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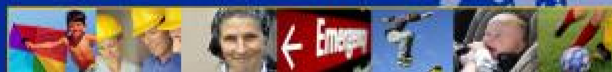
EuroSafe Alert

European Association for Injury Prevention and Safety Promotion



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"Working together to make Europe a safer Place"

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▶ EuroSafe news

Commissioners Vassiliou and Kuneva in response to EuroSafe launch: 'Improving child safety is a top priority for the Commission'

The European Child Safety Alliance of EuroSafe released on May 6, "Child Safety Report Cards" for 24 countries and a European Summary Report Card. Every single day, about 25 children in the ages 0 to 18 die needlessly in the EU as the result of an injury. While we are making progress on the issue in Europe, the inequalities between countries highlighted in the summary report show that the issue of child injury ties directly to major social, political and economic themes. There is a four-fold difference in child injury death rates between countries with the highest and lowest rates, and if individual causes are factored in, such as poisonings or burns, the inequalities get even larger. Of the 24 countries that participated in these report card assessments, the highest overall unintentional child injury death rates are found in Latvia, Lithuania and Estonia and the lowest are found in the Netherlands, United Kingdom, Ireland and Sweden.

The report cards give the participating countries a clear view of performance gaps and actions required to reduce injury-related death and disability among Europe's most vulnerable citizens – children. The report cards, co-funded by the European Commission's Public Health Programme, score the uptake and enforcement of over 100 proven good practices. The good practice policies relate to road traffic accidents, drowning, falls, poisoning, burns, choking and supports, such as leadership, data infrastructure and professional capacity, necessary to combat child injury.

There is also great variability on uptake of the proven good practices noted in the report cards between countries. Best child safety performance scores were achieved in Iceland, the Netherlands and Sweden, while the countries doing least well were Greece and Portugal. One of the positive results reported is that 14 countries for whom this is the second report card, have all made progress since the first assessment in 2007. Yet there is still much to be done.

In support of the launch of the Child Safety Report Cards and European Summary Report Card, Androulla Vassiliou, European Commissioner for Health and Meglena Kuneva, European Commissioner for Consumer Affairs expressed their joint concern over the unnecessary deaths and the leading health burden that injuries place on parents and families. Both Commissioners state that they will 'take on the responsibility of saving and improving children's lives by supporting the EU's and Member States' adoption and implementation of the child safety measures which are proven to work'.

While DG Health and Consumers is responsible for consumer product safety and health, other parts of the Commission have responsibility for areas that are also critical to child safety. These include transport, justice, education, and regional policy. To ensure child safety issues do not fall through the cracks, both Commissioners propose to 'establish mechanisms of inter-Directorate cooperation to ensure the response to this issue is comprehensive'.

This is the same approach that is being encouraged within Member States as they use their report card results to develop Child Safety Action Plans. For example, Sweden's commitment to safety in all policies is one of the key aspects that has placed them among the leaders in child safety globally and that same multi-sectoral collaboration is currently proving effective in the Czech Republic where their

multi-sectoral Child Safety Action Plan has ensured a coordinated approach and shared responsibility for the actions undertaken.

In their joint statement, the Commissioners conclude that "safety is not a luxury, but it is a basic human right, especially for children and there is huge potential to reduce the number of child injuries that occur in the EU each year through the application of what we already know works. In 2009 and beyond it will be a priority for the Commission to ensure that Member States enhance their commitment to child safety with allocation of sufficient resources for uptake and enforcement of good safety practices and policies".

More info: http://www.childsafetyeurope.org

▶ EU news

Strategic Priorities EU Health Policy

Health is one of the highest values for European citizens. In 2007, the EU adopted a comprehensive Health Strategy3 for the period 2008-2013. This strategy identifies priorities, provides for integration of health in other policy areas and creates a financial instrument for support of health activities in member states. According to this EU Health Strategy the future actions at EU level will focus on addressing health issues related to population ageing, on responding to health threats and effective use of new technologies in health care.

The EUHPF's mission is to contribute to and advise on the development, implementation and evaluation of EU health-related policies and actions and to empower European citizens in health for life. The EUHPF assembles a diverse range of pan-European health NGOs and industry associations.

