

# 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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### NGO Declaration on injury prevention and safety promotion in the EU

Following a number of bilateral consultations and a third plenary meeting of European NGOs on 27 May in Brussels, the first draft of an NGO declaration on Injury Prevention and Safety Promotion is in the process of being revised. EuroSafe is leading and facilitating this process in the framework of the EU-financed APOLLO project, ‘Strategies and best practices for the reduction of injuries’.

The NGO Declaration is an initiative which brings together a group of dedicated European NGOs committed to making Europe a safer place. While the declaration supports the EC Recommendation on the prevention of injury and the promotion of safety, it also calls for overarching initiatives and actions that reach beyond the various priority issues such as children, consumer safety and self-harm. It advocates more cross-cutting approaches which will help bridge gaps between, for example, the

different policies on intentional injury and unintentional injuries.

In addition to the primary goal of joining forces and creating one front to improve the safety of European citizens, the declaration will contain a number of action points. Initiatives with respect to injury information availability and standardisation, addressing alcohol as an important risk factor, and enhanced safety education and training (including sharing of good practices) have been signalled as being important.

In the coming months the drafting of the revised version of the declaration will continue, first within the management team of the Apollo project and afterwards externally with the respective NGOs.

*If you are interested in becoming involved in the NGO declaration please contact Wim Rogmans at [w.rogmans@consafe.nl](mailto:w.rogmans@consafe.nl)*

### Call for nominations for EuroSafe Lifetime Achievement Award

The Executive Board of EuroSafe is pleased to invite the readers of the Alert Newsletter to nominate suitable persons to receive the EuroSafe Lifetime Achievement Award. The award will be presented at the Paris conference.

The criteria for selection are:

- The nominee must be actively involved in the practice of injury prevention and safety promotion;

- He or she has demonstrated national leadership in injury prevention and safety promotion;
- The nominee has introduced an approach in safety promotion that serves as a model for other regions and countries in Europe;
- Injury prevention should be the main focus of his or her work.

Nominations should be sent to Rupert Kisser, chair of EuroSafe, e-mail: [rupert.kisser@kfv.at](mailto:rupert.kisser@kfv.at), before 1 September,

Register now for **Paris 2008**



**2nd European Conference on  
Injury Prevention and Safety Promotion**

*Making Europe a safer place*  
October 9th and 10th 2008, Paris

## ► EU news

### Implementation document for Council Recommendation now available

The implementation document, 'How to make Europe a safer place: Key areas for consideration in implementing the Council Recommendation on the prevention of injury and the promotion of safety' has been finalised and is now available.

The purpose of the document, is to help Member States, in particular the Ministries of Health and related public health agencies and networks, implement the Council Recommendation on the prevention of injury and the promotion of safety.

It encourages Member States and European and national stakeholders to consider addressing injury issues in areas where the public health sector can provide a complementary contribution to existing policies and actions.

This document has been written in collaboration with the Working Group of Governmental Experts on Injury Prevention and Safety Promotion. The complete document plus a summary version are available at: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3implementationdocument.htm>



*“EuroSafe’s vision is working together to make Europe a safer place.”*

### EU High-Level Conference ‘Together for Mental Health and Well-being’ establishes ‘European Pact for Mental Health and Well-being’

The conference, held on 13 June 2008 in Brussels, was hosted by European Commissioner for Health, Ms Androulla Vassiliou, in cooperation with her colleague Commissioner for Employment, Social Affairs and Equal Opportunities, Mr Vladimír Špidla. It gathered high-level representatives from the European Parliament, the Council Presidency and Member State Governments. Organisations and leaders from relevant sectors such as health, education, employment, social affairs as well as from civil society were also participating.

The Pact is a symbol of the determination of conference participants to exchange and work together on mental health opportunities

and challenges. The Pact focuses on four priority themes: Prevention of Suicide and Depression, Mental Health in Youth and Education, Mental Health in Workplace Settings and Mental Health in Older People. Combating Stigma and Social Exclusion is a priority which runs through across all thematic areas. The Pact will be implemented through a series of thematic conferences on each of the priorities during 2009-2010.

Source and more information: [http://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/mental\\_health\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm)

## ► FOCUS on safety of services: water recreation and children

*By Natalie Norman and Joanne Vincenten,  
European Child Safety Alliance*

This summer on July 14, the European Child Safety Alliance, EuroSafe, and the European Commission will release a new resource titled “Protecting children and youths in water recreation: safety guidelines for service providers. European Commissioner of Consumers Meglena Kuneva and Chair of the Internal Market and Consumer Protection Committee Arlene McCarthy are partnering with the Alliance to support the broad distribution of this resource which Commissioner Kuneva describes in the foreward as “of major importance.”



In the absence of an encompassing safety of services directive or a harmonious European approach to water recreation safety, these guidelines fill a critical gap because they are tailored specifically to people working in the water recreation and tourism sectors. Through targeting the sector of service providers, these guidelines broaden the dissemination of expert water safety information and complement existing Alliance water safety resources which are geared for consumers and policy makers. Developed in collaboration with professional water recreation associations and injury prevention organisations across Europe, these guidelines provide service providers with informative facts on injuries and hazards, and outline specific safety recommendations for 13 common water sports and settings in order to encourage safe water related activities of children ages 0- 18 years of age.

This summer, 70% of Europeans will be vacationing by the water, and 25% of them will be travelling with children under 18 years of age. Yet most families and service providers are unaware that adults and children are at higher risk of injury and drowning while on vacation. In fact, tourists are 10 times more likely to die of an injury than of an infectious disease.

Tourists have consistently higher rates of injury than local residents. For example, it has been shown that more British children drowned while on holiday abroad than at home, and along the coast of Portugal, over 70% of children admitted to a hospital for a water submersion incident were foreigners. Within Europe every year there are approximately 50,000 boating injuries, and 236,000 swimming pool injuries. However, most of these injuries are not caused by equipment failures, but by uninformed or inappropriate user behaviour. Therefore, service providers can play a key role in preventing injuries and holiday tragedies by ensuring that their customers are (a) well- informed about risks and that they (b) respect the rules the provider presents. Not only will service providers be protecting customers, they will be protecting their own businesses as well.



## Protecting **Children** and **Youths** in **Water Recreation**

Safety Guidelines for Service Providers



EUROPEAN  
**child**  
SAFETY ALLIANCE  
**EuroSafe**

“Protecting children and youths in water recreation: safety guidelines for service providers” provides helpful tools such as fact sheets on water recreation injuries and the role alcohol and tourism play in water safety, water recreation risk assessment questions, a further resource section, as well as specific guidelines for snorkeling, SCUBA diving, canoeing, kayaking, sailing, motorboats and personal watercraft, tow sports, windsurfing, kitesurfing, swimming pool, waterslide, and waterside safety. As of July 14, the guide will be available to be viewed and downloaded in its entirety or by specific sport section at:  
<http://www.childsafetyeurope.org>.

