

# EuroSafe *Alert*

European Association for  
Injury Prevention and Safety Promotion




This is a quarterly publication published by EuroSafe and supported by the European Commission

## ► EuroSafe news

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

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### Deadline for abstracts for the 2nd European Conference in Paris, October 9-10, 2008 extended to 21 March

The deadline for submitting abstracts for the 2nd European Conference on Injury Prevention and Safety Promotion has been extended to 21 March.

The conference will be held in Paris on October 9-10, 2008 and is being organised by EuroSafe in collaboration with the French Consumer Safety Commission (Commission de la Sécurité des Consommateurs) under the auspices of the French presidency of the EU Council.

The Conference will be a milestone opportunity to take stock of developments in injury prevention and safety promotion and, in particular, help move the implementation of the EU Council Recommendation forward, which was adopted in May 2007.

The conference aims to engage national public health authorities and related networks for safety and health promotion to work towards implementing injury-related public health policies and actions. These policies should address, in particular, the priority issues as identified in both the EU Council Recommendation, adopted by the Council in May 2007, and the World Health Organization's Regional Committee Resolution RC55/R9.

Major target groups are senior policy makers in government, public health and safety institutes, NGOs and interest groups representing high risk groups and victims, regulators, enforcers and those working in standardisation and product design, product and business compliance experts, private sector representatives and businesses, health professionals and consumer protection officers, injury prevention experts and safety promotion practitioners, researchers and academia.

The conference will have strong educative and network building objectives. Plenary sessions will alternate concurrent workshops and training sessions. The topics of the sessions will be related to the seven priority areas identified by the EU Council Recommendation: children and youth, elderly people and people with disabilities, vulnerable road users, sports and leisure accidents, safety of products and services, prevention of self harm and suicides, and the prevention of interpersonal violence. The conference will also cover work safety and cross-sectional issues.

More info: <http://www.eurosafe.eu.com>



**March 15-18, 2008**

**World Conference on  
Injury Prevention and  
Safety Promotion**

**Merida, Mexico**

## ► EU news

### Meeting with Governmental Experts on Injury Prevention and Safety Promotion, Luxembourg, 11-12 December 2007

On 11-12 December 2007 a meeting took place of the Governmental Experts on Injury Prevention and Safety Promotion in Luxembourg. One of the most important items on the agenda was the implementation of the Council Recommendation which was adopted in May 2007.

The meeting kicked off with brief reports by experts on policy actions at the national level. Updates were provided by experts from the following Member States: Spain, Austria, Latvia, Finland, Romania, UK, Hungary and the Netherlands.

Highlights of the Council Recommendation and WHO Resolution were then briefly presented before the main item of the meeting was discussed.

The implementation of the Council Recommendation in the EU was discussed with regards to the document "How to make Europe a safer place: Key areas for consideration in implementing the Council Recommendation on Injury Prevention and Safety Promotion". The following points came out of the discussion:

- It was clarified that the Implementation Plan is targeted at the Member States and, in particular, the Ministry of Health experts.
- It was suggested that the Implementation Plan should be shorter and more concise.
- Following comments on the use of too much 'directive' language and, in particular, the use of the word 'should', the Commission Services confirmed that the word 'should' is in alignment with all official documents and is used in the Recommendation. A proposal was made to make sure that the text from the Recommendation is used as much as possible in the Implementation Plan to ensure consistency.
- It was agreed that a clear introduction should be added explaining the goal of the document in a motivating and encouraging manner making it clear that it is elective rather than directive.

- It was concluded that it is necessary to increase awareness of the Council Recommendation and discuss the Implementation Plan directly within the Member States so it is clear what the Recommendation entails and what the advantages are of implementing it. The Commission Services therefore invites the governmental experts from all new Member States, and old Member States where necessary, to arrange a meeting with their government officials in charge of injury prevention activities together with the Commission Services. These meetings should be held in the respective Member States.
- It was agreed that translations of the Implementation Plan could be made once the document has been finally approved.

Following this agenda point the Implementation Plan was discussed in further detail on the basis of presentations on the following issues: Injury data collection, Good practice exchange, Capacity building and national plans, Children and adolescents, Elderly, Vulnerable road users, Sports and leisure, Consumer products and services, Self-harm and suicide, Prevention of self-harm and suicide, Prevention of interpersonal violence, and Monitoring implementation and report 2012. The following points were discussed per issue.

#### Injury data collection

- The Commission Services made it clear that we are working towards an all comprehensive Injury system and confirmed that this should be called the EU Injury database, or IDB for short. The IDB name has gained increasing recognition in recent years and it is advantageous to build on this as opposed to creating a new name. The current EU Injury database will therefore evolve into an all comprehensive injury database.
- One expert advised caution with describing IDB data as truly 'representative'. Reference should be made to hospital discharge information (e.g. Burden of Injury study).



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

### Good Practice exchange

- A clear definition of what evidence-based good practice is still required. The EMIP team is working on this.
- The information in the EMIP database should be kept up-to-date with whatever information is available regarding evidence based measures. We should not wait until there is strong evidence that a measure works, weak evidence is better than nothing.

### Capacity building and national plans

- It was proposed that technical support should also be considered a part of capacity building.
- Schools of medicine and nursing are important stakeholders and should be consulted in the process of working towards creating national plans and building capacity.

### Children and adolescents

- At the moment there is no inter-service committee on injury as is the case with health. This makes it challenging and time consuming to involve all the different policy areas such as consumer, transport, justice and environment. The participants at the meeting asked the Commission if such an inter-service committee is foreseeable in the near future. The Commission services replied that at the moment there are no plans to create such a Committee but recognised that it would be very useful.
- The issue of climate change was also raised as being an increasingly important injury issue. It was suggested that the group of Governmental experts on injury prevention and safety promotion consider how this issue can be addressed.
- As regards the adolescent risk group it was noticed that many synergetic effects have to be taken into account with other life style issues such as alcohol, drug use, depression and self harm.

### Elderly

- Prevention programmes should not be restricted to just the high risk approach but should also enhance population based programmes.
- The high risk approach still seems to be the most cost effective (the estimated

savings from preventing one fall injury are estimated at € 3.000).

### Vulnerable Road Users

- A significant road injury/accident database is required. In the past different projects financed by DG Tren have contributed to this but the critical mass of data is still missing. The priority of DG Tren in the coming years is to set up a full scale project in at least 25 countries.
- Contributions from the public health sector to general road safety policy and data collection are very welcome. It was suggested that the public-health sector can contribute in particular to the areas of fitness and driving, the effect of alcohol and drugs and the issues surrounding driving licenses for the elderly.
- It was suggested that policies have to be developed on the existing evidence base and that we need a data baseline to measure the impact of policies.

### Sports and Leisure

- It is important to find positive incentives (fashionable design for instance) for safe sporting as well as deterrents for not taking sufficient precautions (liability regulation).
- The role of doping is not only an issue in professional sports but also in physical exercise.
- It was suggested that while concentrating on day to day sporting injuries it may also be wise to refer to crowd management in the sports section of the Implementation Plan.
- Sport safety is relevant to the broader issue of safety of services.

### Consumer products and services

- DG Sanco - Consumer Affairs made it clear that up-to-date and comparable data is needed. All data sources will be used to obtain the most comprehensive information.

### Self-harm and suicide

- It is important to link with other areas such as adolescents, elderly and violence.
- More detailed data is required on the risk factors leading to suicide and on the means and methods of deliberate self-harm.

- Preventive measures require a sound evidence base which should be provided preferably by randomised controlled trials. While such trials are complex to carry out for behaviour change programmes it is possible to use them. All preventive measures should in any case be based on best available evidence.

#### Prevention of interpersonal violence

- The question was raised if we should include corporal punishment in the Implementation Plan. In some Member States legislation on corporal punishment is already in place.

#### Monitoring implementation and report 2012

This presentation concerned monitoring the implementation of the Recommendation and the 2012 report which is a part of the Implementation Plan. The following points were raised:

- Some experts found the expectations regarding monitoring in the current version of the Implementation too ambitious. Suggestions were made to come up with a 'stepped approach' with short and long-term goals.
- The Commission Services reaffirmed that the European Commission has no power to enforce the implementation of the Recommendation, it can only help facilitate the process.

