation agenda, respecting subsidiarity and proportionality, focused on clear added value at EU level; paying particular attention to sound financial management. He has also stressed the need for a successful partnership with the Member States and the other institutions, in particular with the European Parliament.

John Dalli, Malta, has been nominated as Commissioner for Health and Consumer Policy. Mr Dalli is since March 2007 Minister for Social Policy in Malta. He is educated as Chartered Accountant and worked among others as management consultant in private companies and for the World Bank. Since 1987 he is member of parliament in Malta and acted on various ministers posts, including foreign affairs and finance.

The new Commission must gain approval from the European Parliament before it takes office for a term running until 31 October 2014. Commissioners-designate will appear in individual hearings before Parliamentary committees from 11-19 January. The vote of consent on the new Commission as a whole is foreseen to take place on 26 January. On the basis of the vote of consent, the Commission shall be appointed by the European Council. Then it can start working.

More information:
http://ec.europa.eu/commission_designate_2009-2014/index_en.htm

EU-Council: alcohol should remain high on the EU-Ministers agenda

On 1 December 2009, the Council of the EU adopted its Conclusions on Alcohol and Health. In its Conclusions, the Council reiterates that harmful and hazardous alcohol consumption is the third most significant risk factor for ill health in the EU and that many Community policies have a potential positive or negative impact on health and well-being. The Council also notes that the level of alcohol-related harm is still high in the Member States, that 15 % of the EU population drinks at harmful and that the impact of harmful use of alcohol is greater in young people.

The Council concludes that these issues are of Community relevance because of the cross-border element and highlights the negative effect on both economic and social development and public health. The Council notes that alcohol marketing increases the likelihood of young people to start drinking, that alcohol has become more affordable between 1996 and 2004 and that alcohol pricing policies can reduce alcohol consumption and related harm. It also points at the relationship between alcohol consumption and non-communicable diseases such as injuries due to alcohol related accidents and violence.

The Council invites the Member States to:
- implement good practices;
- foster a multi-sectoral approach;

- make use of effective measures;
- consider the role of alcohol pricing policies;
- address the wellbeing of the ageing population.

The Council invites both the Commission and the Member States to:

- Keep alcohol policy high on the agenda;
- strengthen the identification and dissemination of effective policies;
- recognise the reduction of health inequalities as a priority;
- engage the alcohol industry to enforce regulatory measures;
- consider how to improve EU regulations on alcohol marketing;
- implementation of brief interventions;
- raise awareness of the impact of harmful consumption.

The Council invites the Commission to:

- Continue to provide strong support to the Member States;
- Ensure that alcohol is taken into account in other EU policy areas;
- Consider further steps to reduce exposure to alcohol marketing;
- Report to the council in 2012 at the latest on the progress and outcome of the Commission work, and;
- Define the priorities for the next phase of the Commission's work on alcohol after the end of the current strategy in 2012.

More information:
http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/111638.pdf

Public Health

EU Health Policy Forum advices on EU Health Strategy

On 21 December 2009, a group of European umbrella organisations active in the field of health policies, issued a set of recommendations to the EU as to its implementing the EU Health strategy. In its report the Health Forum welcomes the strategic approach taken by the Commission with a view to addressing health across all policy competences. In particular, it welcomes the inclusion of principle that "Health in All Policies (HIAP) is also about involving new partners in health policy and that the Commission will develop partnerships to promote goals of the Strategy, including with NGOs, industry, academia and the media".

As priorities for the forthcoming period the Forum advises the Commission to continue to maintain a public health approach to policy-making, including work on the core determinants of ill-health such as tobacco, alcohol and diet. Health and well-being should be also at the centre of economic planning, including the post-Lisbon Strategy and the Better Regulation agenda, by highlighting the importance of investing in health and health systems.

The Health Programme (HP) needs also sufficient resources in order to act as an implementation tool of the health strategy. Current resources are not sufficient, and do not reflect the value EU citizens place upon health. The HP should be better used as a driver for policy change at European and national level, including integration of the evidence base and recommendations from funded projects into policy processes.

The HP should also be used as a 'spring board' to enable projects to link with relevant funding programmes and initiatives in other DG's in the spirit of 'Health in All Policies', in particular in relation to research, information society and the structural funds.

More information:
http://ec.europa.eu/health/interest_groups/docs/euhpf_wpsenior_en.pdf

► WHO news

Fifth Ministerial Conference on Environment and Health

In preparation of the upcoming conference of the ministers of health and environment of 53 countries in the WHO Europe region, which will take place from 10-12 of March 2010 in Parma, Italy, a drafting group worked on the ministerial declaration for that conference. Twenty representatives of Member States, one business and two NGO representatives (ECO-FORUM-WECF and HEAL) took part in the drafting group for the PARMA 2010 ministerial declaration on health and environment, at a two day meeting in Andorra. The draft declaration focuses on key environmental health issues of our time, including the effects from climate change, from the economic crisis and increasing inequalities, from emerging issues such as nanotechnology, and hormone disrupting chemicals and from continuing challenges such as lack of safe water, sanitation and hygiene, *injuries and accidents as a main cause of child mortality*, indoor and outdoor air pollution, and exposure to hazardous substances such as asbestos, and carcinogens, persistent and bio-accumulative chemicals.

The first part of the draft declaration presents the challenges, identifying the challenges in cooperation between the health and environment sectors, and with other stakeholders, the risk of economic rescue packages having negative effects on health and environment, the problems of finding resource for adaptation measures for climate change, and the manifestation of newly emerging issues, the lack of resources to asses the, potential great, risks to humanity, and low ability to apply the precautionary principle through legal instruments.

The second part of the declaration expresses the commitments of the ministers and WHO (which holds the secretariat for this process) to advocate for economic and financial policies which focus on sustainable investments in health promoting, environmental friendly products and services, leveraging the opportunities for greening the economy, creating decent and healthy jobs, as well as focussing on legislation based on the principles of prevention, precaution and the polluter pays.

The commitments of the ministers may also extend upon the implementation of the Children Environmental Health Action Plan for Europe (CEHAPE), which was adopted in Budapest in 2004, and its four Regional Priority Goals (RPG). A major achievement in the draft declaration is the inclusion of targets for each section:

- RPGI: Under the first goal, which relates to reducing health effects from lack of safe water, sanitation and hygiene, the declaration may include the target to achieve safe access by 2015 for all schools, day-care centres and kindergartens.
- RPGII: Under the second goal, the declaration is proposed to include the target to achieve green spaces and safe walking and bicycling paths for school and kindergarten children by 2020.
- RPGII: Under the third goal, which aims at reducing health effects from air pollution, the declaration will probably include the goal to achieve safe indoor air, including a tobacco free environment, in schools and kindergartens by 2020.
- RPGIV: Under the fourth goal, which relates to reducing health impacts from chemicals, radiation and biological stressors, the declaration may include two targets, one to halt the use of building materials and products containing the carcinogenic chrysotile asbestos by 2020, and one to halt exposure to hazardous chemicals in schools, kindergartens and playgrounds, by 2020.

In the final part of the declaration, which addresses the future of the process, WECF and EcoForum would like to see reference to bringing the CEHAPE to a global level, inviting countries from outside the European region to develop a protocol on children's environmental health onto the convention on the right of the child.