During water safety recreation activities we recommend that all service providers undertake the following prevention measures and that recreation, tourism and public health bodies promote them:



- Perform a risk assessment of your area and activity.
- Be aware of particular risks to vulnerable users such as children and youth.
- Provide age and size appropriate equipment, such as personal flotation devices (PFD).
- Be sure that all staff Members are well trained in safety and preventive measures including CPR and first aid.
- Inform customers of possible hazards and how to avoid them, and enforce your own safety rules.
- Have a detailed emergency plan in place.
- Forbid the use of alcohol while taking part in activities.
- Use standard international symbols and signage to make hazards clear to all water users.

For more information please go to:  
<http://www.childsafetyeurope.org>



## ► INTERVIEW with Robert Chantry-Price



Robert Chantry Price (left)

*Robert Chantry Price is the European Business Support Manager for Intertek RAM Ltd and is based in London. In this interview Mr. Chantry Price shares his experience and opinions on the safety of services in the European Union, and in particular, on water recreation safety.*

### **How did safety of services become an EC issue?**

In 2001, the scope of the General Product Safety Directive was extended to products supplied by service providers. The intent was to improve consumer safety through safer service practices. Because this was a new initiative for the EC, the Commission was charged with identifying needs and priorities for EC action on the safety of services.

The safety of consumer products has been regulated since the late 1960s, and the rules and standards are applied Europe-wide. This type of regulation usually covers technical specifications of products. Within water recreation for example: how a personal watercraft is built, what safety features are included, and guidance for its safe maintenance. However, it is known that most recreational injuries are not caused by faulty products, rather by inappropriate or unsafe usage or conditions. For example, accidents to children and youth on personal watercraft or during tow sports are most often caused by inadequately trained or under-informed riders, or poor zoning and risk management, not by mechanical failures of the products themselves. Therefore it was important to include safety of services, which could include staff training, safety information for clients, and so on, as a significant side of consumer safety.

The Commission issued its report on safety of services for consumers in 2003, in which it emphasised that there was a lack of adequate data and information on service related safety issues. The Commission called for improving the knowledge base and also identified three ways of supporting safe services policies. This included, firstly, establishing procedures for co-operation and information exchange between Member States; secondly, setting provisions for information collection, including the creation of a European database on the risks of services; and thirdly, aimed to establish European standards for safe services where

evidence would indicate a need. The Commission also Stated that cross-border sectors, such as the tourism and leisure industry, should be the primary focus.

In December 2003 the council then adopted a resolution that the Commission should bring forward proposals for action. Unfortunately, this has so far not happened.

### **How does the safety of services differ from general product safety?**

In contrast to product safety, which is applied Europe wide, safety of services policies have up to this point been loosely managed by individual Member States, with varying definitions and criteria. Some Member States, including Finland, France, Portugal, Spain and Sweden, have general provisions which call for service providers to market "safe services." The UK regulates safety of services through their Health and Safety at Work Act. Its objective protects not only employees, but the public as well. Recently, the UK also introduced the Corporate Manslaughter and Corporate Homicide Act which holds companies and organisations responsible for serious management failures which lead to a fatality. In another example, in Norway service providers are obliged to obtain the necessary knowledge regarding risks connected to their service, and to take reasonable measures. But some may ask who is responsible for providing the knowledge that service providers should use? Are there reliable sources out there? The European Child Safety Alliance's new resource 'Protecting children and youth in water safety' was developed with input from recreational and water safety organisations across Europe, and can serve as one of those primary resources.

### **Are there any European bodies responsible for water recreation safety?**

Although drowning is the second leading cause of injury death to children, and is a major cross-border issue given the number of drownings and injuries that occur on holidays, there is no central European body that is responsible for water recreation safety. Even on national levels, these responsibilities are often unclearly divided between multiple agencies.

### **How can water recreation service providers be involved in delivering safer services to children and youth?**

Most recreational activities have national and international professional associations which publish codes of practice or safety manuals. These associations are a good starting point for general information, but specific risks to children are often overlooked. The Alliance's new resource helps fill that gap with evidence-based risk and safety information that could be applied across Europe. Therefore, it was interesting for Intertek RAM Ltd. to assist in the development of the risk assessment for water recreation providers (within "Protecting children and youth in water recreation") which specifically addresses both safety of services and children and youth. The risk assessment form was based on the criteria of safe services as defined by the European Commission in their 2003 report, which may be one of the first times these criteria have actually been used and applied on a practical level.

### **Why are risk assessments so important for service providers?**

The value of undertaking a risk assessment is that it enables service providers to systematically review and identify the key hazards and operational risks, as well as ensures they are informed of any legislative requirements associated with the activity or service. Through this systematic approach, providers can establish how these risks can be minimised.

Very importantly, it also allows providers to develop an action plan to ensure that staff Members are provided with the relevant skills & knowledge PRIOR to the service being

provided and to ensure that this skill and knowledge base is maintained THROUGHOUT THE PERIOD during which the service or activity is being provided. A thorough risk assessment and action plan will not only help reduce injuries, but will help service providers protect their business in the case of an injury.

### **So, who is really responsible for the safety of water recreation services?**

It seems to me that responsibility for the provision of safety in relation to water recreational services is shared amongst:

- the national, regional, or local authorities with legislation and their staff who enforce the safe working environment in which these activities take place;
- the service providers, who need to review the risk and hazards to the consumer when undertaking the various services they provide to children and families,
- and consumers, particularly group leaders who need to be trained and prepared if an emergency occurs.

But let the consumers beware that the piecemeal nature of current policies means that they should not assume that water recreation service providers share similar standards across Europe. Even if Member States have policies, what they entail and how they are applied and enforced could vary widely. It is of great benefit to service providers to have expert guidance on hazards and safety measures: preplanning for the unexpected is essential and could save a child's life or prevent a serious accident from occurring.

## ► Child safety

### Alliance Spring Steering Committee meeting

The European Child Safety Alliance Spring Steering Committee meeting was hosted by the Icelandic Safety House in Reykjavik Iceland on June 5 and 6 with participants from more than 20 Countries. The meeting was opened by the Minister of Health for Iceland, Mr. Guðlaugur Þór Þórðarson and the representative to the Minister of Transportation, Ms. Birna Hreiddaeddottir, Legal Advisor Ministry of Transport, Tourism and Tele-communications.