The meeting was rounded off with two brief presentations on the communication activities carried out by EuroSafe and the 2<sup>nd</sup> European Conference on Injury Prevention and Safety Promotion that will take place on October 9-10, 2008 in Paris.

*More info: All presentations and other documents are available at:*

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l5meetings.htm>

### New Health Programme and new Call for Proposals

2008 sees the start of a new EU Health Programme, totalling over 320 million euros for the next six years. The programme has been widely debated throughout the EU institutions and the health community and the result is a solid basis to finance health actions at the European level. The call for proposals has just been released.

Both the Programme and its Work Plan for 2008 foresee financial contributions for specific actions ('grants for an action') and to support the functioning of particular bodies or specialized networks ('operating grants'). The actions may include typical projects but also the organisation of conferences.

The financial contributions may, where appropriate, include joint financing by the Community and one or more Member States or by the Community and the competent authorities of other participating countries. The 2008 financing mechanisms include:

- cofinancing of projects intended to achieve a Programme objective (call for project proposals)
- cofinancing of the operating costs of non-governmental organisations or specialised networks (operating grants)

- cofinancing of conferences intended to achieve a Programme objective (call for conference proposals)
- joint actions by the Community and Member States as well as other (third) countries participating in the Programme
- tendering of actions to achieve a Programme objective

The deadline for submission of proposals to the calls is 23 May 2008.

The operating grants and joint actions will be implemented for the first time in 2008.

The corresponding reduction in the budget for the call for proposals for projects, and the greater focus on other financing mechanisms aim to maximise the efficiency and added-value of the financed actions, and to ensure that finances are channelled more directly towards meeting the Programme objectives.

*For further information on how to apply for funding please go to:*

[http://ec.europa.eu/health/ph\\_programme/howtoapply/call\\_for\\_proposal\\_en.htm](http://ec.europa.eu/health/ph_programme/howtoapply/call_for_proposal_en.htm)

## ► FOCUS on Injuries and risk taking among young people



*By Heli Kumpula, researcher at the National Public Health Institute in Finland and member of the AdRisk project team.*

In the EU27 there were over 62 million young people aged 15–24 in 2006, representing 15 % of the total population. For young people's injuries are the leading cause of death, three thirds of their death causes are due to injuries (figure). Traffic injuries and suicides are the most common injury related deaths among young people. Every year more than 20,000 young people die due to injuries in the EU27 (see Figure 1).

Injuries are also an important cause of morbidity in young people with falls being the number one cause of morbidity and disability. The most common non-fatal injuries are sports injuries. The data clearly shows that young males are more at risk of injuries than females. The total number of hospitalisations and deaths in young people is three times higher in males than in females.

Further, there are substantial differences in injury rates across Europe. The rate is much higher in Eastern Europe than in Northern or Western Europe. The differences within

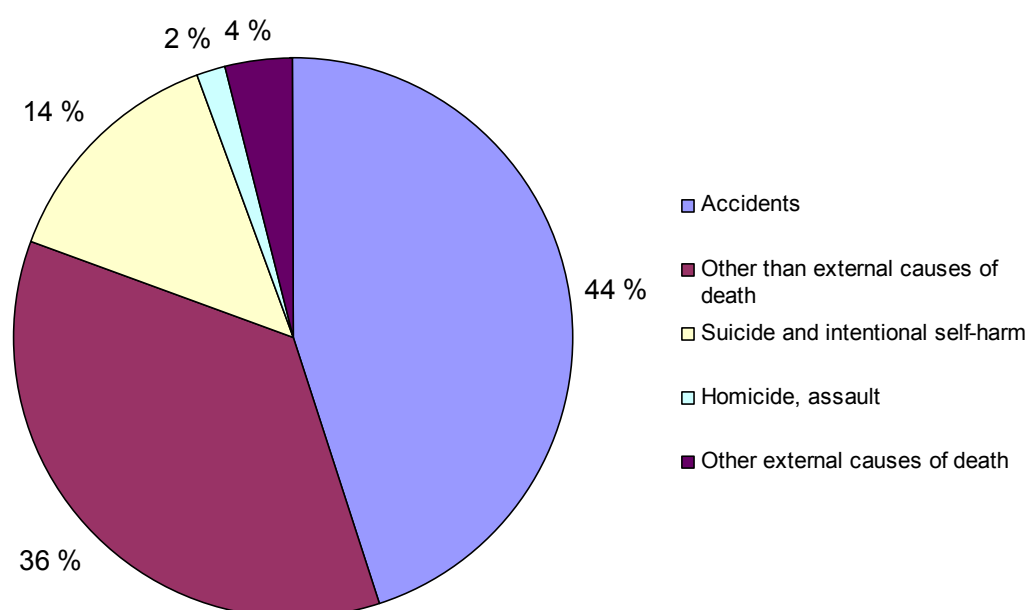
countries are also remarkable. Young people with a low socioeconomic background are more at risk of injuries than those with a more affluent background. Sports injuries however tend to be more prevalent in higher socioeconomic groups.

### Risk-taking

Young people's injuries and risk-taking are connected. Young people are often well aware of the dangers of risk-taking but are more inclined to try out their limits than play it safe. Risk-taking may be defined as voluntary exposure to risk and danger which is always a trade off between short term gains and potential long term consequences.

Risk-taking behaviour in young people is particularly prevalent in young people who are more peer oriented. For example, young people often take part in group based activities which involve risky behaviours such as drinking and driving. When youngsters get involved in risky behaviour in a group they tend to identify more with the norms of their peers than those set by their parents or school.

*Figure 1. Mortality (%) among 15–24-year-olds in the EU27 in 2005.  
Source: Eurostat, population and social conditions [1].*





Risk-taking behaviour tends to start in early adolescence. In general, boys are more likely to become actively involved in risk-taking behaviours that may lead to injuries than girls. As risk-taking is commonly seen as a normal and inevitable part of youth, interventions should not focus on eliminating risk-taking behaviour as a whole but rather introduce safer risk-taking. The important thing is to know how to cope with risk and avoid actions that involve a high element of danger.



It is estimated that alcohol consumption is the cause of one third of all injuries in young people. When young people and, in particular males, drink they tend to use alcohol more excessively than other age groups. Those who have good relationships with parents, enjoy being at school and have had safe childhood surroundings are less likely to have injuries and to engage in risk-taking behaviour.

#### **Prevention of young people's injuries – a more holistic vision**

Risk-taking behaviour is an overarching concept that at least partly explains the high toll of injuries in young people. The question is should prevention campaigns and measures concentrate on risk-taking behaviour in general or be more tailor-made and target specific risk groups? A recent review on studies related to injuries and sport, transport, drugs and alcohol among young people

states: "While there is a large literature on a 'culture of risk-taking' among young people, the evidence to support the view that this translates into significant numbers of injuries is limited."<sup>1</sup> An earlier study focusing on young people revealed that those who engage less in risk-taking are also less likely to have injuries. Adolescents engaging in risk-taking behaviour are ten times more likely to experience a traumatic injury<sup>2</sup>.

Risk taking behaviour can be considered as one important factor to explain the increased risk of injuries in young people but there is still a need for further studies on the association between injuries and risk-taking.

Structural and environmental measures such as legislation, protective equipment and changes to the physical environment have been proven effective in preventing injuries in young people. However, there is a limit in how far legislative and structural changes can affect the injury problem. Also specific educational measures are needed in order to make an attitude change towards risk-taking and injuries and to develop risk competence. Educational measures such as risk competence and capacity training, that concentrate on building resilience as well as coping skills for dealing with risky situations, have proven rewarding.

Young people's injuries are complex phenomena. Rather than finding one single measure to tackle the issue, a new holistic approach should be taken. A combination of educational, structural and environmental measures is likely to be successful in preventing injuries in young people. Further, in order to have an impact injury prevention activities should be initiated simultaneously at different levels of society and should be included in the official agenda of health care systems and schools.

#### **The way ahead – placing the prevention of injuries in young people on the official agenda**

Children and Youth is one of the priority issues outlined in the 2007 EU Council Recommendation on the prevention of injuries and safety promotion which invites Member States to develop national action plans for injury prevention. The current situation in Europe is that injury prevention policy is typically divided over different Ministries such as Health, Transport and Justice. Only Austria has a specific national injury prevention policy. The development of national action plans which include specific attention for preventing injuries in young people is clearly the way ahead.