More information:
http://www.euro.who.int/parma2010

► FOCUS on Suicide & deliberate self harm

There is increasing evidence that the consequences of the current economic recession in terms of an expected increase in suicide may be serious. Convincing evidence suggest that increased unemployment, which is one the main consequences of the current economic recession, is associated with increased prevalence of depression and suicidal ideation as well as suicide risk. This effect has been found among both people with and without mental health problems and in different countries worldwide. Based on employment and mortality data from 26 European countries between 1970 and 2007, it is also found that a 3% increase of unemployment had a greater effect on suicides among people aged younger than 65 years (relevant references can be obtained from the author).

In addition to an increase in suicide, there are also indications of an increase in deliberate self harm. For example, in Ireland, where the economic recession occurred very rapidly in 2008, data from the National Registry of Deliberate Self Harm showed a 6% increase in deliberate self harm from the previous year, with a stronger increase of self harm in men (10%) compared to women (2%). This increase is further validated by the finding that in 2008 a significant increase was observed in attempted hanging which is a highly lethal self harm method. Since we know that in men deliberate self harm is more strongly associated with suicide than in women, the suicide rates in Irish men may increase.

A timely event at European level took place on 10-11th December 2009 in Budapest. The European Pact for Mental Health and Wellbeing organised a Thematic Conference on "*Prevention of Depression and Suicide – Making it Happen".* This conference was organised in collaboration with the EC's Directorate of Health and Consumers, the WHO Regional Office for Europe, the Ministry of Health of the Republic of Hungary and the Swedish EU Presidency. The conference was attended by policy makers, researchers, clinicians and service users representing most European countries and a number of key actions for preventing depression and suicide were promoted, including:

- Make prevention of depression and suicide a priority for public health policies and stakeholders, implemented through strategies and action frameworks and where possible supported by outcome targets, such as reducing suicide and self harm rates, and work absenteeism due to mental health problems.
- Integrate specific measures to prevent depression and suicide into responses to the financial and economic crisis, e.g. raising awareness about the psychosocial vulnerability of persons exposed to financial and economic hardship (including debts, unemployment, social exclusion) and the potential positive effects of social protection measures on mental health.
- Mainstream mental health across medical disciplines and health professions, e.g. implement training programmes for primary care professionals to build capacity in dealing with depression and suicide risk, and integrate mental health promotion into the curricula and continuing education of further relevant health professional, such as nurses or specialised health professionals.
- Engage in partnerships with other policies and sectors, e.g. include education on depression and suicide risk into educational settings, workplaces, social and justice sectors.
- Provide and facilitate access to adequate health care for individuals suffering from depression and suicidal behaviour, e.g. increased awareness of relevant help lines, community based services, counselling, internet and telephone services.
- Provide reliable, accessible and quality assured information on depression and suicide; make use of new media and eHealth, e.g. establish partnerships with the media and implement guidelines for reporting on suicide according to the guidelines published by the World Health Organisation (WHO) and the International Association for Suicide Prevention (IASP).
- Provide high quality research and data to support policy on depression and suicidal behaviour, e.g. undertake high quality research into depression and suicidal behaviour aimed at providing enhanced knowledge about the aetiology and determinants of depression and suicidal behaviour as well as effective interventions

and measures supporting policy development, service organisation and implementation of prevention programmes.

A number of these actions are already being addressed in a new research project: Optimising Suicide Prevention Programmes and their Implementation in Europe *(OSPI-Europe*) funded by the European Commission under the 7th Framework Programme. OSPI-Europe is a new evidence based suicide prevention programme comprising a consortium of 10 countries. The overarching aim of OSPI is to provide the EU member states with realistic action-based recommendations to be implemented on a regional basis to reduce suicide and deliberate self harm. OSPI aims to review and evaluate current strategies for suicide prevention, and to combine the strategies for which evidence is available to develop an optimised multifaceted suicide prevention intervention.

A key aspect of OSPI will be a 5-level intervention model based on previous work by the European Alliance Against Depression (EAAD):

1. Workshops for general practitioners (GPs) using training sessions and videos.
2. Public awareness activities.
3. Training sessions for community facilitators such as social workers, teachers, police, priests and journalists.
4. Initiatives for high-risk groups (i.e. people after deliberate self harm).
5. Restricting and reducing access to means.

Implementation of the intervention and evaluation will take place in four countries: Germany, Hungary, Portugal and Ireland between 2010 and 2012.
www.ospi-europe.com

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► Child safety

European Child Home Safety Conference

The European Child Home Safety Conference, hosted by RoSPA and the European Child Safety Alliance, took place on November 2nd and 3rd in Stratford-upon-Avon, England. Over 100 child safety experts from across Europe attended the conference, representing nearly 20 European countries.

Injuries which occur in the home are one of the leading causes of death of European children 0 to 14 years of age. Children from lower income communities as well as those from lower income countries across Europe suffer much higher rates of life-threatening injuries, including dangerous falls, burns and scalds and poisonings. Yet many of these injuries are easily preventable with simple measures tied to engineering, enforcement and education. A key re-occurring theme of the conference showed that in order to cover these three critical “E”s, prevention strategies must be developed with a multi-sectoral approach. Delegates agreed that while the process of building partnerships with organisations across various sectors can be time consuming, the framework is greatly strengthened.

The conference focused on the role of national governments and European-level interventions. Workshop sessions targeted themes such as multi-sectoral partnering, product safety legislation, and education. The programme also provided a look at several international case studies and diverse interactive educational programmes. It was emphasised how important it is that these valuable programmes are monitored and evaluated, as evaluations are critical in garnering further support and encouraging the spread of good practices.

A take-away message made clear through the conference is that in every country across Europe, there are populations more at risk for home injuries, and prevention measures must be targeted toward their needs. This often involves marginalised populations, and it is critical that prevention efforts are in alignment with the needs of community settings. This often means taking the time to understand the settings, and to develop trust by working within the communities in order to improve the effectiveness of the messages.

For more information:
www.childsafetyeurope.org

Update on the Child Safety Action Plan initiative

Partners on the Child Safety Action Plan (CSAP) initiative continue to work on developing and implementing national plans. The launch of the Child Safety Report Cards in May 2009 provided many opportunities for partners to meet with government officials and as of November twelve countries now have a strategic document and are working on government endorsement, more detailed action planning and/or have moved on to implementation.

The Ministry of Health and Children and the Health Services Executive in Ireland hosted the final face-to-face CSAP project meeting for the Alliance and its country partners on December 2-3. Held in the historic Dublin Castle, the meeting was officially opened by Ms. Aíne Brady, Minister for Older People and Health Promotion, who welcomed representatives from 19 countries and acknowledged that Ireland's performance grade of 'fair' on their Child Safety Report Card meant they had work to do on child injury and would address this.

During the meeting project partners shared progress and current challenges in developing and/or implementing their child safety action plans, discussed the great value the process has had for child injury in their countries and strategised around actions related to the upcoming Fifth Ministerial meeting on Environment and Health in Parma, Italy in March 2010. In particular it was identified how the Child Safety Action Plan project has become the umbrella programme from which all the other activities of the European Child Safety Alliance flow. The framework and information the initiative has provided and the capacity it has built have established a stronger base from which the Alliance network can take specific child safety actions.

The CSAP Secretariat is looking for additional case studies of evidence-based good practice in child safety the European setting to add to the original 13 case studies published in 2006 as part of the Child Safety Good Practice Guide. If your organisation has a programme or policy that is based on one of the evidence statements in the Guide and has been evaluated that you think would make a good case study please contact: *secretariat@childsafetyeurope.org*

CSAP is being led by the European Child Safety Alliance with funding and partnership from the European Commission, Health & Environment Alliance (HEAL), UNICEF, World Health Organization (WHO), and the national partner organisations.