*Joanne Vincenten, Director of the European Child Safety Alliance with the Minister of Health for Iceland, Mr. Guðlaugur Þór Þórðarson*

The first day offered a seminar with 2 sections, one on child passenger safety and the other on home safety allowing discus-

sions with follow up actions agreed upon by the attending Member States including:

- Increased advocacy for accessibility and affordability of child passenger restraints; and
- pictorial safety images for home safety that can be used by immigrant populations in countries that are not familiar with the language of the country.

The Alliance Steering Committee Meeting was held on the second day with discussions that included advocacy action on the toy safety directive and lowering of tap water temperatures to reduce scalds, preparations for the launch of "Protecting Children and Youths in Water Recreation; Safety Guidelines for Service Providers as well as the World and European Reports on Child Injury Prevention. Further investigations will be discussed at up coming meetings regarding the issue of safety barriers and injury prevention training as part of school curriculums.

*Source and more information:*

<http://www.childsafetyeurope.org> or contact [secretariat@childsafetyeurope.org](mailto:secretariat@childsafetyeurope.org)



### Child Safety Action Plan Initiative continues...

Following the success of the first phase of the initiative from July 2004 to March 2007, the European Commission has provided co-funding for all remaining eligible EU Member States and candidate countries to participate in developing national child safety action plans and the original 18 are back along with Cyprus to continue with their own plan development and implementation and to share their experiences with new countries. In addition to the EC funded countries, Israel, Switzerland and Wales have confirmed they will join the initiative as self-funded partners and several others are considering this option. CSAP II is slated to run from October 2007 to December 2009.

As the new phase gets underway, new country partners will be focusing on:

- engaging both government and a wide range of multi-sector partners to work together with them on their national planning process;
- assessing the best framework within which to develop their CSAP; and
- conducting a situational analysis which includes collecting data to support the production of Child Safety Report Cards and Profiles which are scheduled for public release early 2009.

Continuing countries are working at maintaining momentum to complete their CSAPs and obtaining government endorsement or in the case of Cyprus and Czech Republic have moved onto implementation.

On April 14-15 the first CSAP II Country Coordinators meeting was held in the last divided city in Europe - Nicosia. The Ministry



*Dr. Christos Patsalides, The Minister of Health for Cyprus, Morag Mackay and Joanne Vincenten, European Child Safety Alliance*

of Health as Cyprus's CSAP partner hosted the meeting and the Minister of Health officially opened the meeting, warmly welcoming the participants and speaking to the importance of Cyprus's Child Safety Action Plan.

The meeting was well attended with 20 countries represented: Austria, Belgium, Cyprus, Finland, Germany, Greece, Hungary, Iceland, Ireland, Israel, Lithuania, the Netherlands, Poland, Portugal, Scotland, Slovakia, Spain, Sweden, Turkey and Wales.

Source and more information:

<http://www.childsafetyeurope.org> or contact [secretariat@childsafetyeurope.org](mailto:secretariat@childsafetyeurope.org)

## ► Consumer safety

### The effects of globalization of trade on safety

Human societies across the globe have progressively established closer contacts with one another over many centuries, but recently the pace has dramatically increased and continues to do so. Maritime and air transportation, telecommunication services and instant flow of capital has made the world more interdependent and increased the flow of trade. The speed with which raw materials, products, technology, and money moves across borders is increasingly rapidly. The flow of product types into different countries have led to compressed time scales for cultural adaptation and challenge safety governance and management in the broader public health sense. The rapid increase in motorcycle usage in some developing countries is an example of this.

Regional, continental and global trade agreements such as the European Union single market, NAFTA, and GATT, are examples of the ongoing integration of world trade economies enabling the opening of markets. They are making regional and international trade more liberal, competition more intense and challenging the need for unified safety standards in a global market.

Companies and corporations merchandising products around the world face the challenge of assuring compliance to relevant regulations and standards, together with assuring safety and quality to protect consumers and their businesses. The complexity of this is significantly raised as manufacture is

increasingly carried out in developing countries far from the point of retail.

This whole dynamic increases the likelihood that substandard and uncertified products appear on the market. If not managed, consumers are potentially exposed to greater safety risks. The dramatic increase in safety related product recalls are a direct result of this issue and a major international governmental and political concern.

In today's world there is increasing consumer demand leading to the need for increased innovation and value. This is an intense dynamic which leads to the rapid transfer of ideas and creates pressure in manufacturing environments to be increasingly efficient.

Consumers demand high value and expect products which are both safe and of appropriate quality. In addition to this it is expected that there is adherence to codes of conduct with respect to the workers, the environment and the community in general. Corporate social responsibility is of growing importance for corporations and consumers when buying a product or service.

A sustainable enterprise in this time of globalization can no longer afford to be a faceless institution that does nothing more than sell the right product at the right price. Companies and corporations must present themselves with a responsible image, expressing explicit values as to how it is





deals with its costumers, its employees, the community and society at large. Moreover, a product or service that is seen as unsafe by clients or the community, or produced without due responsible care, will inevitably affect the image of the enterprise and reduce its competitive position.

*Source: The issue of globalization of trade on safety was included in a special session at the 9th World Conference on Injury Prevention and*

*Safety Promotion held in Merida earlier this year. The session was moderated by Wim Rogmans, General Secretary of EuroSafe with the following speakers: Chamaipam Santikarn, WHO-SEARO injury advisor, on the motorcycle epidemic in Asia; John Mason, president RAM Intertech Europe, on globalization and safety of consumer products; and Harold Stratton, partner US Law firm Dykema, former chairman US CPSC, on international regulations and enforcement in a globalized world.*

## ► Injury Data

### INTEGRIS – Research and technical development boost for IDB data collection



The further development and expansion of the European Injury Database, or IDB for short, has received a positive boost in the form of INTEGRIS, a new project co-funded under the Seventh Framework Programme of the European Community for research and technological development, FP7 and R&TD for short. INTEGRIS, 'Improved methodology for data collection on accidents and disabilities – Integration of European Injury Statistics' will start very shortly and will end early 2011.

The INTEGRIS project is a response to the health section in the first call of the FP7 Cooperation Work Programme in 2007 and, in particular, to the chapter on "Responding to EU policy needs in Health Statistics" in the field of hospital based injury statistics. The health section is featured for the first time in the FP7 call and clearly refers to the recent Council Recommendation on the prevention of injury and the promotion of safety.

