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EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion

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BREAKING NEWS! **Council Recommendation is adopted.** See p. 4

"Working together to make Europe a safer Place"

Contents

EuroSafe news

European action on injury prevention moves forward

Efforts to prevent injuries across Europe continue to build momentum following the European Commission's Communication, 'Actions for a Safer Europe and the proposed Recommendation that has very recently been adopted by the European Parliament. These landmark documents pave the way for more consolidated action across Europe, a message that was clearly echoed at the joint meeting of the Working Party on Accidents and Injuries and Governmental Experts on Accidents and Injuries held on October 12 in Luxembourg.

Role of advisory groups and EuroSafe

These two advisory groups help shape and define the Commission's strategy and policy to make Europe a safer place.

The Working Party on Accidents and Injuries, officially formed in 2003, initiated the process of strategy development by issuing a vision paper on injury prevention in 2005. This was positively received and was used to draft the Commission's Communication issued in June 2006. The Working Party is made up of European experts in the field of Public Health and prior to 2003 played an instrumental role in the development of data collection and injury prevention activities in Europe.

The second advisory body is the Governmental Representatives Group on Accidents and Injuries which is made up of civil servants officially appointed by national Ministries of Public Health.

The October joint meeting brought these two advisory groups together for the first time.

While the Communication and Recommendation pave the way for consolidated action across Europe, much work is still to be done; namely implementing the actions and strategy of these documents. This requires synergy within the two advisory groups in order to maximise available resources and a facilitating body to help seize the opportunities to make Europe a safer place. Since May 2006, EuroSafe is the coordinating body for the communications and support activities of the Commission's injury prevention network under the Public Health Programme and, in this capacity, facilitates this process.

As a professional and representative body EuroSafe provides an open and participative structure for all who want to be involved in activities, some of which are developed with the financial support of the Commission under the Public Health Programme. EuroSafe initiates activities which allow involvement at either project or Programme/Task Force level. At the Programme level the European Child Safety Alliance and Injury Data

Programmes are the most advanced. The Task Forces relate to topics that are recently taken into consideration for initiating collaborative actions, such as in the field of safety of vulnerable road users, sport safety, senior safety, work safety, and interpersonal violence.

Injury Database at the heart of the Commission's policy

At the joint meeting between the two advisory groups, held by the European Commission and prepared by EuroSafe, the Commission Services emphasised that further developing the IDB lies at the heart of the Commission's policy and called for a united front on this. The goal is to have a comprehensive picture of all injury risks in Member States as well as in the Community. To achieve this further investment is required to improve the following:

- Increase participation among Member States and create more sustainable maintenance;
- Switch to data collection on all injuries (to include intentional injuries);
- Country representativity and enhanced incidence rate calculation;
- Product and service dimension; and
- Developing an injury data clearing house.

The IDB will be further developed under the PHASE (Public Health Actions for a Safer Europe) project which was submitted by EuroSafe and responds to the Commission's 2006 Work Plan. The PHASE project has, in principal, been accepted and work should start in 2007. This will provide additional financing for the IDB and will give a new impetus to tackling the remaining challenges listed above.

Good practice database: accessible and sustainable

Another important issue discussed at the meeting was sharing good practices and the development of a good practice database (Effective Measures in Injury Prevention - EMIP). The aim of the database is to formulate evidence based statements for specific interventions and is targeted at those who need information about effective intervention measures. To date many projects have been financed by the Commission which have produced or defined good practices and this information needs to be made more accessible. The EMIP database will therefore collect and centralise this information, as well as good practices from 'selected' non EC funded projects, and make it available via the EuroSafe website. This ensures that even when funded projects are completed and the respective finances are used up, valuable good practice information will remain accessible to all via a sustainable website.

A wealth of national injury prevention activities underway

The presentation on the good practices database led to a constructive discussion between the participants and genuine offers to collaborate and share information between Member States. This high level of interest was echoed throughout the meeting and led to a positive exchange of views on the development of national action plans for injury prevention in fifteen Member States. Even though much work is still to be done it is extremely encouraging that so many injury prevention activities across Europe are underway. In some Member States injury prevention is included in the national public health programme as a priority, in others it falls under other areas such as traffic safety and in the case of Austria, a National Action Plan for unintentional injuries has been adopted. Complementing these developments, the World Health Organization regional office for Europe will assist the Commission with compiling the reporting and monitoring procedures for Member States in regard to the Recommendation. The Recommendation, if and when it is adopted, will advise Member States to report their injury prevention activities to the Commission after a four year period (*continued on p.3).*

Visit our website at
www.EuroSafe.eu.com

EuroSafe 'Who is Who' on-line expert directory

SIGN UP NOW!

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.

If you are an expert in a particular field please click on the link below and sign up for the directory.

http://www.EuroSafe.eu.com/csi/EuroSafe2006.nsf/wwwVwContent/l2whoiswhoexpertdirectory-.htm

Priority issues

Following this update on national injury prevention activities, the meeting was concluded with progress reports on the priority issues outlined in the Communication and Recommendation: Child safety, Risk-taking adolescents, Elderly safety, Vulnerable road users, Interpersonal violence and Sport safety

Looking back on the first joint meeting of the Working Party on Accidents and Injuries and Governmental Experts on Accidents and Injuries it was a big success and provides a very promising platform to build on. Even though there is in many respects a long way to go, all parties concerned can be very proud of what has already been achieved. It is very encouraging that the EC-funded projects that are currently running largely represent the priority issues as mentioned above and that they are being carried out with the support and co-operation of pan-European partners. In addition these and earlier projects are already delivering guidelines and statistical information to help make Europe a safer place.

The presentations on the priority issues, the IDB and other agenda items as well as the national reports on injury prevention activities are available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l5meetings.htm

SafeStrat management team pleased with progress and results to date

"EuroSafe's vision is working together to make Europe a safer place."

As mentioned in earlier issues of the Alert, EuroSafe is the coordinating body for the communications and support activities of the Commission's injury prevention network. This task is being carried out in the framework of the SafeStrat project which was approved by the European Commission under the 2005 Work Plan and officially started in May 2006. The SafeStrat management team (MT) met on October 13 to monitor the progress being made and assess the work to date.

MT, advisors & EuroSafe staff

SafeStrat is the abbreviated name of the project, 'Implementation of the European Strategy for Injury Prevention and Safety Promotion' and aims to build a broader awareness of the burden of injuries and to advocate prevention strategies being implemented in Member States. The project will run for two years during which period the following three objectives should be realised.

The first objective, organising the 1st European conference on Injury Prevention and Safety Promotion has already been realised. The conference, held in June 2006 in Vienna, Austria, was a huge success and was very effective in raising awareness among major decision-makers and stakeholders as regards the injury issue and to improve capacity building within Member States.

The second objective, further developing the IDB (Injury Database) is underway. This entails enhancing the data delivery process and ensuring availability and usage of appropriate injury data at Community level as well as at country level in all EU Member States, EEA and candidate countries. While there are still challenges to be overcome a lot of progress has been made to date. For more information please read the IDB article in the Injury Data section.

The third objective is to advocate prevention strategies developed under different projects within the Public Health Programme and to evolve the current exchange mechanism on injury and accidents (WP-AI) into a genuine expert platform and virtual knowledge centre for strategy and actions on injuries in Europe. This sustainable platform will act as a catalyst for European and national actions in view of injury prevention by providing management of PHP ongoing projects, strategic communication, knowledge and data dissemination.

Finally, as mentioned in the lead article of this issue, EuroSafe's PHASE project (Public Health Actions for a Safer Europe) has, in principal, been accepted by the Commission and work should start in 2007. This will give a new impetus to further developing existing EuroSafe Programmes such as injury data and child safety as well as creating new opportunities for EuroSafe Task Forces such as violence prevention. More on PHASE in the next issue of the Alert.

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

EU news

EC injury prevention activities: Council Recommendation is adopted

The proposal for a Council Recommendation adopted in June 2006 by the European Commission has been adopted by the European Parliament on 12 December. Council will continue it's discussions of the text under the German presidency.

The Council Recommendation will aim to get agreement by the Member States on the main issues concerning monitoring and preventing accidents and injuries. (Note that the purpose of a Council Recommendation is to create a concrete commitment on behalf of the Member States to undertake specific actions, although the Recommendation is not legally binding).

Member States are recommended to:

- develop a national injury surveillance and reporting system, which monitors the evolution of injury risks and the effects of prevention measures over time;
- set up national plans for preventing accidents and injuries while initiating interdepartmental co-operation;
- ensure that injury prevention and safety promotion is introduced in a systematic way in vocational training of health care professionals.

The Commission is recommended to:

- support a Community-wide injury surveillance exchange based on injury data provided by the Member States;
- establish a Community-wide mechanism for the exchange of information on good practice and disseminate this information to relevant stakeholders;
- provide Member States with the necessary evidence for inclusion of injury prevention knowledge into the vocational training of health professionals;
- support the development of good practice and policy actions in relation to the seven priority areas.

The Recommendation follows a series of actions co-funded by the European Commission in recent years under the Injury Prevention Program (ELHASS, EUPHIN/ISS, Injury Data Base, and several specific analytical and data collection projects) in order to monitor data on accidents and injuries; the data is used for research and analysis in order to set up priorities and help with defining policies for accidents and injury prevention.

For more information, please visit the Public Health website on Injury Prevention:

http://ec.europa.eu/health/ph_determinants/environment/IPP/ipp_en.htm

Public Health website on Injury Prevention

The Injury Prevention section of the Public Health website is currently being restructured:

Information on Injury Prevention can be found under the Health Determinants menu, Environment sub-menu or following the link Injury Prevention from the home page.

Information regarding the Working Party on Accidents and Injuries can be found under the Health Information menu, Implementing Structure sub-menu or following the link Working Party on Accidents and Injuries from the Injury Prevention page.

A description of the projects carried out under the Injury Prevention Psrogramme can be found under the Programme 2003-2008 menu, Projects sub-menu, with a link to Projects 2003-2005 in the Special Topics box. Links to Projects can also be found on the home page and on the Injury Prevention page.