For more information:
www.childsafetyeurope.org

Effectiveness of a science-based teaching intervention

Children are exposed to hazards and risks as they go about their daily lives and are especially vulnerable to injuries. They are naturally curious and unaware of consequences, exploring their surroundings and playing with objects. As a result, each year thousands of calls are made to poison control centres and thousands of children are admitted to emergency departments because of unintentional injuries, which are the fifth cause of death and disability for children aged 0-19 in Portugal. In 2006 alone, 144 children died and more than 9.550 received hospital treatment because of accidental injuries, such as falls, poisonings and burns, mostly occurring at home. For these reasons, children need special consideration to safeguard their right to health and to a safe environment.

National Plan

Experience and research in countries which have made a concerted effort have shown that most child injuries, and deaths from injuries, are preventable. Therefore, a combination of broad approaches has been applied in Portugal in different child injury areas, including home, road traffic and workplace injuries, with specific prevention strategies having been developed under the auspices of the Ministry of Health. The reduction of child injuries and the promotion of safety were made a goal in the Portuguese public health action plan, as proven by the National Programme for Safety Promotion and Injuries Prevention targeting the development of improved educational and legislative measures.

As a part of the National Programme for Safety Promotion and Injuries Prevention research has been set up on how best to integrate child injury prevention in educational settings. Introducing child injury prevention into schools can help children

become aware to the risk of injury. Dealing with risks must systematically shift from do's and don'ts to a holistic approach that makes children aware and competent, where they can fully develop their skills in injury prevention, in order to make appropriate decisions, necessary for living more safely, especially at home where they are likely to encounter product-related situations.

A pilot study has been initiated in order to provide a focus for child safety education. This proved to be possible through science education as a different curricular approach in preventing unintentional product-related injuries. This pilot study attempted to illustrate how science can help primary school children (aged 6-10) gain a scientifically informed understanding of the consequences of actions affecting their safety, through a teaching intervention with science classroom activities on important home safety topics regarding household product management.

Pilot education programme

Firstly, children's knowledge as to the meaning of symbols presented on product labels were identified. Results demonstrated that children's understanding of product label information is inadequate and urgent teaching interventions are crucial. Secondly, classroom science activities were developed according to a problem solving framework in which children's ideas about how to keep themselves safe in a potentially hazardous home environment are a starting point to explore a range of household materials through scientific inquiry. The activities looked at the hazards children are exposed to, showed how a hazard can become a risk and incidentally introduced ways to reduce the risk from them. Children made observations and classifications based on material uses and scientific properties, investigated the possible effects of some materials on the body and on the environment, under conditions where they can control the variables, and thought of how these effects can be minimised.

Increased understanding

The activities helped children to improve scientific knowledge about products and their labels, consider consequences of product misuse, explore attitudes and to make informed decisions.
Implementation of these activities with 28 children with a further evaluation showed that they had greatly enjoyed learning about the household products, as the connections made to issues of safety were directly relevant to their own lives, and that their knowledge and ability increased with scientific reasoning about safety issues.

In the near future, these activities will be disseminated through primary schools and their effect on children's learning will be evaluated as to through knowledge improvement and changes of attitude to safety measurements.

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► Consumer safety

Personal music players

'Pump down the volume!'

According to scientists, 5-10% of Personal Music Players (PMPs) listeners risk permanent hearing loss if they listen to a personal music player for more than 1h per day each week at high volume settings (more than 89 decibels) for at least 5 years. Given the widespread use of such devices in recent years, it is estimated that 2,5 to 10 million consumers are at risk. At the moment, no technical standard defines a maximum sound limit for PMPs. Those now on the market can generate a sound level as high as 115 dB(A). By comparison, pedestrians are exposed to a sound level of 90 dB(A) from passing heavy traffic.

Hearing loss from exposure to noise from PMPs is an avoidable risk, unlike hearing loss due to ageing or illness, as it depends on the level of such noise. And the level can be changed. But the damages caused by such exposure can be permanent and irreversible. Therefore, ANEC, the European consumer voice in standardisation, believes that prevention is imperative.

Setting safety by default

Having sufficient and adequate information about the safety of music players consumers intend to buy, is an essential consumer need. Information should be reliable, understandable and transparent. However, warnings and labels are increasingly used as substitutes for requiring a manufacturer to put safe products on the market, thus putting the burden of protecting themselves on consumers. In

ANEC's opinion, warnings and labels should only be complementary to strict safety measures.
Sound limits need at least to be specified at a noise level acceptable according to the latest scientific opinions. And bearing in mind that it is difficult for consumers to know exactly the decibels they are listening their PMPs to, and that young consumers might not be spontaneously receptive to cautionary measures due to their young age, the safest sound levels for short and long time exposure should be provided by default in personal music players as they are sold in the shops.

Since May 2008 ANEC has proposed safe sound limits in the draft standard IEC 62368 Audio/Video, Information and Communication Technology Equipment – Safety – Requirements. However, although these lower values were supported by several countries, the setting of limits was refused and a warning in the instruction was required instead. In January 2009, ANEC issued a position paper calling for the revision of the relevant standards in order to ensure the hearing of future generations. In September 2009, the European Commission requested for those standards to be revised and standardisation work, to which ANEC actively participates in CENELEC TC 108X WG 3, has started since. In addition to limits related to time-exposure proposed by the EC, ANEC asks for a sound limit of 89 dB(A) to be the maximum permitted by default in PMPs, with secured access to a second maximum of 100 dB(A). The latter could be used only after deliberate manual activation via a password and is intended, for example, for people with hearing impairments to be able to increase the volume. In the case of PMPs designed to appeal to children, we wish to see the maximum sound level fixed at a level below that where the probability of risking hearing loss is considered negligible (80dB(A).

For more information:
http://www.anec.org/anec.asp

Safety of baby sleep products

On 21 October Member States across the EU gave the green light to new child safety standards for articles commonly used in children's sleeping environment, such as cot mattresses, cot bumpers, suspended baby beds, children's duvets and sleeping bags for babies.

In 2007-2008 the Commission carried out a study, following consultations with Member States, which identified nursery products which pose particularly serious risks to infants and young children and for which there are either no safety standards or the existing standard does not cover all the risks.

According to the new standard, warnings and instructions will have to contain clear messages to address the specific risks linked to each product. Special requirements address the risks of suffocation, choking, and structural integrity. Hygiene requirements are also included.

The above mentioned study is available at:
http://ec.europa.eu/consumers/safety/projects/ongoing-projects_en.htm#project_results

► Injury Data

Each year 42 million people need hospital treatment due to injuries

In the last week before Christmas, EuroSafe released the latest statistics on injuries due to accident and violence in the EU: 'Injuries in the European Union'. The report reveals that each year a staggering 7 million people are admitted to hospital and 35 million people are treated as hospital outpatients as a result of an accident or violence related injury.

It also highlights injury data related to major risk groups and injury causes as identified in the EU-Council recommendation on injury prevention and safety promotion: children, adolescents, senior citizens, pedestrians/ bicyclists, sporting activities, consumer products, interpersonal violence and self-harm.

More key facts and figures from the report

Fatal injuries

- Every two minutes someone dies of a fatal injury - this adds up to a quarter of a million injury deaths each year within the EU.
- There is a huge difference in injury fatalities throughout the EU. More than 100,000 lives could be saved each year if every country in the EU-27 reduced its injury mortality rate to the same level as in the country that currently has the lowest rate of fatal injuries in the EU.