The expected impact of the project is the methodological improvement and increased efficiency in the recording and reporting of injuries in the network of IDB hospitals (European injury Database - IDB). This in turn should lead to an increased usability of existing hospital data for injury prevention and research. In the long-term, the creation of a representative and cost-efficient injury surveillance system in all EU Member States should be facilitated.

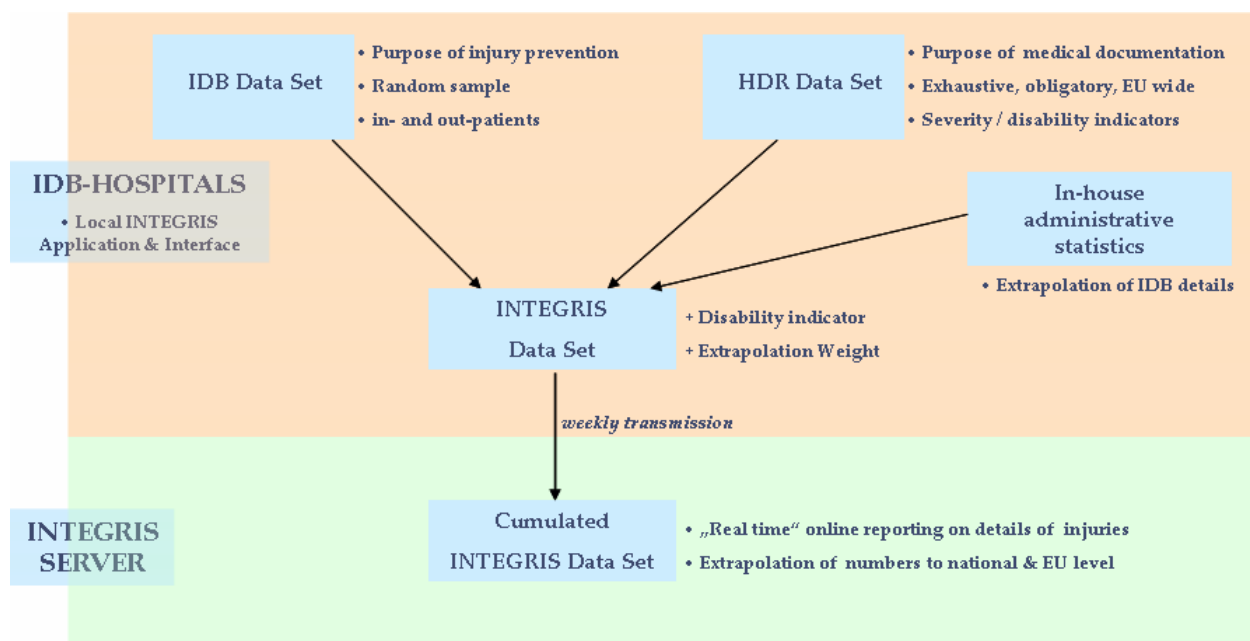
The overall INTEGRIS goal is to develop and evaluate a data model for the integration of routine and more detailed hospital data on injuries, namely through linking the official Hospital Discharge Register (HDR) with the EU injury Database (IDB). This integrated data model will enable IDB hospitals to generate a standard injury data set from the routinely collected information with minimal additional efforts (see Figure 1 on the next page).

#### INTEGRIS Objectives at a glance:

- to develop, validate and provide a data model for the integration of official Hospital Discharge Registers (HDR) with the EU Injury Database (IDB) for an improved reporting of injury indicators at the national and EU level (INTEGRIS - integrated IDB/HDR dataset).
- to provide an operationalised set of validated indicators for disabilities from injuries based on the HDR medical information as part of the INTEGRIS data set.
- to develop, validate and provide a methodology for obtaining representative samples of injury patients and monthly extrapolations of sample statistics at the national level for EU level aggregation.
- to develop an advanced front-end application and sample database for the INTEGRIS dataset (electronic interfaces to streamline onsite data entry and online transmission to the central server).
- to pilot the INTEGRIS data collection in six Member States and to evaluate outcomes based on the quality criteria of the European Statistical System (Eurostat) and the public health requirements of the EU Health Indicators (ECHI).
- to propose an EU-level INTEGRIS implementation plan for adoption by relevant stakeholders and decision makers.

**Figure 1: The INTEGRIS approach is to combine ‘the best of both hospital worlds’ in terms of injury data, the hospital discharge data (HDR) on one side, and the EU Injury Database (IDB) on the other side.**

This chart describes how the integrated HDR/IDB data set, including data items for disabilities indicators and ad hoc statistics, shall be realised in the INTEGRIS pilot hospitals (up to three hospitals per represented country where IDB data collection is implemented in addition to routine HDR data collection).



The INTEGRIS consortium consists of twelve partner organisations, most of which are also IDB Network Members, and the KfV as the coordinating body. These are listed in the table below.

<i><b>INTEGRIS partner</b></i>	<i><b>Country</b></i>	<i><b>Role</b></i>
Kuratorium für Verkehrssicherheit	Austria	Coordinator, Pilot, Evaluation
Consumer Safety Institute	Netherlands	Evaluation
University of Southern Denmark	Denmark	Data Model, Pilot
University of Wales Swansea	UK	Integration of data model / technology
Istituto Superiore di Sanità	Italy	Pilot
Institute of Public Health of the Republic of Slovenia	Slovenia	State of the Art Reports
Skadeforebyggende Forum	Norway	Disability Indicators
SC PsyteL	France	Software
Thales Information Systems GmbH	Austria	Software / Hardware
Erasmus Universiteit Rotterdam	Netherlands	State of the Art Reports
Brandenburg Regional Public Health Office	Germany	Pilot
Ministry of Social Affairs Estonia	Estonia	Pilot
National Suicide Research Forum	Ireland	Pilot

The INTEGRIS results will be made available to the whole IDB Network which will also be regularly updated about the progress of the project. Regular INTEGRIS summaries will be available in the Research and Methodology section of the Eurostat home page (<http://epp.eurostat.ec.europa.eu/>).

Source and more information: Robert Bauer, KfV at [robert.bauer@kf.v.at](mailto:robert.bauer@kf.v.at). For more information on FP7 please go to: <http://ec.europa.eu/research/fp7>

## ► Adolescents & risk taking

### Adrisk International Workshop on Media and Tool Development



On 7-8 April 2008 an international workshop on media and tool development took place in Vienna, Austria. The workshop focused on tools that can be used to assist national campaign development on risk taking behaviour in adolescents. Thirty-four experts from twelve European countries working in fields of research, prevention and health promotion for young people participated in the meeting. The workshop was organised by the Austrian Road Safety Board (KfV) and the Dutch Consumer Safety Institute (CSI) within the framework of the EU co-funded project AdRisk: Community Action on Adolescents and Injury Risk.