### European Situation Analysis and Good practice guide from the AdRisk Project available soon

The Community Action on Adolescents and Injury Risk (AdRisk) project ties in with the Council Recommendation mentioned above by responding to the call for an integrated approach to prevent injuries and reduce the injury risk among young people between the ages 15–24. The AdRisk project as a whole focuses on national policy and strategy development, situation analysis, network development and the provision of tools and good practices.

Important deliverables such as the European Situation Analysis Report: "Injuries and risk taking among young people in Europe" and a Guide on Good practices will be published in May 2008 on the project's website. Dissemination of strategy recommendations will follow the publication of the deliverables in June 2008.

The project is also promoting new innovative measures to tackle young people's injuries. These new tools and media will be presented and discussed at a workshop "National campaign development on risk taking behaviour in young people" that will take place on 7–8 April 2008 in Vienna.

The AdRisk-project is looking for national partners who are interested in developing national programmes for action on injury prevention among young people and to integrate youth into existing programmes.

The project supports the implementation of country programmes and activities that should contribute to reducing the high toll of injuries among young people in EU Member States. More information on joining the network is available on the AdRisk website.

More information is available at <http://www.adrisk.eu.com>. For specific information on the AdRisk products mentioned in this article please see below:

- European Situation Analysis Report and Good practice guide: Heli Kumpula ([heli.kumpula@ktl.fi](mailto:heli.kumpula@ktl.fi)) KTL, Helsinki, Finland.
- National partnership and strategy recommendations: Ursula Löwe, ([ursula.loewe@kfv.at](mailto:ursula.loewe@kfv.at)) Kfv, Vienna, Austria.
- Tools and media workshop: Cees Meijer, ([c.meijer@consafe.nl](mailto:c.meijer@consafe.nl)) CSI, Amsterdam, Netherlands.

### References

1. Thomas, J., J. Kavanagh, et al. (2007) "Accidental injury, risk-taking behaviour and the social circumstances in which young people live." Volume, DOI:
2. Pickett, W., H. Schmid, et al. (2002). "Multiple risk behavior and injury: an international analysis of young people." Arch Pediatr Adolesc Med 156(8): 786-93.

## ► INTERVIEW with Ine Buuron



*Ine Buuron is the Child Safety Co-ordinator at the Consumer Safety Institute in the Netherlands. She coordinates all the child safety prevention projects (0 -19 years) and leads the Dutch national campaign on risk taking behaviour in adolescents. The three year campaign, "Split the risk", was launched in February 2008 and aims to reduce injuries in adolescents in an innovative way.*

### Are adolescents more at risk of incurring an injury than other age groups?

Yes, in the Netherlands recent figures show that especially adolescent men are more at risk. Over 220,000 young people between the ages of 13 and 24 are treated at an Accident & Emergency Department (A&E) every year as the result of an accident. From this total, over 17,000 are so badly injured

that they have to be admitted to hospital. For 390 young people admitted to hospital each year the injuries prove to be fatal.

In general, men in this age group are more likely to take risks. They are involved in 64% of all accidents which is slightly more than the average for the whole population which is 59%.

37% of all accidents occur in or around the home or at school, 28% during sports activities, 16% in traffic and 6% are violence-related. 16 year-olds are in particular at high risk of traffic accidents, while sport-related accidents are more likely among 13-15 year-olds. Accidents due to violence increase in adolescents from the age of 13 up to the age of 20.

Forty percent of all injuries among young people occur as the result of a fall. Falling from a scooter, motorcycle or bicycle accounts for 10% of all falls, followed by injuries resulting from stumbling, sprains or twists at 9%.

Injuries involving contact with an object such as collisions between scooters and cars, or getting fingers caught in doors, account for 34% of all injuries. Alcohol is involved in 14% of these injuries although it is likely that the real number of alcohol or drug related accidents is higher than this. We expect that not all adolescents are open about their alcohol and drug use when being questioned at the A&E Department.

If we take a look at the scenarios of the accidents reported, we see that a lot of accidents happen as a result of quite foolish actions. For example, a 12 year old boy reported: "I had a row with my mother and went up to my bedroom feeling very angry. I kept thinking about the row and got even more worked up. I then chucked a chair against the floor and kicked it. This is how I broke my foot."

Another good example is a 15 year old male who reported the following: "We were playing basketball during the physical education lesson and I was chasing the boy who had the ball. I was running so fast that I forgot the gym had walls. I couldn't stop in time and bumped into the wall. I hurt my right wrist."

#### **Do adolescents really like to take risks or do they just lack experience?**

It's a little bit of both actually. Youngsters, as is the case with older age groups, tend to assess risks based on their own experience. The difference is that a 14 year old doesn't have the experience of a 30 or a 50 year old so this can easily lead to an inadequate risk assessment and can result in injury. Adolescents only think about certain obvious risks and do not expect the unexpected. Further, young people are testing their boundaries and want to try out everything. This is a good thing as they are still discovering who they are, what they want in life and what they are physically capable of. The consequence, however, is that young people sometimes take unacceptable risks which can prove to be fatal.

Youngsters tend to think that they are invincible and that accidents happen to others and not to themselves. They know that something is dangerous but they do not expect to have an accident themselves, so they proceed and take no safety precautions. They engage in risk-taking behaviour

because it excites them, because of peer pressure, because they don't think clearly as a result of using alcohol or drugs, or simply because they are curious and just want to know what will happen.

There are also other circumstances that increase the chances of an adolescent getting injured as a result of risk-taking behaviour. Our research has shown that youngsters will be more inclined to take risks if their parents are overly involved in their lives, or in the other extreme, that they are not involved enough. Parents who set healthy boundaries and at the same time stimulate their children to be self-reliant can indirectly help prevent their kids from taking unacceptable risks.

Finally, the lower the educational level is, the larger the chance is that a young person will engage in risk-taking behaviour. This is the reason why we targeted our national campaign at youngsters at the preparatory level of vocational education.

#### **What is the key to communicating injury prevention measures to adolescents?**

We want youngsters to discover the risks themselves. We don't show them the risks, but let them discover the unexpected, serious consequences of foolish actions which can lead to accidents. We want them to assess the dangers before they take action, to take a moment to decide 'shall I do this or not' so they become more aware of the possible consequences.

In our campaign we use role models such as extreme sports' athletes and professionals in dangerous jobs who, through their experience, assess possible risks and consequences in a split second. We want to convince the target group that it is cool to wait a split second before taking action. We discourage the feeling that an accident is a coincidence. It is not a matter of wrong time, wrong place, but a matter of wrong time, wrong place, wrong action!

#### **The key campaign message is:**

Your life can sometimes change in the fraction of a second. Some people are trained to be able to assess the risks of their actions within that split second, due to their profession or hobby. They are completely in control. Your life can also change in a split second. Not paying attention for just a second can have big consequences. Reduce the risks. Take a split second before you take action.



**Could you please explain the innovative approach of the AdRisk project, such as working together with MTV, to create tools to help reduce injuries among adolescents?**

We decided to target our campaign at youngsters at the preparatory level of vocational education. They are more into playing computer games, watching digital television and, in particular, music channels like TMF, The Music Factory, which is part of MTV Networks.

Health education professionals tend to develop campaigns for people, who like ourselves, are well educated, who read instructions and apply the measures advised. We are less familiar with reaching people that think differently. In the AdRisk project we are trying to change this mindset. In order to reach our target group we need to get the message across in visuals rather than in words and language. On the basis of this we chose to develop a webgame and, in cooperation with MTV Networks, eight three-minute television items.

MTV were keen to work with us on the campaign to reduce injuries in adolescents as it provided them with the opportunity to make amends for the side-effects of an old programme, 'Jackass', they used to broadcast. Jackass was a show in which a group of male adults did all kinds of stunts just to see what happened. For instance, they

would go down the stairs in a canoe, or they would catapult someone into the air to see how far they could fly. The leader of the pack, Johnny Knoxville, got himself injured all the time and probably broke almost every bone in his body. At the time MTV didn't realise that adolescents would copy the stunts on the show and do their own little crazy experiments. Although the show was a great success it inevitably caused many injuries with which MTV wasn't too happy. Working on our campaign was a way for them to set the records straight.