Non-fatal injuries

- Each year, a massive €15 billion is being spent on hospital and medical costs just treating the injury casualties admitted to hospital.
- Three quarters of all injuries occur at home or in leisure time.
- As to road traffic and work related injuries, the trend is fortunately levelling off over the past few years, but for home and leisure injuries the trend is still rising.

Hospital based data included

The report also presents data collected over the years 2005-2007 in a sample of Accident and emergency departments at hospitals, through the EC-sponsered Injury Data base-project (IDB). Currently 13 countries are routinely collecting information in accordance with the so-called IDB-methodology which provides unique access to information on injury victims. Altogether, they are able to report now on around 350.000 cases each year, with details on the place of occurrence (for instance in road traffic, at work or at home), the circumstances and products involved (for instance, consumer products such as DYI-tools, vehicles or domestic appliances that may have caused an injury).

EU-wide coverage required

As half of the EU-Member States still lack adequate injury data to guide their prevention actions, the challenge is now to work towards a full EU-wide coverage of the IDB system. Without such information, governments are in the dark as to prevention measures they need to take and therefore failing to meet minimum standards as to health and safety of their citizens.

Therefore EuroSafe pleas for national IDB-systems to become mandatory for all member states. The EU-wide introduction of injury surveillance systems will empower national authorities and related safety agencies to really make a difference in preventing the enormous trail of destruction that injuries leave behind. The EU-Regulation on Community statistics on public health and health and safety at work (OJ L 354/70, 31.12.2008) provides the proper legal framework for such a binding agreement.

More information:
http://www.eurosafe.eu.com

► Adolescents & risk taking

Youth for Road Safety

At the opening ceremony of the First Global Ministerial Conference on Road Safety, 19-20 November in Moscow, the youth road safety promotion network "YOURS" has been officially launched. After the hosts of this UN-Conference, the President of the Russian Federation Dmitry Medvedev and high officials from the World Health Organization, United Nations, World bank and UNICEF, the YOURS team presented their vision and ambitions as to road safety promotion world wide and the role of youth participation and advocacy.

In 2007, 400 young road safety advocates from around the world assembled at the United Nations in Geneva to discuss road safety at the first ever WHO-initiated World Youth Assembly for Road Safety.

At this Assembly, Youth Declaration for Road Safety was conceived and finally adopted. From the Assembly emerged a wish on the part of the 200 official youth delegates to create an international youth-led and youth-oriented NGO.

Three years have passed since the Assembly and with the support of our network and particularly of our taskforce of seven young road safety advocates. YOURS has now established it self as an independent entity with a clearly defined mission, objectives and activities.

The issue
Road crashes are the leading cause of death among young people, aged 10-24 years. Worldwide, the number of people killed in road traffic crashes each year is nearly 1.3 million people, while the number injured could be as high as 50 million. Of the total who are killed, more than 400,000 are young people and millions more are injured or disabled.

The challenges

The challenge
In order to change this situation, young people face several challenges:

- A lack of awareness and recognition in the world of the vulnerable position of young people in traffic and a lack of resources for youth road safety initiatives;
- Absence of one strong voice to advocate on the behalf of youth and road safety on a global level and a fragmentized approach; and
- divergences in strategies among youth and youth-led NGO's and their road safety initiatives. Youth road safety initiatives remain small-scaled and scattered;

Yours' Strategy
The YOURS strategy 2009-2012 gives the focus and a path to follow along three major lines of activities: advocating, networking & sharing and capacity development.

The first line of action advocating is to provide one voice for youth on road safety issues at a global level in order to increase awareness of youth road safety in the world as a global issue and to increase participation of youth in road safety. This means among other things building credibility and representation in important meetings like the United Nations Road Safety Collaboration and to maintain a strong visible relationship/ partnership with the World Health Organization.

The second line of action networking and sharing, is to connect young people and youth-led NGO's active in the road safety field around the world, so they can work together and easily share information and experiences. YOURS will set-up, maintain and expand a global youth network for road safety and develop a mechanism to compile and distribute information on youth road safety initiatives, share experiences and good practices. YOURS will facilitate regional and world youth assemblies to empower young people.

The third line of action is capacity development. YOURS will develop a road safety workshop for youth who are new in the road safety field. Not just to turn young people into road safety advocates, but also equip them with project management, communication and advocacy skills, in order to organize effective road safety campaigns in their countries and raise awareness for the vulnerable position of young people in traffic. YOURS wants to facilitate exchange (twinning) pro-

grammes/trainings to learn and model from the road safety successes in other countries.

Partners
YOURS is in the first phase of the life-cycle of a new organization: fighting for opportunities to grow towards a sustainable organization. To create sustainability YOURS is looking for multiple partners from different sectors. YOURS is fortunate to have worked the first year under auspices of WHO as a project, which gave the opportunity to built up a network, create credibility and work towards an independent NGO. The trust and funding of Michelin are also contributing factors to the successful launch of YOURS at the UN-Ministerial Conference on Road Safety and the creation of YOURS as an not-for-profit legal entity from 1 of December 2009.

YOURS YOUTH FOR ROAD SAFETY

For more information:
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International Seminar AdRisk

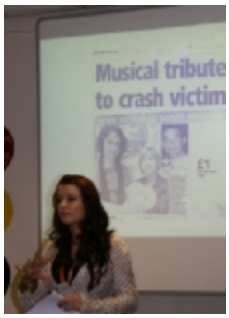
Young people were joining injury prevention and youth participation experts at a groundbreaking international seminar focusing on how they can enjoy active lives while protecting themselves and others from the leading cause of death affecting their age group. Entitled “Engaging young people in injury prevention: practical approaches to risk competence”, the seminar has brought together injury prevention and youth participation experts from across Europe. For the first time, an international view is being taken of how young people can enjoy active lives while protecting themselves and others from unintended injury - the leading cause of death in their age group.

The three-day event, hosted by the AdRisk-project (the Community Action on Adolescents and Injury Risk project, a European initiative) and the Child Safety Education Coalition (CSEC-UK) took place from November 10-12 at the headquarters of the Royal Society for the Prevention of Accidents in Birmingham.

The seminar is pioneering in that experts from across Europe came together to focus on how young people can be involved in preventing injuries though practical safety and risk education. Young people were also heavily involved in the event as speakers and delegates.

Defining risk
Risk taking is normal behaviour for young people, and is essential for their development as well as for a healthy and enterprising economy. Therefore, it should not be automatically discouraged. However, it is also recognised that young people are particularly vulnerable to unintended injury. In the UK, for example, a third of all deaths of young people are as a result of unintended injury, and the picture is similar across Europe.
Education and adventurous activity can play a valuable role in enabling young people to develop the skills and understanding to manage risk to themselves and to be able to take responsibility for managing risk to others. This groundbreaking seminar has further developed our understanding of these issues and give us renewed impetus for involving young people in an area in which they, and their families and friends, are the ones with the most at stake.

Innovation in safety education
A key aim of the first day was to define “high quality practical safety education”, with particular consideration given to everyday activities that are not “safety classes” in the traditional sense. Day two looked at examples of young people’s participation in injury prevention, and speakers included Manfred Zentner from the European Knowledge Centre for Youth Policy.



Among the speakers was the singer-songwriter Katie Benbow, 16, UK who wrote a song and appeared in a video in memory of her friend David Wares, 22, who was killed in a car crash last year while racing a friend.

www.youtube.com/watch?v=a6lWT0YUoVs.