*Mrs Eirin Manti, CE.RE.PRI, University of Athens and Ms. Susanne Ulk, Danish Branch Environment Council for Education and Research (BAR U & F)*



One of the deliverables of the AdRisk project is to provide a toolbox with different tools to assist authorities, NGO's and interest groups to work towards developing a national programme on reducing risk taking behaviour in youth. During the workshop some of these tools were presented and discussed.

Cees Meijer (CSI) explained and demonstrated pilot actions on tackling risk taking behaviour in adolescents in the Netherlands. This included:

- Analyses of injury data in the Netherlands;
- Good practices of risk behaviour interventions;
- Focus groups with youngsters to make an inventory of knowledge and beliefs.

- Pilots at five schools were part of the conceptual work of the campaign.

Problematic aspects and issues that were considered whilst developing the pilot actions were also discussed. In short, in order to reach young people the message should be based more on visuals than on words and new media should be integrated where possible.

Maria Benyi from the National Centre for Healthcare Audit and Inspection, Hungary, then presented three examples of how a Dutch TV campaign called 'Split the risk' has successfully been transferred to Hungary.

An interactive webgame was demonstrated by Ilja van Alten (CSI) the aim of which is to make young people aware of everyday risks by enhancing their alertness. The webgame was very popular and received over 1.79 million hits in a period of ten weeks.

Ine Buuron (CSI) then presented the overall strategy of the Dutch project and the assignment from the Dutch government for further campaign development including tools for teachers.

The workshop continued with three parallel sessions where the participants discussed specific issues regarding initiating national actions on risk taking behaviour in young people. Each group identified key issues and key areas that should be addressed in order to cope with injury risk, which were then presented in a plenary session.

Day two kicked off with a presentation by Jenny McWhirter from the Royal Society for the Prevention of Accidents (RoSPA) in the UK on "How do young people understand and explain risk?". This approach uses children's and young people's drawings as a starting point for exploring their feelings and thoughts on risk.

Petra Safran and Nusa Konec Juricic from the Institute of Public Health, Celje, Slovenia, presented their approach 'This is me'. They work at a youth specific internet helpline and a youth prevention programme for schools. The school programme consists of several workshop on the development of life skills in young people.

In working groups further steps for conducting a national project on risk taking behaviour

were discussed and results were presented in a plenary session. The workshop was closed by summarising the results and drawing conclusions for further work.

### Results and conclusions

The possibility for exchange on this topic was highly appreciated by the experts and it was proposed that this should happen on a more regular basis. The development of a network on this specific topic has been initiated.

The following four topics were prioritised (in no particular order):

- The development of a curriculum for implementation of risk competence training at school.
- Integration of risk competence development in physical education at school as well as at a general, broader level of learning.

- Integration of risk competence development in work safety in occupational schools.
- The development of more specific approaches to communicate and reach young people.

In short, participants Stated that the workshop had provided an important opportunity to learn more about how to communicate with youth on risk and injury prevention. The majority of participants Stated that the tools and methods proposed at the workshop are relevant and transferable to their own countries.

*Source and more information: Ursula Löwe, KfV, Austria, Coordinator of the AdRisk project ([Ursula.Loewe@kfV.at](mailto:Ursula.Loewe@kfV.at)) or visit <http://www.Adrisk.eu.com>*

## ► Burden of injuries

### Making the economic case for injury prevention and safety promotion

The personal and economic costs of injury are profound. As the recent launch of *Injuries in the European Union 2003-2005* indicates, they remain a major cause of premature mortality and have a substantial impact on the use of health care resources. But these costs are often dwarfed by economic impacts outside the health care sector. Premature death, long term physical disability and behavioural and emotional impairments, all contribute to what economists call 'productivity costs', the lost opportunity to engage in work and other productive activities. For instance, the average lifetime costs for each road traffic fatality or suicide in different European countries have been estimated to be over €2 million; more than two thirds of these costs are incurred outside the health care system.

The three year European Commission funded APOLLO project has provided an opportunity to identify examples of effective approaches to injury prevention. In assessing how best to develop strategies to help prevent injuries and promote safety, it is essential to not only know what works and in what context, but also at what cost. Policy makers continually have to make choices about how best to make use of the scarce resources at their disposal. How, for instance, can they weigh

up investment in preventive measures against investment in health care services to deal with the consequences of injuries that will inevitably arise?

One way of addressing this issue is to make use of economic evaluation. Increasingly used as an aid to decision making in the health, transport and environmental sectors, it compares the costs and effectiveness of two or more alternative uses of resources. Therefore, as part of the APOLLO project, a systematic review has been undertaken to both map what is known about the economic impact of injuries, both intentional and unintentional, and the cost effectiveness of interventions and strategies to prevent/and or reduce their impact, primarily in Europe but also in other parts of the world where relevant.

### Results

A database with more than 1200 papers looking at economic aspects of injuries has been compiled. Across many areas of injury prevention, interventions could be identified that would not only be considered cost effective in many European countries but often cost saving because of future productivity costs avoided. The most common areas





for economic analysis relate to fall prevention (25% of all studies); this is perhaps unsurprising given the potential role played by pharmaceutical interventions in helping to reduce the risk of fractures. Assessments of the cost-effectiveness of hip protectors also continue to grow, with the majority suggesting that they can be highly cost effective.

Road safety is another key area where much economic analysis has taken place (22% of all studies identified). There has been a particular focus on motor vehicles, where a range of interventions including traffic calming measures and the use of protective devices including seatbelts, airbags and helmets have been assessed. Other evaluations include studies on the use of helmets to prevent serious injury to road users. Elsewhere, we also found much evidence supporting the case for investing in workplace based prevention interventions (21% of all studies); the costs of accidents at the workplace and the onset of common musculoskeletal problems can be substantial to both employers and social welfare systems.

#### Where next?

While the case for greater investment in many injury prevention interventions is promising, it is important to consider how interventions delivered in one context or setting may need to be adapted for implementation in different parts of Europe. This is particularly important when considering the

potential cost effectiveness of interventions that are dependent on individuals changing their patterns of behaviour, e.g. making more use of rear seat belts in cars. We found that the majority of research to date (53%) has been conducted in the US where the context can be quite different.