Documents such as the Commission Communication on "Actions for a Safer Europe", the Proposal for a Council Recommendation on the prevention of injuries and the promotion of safety, the Statistics summary 2002 - 2004 on Injuries in the EU are available on the Key Document section of the Injury Prevention page. A link to the European Injury database is also available.

Visit the Public Health website at:
http://ec.europa.eu/health/index_en.htm

EU alcohol strategy

On 30 November, the Council of the EU adopted its conclusions on the EU strategy to support Member States in combating alcohol-related harm that the European Commission released on October 24th this year.

Eagerly awaited by the public health community, the strategy has been the victim of what some have described as one of the most intensive lobbying campaigns by some elements of the alcohol industry, to put their own profits above the health and well-being of the European citizens.

The considerably watered-down version of the draft that came out of DG SANCO at the end of September, has understandably been greeted by the public health advocates with something other than enthusiasm.

As Dr. Michel Craplet, chairman of Eurocare, put it, "the European Commission has correctly diagnosed the alcoholic disease ravaging Europe and announced its determination to keep the patient under close observation from now on, but, perversely, insists that no treatment is called for at this time".

Right from the introduction, the Commission announces it will not put forward any legislative measures. The justification it offers is the existence of "different cultural habits related to alcohol consumption", even though evidence shows a progressive harmonisation at the European level in the recorded consumption, beverage preferences and the increasing trend towards binge-drinking among young people.

The Commission identifies 5 priority themes:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

For each of these themes and the laudable sets of aims, the Commission presents a list of 'good practices' that have been implemented already in some Member States, such as enforcing restrictions on marketing to young people. However, it does not actually propose doing most of these, but it leaves it up to the Member States to take that decision, as it has decided that most of these actions are best done by the EU Member States and regions themselves.

Despite its flaws, this is the first-ever European Union Alcohol Strategy and there are some good reasons for working with it. First of all, the fact that there is an alcohol strategy at all is a victory in terms of public health, and it secures alcohol a place in the EU agenda. Secondly, there will be new opportunities for projects and research on alcohol in the EU, which will be an invaluable boost to an often under-funded area and finally, the strategy opens up the possibility of further action on the European level.

Source: EuroCare (European Alcohol Policy Alliance) Newsletter, November 2006.

More info: Communication from the Commission on an EU strategy to support Member States in reducing alcohol related harm:

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf

Consultation regarding Community action on health services

High-quality health services are a priority issue for European citizens. Rights to healthcare are also recognised in the Charter of Fundamental Rights of the EU. The European Court of Justice has made clear that Treaty provisions on free movement apply to health services, regardless of how they are organised or financed at national level. However, many healthcare stakeholders have asked for greater clarity over what Community law means in general terms for health services. The Commission therefore undertook in its 2007 Annual Policy Strategy to develop a Community framework for safe, high quality and efficient health services, by reinforcing cooperation between Member States and providing certainty over the application of Community law to health services and healthcare.

Community action on health services does not mean harmonising national health or social security systems. The benefits that different health and social security systems provide and their organisation remain the responsibility of the Member States, in accordance with the principle of subsidiarity. Nor does it mean stepping back from what already exists. The principles established by the Court in this area must be respected, as must other existing Community provisions and the basic principles underpinning European health systems, including equity, solidarity and universality.

Before the Commission brings forward proposals for Community action on health services, it is consulting all stakeholders involved in the health services sector, on the basis of a specific consultation document.

From the nine central questions posed, one concerns the safety of patients (number 4 in the document). The specific question is: Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

Responses to this consultation focused on the nine questions identified in the document or just around this particular question on safety, can be sent to the Commission by email to: health-services-consultation@ec.europa.eu. The deadline is 31 January 2007.

Source and more information: http://ec.europa.eu/health/ph_overview/co_operation/mobility/community_framework_en.htm

▶ FOCUS on safety for seniors

Safety programmes for the elderly: a necessity

by Hannelore Schouten, leader of the EuroSafe Task Force on Safety for Seniors

A large number of elderly are injured due to unintentional accidents every year. Slipping on a wet bathroom floor, tripping over a bad pavement, or being scalded by spilling hot tea are relatively small accidents but with large implications.

This article focuses on the importance of an action plan to prevent unintentional injuries among elderly people.

Key facts and figures

Every year about 1 in 10 elderly will receive medical treatment due to an injury and 100,000 die due to an injury every year!

Figure 1 shows the huge number of elderly receiving medical treatment due to injuries, but is it a pyramid or just the top of the iceberg? Each injury can have enormous implications. Firstly, for the elderly victims themselves these injuries often lead to long-time impairments, loss of independency and confidence and a loss of quality of life. Repeated falls often lead to a decline in functional ability and independence.

Secondly, in addition to the personal suffering injuries among elderly consume a large part of the total costs spent on health care.

Taking these statistics into account, injuries among elderly (65+) are a burden on society, a burden which will greatly increase in the near future. The elderly population in the European Union will increase from 76 million

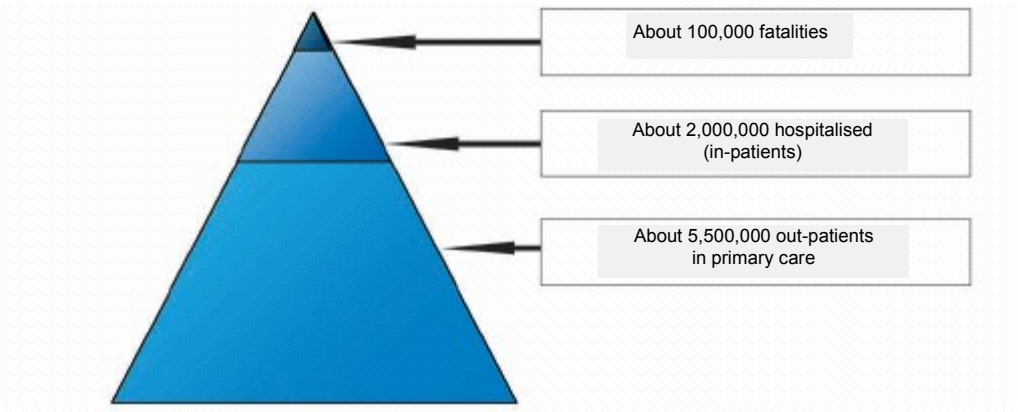


Figure 1: Assumed number of medically treated out-patients, hospitalised and fatal elderly injuries (65+) annually in EU25+EEA.

(Source: J. Lund on behalf of EUNESE, Priorities for elderly Safety in Europe. Agenda for Action, 2006)

(65+) in 2005 to 108 million in 2025 to 137 million in 2050. (Source: J. Lund on behalf of EUNESE, Priorities for elderly Safety in Europe. Agenda for Action, 2006)

Current priority issues

Although the European average will deviate slightly from country to country, falls are the most dominant cause of injuries among elderly followed by transport accidents. In the Netherlands, for example, falls cause 90% of all unintentional fatal injuries.

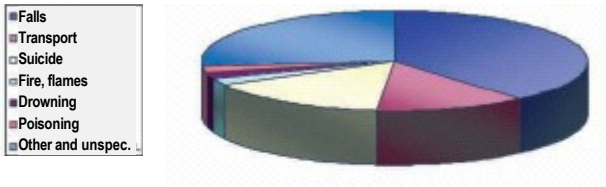


Figure 2: Leading causes of injury fatalities among elderly in EU25 and EEA.

(Source: J. Lund on behalf of EUNESE, Priorities for elderly Safety in Europe. Agenda for Action, 2006)

Most prevention programmes for elderly focus on falls. In this area there is enormous scope to prevent injuries. There are a number of strategies and interventions targeted at specific groups of individuals in specific settings that prove to be effective. To prevent falls a multi-factorial intervention has the best results. Other evidence-based interventions are: the withdrawal of psychotropic medications, a programme of muscle strengthening and balance training (individually prescribed), home hazards assessment for elderly with a history of falling, and Tai Chi exercise.

In different European countries a variety of fall prevention programmes are being run. For example, in Sundbyberg, Sweden, a community intervention to prevent falls was conducted and incorporated in a Safe Communities project. In the Dr. Steeven's Hospital in Dublin, Ireland, a fall prevention programme for elderly patients was developed and implemented to improve safety awareness among the patients and staff. The aim was to reduce falls resulting in fracture or soft tissue injury. In Heidelberg, Germany an intensive physical training for fall prevention and rehabilitation for geriatric patients with history of falls was developed. In the Netherlands a mass media campaign on preventing falls was launched. These are just a very few examples of fall prevention projects in Europe.

On the prevention of road accidents, specific for the elderly population, there are less evidence-based intervention strategies. However, there are some proposed practical measures which can be supported by some evidence. For example, by increasing the length of the pedestrian green phase of traffic lights elderly will have more time to cross the street. A study in Norway showed that practical and theoretical driving courses for elderly leads to a better knowledge of traffic rules and signs and less accidents.

However, on the prevention of burns and scalds, drowning and poisoning almost no evidence-based intervention strategies specific for the elderly are known.

The way ahead

In order to prevent injuries due to unintentional accidents among elderly an agenda for action is necessary. Although there are a lot of local and national fall prevention interventions they are very often used with a different population and in a different setting than the original study. There is no evidence that this will also generate the same effect. There is a need for monitoring, implementation and further evaluation of intervention strategies on fall prevention.

In 2003 the Prevention of Falls Network Europe (ProFaNE) was started. This network aims to consolidate and disseminate evidence-based strategies on fall prevention. ProFaNE is a network where different research centres in Europe combine their resources and work together to improve tests, methodology and decrease the fear of falling (and in particular, the fear of falling again). At their recent Network meeting held in November in Barcelona the latest research and developments were discussed.

By compiling and bundling such resources better studies can be conducted which will generate benefits for Europe as a whole. In this way limited resources are used an applied to maximum effect.

Photo from the ProFaNE network meeting

In 2004 the European Network for Safety among Elderly (EUNESE) was founded. EUNESE will try to link human resources and stakeholders from existing injury prevention and safety promotion projects among elderly and act as a clearing house of evidence based information. The ultimate goal is to disseminate the knowledge gained in this

field to all decision makers involved in social and health care of elderly.

To be able to implement effective strategies to prevent burns and scalds, poisoning and drowning for elderly more research is necessary. We need more information about facts and figures, on risk groups and effective strategies.