Accident prevention campaigner Manpreet Darroch, 21, of Birmingham, introduced delegates to the dangers of modern technology and the road and show an internet viral which warns other young people of the dangers faced by

pedestrians who are distracted by loud music http://battlefront.co.uk/video/21713/

Alysha Ong, 19, a University student from Banbury, spoke about a project which saw her join RoSPA on a "young advocate" placement organised through the charity Changemakers. During her placement, Alysha investigated what young people thought about advanced driver training www.rospa.com/drivertraining/info/changemakers.pdf

Students from Heartlands Academy in Birmingham outlined their roles as members of CSEC's young people's advisory group: entify challenges, recognise the benefits and hazards involved, assess and manage risks and enjoy the benefits of the challenge.

A concept and implementation of "risk competence" took place on the final day, particularly about how young people become able to deal with risk. It was concluded that all explorative behaviour is a step into the unknown and is always linked to risk taking. Those who never learned to deal with difficulties or to develop strategies for coping when things start to go wrong will suffer long-term disadvantage.

This is why the AdRisk project focuses on promoting the development of risk competence within a wider European strategy for injury prevention and health promotion for young people. Those who learn to cope with risks will also learn to take responsibility for their own actions as well as for their friends and finally for society as a whole.

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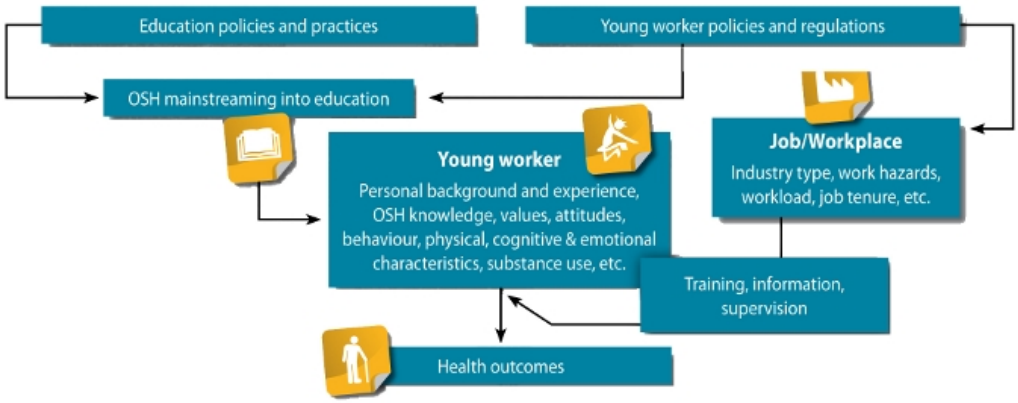
Preventing risks to young workers

Young people are more at risk of harm from work for a variety of reasons. They lack experience and maturity, awareness of risks, and skills and training. They also may be unaware of employers' duties regarding health and safety and may be reluctant to speak out about problems to their employer. By keeping young workers safe and by training and educating them properly, employers can benefit from their energy and motivation, while at the same time promoting a prevention culture.

For that reason the European Agency for Safety and Health at Work has produced a factsheet about good practices in preventing risks to young workers.

A model of OSH for young workers suggesting a two-way strategy to combat OSH risks to them is shown in Figure.

Model of the occupational safety and health (OSH) of young workers



Action at the policy level

The prevention of injuries and ill health in young workers starts at the policy level, which includes legislation and supporting programmes and campaigns. National and European legislation obliges employers to pay special attention to younger workers and underlines the importance of creating a culture of safety. It is also important to get the message across to companies that healthy and informed employees are their most important investment for the future. OSH campaigns should be especially enhanced in sectors

with high youth employment, such as shop workers and catering assistants.

Success factors in training
There are a number of common success factors that can be identified. These success factors include:

- basing actions and interventions on risk assessment, and ensuring actions are implemented, monitored and reviewed;
- top-level commitment to OSH measures to protect young people;
- providing workplace training in the context of overall safety management to prevent workplace risks and to ensure that young workers only carry out tasks within their mental and physical capabilities under adequate supervision. Training alone is not effective in reducing risk;
- mainstreaming a youth dimension into all prevention actions;
- consultation and active participation of young workers.

Recommendations regarding effective teaching are also valid for OSDH training, such as:

- setting clear learning objectives focused on skills development;
- using a balance between theory and practice;
- using suitable teaching resources and methods;
- setting requirements for training for supervisors, mentors and trainers;
- ensuring a close link to working life.

Using peers in training, for instance by including more experienced young workers and involving older, experienced workers as mentors, has proven to be most effective. This provides a positive experience for new and more senior colleagues alike. Active and participatory learning methods, for example where young people learn to recognise hazards and examine and solve real work problems, are most instructive and encouraging safe practices on the job.

By linking the training to the acquisition of a recognised diploma or other evidence of vocational achievement young employees can add these competencies to their CV and enhance their employability;

More information: European Agency for Safety and Health at Work, E-mail: *information@osha.europa.eu*

► Safety for seniors

Product-related injuries

Injuries caused by accidents constitute a major health risk in elderly persons. However, almost no population-based investigations have been conducted in this area in the German-speaking countries so far. In order to improve the statistical basis for estimating the number of injuries across all age groups, the Public Health Institute of Brandenburg has been developing a hospital-related injury recording system according the standards of the EU Injury Data Base (IDB) since 2007, in co-operation with Carl Thiem Hospital in Cottbus, Germany.

Carl Thiem Hospital in the German city of Cottbus serves a catchment area of about 150,000 inhabitants located in the south of the Federal Land of Brandenburg. All inpatients admitted with injuries are recorded daily and all outpatients on one day of the week (24 hours) according to the IDB standard Coding Manual. The data are then transmitted to the Public Health Institute of Brandenburg in an anonymised form. This institute acts as data administrator of IDB for Germany and is responsible for the quality control and epidemiologic evaluation of the transmitted data. This is being done using the official German Hospital Diagnosis Statistics according to patients' place of residence.

Home injuries predominate
Over the years 2007 and 2009 a total of 2149 injured patients at the age of 65 years and older received inpatient or outpatient treatment (total number of injured patients: 9621). The injury rate rose sharply in persons at the age of 80 years and older and peaked at 47.5 per 1000 inpatients in this age group. A breakdown of the numbers of injuries showed that 98% of injuries in elderly people resulted from accidents. Injuries due to violence or self-harm were only reported in isolated cases. Fall accidents accounted for 93% of accidents in persons at the age of 80 years and older and occurred more than three times more frequently in old people (80 years and older) than in the 65-80 years age group.

With increasing age places of occurrence shifted towards the interior of buildings (see Figure). Among persons aged 65 to less than 80 years one fall accident out of five causing physical injury occurred in road traffic. In contrast, this proportion diminished among old people (80 years and older), whereas the

share of falls occurring indoors increased by 25 percentage points in this age group.