Going forward, in addition to adapting existing cost effectiveness studies to different settings across Europe, another pragmatic way of increasing what we know rapidly to aid in the decision making process would be to retrospectively adapt and add economic analysis to existing robust studies on the effectiveness of measures for injury prevention. It is also important that future evaluations consider not only the impact on the health system but also costs elsewhere. This will also help strengthen the case for investment in the majority of safety and prevention measures that are funded and implemented outside the health system.

*Source: David McDaid and A-La Park, LSE Health and Social Care, London School of Economics and Political Science. This study was undertaken as part of Work Package 2 of the APOLLO project co-funded by EC DG Health and Consumer Protection and led by the University of Athens (Grant Agreement 20041119).*

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[d.mcdaid@lse.ac.uk](mailto:d.mcdaid@lse.ac.uk)

## ► Sport safety

### 2nd World Congress on Sports Injury Prevention

The 2nd World Congress on Sports Injury Prevention has just taken place on June 26-28 in Tromsø, Norway.

The extensive programme included 81 international invited speakers from all over the world, providing a State-of-the-art multidisciplinary perspective on sports injury prevention. There were five keynote lectures and 19 3-hour or 90-minute symposia.

In addition, the programme included 21 workshops, 52 oral presentations and 134 poster presentations from submitted abstracts.

With over 650 participants from nearly 60 different countries the conference was a huge success.

*Source and more information:*  
<http://www.ostrc.no/congress>



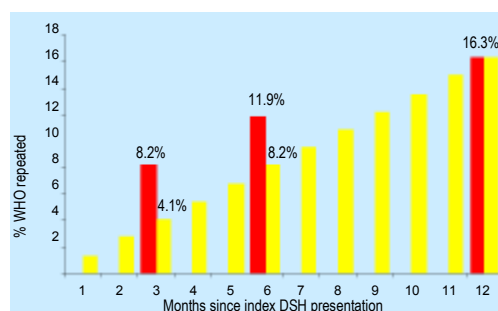
## ► Suicide & self harm

### Deliberate self harm and repetition – Findings from the Irish National Registry of Deliberate Self-Harm



Since 2002, the Registry has collected data on all cases of deliberate self-harm (DSH) presenting to almost all emergency departments in Ireland. Each year during 2002-2005 about 11,000 DSH presentations were made to hospital by approximately 8,600 persons. Based on the four-year data, 8.2% of the DSH patients made a repeat presentation within 3 months of their index presentation, 11.9% repeated within 6 months and 16.3% within 12 months. Thus, risk of repetition was highest in the first months after a DSH presentation as illustrated in Figure 1.

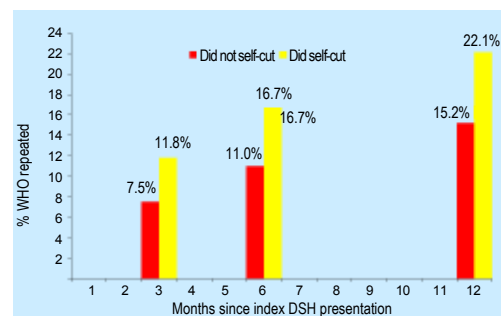
Figure 1. Repeated DSH at 3, 6 and 12 months (red shows observed level, yellow shows level expected if risk was uniform over time).



Repetition rates were higher among patients aged 35-44 years, among men and among patients who had presented following self-cutting (see Figure 2). In general, self-cutting was more common among male DSH presentations and this explained why men were observed to have a higher repetition rate than women.

Repeated DSH represents a significant challenge to the health services in general and to the professionals involved in the assessment and treatment of patients in particular. Identifying those at greatest risk of repetition is a core element of the psychosocial needs assessment carried out at emergency departments. Consideration should be given to the fact that the risk is higher in the short term and particularly so among those whose DSH involved self-cutting.

Figure 2. Repeated DSH at 3, 6 and 12 months for those who did and those who did not self-cut.



### The association between deliberate self harm, deprivation and social fragmentation in Ireland

International research has shown that deprived and socially fragmented areas generally have high suicide rates. A recently published study based on data from the National Registry of Deliberate Self-Harm examined whether this was true for deliberate self-harm.

During the period 2002-2004, 32,777 deliberate self-harm presentations to emergency departments were made by 25,797 individuals. The total, male and female annual rates of persons presenting following self-harm were 204, 171 and 237 per 100,000, respectively. Striking geographic differences were observed. Rates in Dublin, other cities (Cork, Galway, Limerick and Waterford) and urban districts were 10%, 48% and 62% higher than the national rate, respectively, while the rural district population had a 32% lower rate. These differences largely reflected the differences between these areas in terms of deprivation and social fragmentation.

Considering the country as a whole, increased deprivation and social fragmentation were associated with increased rates of deliberate self-harm, with deprivation having the stronger independent effect. However, the effect of deprivation was far more pronounced in Dublin and the other cities than in the urban or rural districts. Independent of deprivation, social fragmentation was only associated with increased rates of deliberate self-harm in rural districts.

Based on the study findings, we recommend that deprived urban areas be given priority when implementing community-based interventions aimed at reducing suicidal behaviour.

Source and more information: Ella Arensman, ([ella.nsrif@iol.ie](mailto:ella.nsrif@iol.ie)) Director of Research at the National Suicide Research Foundation in

Ireland and EuroSafe Task Force leader on Suicide and Self-harm. The information in this article was taken from: Corcoran P, Arensman E, Perry IJ. (2007). The area-level association between hospital-treated deliberate self-harm, deprivation and social fragmentation in Ireland. *Journal of Epidemiology and Community Health*, 61: 1050-1055.

## EU High-Level Conference 'Together for Mental Health and Well-being' establishes 'European Pact for Mental Health and Well-being'

The conference, held on 13 June 2008 in Brussels, was hosted by European Commissioner for Health, Ms Androulla Vassiliou, in cooperation with her colleague Commissioner for Employment, Social Affairs and Equal Opportunities, Mr Vladimír Špidla. It gathered high-level representatives from the European Parliament, the Council Presidency and Member State Governments. Organisations and leaders from relevant sectors such as health, education, employment, social affairs as well as from civil society were also participating.

The Pact is a symbol of the determination of conference participants to exchange and work together on mental health opportunities

and challenges. The Pact focuses on four priority themes: Prevention of Suicide and Depression, Mental Health in Youth and Education, Mental Health in Workplace Settings and Mental Health in Older People. Combating Stigma and Social Exclusion is a priority which runs through across all thematic areas. The Pact will be implemented through a series of thematic conferences on each of the priorities during 2009-2010.