**Do these tools offer opportunities for a more integrated approach to health and safety promotion among adolescents?**

Yes. After the launch of the national campaign we are going to use the television items and the webgame to make a teacher's tool. The tool will enable teachers to talk with their students on the subject of risk taking behaviour in a three to four lesson course. The course can be integrated into the mandatory curriculum as each school is obliged to teach its students to take care of themselves, of others and of their environment. This includes learning how to positively influence your own safety and that of others at home, at work, at school and during leisure time activities. This is where our tool fits in.

*For more information please contact Ine Buuron: [i.buuron@consafe.nl](mailto:i.buuron@consafe.nl)*

## ► Child safety

### Moving forward with CSAP

The launch of the Child Safety Report Cards, part of the Child Safety Action Plan project carried out by the European Child Safety Alliance, on November 20, 2007 in Brussels was a huge success. The launch included parallel launches in 14 countries and generated interest in the media nationally and at the European level. It has resulted in a closer working relationship with MEP Arlene McCarthy's office and the Internal Market and Consumer Protection Committee she chairs and for countries increased interest and awareness as they move forward with their action planning.

Two other countries (Poland and Hungary) have since gone on to hold their national

launches of their report cards and the second country, Scotland, launched their Child Safety Action Plan (the Czech Republic received government endorsement and launched in August of this year). But the momentum does not end there, beginning in 2008 nineteen new countries are being invited to participate in the initiative. Cyprus who developed a Child Safety Action Plan independently as an observer country in the first phase will now come into the project as an active partner. Twelve new countries eligible for Commission funding will be invited to participate: Bulgaria, Finland, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Romania, Slovakia, Slovenia and Turkey, with three of



those countries representing the first steps of an exciting new partnership with UNICEF to move the project into the broader European region. An additional three countries have requested to participate as self-funded partners (Israel, Switzerland and Wales) and three others will be asked to consider at minimum being observers (Croatia, England and the former Yugoslav Republic of Macedonia). The first face-to-face meeting for the

37 countries will be in Nicosia, Cyprus where the Ministry of Health will host the Child Safety Action Plan initiative in April.

*For more information on the initiative visit the Alliance website at:*

<http://www.childsafetyeurope.org>

*or contact the Alliance at*

[secretariat@childsafetyeurope.org](mailto:secretariat@childsafetyeurope.org)

## New water safety resources

The European Child Safety Alliance is pleased to announce it will release two new water safety resources this spring. The first is "Protecting children and youths in water recreation: safety guidelines for service providers." The target of these guidelines is water recreation service providers across Europe, with particular focus on the tourism sector, and the aim is to help providers of recreation services identify hazards and minimise risks to children through safe practices.



"Protecting children and youths in water recreation" provides a wealth of water-related injury facts and safety recommendations for a variety of specific activities. This 60 page resource contains fact sheets which highlight risks to tourists and the dangers of combining

alcohol with water recreation. Further sections discuss the responsibilities of service providers in the EU, and provide guidance on performing risk assessments. In order to tailor the risk assessment specifically to safety of services, the Alliance worked with Intertek RAM to create a series of risk assessment questions utilising the six criteria identified by the European Commission as the components of safe services. Additionally, comprehensive safety recommendations for 13 common water recreation activities were developed with input from safety and recreation organisations and associations for the following activities: canoeing and kayaking, kite surfing, motorboats, personal watercraft, sailing, SCUBA diving, snorkeling, swimming pools on holiday properties, tow sports, waterside activities, waterslides, and windsurfing.

"Protecting children and youths in water recreation" will be available on the Alliance website in spring. Individual versions of each section will also be posted for those who are only interested in specific activities and pieces.

The second new resource is a water safety booklet which consolidates a wide range of water safety information in one handy place. Pulling knowledge from the "Water Wise" consumer campaign, the water related policy indicator research from the Child Safety Report Cards, a water safety data report, and the safety of services campaign materials, this new resource provides a thorough overview of the status of water safety in Europe. Geared towards a broad audience, this booklet will serve as a useful resource for policy makers and injury prevention stakeholders, and will be available on the Alliance website this spring at:

<http://www.childsafetyeurope.org> or contact the Alliance at

[secretariat@childsafetyeurope.org](mailto:secretariat@childsafetyeurope.org).

## European Commission unveils proposal for a new Directive on safe toys

On 25 January, the European Commission issued a proposal for a Directive on the safety of toys. The new legislation aims to replace and modernise the Toys Directive introduced on 3 May 1988 in the light of new product development and improvements in scientific knowledge of chemical substances.

The proposed Directive introduces new and more stringent safety requirements to address consumers' concerns over recently identified chemical hazards and reduce toy-related accidents and health scares. It also aims to strengthen the responsibility of manufacturers and importers in ensuring that the toys they market are safe.

In particular, the proposal includes a ban on the use of chemical substances that are believed to provoke cancer (so called CMR, or carcinogenic, mutagenic or toxic for reproduction substances), as well as allergenic fragrances; a reduction in the legal limits of dangerous substances such as lead or mercury.

Some groups such as WECF, Women in Europe for a Common Future, say that the new proposal does not go far enough to protect the health of the most vulnerable, children. WECF demands a total ban on all health disrupting substances in toys. The new toys directive will not be enough to control these dangerous chemicals as it does not

cover all hazardous substances. "Children are our future and they should be protected. Toys are for fun and not meant to harm their healthy development", states Sascha Gabizon, director of WECF. "The proposal for the new Toys Directive does not sufficiently protect Europe's most vulnerable citizens. In the revision only a certain group of dangerous substances is addressed and banned, the so-called CMR's; Carcinogenic, mutagenic and reprotoxic substances, which can cause cancer, change genes or form a risk for reproduction. Even the CMRs are not completely banned, as exemptions are foreseen by the Commission. Hormone disrupting substances and neuro-toxic substances, which can cause damage to children's brain development and can lead to learning impairment, are not covered at all.

Many of the chemicals concerned, including phthalates and synthetic musks, can potentially disrupt hormone functions, harm reproduction and build up or persist in the environment, food chain and in the fatty tissues in our bodies. That is why WECF asks for a total ban on all hazardous substances, as it is unacceptable that a toy contains dangerous chemical substances".

*Source and more info:*

<http://www.env-health.org/a/2800>

## ► Consumer safety

### Internal market and product safety

A New Legislative Proposal is designed to facilitate the operation of the internal market for goods, whilst at the same time ensuring that the products that circulate are safe. For 20 years the so-called 'New Approach' directives have played a major role in ensuring the safety of products and their free movement throughout the EU. By giving manufacturers the possibility to choose different technical solutions to achieve the required level of safety, this approach has stimulated innovation and competitiveness and therefore became a role model of 'better regulation'. Nevertheless, experience has shown that its efficiency and implementation can be improved.

The proposal itself consists of a Regulation and of a complementary Decision, which will consolidate and reinforce accreditation and

market surveillance requirements and will clarify and provide a reference text for future legislation for definitions, CE marking and the safeguard clause mechanism, thus leading to increased coherence in future. Together these measures will help to reinforce confidence between Member States, to facilitate administrative co-operation, to provide fairer conditions of competition for industry and to reinforce consumer protection, to enhance the credibility of the CE marking, etc.

#### A new framework

The New Legislative Framework proposal consists of two complementary legal instruments:

1) A Regulation that sets out the requirements for accreditation and market surveil-



lance relating to the marketing of products. The provisions of the proposed regulation build upon systems already existing in Member States to introduce clear Community policies which will strengthen the application of internal market legislation for goods. It includes provisions notably on:

- **Market surveillance:** This will ensure that national enforcement authorities have equivalent means of intervention and the necessary authority to intervene in the market to be able to withdraw non-compliant or unsafe products, even if this power is not currently included in sectoral legislation. It puts into place mechanisms for the exchange of information between national authorities including the use of the existing RAPEX system in case of serious risks and co-operation between them in the case of products on the markets of more than one Member State. The proposal also ensures effective co-operation between the Member State enforcement authorities and customs authorities controlling products entering the market from 3rd countries;
- **Definitions of terminology:** The intention is to clarify the terms used in the regulation, such as 'making available on the market', 'placing on the market', 'manufacturer', 'authorised representative', 'distributor', 'importer', 'economic operators', 'accreditation', national accreditation body', but also 'market surveillance' 'recall' and 'withdrawal'.