In order to improve interventions, acquire funding and share and exchange knowledge, advocacy is essential. Therefore policy makers at European, national and local level must be reached with an agenda for action. The first step has already been taken by EUNESE - an agenda for action can be downloaded from their website. The current networks (ProFane and EUNESE) and EuroSafe's Task Force on Safety for Seniors need to work together to get this onto the political agenda to instigate effective policy-making to improve the safety of elderly in Europe.

Source: Hannelore Schouten is leader of the EuroSafe Task Force on Safety for Seniors (h.schouten@veiligheid.nl)

For more information:
http://www.profane.eu.org
http://www.eunese.org
http://www.eurosafe.eu.com

▶ INTERVIEW with Dawn Skelton

Dawn Skelton is the Scientific Co-ordinator of ProFaNE, Prevention of Falls Network and is based at the University of Manchester, England. Dawn works closely with the Director, Professor Chris Todd, the Administrator, Cindy Bramhall and the Website Coordinator, Steve Richardson, all based at the University of Manchester. Dawn's role is to ensure networking between partners and members, to initiate and respond to requests for dissemination (conferences, articles etc), to keep the resources on the website up to date and to answer, or initiate answers, on the discussion board.

We have noticed that ProFaNE has expanded its web membership to over 1,300 members. Can you explain what ProFaNE is and how you have achieved this?

ProFaNE, Prevention of Falls Network Europe, is a four year thematic network coordinated by the University of Manchester, UK, with 25 partners across Europe and funded by the European Community Framework 6. There are also Network Associates from a number of EU and non-EU countries who give their advice and experience at steering meetings, seminars and conferences. There are four main themes: taxonomy and co-ordination of trials, clinical assessment and management of falls, assessment of balance function, and psychological aspects of falling. The work of ProFaNE is practical, in terms of developing the evidence base for implementation of effective interventions, standardising the health processes for people with a history of falls and encouraging best practice across Europe.

ProFaNE's network members at the network meeting in November held in Barcelona

"Fall Clinics can provide a one-stop place for a "faller" to have multidisciplinary assessment and intervention."

Apart from its successful networking role, the activities of ProFaNE include the co-ordination and integration of research findings across disciplines, preparation of clinical teaching materials, and the use of innovative technological methodology. There is the real potential for better targeted and more cost efficient health care programmes for older people becoming widespread because of this project. ProFaNE has become a recognised multidisciplinary centre of knowledge and expertise for falls prevention in Europe. In the past three years, members of ProFaNE have published over 20 papers in peer-reviewed journals and there are many more to follow. Many key publications have been regularly cited, the web membership has increased to over 1300 members from 30 countries, there is an active discussion board and there are nearly 1000 resources available to download. A regular e-newsletter for registered website members ensures that new resources, conferences and current discussion topics are brought to peoples attention without them having to regularly visit the website. The success of the networking and relationship building in these three years has meant that many countries have adopted new National strategies to prevent falls and injuries.

The essence of ProFaNE's methodology is to engender joint working across disciplines, specialities and sites as well as breaking down barriers to build a critical mass of scientists and clinicians focusing on falls assessment and effective implementation of interventions. This has been facilitated in two ways; by selected members attending workshops from other work packages and by the use of a state of the art web based project management system supplied and maintained by the co-ordinating centre in Manchester, which acts both as communication medium within the network and a user-friendly window for the outside world to access the work of ProFaNE. ProFaNE has started to publish papers in non-English language journals to ensure that dissemination is as wide as possible.

New funding for research by members in their own countries and collaborative pan-European bids have been successful. Some of this success may be due to the backing that the ProFaNE Network can provide to their work. Although aimed at improving practice across Europe, the Network has forged strong links with other groups in Australia, New Zealand and Canada.

In the last issue of the Alert we touched on the falls prevention research ProFaNE has carried which indicates that it is more effective to concentrate on the positives such as encouraging the elderly to exercise more. How should practitioners communicate such messages?

Lucy Yardley and other members of WP4 have just published a study that identified factors common to a variety of populations and settings that may promote or inhibit uptake and adherence to falls related interventions. Interviews, to assess perceived advantages and barriers to taking part in falls-related interventions were carried out in six European countries. The sample was selected to include people with very different experiences of participation or non participation in falls related interventions, but all individuals were asked about interventions that included strength and balance training. What did we learn? Attitudes were similar in all countries and contexts. People were motivated to participate in strength and balance training by a wide range of perceived benefits such as interest and enjoyment, improved health, mood, and independence and not just reduction of falling risk. Participation also was encouraged by a personal invitation from a health practitioner and social approval from family and friends. Barriers to participation included denial of falling risk, the belief that no additional falls prevention measures were necessary, practical barriers to attendance at groups (e.g., transport, effort, and cost), and a dislike of group activities. Because many older people reject the idea that they are at risk of falling, the uptake of strength and balance training programs may be promoted more effectively by maximising and emphasising their multiple positive benefits for health and well-being. A personal invitation from a health professional to participate is important, and it also may be helpful to provide home-based programs for those who dislike or find it difficult to attend groups.

Fall prevention clinics are largely targeted at the vulnerable elderly who are prone to falling or who have already experienced a fall. Why the focus on the very frail elderly population?

Fall Clinics can provide a one-stop place for a "faller" to have multidisciplinary assessment and intervention. The evidence base is clear, that targeted and individualised assessment and intervention is the most effective way to reduce risk in individuals with a history of falls. ProFaNE has documented how common falls clinics are across Europe and sadly many countries do not have such facilities for

vulnerable older adults. As yet, there is little information on cost effectiveness of Falls Clinics compared to a wider, less targeted population approach, but in terms of risk reduction, Falls Clinics are far more effective than a population approach. Falls clinics typically have a lead clinician, a physiotherapist, an occupational therapist and a nurse specialist, however, some also have access to podiatry, vision checks and some have access to clinical psychologists for those who have severely restricted their activities due to fear. They allow tailored exercise programming and often provide a place for fallers to discuss amongst themselves the issues that they face. Most falls clinics also assess bone fragility and ensure effective cross working between falls and bone health. This means that the "faller" has the best chance to improve their quality of life, learn coping strategies should they fall and have the best chance of reducing their risk of falls.

What are the future plans of ProFane?

ProFaNE is funded up until August 2007. The considerable networking activity has meant that many members are considering bids, both trials and information technology bids, for the EU 7th Framework Research Programme. ProFaNE intends to ensure that the website will continue, thus allowing continued discussion and use of the extensive resources that have been gathered over the past few years. In 2007 there will be a fully interactive online assessment and management protocol that can be used as a decision making tree following the pathway of a faller through the healthcare process. A new validated questionnaire, based on the well known Falls Efficacy Scale, has been published which comprehensively assesses all aspects of falling-related anxiety and this is now available in fourteen different languages on the ProFaNE website (English, Brazilian-Portuguese, Danish, Dutch, Finnish, French, German, Greek, Hindi, Norwegian, Punjabi, Spanish, Swedish, Urdu). There has been a cross-cultural validation of the FES-I in the UK, the Netherlands and Germany. The FES-I has 16 questions and the members are currently working on a 7 question and 5 questions version. ProFaNE is also working on guidelines on what attitudes and beliefs predict intention to undertake strength and balance training and have designed a questionnaire, Attitudes to Falls-Related Interventions Scale, which is available on the ProFaNE website. Views on existing self-tests have sought through the discussion board on the ProFaNE website. A ProFaNE self-test of balance is currently in development. Finally, a systematic review of web-based information for older adults on falls prevention is underway.

What role can EuroSafe play in helping ProFane realise its goals?

EuroSaFe is an important gateway to others interested in injury prevention in old age. ProFaNE links strongly with the aims and objectives of EuroSaFe and hopefully will continue to do so August 2007, when the funding finishes.

Source: Dawn Skelton
dawn.skelton@manchester.ac.uk

For more information including all the information referred to in this interview please go to (http://www.profane.eu.org)

The EUNESE Project and network

The EUNESE Project has been called into life as a contribution to map out the problem and help shape effective policies to improve the life of elderly people and reduce the most unacceptable fraction of injuries.

The European Network for Safety among Elderly has been working for more than two years now with funding from the European Commission (DG SANCO). The Project's outcomes have so far resulted in an accumulation of scientific information on the incidence and causes of injuries among senior citizens as well as a variety of effective strategies to prevent them. Activities are being developed to make the transition to a European-wide network on elderly safety in which practitioners, researchers and policy advocates can participate and develop further activities. In order to help realise this goal please visit out website, http://www.eunese.org, sign up as a member and attend or participate in the EUNESE Conference in May 2007.

Scientific Results

The scientific activities of the project include the analysis of available injury data, literature reviews as well as setting up pilot projects. Morbidity data have been made available to facilitate comparison for selected EU countries, indicating incidence and causes of unintentional injuries. Literature reviews on

the topic have produced deeper understanding of both the causes and consequences of injuries in this age group, as well as clearer insight in the type of measures that are effective in countering their incidence and effects. All this information has been further assessed and evaluated in a Policy Manual and is available at the EUNESE website. In this last report specific recommendations have been formulated to improve the injury prevention infrastructure for the elderly. Evidence-based best practices show that it is possible to reduce injuries in elderly people by relatively cost-effective methods.

The Network

Few countries in Europe have established concrete targets for the prevention of injuries in elderly people and even fewer evaluate whether targets are met. Equipped with data and evidence EUNESE aims to place the issue of elderly safety higher on the prevention agenda of the EU and its Member States. One means of doing this is by the dissemination of EUNESE products. Yet, to sustain the effort and engage interested people from all over Europe in this field EUNESE is transforming the project into a network that is to have a longer life. So far more than 100 people and organisations have been recruited to participate in this network. Where the main purpose of the network is thought to facilitate future effective dissemination of research, transfer of knowledge and capacity building, an important role could be in policy advocacy towards EU institutions and supporting national members in approaching their own political institutions. A Five-Year Strategic Plan is to facilitate these activities.