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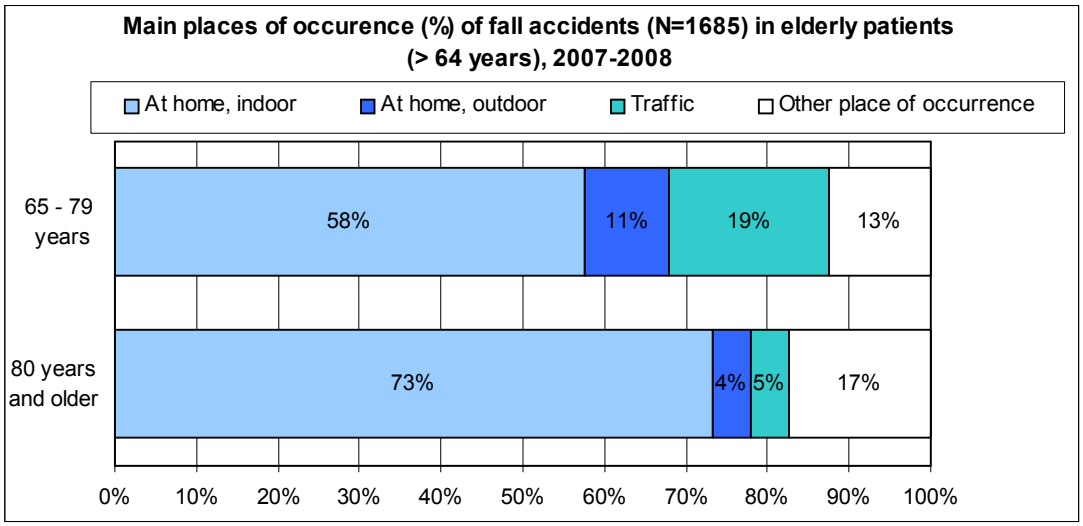

Source: IDB Cottbus

Products involved

A total of 192 injury cases among persons aged 65 to less than 80 years and 142 injury cases among people at the age of 80 years and older were recorded in 2008 in the area of investigation and listed by product involvement (see Table). The analysis shows significant changes in product involvement with increasing age.

Table: Accidents/injuries in the lederly: objectis/substances (leading to injuries) by age groups

Accidents involving products / persons	**65 to 79 years**			**80 and older**		
Mechanism of injury	**Number**	**% ***	**Rank**	**Number**	**% ***	**Rank**
The person itself	81	42	1	66	46	1
Bicycle	13	7	2			
Motor vehicle	8	4	3			
Stairs, steps	7	4	4	3	2	5
Rugs, mats, carpet runners	7	4	4	5	4	3
Uneven surface	6	3	5	5	4	3
Floor from tiles, bricks, concrete	5	3	6	3	2	5
Carpets	5	3	6	4	3	4
Alcohol consumption	3	2	7			
Bed, sleeping area or accessories	3	2	7	18	13	2
Wheelchair				1	1	6
Ice				1	1	6
Other product not determined more nearly	35	18		30	21	
Total	**192**	**100**		**142**	**100**	

* Percentage of accidents involving persons / objects / substances
Source: IDB Cottbus, 2008

In terms of causes of injury, individual factors proved more relevant than external factors (i. e. objects) among elderly patients with injuries than in younger patients with injuries (aged 25-64 years). Among old patients (80 years and older) almost one in two fall accidents was caused by the affected person itself, whereas this was the case in only one out of five persons aged 25-64 years.

In the age group of 65 to 80 years the bicycle turned out to be the most frequent injury-causing product (7 % of injuries by accidents). Indoor areas and particularly flooring, stairs, steps and beds ranked among the most frequent safety hazards in elderly persons with injuries. Among old people accidents leading to injuries were most frequently triggered by beds and accessory components as well as by flooring covering or floor surfaces (rugs, mats).

Multi-factorial approach required in prevention

In addition to the German Hospital Diagnosis Statistics which, as an official census, generates data on inpatients, the Injury Data Base yields information on injured inpatients and outpatients as well as on the circumstances of physical injuries. Data analyses by Carl Thiem Hospital in Cottbus, Germany, have shown that fall accidents occurring in the domestic area rank among the most frequent mechanisms of injury in the elderly population. Both person- and product-related factors were identified as triggers of fall accidents among old people. Hence effective accident prevention requires both an individual risk assessment and individual counselling in the home setting in order to eliminate safety hazards.

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Social alarm systems for ageing people

Providing care at home for ageing people for as long as possible is a almost universal trend, today. This trend has generated a growing need for many new types of service, a rapidly growing sector being social alarm systems. Social alarm systems are provided by various actors, from large national companies and numerous small businesses and service provides. The service's client or its payer may be an individual – either the elderly persons themselves or their close relatives – or a public body, generally a municipality or another public corporation. A public purchaser may buy hundreds of social alarm service packages at a time, to be provided to the municipality's inhabitants.

Although a social alarm system generally makes its users safe, in the worst case scenario it may put them at risk. This can occur if they do not know how to use the system in an emergency situation, do not understand the kind of help available through the system, how long help can take to arrive, or bear in mind that the safety wristband must be worn at all times for help to be within reach when needed.

Social alarm systems are covered by European standard EN 50134. This standard includes requirements covering the client agreement, client instructions, alarm reception services, response arrangements, visits to clients and staff training.

Product safety legislation

Since Finland has no specific legislation pertaining to social alarm systems, issues concerning client safety fall within the scope of general product safety legislation. The key requirement which such legislation sets on the provider of a service – whether the service be a commercial business or a public actor – is that use of the service must not pose a risk to injury or threat to health. When a municipality or another corporation centralises the acquisition of social alarm systems for residents, it is under a professional obligation to ensure that the purchased service meets the needs in question and that, on the other hand, the clients have sufficient and correct information concerning the service's performance.

Critical points of a social alarm system

An individual purchasing a social alarm system does not always have the knowledge and experience required to assess the service's safety as a whole. When selecting the service, its price should not be the only decisive factor. Particular attention should be paid to quality of service and the genuine capability of the provider to deliver on its service promise at all times and within the precise geographical location for which the service is purchased.

In large-scale purchases, such as when a municipality wishes to acquire hundreds of social alarm units at a time, the purchase decision criteria should be carefully defined. Experts in elderly care and in service procurement and competitive tendering should be consulted during the service acquisition process.

A key question involves the response time from making an alarm notification to receiving help. While people needing help have their own expectations, providers of services aim to perform their tasks with minimum costs, generally seeking to generate a financial profit. Sometimes, indeed, the problem lies in the users' erroneous safety assumption i.e. a false belief concerning the response time and its effectiveness. At worst, this may mean that a person without a safety phone can obtain faster emergency assistance for an acute seizure, by calling the general emergency number 112, than a client relying on his/her social alarm system.

Another critical factor is the helpers' competence level. What capabilities does an alarm-services employee have when responding to a social alarm, in terms of assessing the condition of an old person lying on the floor, if the person him/herself notifies that they will be fine as long as they are lifted back up or into bed? A thorough investigation and discussion is required as to when a social alarm service can transfer an alarm received for handling by the general rescue services. While it is obvious that, in urgent situations, alarms are being transmitted to Emergency Response Centre, what about cases where the social alarm company's response times are too much delayed.

Room for development
In the future, consideration should be given to whether there is a need to enact legislation concerning social alarm systems. In the current situation, in which these services fall within the scope of product safety legislation, at least in Scandinavian countries like Finland, the challenges relate to the regulatory authorities' scarce resources and their limited expertise in the field.

Municipalities and other service purchasers should require minimum service quality in their competitive tendering criteria. They should also focus on ensuring that, in real life, the provider of the service keeps his promises.

In their instructions given to clients and user training, providers of the services should issue realistic information on what to expect and not to expect from the service. More attention should also be paid to the information given to old persons' next of kin, for instance their children. The sector should also take initiatives for self-regulation.

In Finland, the regulatory authority, the National Consumer Agency, has made efforts to maintain the issue on the public agenda. It has published information materials for different audiences.

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Preventing falls at home

Every year in France, 9 300 people aged over 65 die as result of a fall. One third of people aged over 65 and half of all people aged over 85 have at least one fall per year, mainly in their own homes (62%). Even where there is no immediate injury, the prognosis is also bad for those who are unable to get up, as metabolic complications associated with remaining on the ground for more than an hour lead to a five-fold increase in mortality within six months.