2) A Decision that sets out a common framework for the marketing of products. The proposed Decision sets out a common framework for the marketing of products; it sets the general structure for future legislation and gives guidance on how to use the common elements to ensure as much coherence in future legislation as can be politically and technically possible. It should be viewed as a framework for future legislation and includes provisions on:

- Harmonised definitions and common obligations for the economic operators which clarifies terminology and explains obligations;

- Criteria for the selection of the conformity assessment bodies, criteria for the national notifying authorities and rules for the notification process;
- Rules for the selection of conformity assessment procedures and the harmonised range of conformity assessment procedures;
- Safeguard clause mechanisms as a complement to the market surveillance procedures in the regulation;
- CE marking in terms of a single definition and rules of responsibility for those who affix it; these complement existing provisions in directives which provide for CE marking.

### Timeframe

The proposal is currently under discussion in both the European Council (Working Party on Technical Harmonisation) and European Parliament (Internal Market and Consumer Protection Committee).

The above European Institutions have achieved a very ambitious agenda for the discussions on this proposal. The discussions show a very broad support for the proposal.

The strengthened provisions on Market Surveillance and Accreditation (i.e. the Regulation) will come into force with the adoption of the Regulation, which is expected during 2008; no national implementing measures will be needed. Provisions included in the Decision (to be adopted at the same time as the Regulation) will be applied as complementary legislation, taking into account sector specific needs, is revised to use its provisions (i.e. they will be applied gradually).

*More information on this file is available at:*

[http://ec.europa.eu/enterprise/regulation/internal\\_market\\_package/index\\_en.htm](http://ec.europa.eu/enterprise/regulation/internal_market_package/index_en.htm)



## Revision of EU Risk Assessment Guidelines

In 2006, the European Commission started a revision of the risk assessment guidelines that form part of the RAPEX Guidelines. RAPEX is the EU rapid alert system for all dangerous consumer products. According to the General Product Safety Directive, a RAPEX notification is necessary if a product available on the EU market presents a serious risk. The notification informs the EU Commission and other Member States about the risk. Such a notification requires a clear risk assessment.

Experience has shown that the application of the existing RAPEX Guidelines can be difficult and sometimes lead to subjective results and often to a lack of agreement among the assessors. This was the reason to start the revision of the risk assessment guidelines.

A Working Group named IRAG (Improvement of Risk Assessment Guidelines) was set up to make a proposal for the revision. The Group met regularly for a period of two years during which the members clearly identified problems in the old RAPEX Guidelines, considered a large number of cases and tried to find solutions.

The proposed changes, compared to the previous version, include more detailed guidance about the severity of various injuries. The most drastic change, however, is the principle that several scenarios or pathways to injury should be analysed and that quantitative estimates of their probabilities should be made by assessing each step in the pathway.

On 11 December 2007, the European Commission organised a workshop to introduce the new draft Risk Assessment Guidelines. There were over 100 participants from Member State authorities, business, law firms, and participants from outside Europe. The workshop documents listed below are available at the EU website: [http://ec.europa.eu/consumers/safety/committees/index\\_en.htm](http://ec.europa.eu/consumers/safety/committees/index_en.htm)

- the new draft risk assessment Guidelines
- presentations
- training examples derived from RAPEX notifications
- conclusions

After incorporating the first comments, the Guidelines will be put to a public internet consultation in 2008. The European Commission aims to publish the complete revised RAPEX Guidelines later this year.

Obviously, the changes in the risk assessment method affect not only the RAPEX Guidelines, but also other documents such as the Guide for Corrective Action and the Guidelines for the Notification of dangerous consumer products that contain chapters on risk assessment on the same basis as the current RAPEX Guidelines.

*Source: Dirk van Aken, Food and Consumer Product Safety Authority, The Hague, The Netherlands: [dirk.van.aken@vwa.nl](mailto:dirk.van.aken@vwa.nl)*

## Product Safety Stocktaking

The European Commission carried out from September to November 2007 a wide-ranging stocktaking exercise to review the strengths and weaknesses of the existing mechanisms to ensure European consumers enjoy a high level of protection in the area of product safety (in particular non-food), drawing in particular upon the case of the recent large-scale toy recalls.

The main conclusion from the stocktaking exercise is that the regulatory framework is fit for purpose if properly applied. The European rapid alert systems work efficiently to ensure that a dangerous product is quickly recalled throughout the EU. The report nonetheless

identifies certain scope for improvements, as well in preventive actions and international cooperation as in enhanced enforcement. Some envisaged improvement measures are already in advanced stages of being translated into concrete actions, notably in the revision of the Toy Safety Directive and the relevant standard.

Building on this the following activities are outlined for 2008:

- The Commission will consider in early 2008 a proposal to adopt a targeted measure to require specific warnings to magnetic toys. This would bridge the gap

until the relevant European toy standard, currently under revision, will properly address this risk.

- The Commission Proposal for the Toy Safety Directive Revision is also going to be ready in early 2008.
- The Commission's intention is to present comparative data on EU Member States' product safety enforcement capacity in the Consumer Scoreboard in Spring 2008.
- There will also be further communications of the results of the supply chain study which Commissioner Kuneva asked from her services.
- The Commission will continue the close cooperation with its international partners, and with the Chinese authorities and with

the US authorities in particular, with a view to overall enhancing safety standards and strengthening capacity and deepening cooperation.

- The Commission wishes to organise an International Product Safety Week from 17 to 21 November 2008 in Brussels. This will be an opportunity for interesting multi- and bilateral exchanges among the whole product safety community, from enforcers to business and non-governmental organizations.

*For more information: The first results of the stocktaking were released on 22 November 2007 and are available at:*

[http://ec.europa.eu/consumers/safety/news/index\\_en.htm](http://ec.europa.eu/consumers/safety/news/index_en.htm)

## ► Injury Data

### From "Brain Injuries" to "Youth Sports" - Data services of the EU Injury Database (IDB) for public health, consumer safety and injury research



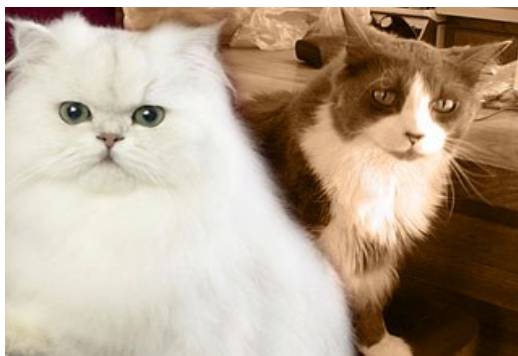
It is the wealth of details of more than 200.000 injury cases per year that makes the IDB an important research tool for all injury related questions, as well as an evidence base for product related injuries and for estimates of incidence rates for all kinds of "Home and Leisure Accidents" in the EU.

IDB data services are offered at three levels:

1. The IDB public access via DB homepage: <https://webgate.ec.europa.eu/idbpa/>  
Accessible since 2005, the IDB public access has attracted numerous queries from all over the EU and also worldwide.
2. The IDB research access via IDB Helpdesk: [sanco-idb@ec.europa.eu](mailto:sanco-idb@ec.europa.eu)  
Access to single case data is granted temporarily on individual request by the user and individual consent by each data supplier.
3. Customized IDB fact sheets via the IDB Network: [nina.zimmermann@kfv.at](mailto:nina.zimmermann@kfv.at)

This service is also available upon individual request, with the specific IDB results being complemented by other relevant data sources.

The IDB public access hosts details of injury and accident circumstances covering age, sex, place of occurrence, activity, mechanism, related products, type of injury and treatment. In addition to a more flexible way of analysis, the IDB research access also provides date and time variables and the narratives of individual cases. The customized IDB fact sheets include additional information where possible such as injury mortality in order to provide the most comprehensive picture available for the requested topic. An example of such a comprehensive IDB analysis is the recent request concerning the occurrence of Carbon Monoxide Poisoning in the EU (see box on the next page).



### Carbon Monoxide Poisoning in the EU Example of customized IDB fact sheets (excerpt)

A cat named Oreo is being credited to have warned a couple in Cedar Rapids, Iowa, of a Carbon Monoxide (CO) leak. However, this is not a common warning system and especially in the winter season cases of carbon monoxide poisoning are regularly reported, also in the EU.