The Conference

One of the main features in the transition process as well as in the dissemination of the results of the project is the EUNESE Conference that is scheduled for the 7th and 8th of May 2006. Practitioners, researchers and policy advocates working on elderly safety from all European Member States are invited to become a member of EUNESE and participate in this event. Several workshops and other activities are planned to facilitate people to make the necessary contacts, share their experiences and compare them with the EUNESE findings. Room will also be created to define the further activities of the network and offer people a chance to insert themselves in future network undertakings. Attendance is free for members. Membership application forms can be downloaded from the EUNESE website.

Source: Hans T. van der Veen, CEREPRI, Medical School, University of Athens, Greece

For more information: http://www.eunese.org or contact: eunese@med.uoa.gr

Fall prevention for senior citizens

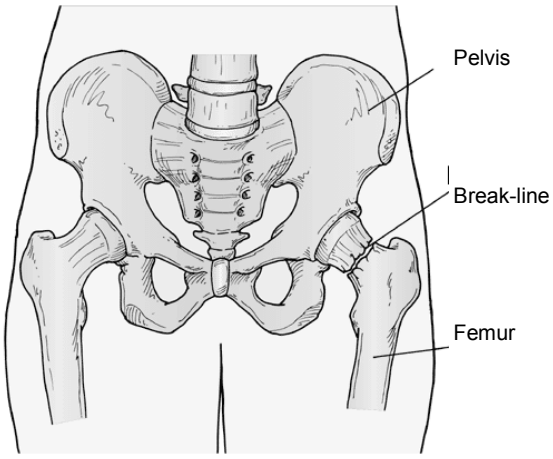
A bfu programme

(*bfu is the abbreviation for the Swiss Council for Accident Prevention based in Bern, Switzerland)*

A little over 70,000 senior citizens in Switzerland suffer accidents in the home and leisure sector every year. Falls are the most frequent type of accident among the elderly, accounting for 85 percent of accidents, and very frequently result in a fracture close to the hip or the neck of the femur. The risk of incurring this type of injury increases sharply with age and occurs around 3 times more frequently among 90-year-olds and older than it does among those aged between 65 and 69.

Of the roughly 60,000 falls requiring medical attention that are suffered annually by senior citizens, around 47,000 of them involve people living at home and around 13,000 affect senior citizens living in residential homes. However, the fall rate among the latter is approximately 3.5 times higher than among the elderly living in their own homes.

Hubacher and Ewert (1997) also reported that almost twice as many women suffer falls than men do.



A broken hip, also called a fractured neck of the femur, is the most severe consequence of a fall and is the main problem of accidents involving falls.

Of the roughly 60,000 falls suffered by senior citizens over the age of 65, around 8,100 of them result in hip fractures.

Accidents like this, which happen in the home and leisure sector, thus incur costs to society of around 3 billion Swiss francs (approx. 1.9 billion Euros) annually.

Approximately two thirds of the costs resulting from home and leisure time accidents - around 2.1 billion Swiss francs (approx. 1.3 billion Euros) - are caused by falls.

Falls and their outcome are rarely monocausal occurrences but are usually the result of several factors, whereby age-related impairments (vision, hearing, etc.) interact with other physical limitations (e.g. when walking) or ambient factors (darkness, wet floors) and combine to cause a fall. This means that prevention must take a multi-level approach. The primary preventive measures intended to prevent falls and fractures vary widely, ranging from training programmes to boosting strength and movement, medicinal treatment for osteoporosis through to redesigning the living environment. For younger senior citizens, whose age-related limitations are not yet particularly advanced, training programmes and medicinal treatment tend to be more suitable. For the very elderly for whom the personal risk factors are less easy to influence, the promotion of a safe living environment (e.g. by avoiding tripping hazards) is the appropriate measure to take. However, falls can never be completely prevented among this group of people at risk and, for this reason, great importance is also attached to the prevention and reduction of the consequences of falls. In this connection, the promotion of hip protectors and special floor coverings should also be mentioned.

The category of senior citizens living in residential homes was given priority since these people have a high risk of falls and fractures. In contrast to those living in their own homes, this group also represents a specific magnitude that is relatively easy to reach. The contact partners are their caregivers, doctors, heads of institutions and relatives. The aim of bfu's campaign was, firstly, to impress on people in authority in institutions the major importance of fall prevention. In addition, they were to be informed about the risk factors inherent in falls and fractures as well as about possibilities for preventing them in order to promote prevention measures. Where hip protectors were concerned, an attempt was made to have these protective devices provided as standard in institutions.

Within the framework of the bfu fall prevention programme, various active, nationwide training programmes were supported.. The aim of this programme is to improve balance and strength in the lower extremities.

Attention was also paid to external factors. The design and planning of living space suitable for senior citizens must be pursued both inside and outside people's own apartments or residential homes.

Hip protectors are an important element in bfu's campaign. These were first developed in the 1950s and initial studies soon revealed how amazingly effective they are. Hip protectors are protective devices for the hips that are either positioned on the skin or are incorporated into clothing. They absorb the forces that affect the hips and thigh bones in the region of the neck of the femur in a fall. The aim is to prevent a break of the thigh bone as the result of a fall.

In a variety of intervention studies conducted among residents in institutions, it was proved that hip protectors are very effective in avoiding hip fractures and between 30 and 70 percent of hip fractures can be prevented by their use.

The rate of failure to wear hip protectors turned out to be a significant problem. Alongside wearing comfort and appearance, financial and practical considerations (difficulties during dressing and undressing) played a substantial role in optimising acceptance.

A quality investigation was carried out to improve acceptance and the practical aspects of hip protectors. Since no international standards were available for the quality control of hip protectors, quality criteria were defined with the assistance of EMPA (Swiss Federal Laboratories for Materials Testing and Research).

Since 2004, the efficacy of hip protectors can be investigated at EMPA on newly developed

testing and checking equipment. These tests form part of a standardised checking procedure for the issue of the bfu safety symbol for hip protectors.

Equipment to test hip protectors

The measurement data evaluated at EMPA forms one of the cornerstones for the issue of the bfu safety symbol. The second cornerstone is comprised of the assessments made by care personnel. These investigations are intended to ensure that the symbol is only awarded to those protectors for which compliance is considered sufficient.

As a result of the accompanying evaluation of the campaign in institutions, it became obvious that important developments had been promoted in the period from 2001 to 2003.

Source: Beat M. Gründler, Dr. med., FMH Internal Medicine/Geriatrics, Head of Medical Services, Claims East, Winterthur Insurance Company: beat.gruendler@winterthur.ch

▶ Child safety

Home Safety Campaign launched

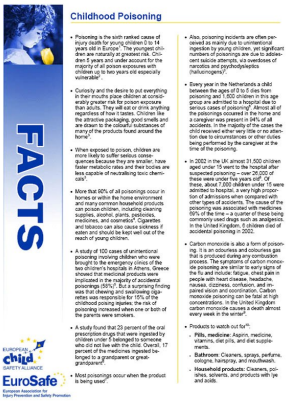
The European Child Safety Alliance's steering committee met in Brussels November 30 to launch their home safety campaign across Europe. To date 22 countries are participating in this campaign that effects children in all Member States as one of the prime locations where children are injured, especially those that are the youngest as they spend the majority of their time at home.

The following new campaign resources have been developed and posted on the Alliance website:

Home safety fact sheets: Current facts and figures in Europe that relate to children's injuries while at home, using examples from various Member States and listing proven good practice with recommendations for the way forward for home safety. Fact sheet topics include: burns and scalds, choking, strangulation and suffocation, falls, homicide, poisoning, suicide, and water safety.

Parent Tip Sheets: Practical prevention information aimed at parents and caregivers of children to become aware of the dangers of home injuries and what action can be taken to prevent these injuries and immediate first aid if needed. Parent tip sheet topics include: burns and scalds, choking, strangulation and suffocation, drowning, falls, poisoning, suicide and shaken baby syndrome.

Product Safety Guide; Potentially Dangerous Products for Children: Practical information for consumers and professionals about the hazards that a child encounters with products in and around the home and



key points to consider in the purchase of child products and their safe usage. Products in this guide include everything from adult beds to window blind cords and can be reviewed as an entire document or searched by product.

Over the next 3 years Member States and the Alliance will be undertaking various activities to support the SAFE AT HOME campaign, which will be updated regularly on our website.

More information:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4homesafetycampaign.htm

Strategic child injury action advances

The European Child Safety Alliance partners participating in the Child Safety Action Plan project met for the last time in Brussels at the end of November to discuss progress toward their national plans. The meeting, made possible through the Commission's agreement to put remaining travel funds to be put toward a third meeting, allowed partners to share challenges, raise questions and exchanges experiences. Twelve of the 18 countries attended the one-day meeting held as part of the Alliance fall Steering Group meeting. Of the countries in attendance:

- Four have completed drafting their action plans:

  Hungary has chosen to embed their child safety action plan within two existing strategies, one on child health and one on public health and aspects of implementation are now underway in the areas of surveillance, training and health promotion.

- The Czech Republic, Germany and Scotland are all working on government endorsement of their drafted plans

- Five are still drafting their action plans

  Austria, Belgium, Italy, Portugal and Sweden

- Three are still working to engage government and/or national partners in a planning process

  This applies to Greece, Norway and the Netherlands although both the Netherlands and Norway have pre-existing injury prevention strategies from which action plans in the area of child injury will be drawn from to provide a national approach for children's safety.

With six months to go in the project country partners continue to work hard to advance strategic child injury action in their countries despite ongoing challenges such as government elections, lack of government commitment and conducting a planning process within the time confines of the Commission's funding. Yet child injury practitioners and researchers stay dedicated to the tasks and are making headway for joint child injury action in their countries.

For more information:
http://www.childsafetyeurope.org

Evaluation of legislation and Government policy in child injury prevention and safety promotion in Poland

In Poland injury is the leading cause of death and disability among children. In 2003, 1626 children and adolescents aged 0-19 died because of external causes, including 678 deaths caused by traffic accidents. The mortality rate of Polish children (4.26 per 100,000 population in 2003) is much higher than the European (E-25) rate.

A recent study has evaluated the legislation and government policy based indicators of child injury prevention and safety promotion in Poland for national child safety strategy planning. Unintentional injury prevention was analysed according to the following classifications: traffic safety, drowning prevention, falls prevention, burns and scalds prevention, choking, strangulation and suffocation prevention, poisoning prevention. The review and analysis of national policy, analysis of law and legal acts, analysis of statutes of government organisations, and internet and telephone surveys were applied in the study.