Source and more information: [http://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/mental\\_health\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm)

## ► Violence prevention

### Preventing violence and reducing its impact: how development agencies can help

Recently WHO and the Violence Prevention Alliance released a new document 'Preventing violence and reducing its impact: how development agencies can help'. Violence has rarely been considered a development issue. Yet, it seriously hampers the development of low- and middle-income countries. Targeted towards officials from development assistance agencies, United Nations organisations, governments and nongovernmental organisations, the new document highlights how the health, psychosocial, and economic consequences of violence impede development. It urges increased attention to and investment in violence prevention.

Every year, more than 1.6 million people die because of violence. Of these deaths, 90% occur in low- and middle income countries. This document focuses on self-directed and interpersonal violence, since these two forms of violence account for 54% and 35% of the

global death toll due to violence respectively, whereas war and other forms of collective violence make up 11%. By contrast, a review of development agency web sites and documents suggests that, while interpersonal violence is clearly on their agenda, it is given a lower priority than collective violence and self-directed violence is almost entirely absent. Recent WHO projections show that deaths due to interpersonal violence will rank among the 20 leading causes of death, going from the 22nd leading cause of death in 2004 to the 16th in 2030. During the same time period, self-inflicted injuries will rise from the 16th to the 12th leading cause of death.

The document identifies the gaps - and the many strengths - in current development agency violence prevention priorities and proposes a strengthened agenda for more effective violence prevention. This agenda is grounded in up-to-date research on violence prevention and on how violence hinders all



aspects of development. It includes concrete recommendations based on scientifically credible interventions to prevent violence and reduce its consequences. It also puts forward concrete proposals to build up the institutional foundations necessary for violence prevention at both national and international levels.

Source and more information: Alex Butchart at [butcharta@who.int](mailto:butcharta@who.int) or Dr Christopher Mikton ([miktonc@who.int](mailto:miktonc@who.int))

Further information on violence prevention: [http://www.who.int/violence\\_injury\\_prevention/violence/en/](http://www.who.int/violence_injury_prevention/violence/en/)

Violence Prevention Alliance: <http://www.who.int/violenceprevention/en/index.html>

Global Campaign for Violence Prevention: [http://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/index.html](http://www.who.int/violence_injury_prevention/violence/global_campaign/en/index.html)

## ► Vulnerable road users

### 4th European Red Cross Road Safety Campaign: efforts stepped up to reduce road crashes by launching new interactive road safety tool



On 6 June 2008 the EU Red Cross National Societies launched a new interactive road safety training tool designed as a support for Red Cross Societies and other organisations, as well as teachers, youth workers and road safety practitioners who want to set up road safety programmes in their countries.

The “Red Cross Road Safety and First Aid Resource Pack” is available for free download on the campaign’s website <http://www.1-life.info> in 16 languages.

The Resource Pack includes background statistics and information on road crashes, as well as exercises and other tools designed to raise awareness of road safety, influence behaviour (education on road safety and First Aid), form partnerships and build community capacity. The material also aims to provide Red Cross Societies and partners with the necessary knowledge and tools to help 7-11 year old children understand the dangers of road traffic and learn about First Aid in real-life situations.

According to the latest Eurostat report, road traffic accidents in the Member States of the European Union claim about 43,000 lives annually and leave more than 1.8 million people injured, representing estimated costs of 160 billion euros.

“Since 2001 EU Red Cross National Societies have joined forces and have created valuable insights in good road safety practices, views and initiatives. We have therefore decided to facilitate the exchange of experiences and networking by producing this Resource Pack and making it available to as many people as possible, be it within or outside the Red Cross.” – says Luc Henskens, the Director of the Red Cross/EU Office.

The Resource Pack was successfully tested by Red Cross Societies between October 2007 and March 2008 in the following countries: Austria, Bulgaria, Czech Republic, Cyprus, Estonia, Finland, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovak Republic, Slovenia and the United Kingdom. More than 29,000 participants (children, teachers, parents, road safety practitioners and media) have been engaged in the process of piloting of the Resource Pack.

Each year, Red Cross Societies train more than 3 million Europeans in First Aid in order to help people develop basic life-saving skills to use at the scene of a road crash or in other life-threatening situations to become more responsible for their own safety as well as the safety of others and to avoid becoming the victim of a road crash.

Red Cross Societies are working to improve road safety by mobilising individuals, communities, organisations, decision-makers and other partners around this issue. With the last four road safety campaigns, the European Red Cross Societies have contributed concretely to the European Union objective of reducing the number of deaths on the road by half by the year 2010, in co-operation with many partners, which include numerous associations, schools, local authorities, Red Cross volunteers, the European Commission and private sector companies such as Toyota Motor Europe and TomTom.

To highlight the importance of First Aid for making European roads safer, a common position paper was also presented to the European Commission. The recommendations to the EC aimed at reducing the number



of people who are killed or injured on the roads are as follows:

- To require First Aid training to every candidate for a driving licence in all EU Member States. All drivers must hold a valid First Aid certificate.
- To have a minimum common First Aid curriculum for drivers to be adopted by EU Member States.

The Red Cross will continue to encourage individuals, communities, organisations and other stakeholders to improve road safety in Europe.

*Source and more information: To organise interviews, please contact:*

*[infoboard@redcross-eu.net](mailto:infoboard@redcross-eu.net) or visit <http://www.redcross-eu.net>*

## ► Work safety

### National economics and occupational safety and health



'National economics and occupational safety and health' is the title of a recent fact sheet published by the European Agency for Safety and Health at Work. The fact sheet highlights two important messages:

- Countries with less developed OSH systems spend a far higher percentage of GDP on work-related injury and illness — taking resources away from more productive activities.
- The International Labour Organisation (ILO) estimates that work-related illness and accidents cost up to 10 % of GDP in Latin America, compared with just 2.6% to 3.8% in the EU.

Governments, their regulators and agencies aim to improve occupational safety and health (OSH) to reduce the cost to society of injury and illness, while at the same time improving competitiveness and national efficiency. OSH can improve productivity by:

- reducing the number of people who retire early or who are unavailable for work due to injury and illness;
- cutting the healthcare and social costs of injury and illness;
- increasing the ability of people to work by improving their health; and
- improving productivity by stimulating more efficient working methods and technologies.

The intuitive and observed evidence is that both healthy individuals and society as a whole are more productive. In a German labour market study it was found that ill health reduces the probability of a person remaining in full employment by 6%, and

doubles the chances of him or her dropping out of the labour force altogether

A study by the Directorate-General for Health and Consumer Protection found that:

*'If all other conditions are equal, a five-year advantage in life expectancy will give a country a 0.3–0.5% higher annual growth of GDP.'*

The study 'Employment of disabled people in Europe in 2002' found that the cause of long-standing health problems or disability is work-related for 18.4% of people.