Based on an average for the ten year period (1995 - 2004), 1,700 fatalities are recorded each year due to "accidental poisoning by gases and vapours" as reported for the EU. The majority of cases are caused by CO. Country figures range from a share of 0,2% of all injury fatalities in Germany and Sweden, to a share of over 2% in Lithuania and Latvia (WHO Mortality Database).

According to IDB records 87% of all CO injuries occur in private residential areas with the living room, bedroom and bathroom being the top three locations. Followed. Frequent CO sources are chimneys and fireplaces (18%), and furnaces (gas 6%, coal/wood 3%).

The share of 0.03% of CO related injuries from all available IDB cases yields an estimate of 10,000 hospital treated cases

#### IDB ranking of CO poisoning sources



18%	Chimney, fireplace
6%	Furnace (central heating), gas
5%	Boiler, water/steam
3%	Furnace (central heating), coal/wood
2%	Barbeque grill
1%	Lighting equipment, electric

IDB, 2002-2005

Other examples of recent queries showing the range of topics that can be covered by analysis of IDB and other injury data sources are given in the table below:

Topic	Research / Public Health / Consumer Safety Question?	Data Sources
Brain Injuries	Share of traffic related to non-traffic related traumatic brain injuries?	COD, HDD, IDB
Burns	Most frequent products causing burns and scalds of children in private homes?	HDD, COD, IDB
Chemicals	Most frequent agents of in-door poisoning in private homes?	HDD, COD, IDB
Choking	Most frequent causes (objects) of choking in children?	IDB
CO poisoning	EU incidence and range of equipment involved in CO poisoning?	COD, IDB
Toys	Top 20 in- and out-door toys involved in injuries?	IDB
Vulnerable road users	What is the extent of traffic injuries beyond official police data?	IDB, CARE, HDD, COD
Youth sports	Most frequent and severe type sport injuries in adolescents?	IDB

Source: From "Brain Injuries" to "Youth Sports" – Examples of IDB data services  
Abbreviations: CARE – EU Road Accident Database, COD – Cause of Death, HDD – Hospital Discharge Data / APOLLO online Database, IDB – EU Injury Database.

treated EU wide and indicates a high case fatality of CO poisonings.

IDB data is based on information from injury patients treated in hospitals throughout the EU – it is actually the individual patients' contribution to the prevention of similar injuries in the future. It is therefore a national Public Health responsibility to provide and use this data for prevention measures – at both the national and the EU level.

Customized IDB fact sheets will be actively marketed during the second half of 2008 within the EuroSafe project PHASE (Public Health Actions for a Safer Europe) in collaboration with all IDB data suppliers. Requests for IDB fact sheets from EuroSafe Alert readers are most welcome.

*More information: Please contact:*  
[Robert.Bauer@kfv.at](mailto:Robert.Bauer@kfv.at)

## **'Injuries in the European Union- Statistics Summary 2003 – 2005' to be officially released in March 2008**

The report 'Injuries in the European Union- Statistics Summary 2003 – 2005' reveals that injury is one of the biggest health threats facing Europe today.

It is an epidemic of huge proportions silently raging through Europe killing hundreds of thousands and disabling millions

The report will be officially released later this month and will be available online at:

<https://webgate.ec.europa.eu/idbpa/> and

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2injurydata.htm>

## **► Safety for seniors**

### **The Evolution of Unintentional Injury Mortality Among Elderly in Europe**

A study just published on 'The Evolution of Unintentional Injury Mortality Among Elderly in Europe' shows that a large proportion of EU countries enjoys steady declining trends by major unintentional injury mortality category.

The aims of the study were to explore the pattern of unintentional injury-related mortality among the elderly European population over a recent 10-year period, to determine country-specific differences, and to compare trends within countries by major causes of injury-related death. Twenty-three countries were included in the analysis, which was restricted to elderly 65+ years old who died

within the last available decade for each country, circa 1993-2002.

During the first part of the study period the age-standardised injury mortality rate among the EU and EFTA countries show a wide, more than fourfold variation (from 58 to 280 per 100,000 person-years). Specifically, there were three countries with rates lower than 70 injury deaths per 100,000 person-years (United Kingdom, Spain, and Greece) and three countries with rates higher than 200 injury deaths per 100,000 person-years (Hungary, the Czech Republic, and Slovenia).

The results of the second study period show a statistically significant downward trend in the annual mortality rate in about 50% of the countries. The variation gap is also closing somewhat as the difference between the country with the highest and lowest rate has fallen from 280 to 212 per 100,000 person-years and 60 to 58 per 100,000 person-years, respectively, during the study period. Specifically, rates from accidental falls were reduced by 4.3%, from motor vehicle traffic by 3.1%, and from smoke, fire, and flame related accidents also by 3.1%.





Success factors and barriers underlying these benchmarking patterns should be further explored to accelerate the process of injury reduction.

The study has been carried out by the Centre for Research and Prevention of Injuries (CEREPRI) based at the University of Athens, together with partners from the European Network for the Safety among Elderly (EUNESE) and the World Health Organization.

The results of the study have been published in the Journal of Aging and Health 2008; 20: 159-182 and can be found at:

<http://jah.sagepub.com/cgi/content/abstract/20/2/159> or

[http://www.euroipn.org/cerepri/static\\_pages/2008Elderly\\_paper.pdf](http://www.euroipn.org/cerepri/static_pages/2008Elderly_paper.pdf)

For more information on the study please contact Eleni Petridou: [epetrid@med.uoa.gr](mailto:epetrid@med.uoa.gr)

## ► Sport safety

### World Congress on Sports Injury Prevention, June 26-28, 2008

The 2nd World Congress on Sports Injury Prevention is being held amid the wonders of midsummer above the Arctic Circle from 26 to 28 June 2008 in Tromsø, Norway.

Eighty-one international speakers have been invited to provide a state-of-the-art multidisciplinary perspective on sports injury prevention.

Following the format of the successful 2005 congress, the exciting three-day programme

includes 5 keynote lectures and 19 symposia as well as an extensive programme of workshops and instructional courses. Registration is limited and participation is on a 'first come, first served' basis.

For more information about the Congress visit the official website at: <http://www.ostrc.no/congress>



## ► Violence prevention

### WHO Department of Violence and Injury Prevention and Disability (VIP) defines new strategic priorities

On 6-7 December 2007, senior VIP staff and external advisers met to define new strategic directions for the World Health Organization's violence and injury prevention work. It was concluded that WHO's violence and injury prevention programmes should continue to support the development of new knowledge as necessary, and to disseminate and implement more widely its existing normative tools.

Additionally, it was suggested that WHO strengthen its focus on capacity develop-

ment; partnerships; advocacy and communications; strengthening country programmes, and integrating VIP issues into selected major international agendas. Follow-up meetings will be scheduled to develop more detailed strategies for capacity development and advocacy and communications.

For further information, please contact Dr Etienne Krug: [kruge@who.int](mailto:kruge@who.int)



## Scotland launches 10-year Strategic Plan for Violence Reduction

The Scottish Violence Reduction Unit launched its 10-year strategic plan for violence reduction on 17 December 2007. The plan aims to deliver a permanent and sustainable reduction in violence, and was launched by Kenny MacAskill, Cabinet Secretary for Justice, and Stephen House, Chief Constable of Strathclyde Police, the largest police force in Scotland. It has been circulated to local authority and health service directors, community safety partnership managers, major non-governmental organisations and third sector groups throughout Scotland. The Plan is designed to initiate

discussion, inform local planning and encourage and strengthen local engagement around a shared violence prevention agenda. It is anticipated that the milestones within the Plan will change in light of experience and progress and it is hoped that aspiration will increase with success.

*Source: Prevent: the Newsletter for the Global Campaign for Violence Prevention:*

*More info: <http://www.actiononviolence.com/aov/21.81.21.html>*

## ► Vulnerable road users

### Red Cross piloting a Road Safety and First Aid Resource Pack across Europe



The Resource Pack is designed for the Red Cross, other organisations, teachers and youth workers who want to operate road safety programmes in their countries. It provides them with material which has been tested and proved efficient in many European countries.