In Poland, childhood injury prevention activities are led by several departments of ministries, government agencies, and non-governmental organisations. In the National Programme in Traffic Road Safety "Gambit 2005-2013" children are identified as a particular vulnerable group. Drowning prevention, falls prevention, scalds and burns

prevention is included in the Safe Poland-Safe School Programme targeting school children aged 6-16. This programme is implemented by the Ministry of Education, and the Ministry of Administration and Interior Affairs.

The results of the law analysis showed that 23 from 39 indicators (59%) are clearly stated, and are fully or partially implemented and enforced in Poland.

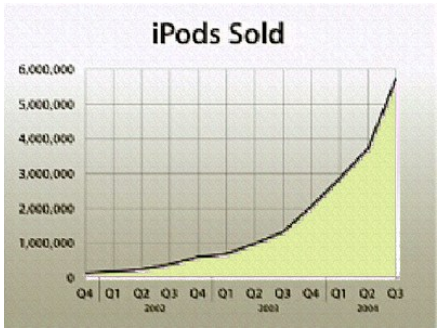
Since the government policy is insufficient in child injury prevention and safety promotion, there is a need to coordinate the various actions of different sectors and ministries to developed effective strategies. Analysis showed that there is still a need to improve the law regarding child traffic safety. Moreover there is a need to develop drowning prevention, burns and scalds prevention, choking strangulation and suffocation prevention, poisoning prevention, focusing on young children aged 0-4 especially in the home environment.

A government engagement in child safety is currently being discussed. The initiative has been undertaken by the Ombudsman for Children's Rights. The main focus lies in the development of the National Child Safety Actions Strategy including unintentional and intentional injury prevention. This strategy should improve coordinated child injury prevention intersectoral efforts and contribute to the effective use of limited resources by providing directions to the range of governmental bodies, non-governmental organisations and communities.

Source and more information: Marta Malinowska-Cieślik, Institute of Public Health, Jagiellonian University Medical College Krakow, Poland: mxciesli@cyf-kr.edu.pl

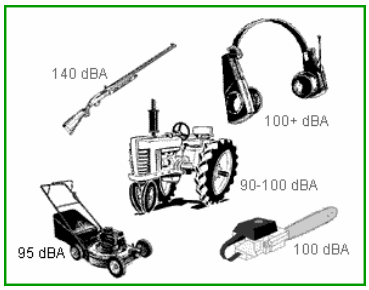
What is Noise Induced Hearing Loss (NIHL)?

New research shows that excessive noise exposure is one of the leading causes of hearing loss among children 1 to 10 years of age. Exposure to noises such as fireworks, power tools, and loud music can significantly damage the hair cells in the inner ear. This damage causes permanent hearing loss. There may be greater potential for damage to children from speakers that go directly into the ear canal as opposed to speakers that rest on the outside of the ear. Since the damage is painless and cumulative over time, the total effects may not be felt until one has reached adulthood.



In a study conducted in 2001, 12.5% of children in the U.S. alone (i.e. 5.2 million) were estimated to have Noise Induced Hearing Loss (NIHL) in one or both ears.

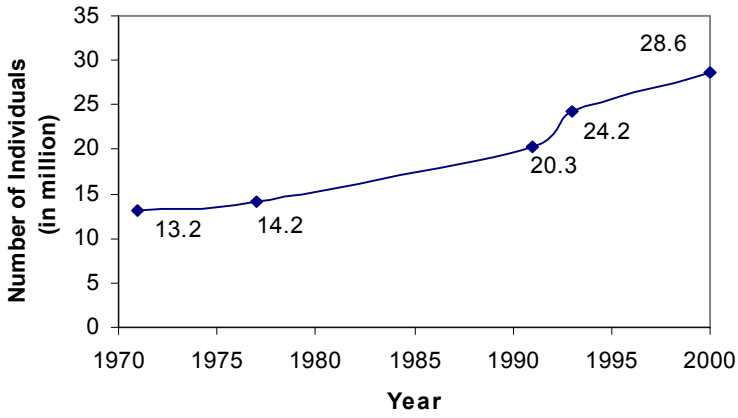
NIHL is preventable by identifying noise hazards, understanding how continual noise



can deteriorate your hearing, being aware of what is "too loud" / "too dangerous" to be exposed to, and last but definitely not least, by using protective devices when sounds climb too high on the decibel charts – ie. are obviously hazardous to your health. Intertek Risk Assessment & Management (RAM) is working on a solution for NIHL by collaborating with external medical resources to conduct a study on how much loud and excessive noises effect children's hearing (otherwise known as a child's temporary threshold shift). A child's temporary threshold shift is a silent precursor to NIHL.

Once all actions involved in the study are approved by the Ethics Review Board (ERB) of each hospital Intertek works in collaboration with, Intertek will measure the average decibel range of 100 children ranging in age from 1 to 10 years old. After this first measurement is made, Intertek will divide the group of children into two even groups of 50. One of the groups will be exposed to music and a variety of sounds from a speaker directly placed in the ear canal (ie. as a majority of ear buds are designed today) and

Hearing Loss Statistics in US



the remaining group will be exposed to music and loud sounds from headphones that are placed on the outside of the ears. After a significant amount of time has passed all 100 children's decibel rate at which they hear will be measured again. The comparison of both measurements for each child will help Intertek determine whether or not these products are indeed potential agents of NIHL.

The results of this particular study can then be shared with various manufacturers and other interested parties. By doing so, consumer conscious companies that value both their brand value and reputation as well as the essential safety and well being of their customers, can make products which do not cause NIHL in the future.

Source and more information:
http://www.intertek.com

▶ Consumer safety

Enhancing market surveillance through best practice

Through this project, 'Enhancing Market Surveillance through Best Practice' Prosafe, the Product Safety Enforcement Forum of Europe, is trying to initiate a practical approach to further improving market surveillance. The project will focus on the identification of various best practices in existing consumer market surveillance competences in various states in the European economic area, as well as effectively promoting better cross-sharing of information and expertise for the benefit of surveillance authorities within Member States.

This project should serve to ensure that each participating market surveillance organisation from any of the Member States, in particular those with very limited human and financial resources, do not need to re-invent the wheel. Instead they should be able to utilise and share existing expertise and experiences in order to build lasting and effective market surveillance procedures in the area of consumer products.

The project tries to look at market surveillance from a horizontal point of view, focusing not only on the General Product Safety Directive but also on other sectoral New Approach Directives related to consumer products.

The progress of the project will be reported on in quarterly newsletters (E.MARS Newsletter), the first of which was published in October 2006. If you would like to contribute to the project or make your views known on market surveillance please do not hesitate to contact Prosafe.

Source and more information: E.MARS Newsletter. The Prosafe website is in the process of being re-constructed:
http://www.prosafe.org

Intertek Product Safety Training in London

Intertek RAM, the world's leading expert on product safety, is offering a Product Safety Training course that addresses key issues involved with integrating safety into your business process. Presented by leading experts in the field of safety, Intertek RAM Product Safety Training provides you with the tools to enhance brand value and improve market performance.

The Product Safety Training Course is appropriate for anyone involved in the production of consumer products. The content introduces key safety principles, and outlines the components necessary for companies and professionals to implement a process that will produce the safest products possible.

This course features interactive lectures and activities addressing topics such as injury data analysis, foreseeable use, and human factors.

Date: April 18-19, 2007 in London

Course Fee: 780 Euro/£530 (fee covers: course documentation, break refreshments and lunches).

Intertek RAM encourages you and your colleagues to learn more about this course, the instructors, and how to register online by visiting our website at:
http://www.ramestraining.com

▶ Injury Data

The European Injury Database - Access, Usage and Developments

The Injury Database (IDB) is a tool developed in response to both consumer protection and public health policy needs.

The collection of data on accidents and injuries in some European countries has been operational for about 20 years. The IDB was set up by DG SANCO under the Injury Prevention Programme in 1999, in order to provide central access to the data collected in the Member States under the EHLASS Programme (European Home and Leisure Accident Surveillance System).

The Injury Database is the only data source in the EU that contains sufficient detail for developing preventive action against home and leisure accidents in Europe – with special attention given to accidents related to consumer products and services. The purpose of the IDB is to facilitate injury prevention and consumer safety in the Member States and at EU level through trans-national aggregation and harmonisation of data, and through reporting and benchmarking.

The IDB has had a period of start-up, optimal operation, shut-down, and current renewal: the project was initially mostly financed by the European Commission until 2002, when the funding was reduced in line with other project funding under the Public Health Programme to a co-funding ratio of 60% Community funding and 40% funding from project participants. Some Member States decided to continue their participation on the project.

The necessity to find a solution to work together on the accidents and injuries data collection led to a co-funded project between the European Commission and the Member States willing to participate.

The collection and consolidation of this data at the European level presents confidentiality issues, thus access to the injury data is separated into two applications:

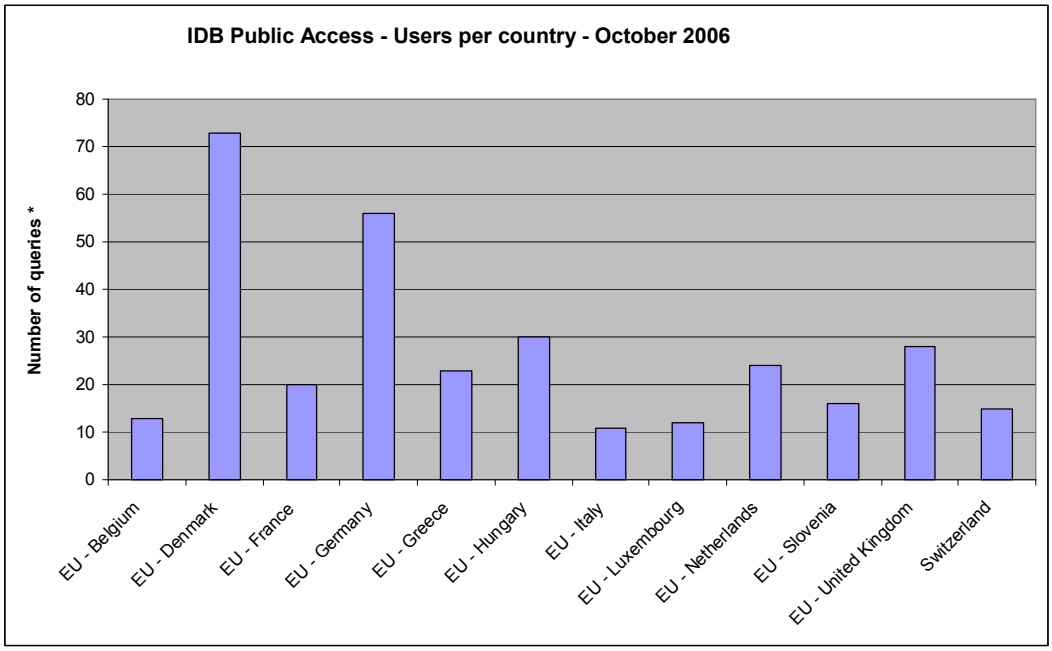
The 'restricted' access application, accessible only by members of the IDB project, which contains the detail of each accident.