Taking into account the EU Health Strategy and the need for further actions at EU level with high potential added value for health, the EUHPF has now identified the strategic priorities, in particular related to economic change (health as an economic driver and cost), demographic change (impact on health systems), environmental change, and social change .

Specific priorities for 2009-2010

EUHPF recommends the following priorities to be taken forward in 2009-2010:

- Growth and Jobs, contribute to the evaluation and revision of the Lisbon Strategy;
- Better Regulation, review the implementation of impact assessments and evaluation tools in the context of Health in All Policies; and
- Health Strategy implementation, advise the EU Institutions and monitor their efforts in the context of the implementation of the Health Strategy.

Source and more information: *http://ec.europa.eu/health/ph_overview/health_forum/ev_20090514_en.htm*

EC- conference on Youth and Health, 9-10 July 2009

A two day conference on Youth and Health is being organised by the European Commission in cooperation with the European Youth Forum and other youth organisations. About 400 people are expected to attend the event in Brussels, including young people from across Europe, representatives from youth organisations, health professionals working with and for young people and national and EU Institutions.

The conference aims primarily to listen to young people and to involve them in the decision making process about their health. It also aims at generating commitment from stakeholders to improve the health of young people. The conference will explore how young people can be empowered to take responsibility for their health and how they can be helped in this by governments, policy-makers, health professionals, youth organisations and other stakeholders. The conference will deal with a number of main themes, such as "Communicating health issues", 'Healthier young people at work', and 'Promoting health through social youth work and informal education'.

Another important theme is 'Creating healthy environments', which will look into physical environments - because our environment has an influence on physical activity-, and into exposure to environmental stressors - young peoples developing bodies are especially vulnerable to pollutants and other environmental stressors on which more research is needed to fill major gaps in our knowledge. The conference will explore health environments drawing on specific experiences and examples.

The Conference will in particular address the issue of risk taking behaviour and runs as cen-

tral theme ‘Learning to deal with risk’. Young people are generally more likely to engage in riskier behaviour than other age groups - something that youth health strategies should always take into account. Drawing on specific experiences and examples, the conference will explore how young people can be made aware of risks and their consequences, through formal education and in other key learning environments (non-formal and informal education) and through suitable communication tools by encouraging active participation in e.g. youth organisations.

Source and more information: http://ec.europa.eu/health-eu/youth/index_en.htm

▶ FOCUS on Sport Safety: European collaboration in sport injury prevention

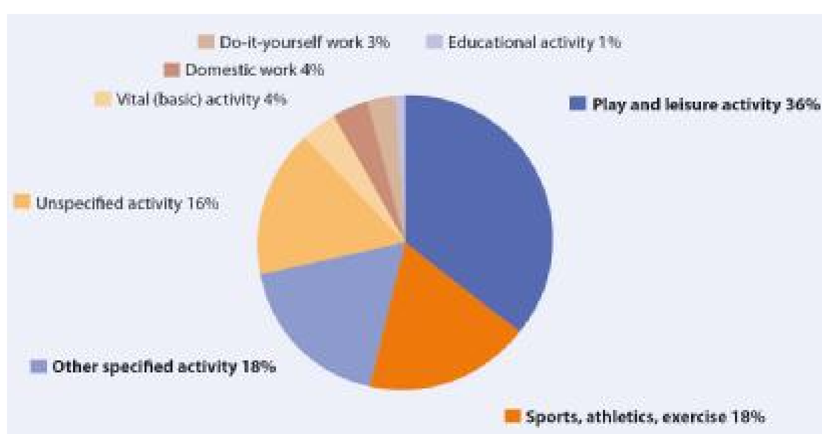
Sport is an important cultural phenomenon and one of the most widespread category of social activities. Several million people participate in sport, including senior citizens, persons with disabilities, children and young people. Sports organisations also represent the biggest social movement in Europe and are drivers of social cohesion, as social, racial and cultural differences are being bridged in clubs and associations. There is also global consensus as to the health promotion function of sports. But it has to be taken into account that it is also a major cause of injury.

Magnitude of the Sports injury problem in the EU

About one fifth of all injuries due to accidents occur during sports activities, resulting in an estimated number of 12 million injuries that need medical treatment (see Fig). Therefore, it is important to increase safety in sports in order to increase the health benefits which are inherent to physical activities in sports.