The Red Cross has been testing the Resource Pack since October 2007. The final version will be issued in May 2008 and made available for free download on the campaign's website

<http://www.1-life.info>

The focus of the Resource Pack is:

- Raising awareness (by involving the public and the media)
- Influencing behaviour (through formal/non-formal education for children aged 7-11)

- Building community capacity (how communities could take action to reduce road traffic accidents in their neighbourhoods)

The piloting is currently taking place in: Austria, Bulgaria, Czech Republic, Cyprus, Estonia, Finland, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovak Republic, Slovenia, Malta and the United Kingdom. So far, the Resource Pack has been successfully piloted in numerous schools and already received official support from the Ministries of Education in Cyprus and Greece.

*Source: 4th European Red Cross Road Safety Campaign Newsletter, Issue No 1 - Winter 2007/08*

## Worrying trends in motorcycling deaths

In 2006 at least 6200 motorcycle and moped riders were killed in road crashes in the EU25, according to the latest ETSC Road Safety PIN report on motorcyclists safety. While representing 16% of the total number of road deaths, they accounted for only 2% of the total kilometres driven.

Norway, Switzerland, Denmark and Finland are the least dangerous places to ride, with average rider deaths between 30 and 45 per billion kilometres. The countries in a second group, comprising Germany, Portugal, Austria, Sweden, Greece, are just below the EU average of 86 rider deaths per billion km. In Spain, Ireland, the Netherlands, France, Great Britain, Belgium, Estonia and Poland, rider deaths are above the average of 86 but below 200 per billion km, while in Latvia, Hungary, Czech Republic and Slovenia riders are exposed to death rates above 200 per billion km.

On average per kilometre travelled a motorcyclist has 18 times the risk of being killed in a road accident that a car driver has. While this figure is shocking in itself, the country-by-country variation in the rider/driver risk ratio is just as striking: from 6 times in Norway, safest for motorcycling, to 50 times in Slovenia, the most dangerous for riders by any measure.

The report also shows that, while the total number of road deaths has declined in the past decade in Europe, the number of killed PTW riders rose in 13 out of 27 countries. Between 2001 and 2006, in particular, PTW rider deaths decreased on average by less than 1.5% yearly across Europe. This flies in the face of the ambitious EU goal of halving road deaths by 2010 and requires urgent measures to be taken.

*Source: Safety Monitor 71.*

*More info: <http://www.etsc.be>*

## Global Status Report on Road Safety

In the framework of a new road traffic injury prevention project the World Health Organization will be developing a Global Status Report on Road Safety which will aim to assess the status of road safety around the world. In the context of the recommendations of the World report on road traffic injury prevention, as well as UN General Assembly resolutions 58/289 and 60/5, and WHA resolution 57.10, the objectives of the new report are:

- to assess the status of road safety in each country according to implementation of a core set of road safety indicators, and using a standardized methodology;
- to indicate the gaps in road safety nationally, and thus help to identify the key priorities for intervention;
- to stimulate road safety activities at a national level.

The indicators used will be based on the recommendations of the World report on road

traffic injury prevention. For example, it will include information on road traffic injuries and fatalities; existence of legislation on seat-belts, motorcycle helmets, speed and blood alcohol concentration; seat-belt and motorcycle helmet-wearing rates; and the existence of a national plan of action on road safety. An expert meeting was held in September 2007 to begin preparing the questionnaire and protocol for this project. Data will be collected in countries through governmental agencies, non-governmental organisations and academic institutions. The report will serve as a useful tool in advocating for increased focus and investment on road safety at both national and international levels.

*More information: Tami Toroyan at [toroyant@who.int](mailto:toroyant@who.int)*

## ► Work safety

### Community strategy for improving health and safety at work

Launched by the Commission, the new five year plan concerning safety and health at work aims at cutting work-related accidents by a quarter across the EU. The new strategy covers the period 2007-2012 and follows the previous community strategy of 2002-2006, which is proving to be effective.

To reduce the total incidence rate of accidents by 25% in the EU-27, the Commission has proposed the following:

- guarantee the proper implementation of EU legislation;
- support SMEs (small and medium-sized enterprises) in the implementation of the legislation in force;
- adapt the legal framework to changes in the workplace and simplify it, particularly in view of SMEs;
- promote the development and implementation of national strategies;
- encourage changes in the behaviour of workers and encourage their employers to adopt health-focused approaches;
- finalise the methods for identifying and evaluating new potential risks;
- improve the tracking of progress;
- promote health and safety at international level.

#### Challenges concerned with health and safety at work

Results from the latest European survey of working conditions demonstrate that many workers believe that their jobs negatively impact their health and safety. Some categories of workers are still overexposed to occupational risks including young workers, workers with job insecurity, older workers, and migrant workers. Also, certain types of companies are more vulnerable to hazards than others. For example, SMEs often have limited resources for installing complex systems of worker protection, and some are just more susceptible to the negative impact of health and safety problems. Another challenge comes with the fact that some occupations are dangerous, providing a substantial increase in risk of injury. The presence of these



continuing challenges underlines the need for persistent work to improve health and safety throughout the EU.

#### Importance of health and safety at work

In the EU-15, workers are injured in accidents every five seconds. Furthermore, one dies every two hours. Overall, this equals 7.6 million accidents at work and 4,900 fatalities every year. In addition, a significant amount of these injuries result in three days of absence from work. Not only is health and safety at work important to the individual, but also it is important to the business. The cost of accidents at work and occupational illnesses ranges from about 3-4% of Gross National Product. In addition to individual businesses, national economies feel the detrimental impact of these statistics.

#### Role of the European Agency for Health and Safety at Work

The European Agency for Safety and Health at Work (EU-OSHA) is a key player within the framework of this strategy. The Commission has called upon the agency to carry out the following actions:

- ensure that its activities raise awareness and promote and disseminate best practice, focus to greater degree on high-risk sectors and SMEs;
- review the extent to which health and safety aspects have been incorporated into Member States' vocational and occupational training policies;
- anticipate risks associated with new technologies, biological hazards, complex human-machine interfaces, and the impact of demographic trends;
- develop sectoral awareness raising campaigns targeted at SMEs in particular, and promote the management of health and safety at work enterprises.

Source and more information:  
<http://www.epha.org/a/2832>



## ► Cross-cutting issues

### European expert meeting at Safety 2008, Merida, Mexico - 18 March 2008

On Tuesday 18 March a European expert meeting will take place at Safety 2008 in Merida, Mexico to discuss a web based tool for reporting progress in injury prevention policy in Europe.

The meeting will take place in Room 2, Cinema from 13:00 to 14:00. The objective is to consider whether a Web-based tool for reporting progress in injury and violence prevention policy in Europe is useful for catalyzing action.

Who should attend:

- Delegates interested in policy development related to injury and violence prevention;
- Injury and violence prevention practitioners.

For more information contact: Dinesh Sethi on [din@ecr.euro.who.int](mailto:din@ecr.euro.who.int)

### Health reporting on accidents in Bavaria

The Bavarian Health and Food Safety Authority has recently published a short report, 'Health monitor Bavaria 1/2008 – Accidents in Bavaria'. The short report is the first of its kind in Germany as it gives an overview of the entire range of accidents in Bavaria as well as at the national level. The report is targeted at policy-makers and stakeholders with a view of supporting and stimulating further development and action in accident prevention. Here are the main findings:

Based on data from 2005 the report estimates that around 8.4 million people per year are injured as a result of accidents in Germany of which 1.25 million are injured in Bavaria. These figures represent approximately 10% of the respective populations.

In 2006 a total of 19,497 people were killed in accidents in Germany of which 2,677 were killed in Bavaria. In the age group from 5-10 up to the 25-35 age group, accidents are the most common cause of death when compared with other ICD (International Classification of Diseases) main groups.

Domestic accidents play a major role accounting for about one third of all accident related injuries. Falls among elderly people are the most common type of accident. In contrast to road traffic and occupational accidents the number of domestic accidents has not declined in recent years.

The health report also examines gender differences in accidents. For most types of accidents the accident rate is higher in males

than in females. This difference is particularly striking in relation to fatal accidents. The age standardised death rate in males in 2006 was more than double the rate in females (23.8 fatalities per 100.000 in males versus 9.6 per 100.000 in females). Males are more at risk of having a fatal accident than females. In young adulthood (in the 25-35 age group) the risk of a fatal accident in males is four times higher than in females.