The 'public' access application, which allows all users to query the database via the Internet. This application contains aggregated data, in order to respect the confidentiality of each patient.

The IDB public access application was released in June 2006, and is widely used for injury prevention: the application already has up to 60 hits a day, from Europe and outside, by Governmental or Non-Governmental organisations, research institutions, universities and safety promotion agencies as well as business. See Figure 1 on the next page. The application was also submitted for survey to the IDB partners and is still undergoing improvements.

The project now includes 10 Member States and is expected to include 12 countries in 2007. The data collection is currently being extended to all injuries, including work and road accidents.

Figure 1



The next steps to take for the projects are:

- Extension of the Injury Database to all injuries;
- Improvement of data dissemination via the Public access application;
- Improvement of the confidentiality policy, as well as quality management.

Source and more information:
https://webgate.ec.europa.eu/idb

▶ Adolescents & risk taking

A reason to join and collaborate with the AdRisk project

Young people have the right to grow old, safe and healthy. Together we can make a difference!

Adolescents and young people remain at excess risk from injury: road accidents, home and leisure time accidents, interpersonal violence, work related accidents and self-harm are the five main causes of morbidity and mortality among young people.

The AdRisk project responds to the European Commission's PHP Work Plan 2005 that calls for an integrated project that 'analyses national policies and strategies to reduce risk-taking behaviour among young people (15-24 years) and to identify existing models of good practice'. This project is co-ordinated by KfV (the Austrian national institution in charge of injury prevention and safety promotion) in collaboration with four other national lead organisations, and supported by the EuroSafe platform.

The overall vision of the project is that young people should be included and integrated in the intervention of injuries. Ideally young people should be provided with arguments and tools to allow them to assess and cope with risk taking, in order to reduce the toll of injuries.

The project will encourage and facilitate national NGO's and youth related agencies to develop national programmes for action on injury prevention among adolescents and integrate youth into existing programmes. Ultimately, the project will support the implementation of country programmes and activities that should contribute to reducing the high toll of injuries among adolescents in EU Member States, EEA- countries and candidate countries.

How can you benefit from joining the AdRisk network?

Be part of a unique project: by contributing to the knowledge transfer within AdRisk you can

be part of a unique European wide project and platform under the umbrella of Eurosafe, an unbiased third party made up solely of injury prevention and safety promotion practitioners. Via our network you get your voice heard in Europe in view of enhancing the reputation and scope of your own organisation.

Improve your networking: you can take advantage of the EuroSafe platform and annual conferences and seminars to meet your peers in Europe, to exchange information, to develop contacts through networking that are extremely beneficial for benchmarking research, intervention practices and as a resource to validate your policy decision-making, implementation and monitoring processes.

Access to information: You will get a one-stop site for information professionals to quickly find useful information on injury risks and safety practices through EuroSafe's website and networks (http://www.eurosafe.eu.com). You will be informed about recent research, good practices, prevention strategies, tools and guidelines collected all over Europe, and benefit from lessons learned in other Member States.

How can you help us?

Share the experience you have acquired in the field of adolescents injury prevention and the activities you have undertaken with a view to influence risk-taking behaviour and changing attitudes. You could help us identify relevant operators and practitioners, actions, programmes, projects, campaigns or any kind of initiative, as the knowledge transfer is crucial in setting up effective and efficient actions throughout Europe.

Just send us an email if you have any questions, suggestions or particular interests you deem relevant to share with us.

Source and more information: Ursula Löwe (ursula.loewe@kfv.at) Project leader and coordinator and Maider Ensunza Arrien (mensunza@ulss20.verona.it) Dissemination Workpackage coordinator.

▶ Sport safety

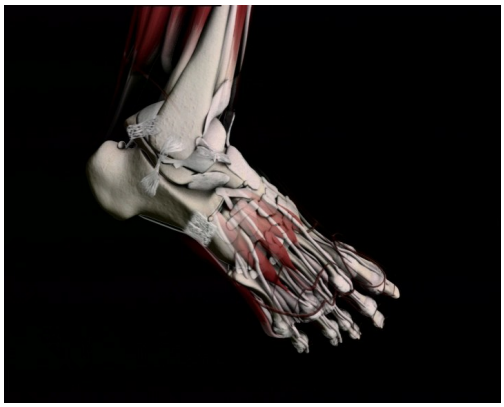
Preventing sports injuries with common sense

http://www.voorkomblessures.nl, the Dutch website with tailored-advice on sports injury prevention is now online!

Each year an average of 1.5 million people in the Netherlands are injured during sporting activities. Almost 50% of these injuries need medical treatment (average annual costs: € 620 million). Although participating in sporting activities has a positive effect on one's health, it is also important to participate in sporting activities with common sense to prevent injuries and maintain the positive health effects.

To help the individual sports person, the Consumer Safety Institute in the Netherlands, together with different Dutch national sport alliances, has developed a website with specific information on preventing sports injuries. To achieve a positive change in behaviour, part of the internet site has a so called tailoring system. By answering sport-related questions, visitors receive personalised advice which is specific to their sport.

A famous Dutch sports fanatic, Wilfried de Jong, is the host of the internet site. For each sport that is covered, you can watch a small film of Wilfried talking to an injured sporter on their specific sport, the injury they have sustained and what they could have done to prevent the injury. 3D animations give an inside view of the body on how a few common injuries (like straining the Achilles tendon or hamstrings, cartilage injuries of the knee, tennis elbow or a sprained ankle) actually occur. In addition,



by doing a test you can receive tailor-made advice on what you can do yourself to prevent sports injuries. For example, which warming-up exercises hockey players can do, or what soccer players can do to strengthen the most important muscles needed for

playing soccer. A list of tips for buying new sports shoes can also be downloaded.

The website is now online for all sports persons who participate in soccer, hockey, tennis or running/jogging. In 2007 the website will be expanded with numerous other sports like fitness, volleyball, skiing, snowboarding mountain-biking and inline skating.

The results of the first evaluation studies of the website will be available around May 2007.

Source: Saskia Kloet, Consumer Safety Institute, the Netherlands (s.kloet@consafe.nl)

FIA Institute Centre of Excellence Summit 2007

The theme of the inaugural FIA (Foundation for the Automobile and Society) Institute Centre of Excellence Summit will be **risk management in sport**. This is the first ever high level summit dedicated to the subject. The summit will welcome attendees from the world of motor sport as well as representatives from other sports where risk management is a fundamental issue.

Senior representatives of the International Olympic Committee and representatives of various national Governments will also be invited to attend.

The programme will cover a wide range of subjects in this area. It will examine what type of sport should be considered high risk, take a look at the legal and insurance issues relating to those risks, and look at universal ways to help prevent and limit the risks and establish best practice.

Source and more information:
http://www.fiainstitute.com/summit/index.htm

▶ Violence prevention

Effects of the Alcohol Misuse Enforcement Campaigns and the Licensing Act 2003 on Violence (UK)

Globally violence accounts for over a million deaths annually and consequently has been declared an international public health priority. The UK is no exception to this global epidemic and experiences an estimated two and a half million incidents of violence each year; in many of these (44%) the offender was believed to have been drinking. Across the UK, a large proportion of alcohol-related violence occurs in nightlife settings. In recent years, the capacity of licensed premises in many town and city centres in the UK has increased substantially. Combined with growing levels of alcohol consumption among young people, this has meant popular nightlife areas have experienced increasing problems with alcohol-related violence in young people.

The UK Government has invested in significant police resources and legislative change in order to stem a rising tide of alcohol-related violence largely associated with the night time economy, including changing the licensing legislation and implementation of the Alcohol Misuse Enforcement Campaigns (AMEC) (Box 1). Currently, indications of the impacts of the Licensing Act have largely been based on police statistics

Box 1

Alcohol Misuse Enforcement Campaign (AMEC)

The AMEC is a multi-agency campaign targeting alcohol-related crime and disorder and underage drinking through the promotion of partnership working, dissemination of good practice and increased enforcement including:

- Test purchasing in bars, clubs, off licenses and supermarkets using under 18s
- Increased enforcement, such as through use of fixed penalty notices for incidents of drunk and disorderly, and closing disruptive premises for 24 hours

Licensing Act 2003
The Licensing Act 2003 introduced new measures aimed at reducing alcohol-related crime and disorder, particularly in and around licensed premises. A key element of the Act was the introduction of flexible licensing hours for pubs and clubs to help reduce the levels of alcohol-related violence associated with fixed closing times in nightlife areas.

and assessment of the effects of the AMECs on the outcome of test purchasing. Such studies have shown no indication of a rise in levels of violent offences as a result of the change in licensing legislation. However, such assessments are inherently related to police activity and therefore cannot be considered an independent measure of intervention and legislative change on levels of violence. Accident and Emergency (A&E) department presentations for assault can provide a relatively independent measure of changes in nightlife violence. The Centre for Public Health, Liverpool John Moores University has recently analysed A&E data in a preliminary assessment of the effect of the AMECs and changes in licensing laws on violence.