There is a large body of research and business case studies to indicate that OSH can stimulate productivity in a number of ways, by:

- improving resource productivity through less wastage, less down time, higher process yield, etc.;
- producing higher quality products;
- prompting firms to discover more productive working methods due to the need to stop old practices; and
- promoting replacement of older and less productive technology and equipment.

Further, the fact sheet discusses the following aspects of national economics and occupational safety and health: national cost-benefit analysis and incentives for enterprises.

*Source and more information: The fact sheet is available at <http://osha.europa.eu/en/publications/factsheets/76/view>. More information on OSH and economic performance is available at <http://osha.europa.eu/topics/business/performance>*

## ► Cross-cutting issues

### £500,000 scholarship to save lives and reduce injuries

The Royal Society for the Prevention of Accidents in the UK and British Nuclear Fuels (BNFL) recently announced a major, new, long-term scholarship scheme for students to undertake research aimed at saving lives and reducing injuries.

BNFL has pledged £500,000 to establish a fund to finance students capable of carrying out work that will have a significant impact on improving safety in the UK and around the world.



*RoSPA Chief Executive, Tom Mullarkey, receiving cheque from BNFL Group Chief Executive, Mike Parker.*

Under what is believed to be one of the biggest accident-prevention scholarships ever funded, up to three PhD students will be awarded grants annually. The researcher who produces the best work each year will be awarded a further cash prize as an added incentive for excellence.

An invitation to bid for the scholarships, together with key themes for research, will be announced later this year. RoSPA and BNFL

will be seeking to engage the country's leading researchers to focus on priority topics, not just in occupational safety and health, but also accident prevention on the road, in the home, in water and in leisure activities as well as in the area of safety education

The scheme was outlined at RoSPA's conference on Developing Leadership Action at Safety and Health Expo in Birmingham by Mike Parker, BNFL Group Chief Executive.

The announcement was welcomed at the conference by Judith Hackitt, Chair of the Health and Safety Executive, who was also speaking at the event.

BNFL has won many top awards from RoSPA for its commitment to health and safety and, now that nuclear power management is being moved into the private sector, the scholarship will ensure its name lives on as a safety champion. BNFL will close down over the coming year once it has completed the sales and transfers of its remaining businesses.

It is envisaged the scheme will run for 10 to 12 years, starting in 2009. The scholarships will be built into RoSPA's highly-regarded Occupational Health and Safety Awards system. Winners will be announced each May at the Society's Oscars-style awards ceremonies at the NEC, which are attended by nearly 3,000 people.

*Source and more information: More details about the scholarship will be announced shortly at <http://www.rospace.com>. Enquiries to [rbbings@rospace.com](mailto:rbbings@rospace.com).*

## Ministerial Declaration on Violence and Injury Prevention

On March 14 2008 the Ministers of Health of the Americas adopted a Ministerial Declaration on Violence and Injury Prevention in the city of Merida, Yucatán, Mexico. By adopting the Declaration the Ministers of Health commit to.

- recognise violence and injuries as epidemic public health problems in our countries;
- increase efforts to prevent violence and injuries, through actions for the promotion of health within a broad perspective of safe, healthy and sustainable environments;
- foster strategic agreements and alliances among the public and private sectors, as well as with non governmental organizations in order to develop national policies for the promotion of health and the prevention of violence and injury in order to decrease risks and consequences to the most vulnerable sectors of the population;
- strengthen or create, in those countries where this has not yet been created, a unit for violence and injury prevention at

- Ministries of Health with appropriate budgeting, staffing and authority;
- develop, implement and evaluate national plans for violence and injury prevention in each country, while promoting the same type of initiatives at both State and municipal levels;
- encourage Ministries of Education to work together with schools and universities to include violence and injury prevention programs as an integral component of social, health and educational policies; while training and offering continuous education programs on violence and injury prevention among personnel from the Ministries of Health;
- strengthen, within their institutional domain, data collection efforts on risk and protective factors, as well as on mortality, morbidity and costs related to injuries and violence and make these data available for decision making purposes based on scientific evidence;
- foster coordination among the sectors involved, to strengthen primary prevention programs that address the fundamental causes and risk factors related to violence and injuries such as alcohol abuse, availability of firearms, the excessive presence of violence in the media, social norms related to violence, gender inequality, lack of use of seatbelts and helmets, excessive speed, drinking and driving;
- encourage the media to commit to conducting national campaigns on the prevention of violence and injuries, as well as develop initiatives to limit inclusion and presentation of violent images and emphasizing non-violent messages;
- improve the provision of healthcare services – with a focus on the promotion of health, rights, specific gender and intercultural needs – to victims of violence and injury by the strengthening of emergency trauma care, rehabilitation services, as well as provide legal and social services;
- foster cooperation between countries within the region for the exchange of information and technical support from those countries with initiatives and projects that have had an impact on the reduction of violence and injuries;
- request organizations and international agencies to unite strengths, agendas and resources to jointly combat the problem of violence and injuries;
- recognize, and at same time request the World Health Organization and the Pan American Health Organization for their continued technical support and distribution of documentation to improve our performance on health promotion and violence and injury prevention.

*Source: International Organising Committee, 9th World Conference on IP & SP*

## ► AGENDA

### 2008

31 August - 3 September 2008 in Cape Town, South Africa

#### **Children and Injuries International Conference**

More info: <http://www.uct-cms.co.za/Conferences/2008/ISVIP/>

E-mail Mr. Sebastian Van As: [Sebastian.VanAs@uct.ac.za](mailto:Sebastian.VanAs@uct.ac.za)

19 September 2008, in Salzburg, Austria  
**Youth, risk behaviour and injury prevention - campaigning with new media print friendly**

More info: Ursula Löwe: [ursula.loewe@kfv.at](mailto:ursula.loewe@kfv.at)

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@heliotospos.net](mailto:wos2008@heliotospos.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>

3 - 6 November 2008 in Hanoi, Vietnam

**2nd Asia Pacific Injury Prevention Conference**

More info: <http://apacph2008.org/>

5 to 8 November 2008, Lisbon, Portugal

**I-Health: health and innovation in Europe**

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

11-12 November 2008, Blackpool, England

**Regulating for Home Safety**

More info: <http://www.rosipa.com>

**2009**

10 - 12 February 2009 in Cairo, Egypt

**1st Eastern Mediterranean Regional Conference Injury Prevention and Safety Promotion Development and Safety**

More info:

<http://www.emro.who.int/vip/ipsp/index.htm>

## 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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