Preventing falls in the home among older persons is therefore one of the six priority areas defined in the 'White Paper - Prevention Day to Day Accidents' published by three different French Organizations with complementary expertises, The Consumer Safety Commission, the National Consumer Institute and MACIF Prevention (Insurance Group).

They joined forces to put forward the foundations for a domestic accident prevention policy and to make the fight against day-to-day accidents a nationwide concern.

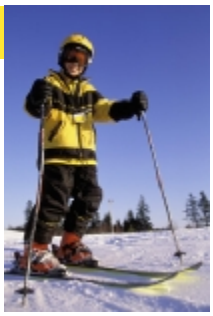
Implementing the following 10 recommendations could help considerably to reduce the number of falls in older people, an increasing population, and their drastic consequences:

- *Promoting an integrated approach to*, by integrating the two distinct issues of the public health aspect of the ageing population and preventing loss of people's independence.
- *Initiating a multidimensional assessment of risk factors for falls*, inherent to the ageing process, medical condition or the effects of medication, but also related to outside factors associated with the physical environment, the person's activities or their social-familial environment.
  An assessment of this type could be carried out through home visits to people in the "target" group.

- Creating an alert system involving professionals who work closely with the elderly by providing them to the appropriate training.
- *Promoting adaptations in the homes of older people.* The relevant players from the housing, health, social services, and voluntary sectors could work together more effectively towards this aim.
- Sharing good practices in prevention programmes under way at local level and assisting new initiatives.
- *Making public relation resources on the prevention of falls more widely available* so that they are accessible to the public, professionals and workers in the field.
- *Recognizing the coordinating role to be played by the local and regional councils which* are ultimately responsible for prevention within their territory. These departments are the relevant health and social actions areas. Partnerships could be developed between the county council and the relevant public and voluntary sector bodies, by means of community or council-wide agreements.
- Drawing up a national plan for the prevention of falls in the home among older people, which should be based on available evidence base/and good practices.
- *Integrating this proposal for a national action plan within the European framework*, as it addresses one of the recommendations of the EU Council Recommendation on Injury Prevention.
- Promoting prevention of falls among older people in the framework of the World Health Organization Healthy Cities programme.

The Consumer Safety Commission, the National Consumer Institute and MACIF Prevention (Insurance Group), also published a booklet relating to prevention falls in the home among the elderly. Key figures and good practice examples are given. Free downloading on website: www.agircontrelesaccidentsdelaviecourante.fr

► Sport safety



Winter Olympics: Skiing safety charter

On 20th November 2009, Safe Kids Canada launched the Vancouver Charter on Skiing Safety. The charter is designed to encourage the use of helmets during skiing and snowboarding activities. British Columbia is the first province that has officially endorsed the charter, created in the context of the 2010 Winter Olympic Games.

The aim of the charter is to promote a common goal among Canadians of creating a safe, healthy and active sporting and recreational culture for skiing and snowboarding activities. The Vancouver Charter is officially endorsed by Dr. Perry Kendall, Provincial Health Officer, Ministry of Healthy Living and Sport for British Columbia; Dr. Patricia Daly, Chief Medical Health Officer, Vancouver Coastal Health; and Dr. Jack Taunton, Chief Medical Officer, Vancouver Organizing Committee for the 2010 Olympic and Paralympic Games.

In an international review, while head injuries have been shown to comprise three to 15% of all injuries suffered by skiers and snowboarders, a large percentage of skiing and snowboarding deaths, 87.5 per cent, have been caused by a head injury. More specifically, traumatic brain injury has been reported to account for 67 per cent of skier deaths in children. Research has shown that ski and snowboard helmets are effective at preventing head injuries. It is estimated that for every 10 people who wear a helmet, up to six may avoid head injuries.

"Disability and death due to traumatic head injuries is an important population and public health issue that results in an extensive financial and social burden on our society," says B.C. Provincial Health Officer Dr. Perry Kendall. "The Vancouver Charter provides a common ground for government and stakeholders involved in winter ski sports to collaborate in developing and implementing sound, evidence-based safety standards and policies on helmet use in recreational winter sport activities."

Other organizations that have endorsed the charter include: American Academy of Pediatrics; Atlantic Network for Injury Prevention; Brain Injury Association of Canada; British Columbia Injury Research and Prevention Unit; Canadian Academy of Sport Medicine; Canadian Collaborative Centres for Injury Prevention and Control; Canadian Institute of Child Health; Canadian Paediatric Society;

Canadian Public Health Association; Canadian Snowboard Federation; Canadian Standards Association; City of Vancouver; Coaches Association of British Columbia; Dave Irwin Foundation for Brain Injury; EuroSafe; Institut national de la santé publique du Québec; Insurance Bureau of Canada; Ontario Neurotrauma Foundation; ParticipACTION; The Canadian Red Cross; Safe Communities Canada; Saskatchewan Prevention Institute; SMARTRISK; The Community Against Preventable Injuries; ThinkFirst Canada; Vancouver Coastal Health and Vancouver Organizing Committee for the 2010 Olympic and Paralympic Games.

The Vancouver Charter on Skiing Safety is the successor to the Turin Charter on Skiing Safety, which was originally created during the 2006 Turin Winter Olympic Games. It was prepared by a panel of experts from European governments who worked under the coordination of EuroSafe and the BE.PRA.S.A.-project co-financed by the European Commission and the health authority of the Italian region of Veneto. Following the Turin Winter Olympic Games, Italy passed legislation at the national level that now makes it mandatory for all children under the age of 14 to wear a helmet while skiing or snowboarding.

More information: www.safekidscanada.ca

► Vulnerable road users

Drinking and driving

The European Transport Safety Council (ETSC) latest Drink Driving Monitor features news from two EU Member States who have taken decisive steps to tackle drink driving in the past six months: Ireland and Denmark. Ireland by proposing a BAC reduction level and Denmark by proposing an alcolock rehabilitation law for drink driving offenders.

The Drink Driving Monitor brings news from across the EU of steps to further improve drink driving legislation running the seasonal campaigns linked to increased drink driving enforcement.

Ireland
The Irish Transport Minister has proposed a reduction of the BAC limit to 0.2 for novice and professional drivers and 0.5 for all other drivers. As well as fulfilling its commitment included in its Road Safety Strategy Ireland is implementing the EC's BAC Recommendation of 2001. Experience from other countries who have introduced similar changes show that such a legisla-tive change introduced together with strong enforcement and campaigning can bring about reductions in alcohol related deaths.

Denmark
Denmark's Justice Minister has proposed to introduce an alcolock programme which would fit alcolocks to drink drivers with a BAC over 2.0 or repeat offenders with a BAC over 1.2. This would put them in the same league as Finland and Belgium so far the only countries to have adopted legislation. Finland is the only country with the programme in place. Although proposals of legislation are under discussion in a number of other EU countries, including Denmark's neighbours Sweden and the Netherlands, Denmark is looking at other Member States experience so far in pilot projects to inform how it will set up its programme.

EU-progress report
The European Commission has adopted its first Progress Report on the implementation of the EU Alcohol Strategy of 2006. This includes an excellent overview of drink driving related activi-ties taking in EU level action on legislation and project support from the transport and health perspective. It also includes an outline of activities taken within the EU Member States and tracks activities on key areas such as random breath testing and BAC limit changes.

The ETSC-Drink Driving Monitor also brings news from across the EU of steps to further improve drink driving legislation running the seasonal campaigns linked to increased drink driving en-forcement. ETSC's alcolock legislation barometer has also been updated.