Analyses show a reduction in assaults presenting to A&E consistent with the introduction of the Licensing Act. The same effect in 2005/06 was seen for the period covering AMEC activity. When assessed separately, both interventions show a 15% decrease, equivalent to 160 fewer assault attendances per year to A&E. However, AMEC periods and changes in the Licensing Act overlapped considerably in the UK. This leaves too small a period covered exclusively by only AMEC or licensing changes and consequently it is not possible to distinguish effects of the two interventions in 2005/06 or if the 15% decrease is a result of their combined influence.

Research indicates extended licensing can lead to an increase in alcohol-related violence and disorder. However, analyses here would suggest that this has not happened and at least in this study area the opposite has occurred. Other research conducted across the UK show similar findings. What is not clear (and will not be for some time) is whether the AMEC, licensing changes or a combination of these and other factors are responsible for such reductions. The distinction is however important, as if the Licensing Act is responsible the changes are likely to be sustained. However, if the reduction is related to AMEC activity, the changes will be more reliant on additional funds being delivered to police and other agencies (e.g. Trading Standards) and when these stop, levels of alcohol-related violence may once again rise to previous levels.

Regardless, the positive effects noted in the study, even if sustained and applicable to the nation as a whole, would have only a small impact on the growing social and economic burden of alcohol-related problems. The rapid growth of alcohol-based night time economies in recent years has resulted in significant additional costs falling on the public sector, principally through the necessity of increased expenditure by the criminal justice (e.g. through AMEC) and health care systems (e.g. A&E attendances) in addressing the consequences of rapidly increasing alcohol consumption. Thus changes in policing and licensing hours should be considered as only part of a wider programme of action, which must also tackle the root causes of risky drinking and violence.

Source: Zara Anderson, Mark A. Bellis and Karen Hughes, Centre for Public Health, Liverpool John Moores University, England: m.a.bellis@ljmu.ac.uk

For copies of this report please visit: http://www.cph.org.uk

▶ Vulnerable road users

Heavy underreporting of injuries of vulnerable road users (VRU) in the past

A recent report, “Burden of injuries of Vulnerable Road Users in the EU 25” from the Department of Home, Leisure and Sports of the Austrian Road Safety Board shows that the burden of injuries of vulnerable road users is much higher than estimated. The report, funded by the European Commission within the Public Health Programme 2004 of DG SANCO reveals an enormous underreporting of vulnerable road users in the past.

In previous publications on the number of injuries of vulnerable road users referring to road injury databases stated that around 600,000 vulnerable road users are injured in the European Union every year. However, the recent “Burden of injuries of Vulnerable Road Users in the EU 25” report shows that an estimated 2.8 million vulnerable road users have an accident on public roads per year in the EU 25. This means a shocking figure of 2.2 million vulnerable road users who are not included in current road injury statistics. Around 60% of those injured are pedestrians and 28% cyclists. 16% of the total injuries of vulnerable road users happen to children under the age of 14.

This recent report, the first deliverable of "Initiatives for interventions by the public health sector to prevent accidents among vulnerable road users (VRU)", part of the umbrella project "Strategies and best practices for the reduction of injuries (APOLLO)" and led by the University of Athens, is attempting to illuminate the situation concerning the underreporting of injuries due to vulnerable road users and has the following main aims:

- To estimate the total number of injuries of vulnerable road users in the EU 25;
- To suggest indicators concerning the injuries of vulnerable road users;
- To propose a method how correction factors can be integrated into routine statistical reporting on road accidents in the future;

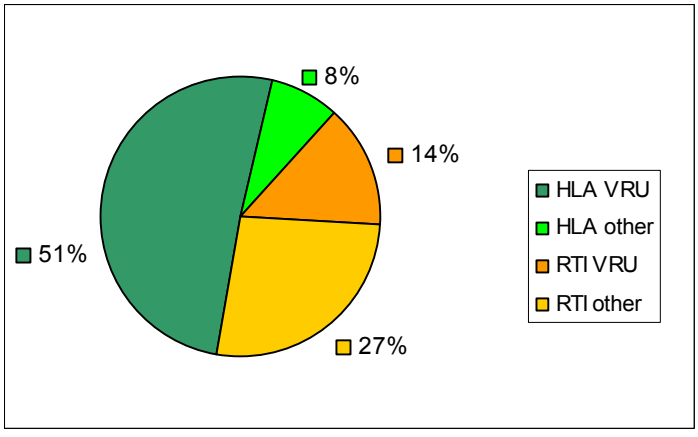
Databases such as CARE (Community Database on Accidents on the Roads in Europe) and IRTAD (International Road Traffic and Accident Database) provide data on road traffic fatalities and injuries as collected by police authorities. The underreporting of causalities involving non-motorised road users such as bicyclists and pedestrians and injuries without counterpart is considerable. This is a problem of data reporting that is well known by injury experts. The data of the European Injury Database (IDB) is collected in hospitals and contains data of injuries of the home, leisure and sports (HLA) sector including pedestrians and cyclists e.g. getting injured by having an accident without counterpart on public roads. The report "Burden of injuries of Vulnerable Road Users in the EU 25" gives a first comprehensive view on this issue by combining statistical data of the injury sectors home, leisure & sports (IDB) and road traffic (IRTAD/CARE). The tables and graphs of this report show an overview of the topic in general, by gender, age and road user, their injury risks etc.

To enhance the reporting of injuries of vulnerable road users and to improve their safety in future, three core recommendations of the report are highlighted:

- To include available sources on injuries of vulnerable road users such as the IDB in current road injury statistics of the European Commission and the Member States and correct the huge underreporting of their injuries by using correction figures for previously unreported cases.
- To reconsider priority setting in the road transport and public health sector on the basis of the large percentage of the total transport injuries which happen to vulnerable road users (an estimated 65%).
- To develop structures that facilitate collaboration of different political sectors of the European Commission and Member States to combine forces concerning the protection of vulnerable road users.

Source and more info: Claudia Körmer (Claudia.koermer@kfv.at), Dorit Smolka, Department of Home, Leisure and Sports of the Austrian Road Safety Board

Division of injuries by vulnerable and other road users: 65% of the total injuries on the transport area happen to vulnerable road users and 35% to other road users



▶ Work safety

International declarations for an international approach on work safety

June 2006 proved to be a very fruitful month for occupational health policies with two milestone meetings taking place to help shape the global strategy to improve occupational health: the 7th Meeting of the WHO Collaborating Centres for Occupational Health and the 100-year anniversary meeting of ICOH (International Commission on Occupational Health). Both meetings took place in Italy, one of the forerunners and most committed countries in the field of international work safety.

These meetings led to the creation of two important documents, namely the 'Declaration on Workers Health' and the 'Centennial Declaration of the International Commission on Occupational Health'. Both documents depict the growing importance of work safety and illustrate that this area of injury prevention is continually facing new challenges. This is due to the quick changes which take place in the work environment of industrialised countries and to globalisation which seems to have increased the gap in working conditions between industrialised and developing countries instead of reducing it. In addition, these documents reinforce the very clear link between poverty, poor working conditions and a lack of work safety.

The considerations and the plan of actions defined in these two above-mentioned documents are presented below. Some of the text has been directly cited, some has been summarised.

Declaration on Workers Health

7th Meeting of the WHO Collaborating Centres for Occupational Health, Stresa, Italy, 8-9 June 2006:

The representatives of 45 WHO Collaborating Centres in Occupational Health (WHO-CCOH) from 32 countries gathered at the 7th Global Network Meeting in Stresa, Italy , 8-9 June 2006.

After recognising the progress made in achieving the objectives of WHO-CCOH strategy for 2001-2005 and being aware that:

- the world is being reshaped under the influence of globalisation;
- strong linkages between working conditions, health and productivity exist;
- inequalities between countries, industries and social groups are growing;
- primary prevention of work place diseases and injuries is cost effective and saves a substantial number of death and disabilities;
- new variables like employment status, income, gender, race etc. provide increasing evidence of their importance in determining workers health; and
- the health of workers requires a holistic approach involving not only the health sector but the social sector, legal sector and others.

A 'Plan of Action' will be presented to the next World Health Assembly, which should, among other things:

- establish a new political momentum for primary prevention and strengthen political will for action at workplace;
- ensure coherence in planning, delivery and evaluation of essential health interventions;
- stimulate the development of occupational health services for all workers; and
- empower the health sector to advocate for addressing worker health problems through policies on employment, social and economic development, trade and environmental protection.

Centennial Declaration of the International Commission on Occupational Health

100-year anniversary meeting ICOH, Milan, Italy, 11-16 June 2006:

The International Commission on Occupational Health (ICOH) was founded on 13th June 1906 (at which time it was called the Permanent Commission – International Association on Occupational Health) in Milan by an international group of occupational health scientists and physicians. ULSS20 (Italy) is a member of ICOH and together with

all the other members celebrated its 100-year anniversary on 11-16 June 2006 in the same city where ICOH was established. Representatives from 93 countries were present and during the 5-day celebration the 'Centennial Declaration of the International Commission on Occupational Health, ICOH' was announced.

Through such a Declaration, ICOH considers:

- the condition of work for more than two thirds of almost three billion workers of the world do not meet the minimum standards and requirements set by the International Labour Organization (ILO) and the World Health Organization (WHO) for occupational health, safety and social protection;
- poor occupational health and safety result in 270 million occupational accidents and 360,000 fatalities and causes 160 million new cases of occupational diseases a year, leading all together to 2.3 million deaths per year;
- the burden to national economies has been estimated as 4-5% of national GDPs;
- the globalisation process has not succeeded in equalising the conditions of work but in fact the opposite has occurred: the gaps are increasing;
- the tight link between poverty and poor safety.

On the basis of this ICOH committed itself to pursue a number of actions and calls all the stakeholders in the field of work safety to implement and mainstream the following global actions:

- Effective prevention and control, through legal and other appropriate means of all types of work hazards;
- Development of working conditions;
- Provision of competent occupational health services;
- Strengthening of research efforts; and
- Adoption of occupational health as a basic right of working people.

For more information please contact Gianmarco Pagani (gpagani@ulss20.verona.it) or Luciano Marchiori (Luciano.marchiori@ulss20.verona.it) from ULSS20, Verona, Italy.