For the first time in Germany data from primary/outpatient care was utilised in the analysis of accidents. These data show that the number of people needing medical care due to an accident increases from middle-age onwards. In 2006 one in five people aged 80 years or older required primary medical care after having an accident.

Regarding accidents in children, the data show high rates of children sustaining head injuries requiring hospital care. Falls are the predominant cause of accidents in this age-group. Analyses of the Bavarian child health assessment carried out among children going to school for the first time show that on reaching school age, nearly one third of all children had already suffered an accident. The most common accidents occur at home (approx. 50%) or at the kindergarten/nursery (approx. 20%). At school most accidents in younger pupils happen during break-time and in older pupils during Physical Education lessons. Accidents at school by far outnumber accidents that occur on the way to school, although the latter often lead to more serious injuries.

A very positive finding is that the number of casualties from road traffic accidents has declined in Germany from 599,364 in 1970 to 427,428 in 2006. The decline in the number of fatal road traffic accidents over the same time span is even more striking: the number of fatalities has been reduced by 75%, from 21,332 in 1970 to 5,091 in 2006. Male novice drivers are most at risk of being involved in road traffic accidents.

A decline in occupational accidents has also been reported in recent years. In 2005 there were 1,029,520 recorded occupational accidents in Germany of which 191,957 occurred in Bavaria. For 2006, however, an upward trend can be observed which is assumed to be caused predominantly by the

growing number of people in employment.

Finally, the injury related costs just to the health care system are estimated at more than €10 billion per year for Germany as a whole and approximately €1.6 billion per year for Bavaria.

*Source : Dr. Joseph Kuhn*

*More info: The report "Health monitor Bavaria 1/2008 - Accidents in Bavaria" ("Gesundheitsmonitor Bayern 1/2008 – Unfälle in Bayern") is available in pdf-format at:*

[http://www.lgl.bayern.de/publikationen/doc/gesundheitsmonitor\\_1\\_2008.pdf](http://www.lgl.bayern.de/publikationen/doc/gesundheitsmonitor_1_2008.pdf).

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## WHO adopts resolution requesting a Global Alcohol Strategy

At the 122nd Session of the World Health Organization's Executive Board held in Geneva from 21 to 26 January 2008 a resolution was adopted requesting a Global Alcohol Strategy. The adopted resolution will be recommended to the Sixty-first World Health Assembly that will meet later this year. The resolution follows consideration of the

report on strategies to reduce the harmful use of alcohol and the further guidance on strategies and policy element options therein.

*Source and more information:*

[http://www.who.int/gb/ebwha/pdf\\_files/EB122/B122\\_R2-en.pdf](http://www.who.int/gb/ebwha/pdf_files/EB122/B122_R2-en.pdf)

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## Increased support for European Alcohol and Health Forum

A second series of commitments aimed at reducing alcohol-related harm has been put forward by the members of the European Alcohol and Health Forum. The 75 commitments range from initiatives from national non-profit organisations to increase awareness and understanding of the harmful effects of alcohol use to supermarket giants stepping up actions to prevent the sale of alcohol to underage children.

The European Alcohol and Health Forum, an initiative of the European Commission, was established on 7 June 2007 and is scheduled

to meet twice a year. Its focus is on concrete actions to protect children and young people and to prevent irresponsible commercial alcohol communication and sales. The move comes at a time when an estimated 200,000 Europeans die every year because of harmful alcohol use. More than one out of four deaths among young men is attributed to alcohol.

*Source and more information:*

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/Forum/alcohol\\_forum\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_forum_en.htm)

## Conference looks to the future of water safety

The Royal Society for the Prevention of Accidents in the UK held a National Water Safety Congress called "Information into Education - Looking to the Future" in Bristol from March 3-4 2008. The congress focused on how people can be equipped to make informed choices about safety issues in and around water, including in relation to their own behaviour.

In the UK in 2005, 435 people, including 39 children, drowned accidentally. Nearly 200 of the tragedies are known to have happened in inland waters, such as lakes, rivers and canals; 80 around the coast; 37 in residential settings; 16 out at sea; and seven in swimming pools.

Peter Cornall, Head of Leisure Safety at RoSPA, said: "Individuals can play a huge role in preventing accidents on, in and around water through the choices they make. We need to ask whether we are equipping them with the information and skills they need to make those choices."

"Site operators obviously have important responsibilities in relation to drowning

prevention, and there have been recent developments at the regulatory level including the Corporate Manslaughter and Corporate Homicide Act and the growing focus on the duties of senior managers.

"It is important, however, that we aim for water safety management that is founded on an 'as safe as necessary' approach - rather than one that is 'as safe as possible' - so people can continue to enjoy the wide variety of water sites in this country. Making sure that we share good information, for example about accidents and near-misses, as well as encouraging people to take up water-based activities, is crucial in the development of such an approach."

Seminars and discussion tables tackled a wide range of water safety issues, including developments related to sea, beach, inland and pool settings and water sports.

Source and more info:

<http://www.rospace.com/water> or

E-mail [events@rospace.com](mailto:events@rospace.com)

## ► AGENDA

### 2008

17-19 March, Coventry, UK  
**5th Warwick Healthy Housing Conference**  
More info: <http://www2.warwick.ac.uk>

14 March, Merida, Mexico  
Workshop at Safety 2008  
**Pre-Conference workshop on "Methodological considerations for injury prevention and safety promotion research".**  
More info: [http://www.insp.mx/safety2008/ing/preconference\\_workshop.php](http://www.insp.mx/safety2008/ing/preconference_workshop.php)

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

18 March, Merida, Mexico  
European expert meeting at Safety 2008  
**Web based tool for reporting progress in injury prevention policy in Europe.**  
More info: [din@ecr.euro.who.int](mailto:din@ecr.euro.who.int)

7 April  
**World Health Day**  
Protecting health from climate change  
Website: <http://www.euro.who.int/>

13-16 April, Amsterdam, the Netherlands  
**ICPAPH, 2nd International Congress on Physical Activity and Public Health**  
More info: <http://www.icpaph08.org/>  
Email: [paog@vumc.nl](mailto:paog@vumc.nl)

17-18 April, Rome, Italy  
**2nd SafetyNet Conference**  
**Road Safety Management in Action:**  
Evidence based policy setting for the European Community  
Organised by ERSO  
More info: <http://www.erso.eu>

24-26 June, Bournemouth, England  
**Consumer Affairs & Trading Standards Annual Conference 2008**  
Email: [conference@tsi.org.uk](mailto:conference@tsi.org.uk)  
Website: <http://www.tsi.org.uk/conference2008>

7-10 September, Hong Kong SAR, China  
**XVII-th ISPCAN International Congress on  
 Child Abuse and Neglect**

More info:

<http://www.ispcan.org/congress2008/>

Email: [congress2008@ispcan.org](mailto:congress2008@ispcan.org)

10-18 September, Turin, Italy  
**8th IUHPE European Conference on  
 Health Promotion and Health Education  
 Towards the Future: New Frontiers on  
 Health Promotion**

More info: <http://www.hp08torino.org/>

Email: [iuhpe@iuhpe.org](mailto:iuhpe@iuhpe.org)

30 September – 3 October, Crete, Greece  
**Prevention and Occupational Accidents in  
 a Changing Work Environment**

More info: <http://workingonsafety.net/>

Email: [wos2008@heliotopos.net](mailto:wos2008@heliotopos.net)

9-10 October 2008 in Paris, France  
**2nd European Conference on Injury  
 Prevention and Safety Promotion**

More info:

<http://www.eurosafe.eu.com>

Email: [secretariat@eurosafe.eu.com](mailto:secretariat@eurosafe.eu.com)

13 October, Paris, France  
**European Road Safety Day**

Road Safety in our Cities

Website: [http://ec.europa.eu/transport/roadsafety/road\\_safety\\_days/index\\_2008\\_en.htm](http://ec.europa.eu/transport/roadsafety/road_safety_days/index_2008_en.htm)

20 October, Christchurch, New Zealand  
**17th International Safe Communities  
 Conference**

Website: <http://www.conference.co.nz/index.cfm/isc08/welcome/index.html>

## SIGN UP FOR WHO IS WHO!

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

If you are an expert in a particular field please go to the Contact Directories section of the EuroSafe website:

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/I2whoiswhoexpertdirectory-.htm>

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