More information:
http://www.etsc.eu/documents/DDMon9%20-%20Dec%202009.pdf

▶ Work safety

Health and safety campaign: great success

The Healthy Workplaces Campaign, organised by the European Agency for Safety and Health at Work, has reached more people than ever before. The latest campaign on risk assessment, which came to an end on 17 November 2009, saw record levels of involvement across all the EU Member States and beyond – hundreds of events were organised around the theme of risk assessment and its importance, over two million information sheets, DVDs and other pieces of campaign material were made available for free, and for the first time, over forty prominent European organisations got involved in the campaign as official partners.

Throughout the campaign, the Agency closely cooperated with its network of national focal points, as well as employer and worker groups, health and safety institutions, and professional organisations with which it works throughout Europe. The risk assessment campaign, which has had backing at the highest level in Europe, emphasised the fact that the regular assessment of workplace risks is the key to health and safety management. But risk assessment is not something that needs to be complicated, bureaucratic, or left to experts: rather it is something that organisations of all sizes can carry out as the law requires them to do. The Agency's new Risk Assessment Tools Database, which makes checklists, guidance documents and other resources, either generic or branch/risk-specific, freely available across Europe, it is now even easier to carry out risk assessments simply and efficiently. The tool is accessible at: *http://osha.europa.eu/en/practical-solutions/risk-assessment-tools*

With the end of the risk assessment campaign, attention now shifts to the next Healthy Workplaces Campaign to raise awareness of the importance of maintenance for safe and healthy workplaces and the need to protect workers that carry it out. The campaign will take place between 2010 and 2011 and will be officially launched on 28 April 2010 on the World Day for Safety and Health at Work. The Agency is already inviting nominations for the European Good Practice Awards for 2010–11, which will recognise companies or organisations that have found innovative contributions ways to support safe maintenance.

For more information: *Healthy Workplaces campaign on risk assessment* or *Good Practice Awards 2010/2011*

▶ Cross cutting issues

Regional Safe Community Conference

The Public Health Institute of Iceland and Ministry of Health, in collaboration with WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, Stockholm, is organising the Second European Regional Safe Community Conference Incorporating the 7th Nordic Conference on Safe Communities in Reykjavik, May 19–20, 2010.

The theme of the conference is: "How to develop Safe Communities in Europe using the Nordic experiences, re-establishing a European Network of Safe Communities".

During the Conference an official assembly for the European Network of Safe Communities will take place for special invited delegates from accredited Safe Communities in the European region. A new constitution will be adopted and board of directors elected. The proposed Bylaws (constitution) for the European Network can be found on the following Website: *http://www.phs.ki.se/csp/pdf/networks/escon_bylaws_draft_20090610.pdf*

Call for abstracts

Deadline for abstract submission: February 1, 2010. Further information: *http://www.congress.is/SC-Iceland2010/Default.aspx*

Safety in Macedonia

Violence and injuries are among the leading causes of death in Macedonia, ranked on the third place with crude mortality of 36.4/100000, and are set among the Government's priorities. The injury incidence and mortality increases with the age. Violence and injury prevention is set as on one of the priorities in the enacted Health Strategy of the Republic of Macedonia 2008-2020, i.e., Goal No. 9 refers to "achievement of significant and sustainable reduction of the number of injuries, disability and occurrence of death due to accidents and violence", as well as in the following strategies: Strategy on family violence prevention has been developed and adopted and National Strategy for road safety has been developed and adopted. Special attention to elderly is given in the Strategy for Demographic Development in Macedonia.

The Government has undertaken a set of activities which will enable to achieve these targets and to implement the WHO Resolutions 56.24 with recommendations for violence prevention, road safety as well as WHO EURO resolution EUR/55/R9. Macedonian Ministry of Health has followed the above-mentioned recommendations establishing the Department for Injury and Violence Control and Prevention (VIP) in the Institute of Public Health as a leading agency in the health sector for injury prevention and as a teaching base for research and safety promotion of the Medical School. The VIP Department works closely with multidisciplinary and inter-sectoral group of experts in this area.

A range of activities, injury-related studies and safety promotion have been undertaken by the Ministry of Health and by the VIP Department in cooperation with WHO. First of all a Commission for Violence and Health has been established and a National Campaign on violence prevention has been carried out. Secondly, a report on violence and health in Macedonia and a Guide to prevention has been produced and promoted,. The government has also amended the legislation related with violence such as Crime Code, Family law etc. and is developing a Protocol for treatment of victims of domestic violence for different sectors.

Partnerships at international, national and local levels have been created through involvement in the National campaign for violence prevention. In addition, establishment of the National Coordination body for protection from violence has created partnership among the Government of the Republic of Macedonia, i.e., relevant Ministries for Health, Labor and Social Policy, Interior, Education and Science, Justice, non-governmental organizations, and UN organizations: WHO, UNICEF, UNFPA, UNIFEM and others.

Priority activities

The priority activities in the area of injury control and prevention in Macedonia will be to: developing national action plans especially for vulnerable groups; developing injury surveillance; strengthening capacity; promoting evidence-based approaches for prevention and care; and support further development of the Department for Violence and Injury Control and Prevention.

For more information: *ftozija@mt.net.mk*

► AGENDA

Events 2010

1-3 February, Bangalore Karnataka, India
5th International conference on children's health and the environment
Website: www.inchesnetwork.net

22-24 February, Stratford-upon-Avon, UK
Call for papers—RoSPA's 75th Road Safety Congress
Website: www.rospa.com/road/

19-20 May, Reykjavik, Iceland
Second European Regional Safe Community Conference: Incorporating the 7th Nordic Conference on Safe Communities
Website: www.publichealth.is/SC-2010Iceland

15-17 June, Edinburgh, UK
Consumer Affairs & Trading Standards Conference & Exhibition
Website: www.tradingsstadards.gov.uk/conference2010

16-18 June, Brussels, Belgium
4th European Alcohol Policy Conference: From Capacity to Action
E-mail: info@eurocare.org

1-4 September, Rome, Italy
Integrating knowledge for an interdisciplinary approach to suicidology and suicide prevention
Website: www.esssb13.org/

29 September, Honolulu, Hawaii, USA
XVIII ISPCAN International Congress on Child Abuse and Neglect
Website: http://www.ispcan.org/congress2010/

27-29 October, Florence, Italy
Child in the city 2010 conference
Website: http://www.childinthecity.com

10th World Conference on
Injury Prevention and Safety Promotion
21-24 September 2010
Queen Elizabeth II Conference Centre,
London, UK
www.safety2010.org.uk

SIGN UP FOR WHO IS WHO

The Who is Who expert directory is a networking tool for all involved in injury prevention and safety promotion. It is also an important tool for EuroSafe to be able to identify and invite experts in specific areas to participate in expert consultations around various EuroSafe activities and products.

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2eurosafesecretariat.htm?opendocument

EuroSafe

the European Association for Injury Prevention and Safety Promotion is the network of injury prevention champions dedicated to making Europe a safer place

ARE you looking for opportunities to influence European policy developments relevant to injury prevention and safety promotion? **DO** you want to learn from other countries by bench marking your own policies and programmes with them? **DO** you want to increase the impact of your investments in safety promotion programmes by exchanging experiences with key experts in the field? **ARE** you looking for being engaged in collaborative projects and activities with other colleagues in Europe?

Together we can make a difference!

JOIN US by filling in the membership form

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3howtobecomeamember.htm

or ***CONTACT US*** at

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