Azienda ULSS 20,Verona appointed as Centre of Excellence for Work Safety in EuroSafe's European network.

As a recognition of the expertise developed in the field of work safety and the involvement and pro-activeness of the Veneto Region, Italy in this area, EuroSafe invited Azienda ULSS 20, Verona to become a Centre of Excellence for Work Safety in its European network.

At a meeting held in Verona on 4th December 2006, Mr. Wim Rogmans, Secretary General of EuroSafe, and Mr. Emanno Angonese, Director General of Azienda ULSS 20, Verona, signed a Memorandum of Understanding to set forth the basis for an efficient and collaborative relationship between the two organisations. Through this document EuroSafe officially appoints Azienda ULSS 20, Verona-Veneto Region as the coordinator of the Task Force on Work Safety.

Wim Rogmans and Emanno Angonese signing the Memorandum of Understanding

The scope of the collaboration between both institutions will be "to promote safety at work through the development of a European *level network of experts, as a base for a closer collaboration in the field of occupational health".*

In particular, the collaboration will be oriented to enhancing the quantity and quality of already existing information on the size, nature and main determinants of injury in the workplace, and major attention will be paid to the "lessons learned" from already known good practices.

The coordinator of the Task Force, with the support of the European network, will foster synergy and closer collaboration among stakeholders through the creation and maintenance of this dedicated network.

For more information:
http://www.eurosafe.eu.com

Health workers need to spot ‘silent killer’

The Royal Society for the Prevention of Accidents has recently held CO Awareness Week aimed at providing information to health professionals as well as the public about the "silent killer" carbon monoxide.

The deadly gas - which cannot be smelled, tasted seen or heard - claims about 30 lives in the UK each year as a result of faulty heating appliances. It can be given off by any fossil fuel - not just gas heating systems - and it is feared many doctors and health professionals miss symptoms which could save lives.

Dawn Dcaccia, Head of Home Injury Prevention UK at the Royal Society for the Prevention of Accidents, said: "There is still a great deal of ignorance about carbon monoxide poisoning and lives are being lost needlessly as a result.

"We want more publicity about its dangers so that people understand the importance of having heating appliances serviced annually - and that includes having chimneys swept.

"But we also want to see the Department of Health offering training to GPs and other health workers so that they can spot the early signs of CO poisoning and make the correct diagnosis.

"Symptoms can start with drowsiness, headaches, nausea or pains in the chest and these will often be mistaken for signs of 'flu. As well as about 30 deaths, there are around 200 other serious incidents involving carbon monoxide and probably hundreds of other 'near misses' each year.

"Sometimes dangerous carbon monoxide levels have only been discovered when blood tests have been carried out on pets that have been taken ill."

The recent tragedy in Greece where two British children died in a hotel brought the dangers back into the headlines and highlighted the need for more safety measures.

People need to look out for: boiler pilot light flames burning orange, instead of blue; sooty stains on or near appliances; excessive condensation in the room; coal or wood fires that burn slowly or go out; families suffering prolonged flu-like symptoms.

Carbon monoxide detectors are a good investment, but these alarms should never be seen as an alternative to regular servicing of heating systems.

"The winter has been relatively mild so far, but as the weather gets colder people will use their heating systems more," Dawn Dcaccia said. " If they have not had appliances serviced yet this year, they should make arrangements now to have the work done - it could save lives."

Source and more information:
http://www.rospa.com

▶ WHO update

Stopping violence against children

Child homicide kills 53,000 children under 18 years in the world every year. In the European Region, this amounts to 1,500 children under 14 years being killed every year. However child abuse is far more prevalent, being reported by 20% and 10% of female and male adults respectively.

Two major reports were published in October 2006 to highlight the tragedy of violence against children, the UN Secretary-General's Study on Violence Against Children and the WHO’s Preventing child maltreatment: a guide to taking action and generating evidence. These launches are being followed up by concerted series of activities aimed at putting a stop to violence against children.

The UN Secretary-General's Study on Violence Against Children was launched on 11 October 2006 during the United Nations General Assembly. WHO has provided extensive technical support for the study, along with the Office of the High Commissioner for Human Rights and UNICEF. The report draws extensively upon WHO research findings and prevention recommendations, and includes the violence prevention knowledge and experience brought together by the World report on violence and health and the Global Campaign for Violence Prevention. WHO staff has helped disseminate the report. This was followed by the World report on violence against children which presents the scientific evidence that the UN Study is based upon and was launched in Geneva on 20 November 2006,

Universal Children's Day, and the 15th anniversary of the Committee on the Rights of the Child.

WHO's main follow up to this Study is built around the publication Preventing child maltreatment: a guide to taking action and generating evidence, launched on 16 October 2006. This key document aims to assist countries in the design and delivery of programmes for the prevention of child maltreatment by parents and caregivers. The guide is a practical tool that will help governments implement the recommendations of the United Nations Secretary-General's Study on Violence Against Children. On the occasion of the launch, WHO hosted a seminar on preventing child maltreatment with speakers from WHO and the US Centres for Disease Control.

As a part of the European activities there was a national launch in Italy on 12 October with UNICEF and WHO participating with the Italian Government. As part of the campaign, there have been national launches of the UN Report in Spain and Germany and others will be hosted by the Human Security Network (1-2 December, Ljubljana, Slovenia), the Belgian Government (6 December, Brussels) and by the Council of Europe (First semester 2007, Strasbourg, France). It is envisaged that further launches will be planned in the European Region and WHO will be working closely with other UN agencies and the network of national focal persons for violence prevention in supporting Member States. In addition WHO will provide support for country-level implementation of the Guide. WHO encourages all groups planning a national launch of the Secretary-General's Study to focus on the guide as a concrete contribution to follow up activities.

Source: Dinesh Sethi and Francesca Racioppi, WHO Europe

For a copy of the guide, please contact Ms Claire Scheurer (scheurerc@who.int) or download from: http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

For further information: http://www.who.int/violence_injury_prevention/violence/activities/child_maltreatment/en/index.html

World report on violence against children http://www.violencestudy.org/r229.

There is an International Society for Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference and the deadline for abstract submission is 15 April 2007 - http://www.ispcan.org/euroconf2007/abstracts.html

For more information about the work and publications of the WHO Regional Office for Europe on the prevention of unintentional injuries and violence, please refer to:

http://www.euro.who.int/violenceinjury

e-mail: violenceinjury@ecr.euro.who.int

Second meeting of the Violence and Injury Prevention Focal Persons for WHO Europe

The World Health Organization's Office for the European Region organized its second meeting of the European network of National Focal Persons for violence and injury prevention (NFP-VIP), which are the representatives from the Ministries of Health in the Region. This meeting took place in Salzburg, Austria, on 23 and 24 June 2006, and was hosted by the American Austrian Foundation and the Austrian Road Safety Board (KfV), with the support of the European Association for Injury Prevention and Safety Promotion (EuroSafe) and of the Austrian Federal Ministry of Health and Women. It was attended by 47 participants from 32 countries.

The series of meeting of NFP's is being organized in view of assisting Member States in the implementation of the WHO Regional Committee Resolution EUR/RC55/R9 "Prevention of injuries in the WHO European Region".

The main goals of the meeting were to further develop the network of European National VIP Focal persons; to increase collaboration between them and WHO into a sustainable network by building on previous findings; to identify opportunities to develop joint projects, and to establish a mechanism of preparing the reporting back to the Regional Committee on progress made in 2008.

Main conclusions

Participants agreed on a number of actions for the network:

- Development of a web-based instrument to share experience and monitor progress towards development and implementation of national plans and policies, surveillance, advocacy, uptake of evidence-based practice. While being a tool designed to support national action, this would also allow international comparison and would facilitate the preparation of the report on the implementation of the Resolution .
- Establishment of small mentoring groups, to deal with main items of interest such

as the development of national plans, surveillance systems, and national capacity for injury prevention;

- Development of joint advocacy activities in view of the First UN Global Road Safety Week (including the production of a Regional leaflet);
- Development of joint advocacy activities with a regional campaign on violence against women to coincide with the UN Study of Violence against women; more data collection to document the burden of violence using questionnaires such as the WHO multi-country questionnaire.

The second meeting of focal persons represented an important step forward for the network of focal persons, in view of its relevant and action-oriented content. It was felt that the meeting had been especially successful in assessing progress to-date in the implementation of the Resolution and achieving an useful exchange of information and identifying joint projects. It was also acknowledged that while WHO was moving in the right direction with its support for the network, such action could be made even more effective if WHO were to advocate for prevention with Ministries of Health.

Source and more information: http://www.euro.who.int/violenceinjury/network/20060124_1

AGENDA

2007

January 18-19, Le Castellet, France
The FIA Institute Centre of Excellence Seminar 2007; Risk Management in Sport
Date: January 18-19
Website: http://www.fiainstitute.com/events_a.htm

26-28 February, Stratford, UK
Road Safety Congress 2007 : Encouraging Education in Road Safety
72nd Road Safety Congress: Call for Papers
Location: Holiday Inn, Stratford Upon Avon
Website: http://www.lapri.org/fundo11.htm
More info: events@rospa.com

27-28 March, Telford, UK
IOSH 07 conference & exhibition
Health and Safety: the changing world of work
Location: Telford International Centre, Telford
Tel: +44 (0) 20 7017 5455
Website: http://www.ioshconference.co.uk
Email: enquiries@ioshconference.co.uk

9-10 June, Tehran, Iran
Pre Conference workshop on Road Safety: "Safer Road Transport"
Website: http://www.safety2007.info
More info: amoghisi@hbi.ir

10 -12- June, Vienna, Austria
4rd International Conference on Children´s Health and the Environmental: "Reducing enviromental risks for our children"
Website: http://www.inchesnetwork.net
More info: inches@umit.at

11-13 June, Tehran, Iran
16th International Conference in Safe Communities
Website: http://www.safety2007.info
E-mail: amoghisi@hbi.ir

17-21 September, Paris, France
23rd World Road Congress
The choice for the sustainable development
Website: http://www.paris2007-route.org

2008

15-17 March, Merilda, Mexico
9th World Conference on Injury Prevention and Safety Promotion. Safety 2008
Website: http://www.safety2008mx.info

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