These interventions should address the relevant sport-specific risks and being developed and implemented cross-nationally and in close collaboration with European sports associations.

The EuroSafe network ‘Safety in Sports’ has been established to address the issue in a more internationally co-ordinated manner. The Network is gathering, elaborating and providing information on sports related injuries and on practical measures and strategies to athletes, trainers and appropriate persons in charge in sports associations and politics.



Non fatal home & leisure accidents (IDB, 2005)

Need to focus on specific sport types

Often injury prevention is boring and restricting the fun of risk taking. Therefore injury prevention measures should respect the specific character of the sport in question and integrate measures within currently accepted training practices.

As most sports injury prevention programmes seem to be quite general in nature (e.g. advising some warm-up and stretching), there is a need for preparing the athlete more adequately with regard to the demands of the respective sports activity by means of training measures which are tailored to the respective sport. In addition, experience shows that compliance can be enhanced if the athlete recognises that these measures will prevent injuries and assist in improving also their sport performance.
Also, our attention should be primarily turned to those sports in which a prevention of injuries

can achieve the most social benefit. This is particularly applied to team sports such as football, handball, basketball, hockey, ice-hockey, volleyball and rugby, which enjoy great, European-wide popularity.

EU pilot-study on handball & basketball

With about 4 million participants, handball and basketball are two of the most popular team sports in the European Union. Over one in ten handball players and basketball players will sustain an injury per season, so, there are sufficient reasons to address these two ball sports by priority.

In a European study, initiated by EuroSafe with support from the European Commission, an inventory will be drawn of currently available prevention measures. Additionally, accredited handball- and basketball experts in the fields of coaching, sports medicine, sports science and injury prevention will be consulted to complete the list of existing prevention measures with experience-based and non-published contributions. To gain best possible prevention measures, it is indispensable to develop an evaluation method that considers effectiveness, quality, adaptability and particularly acceptance as main criteria with the final objective to rank those measures according to their holistic quality.

Preventive measures will be subdivided into four main categories:

- Training/Exercise programmes (e.g. proprioceptive training, coordination).
- Political and technical strategies (e.g. Fair Play, rule changes).
- Equipment and Facilities (e.g. mouthguards, orthoses, taping, surface conditions).
- Medical support (e.g. nutrition, physiotherapy, performance diagnostics).

The project ‘Safety in Sports’ is carried out by a consortium which consists of the KfV, Kuratorium für Verkehrssicherheit (Austrian Road Safety Board), Department of Home, Leisure & Sports (in the Austrian Road Safety Board), Austria, Department of Sports Medicine and Sports Nutrition, Ruhr-University Bochum, Germany, CSI, Consumer Safety Institute, Netherlands and EuroSafe, Netherlands.

Measures will be developed in collaboration with FIBA EUROPE (Fédération Internationale de Basketball) and EHF (European Handball Federation) and pilot tested two national sports federations each. In case of handball this will be Norway and the Czech Republic, and in case of basketball this will be Sweden and Slovakia. In the light of the results from these pilots general guidelines and recommendations on how to develop and implement safety management schemes in other sports will be elaborated.

Preliminary conclusions

The first results of the study indicate that sustainable injury reductions in handball and basketball can only be attained when players and coaches are willing to embraces the suggested measure. For example training programmes with athletic, coordinative and proprioceptive contents, seem to provide the best opportunities in reducing injuries in handball as they can be easily implemented in daily training.

We are now considering ways in which healthy participation in sport and recreation might be promoted in a coordinated European programme. A European added value is seen in establishing a European network for sports injury prevention starting with basketball and handball as two of the most important kinds of sports in Europe. This network will be used for the dissemination of results (newsletters, network support, press conferences, congresses, direct mails to stakeholders, workshops for European and national sports associations). The website of the project www.safetyinsports.eu has recently been launched.

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▶ INTERVIEW with Othmar Brügger, bfu-Swiss Council for Accident Prevention

Othmar Brügger is a scientific specialist in the research department of the bfu – the Swiss Council for Accident Prevention. He holds diploma's in natural sciences and physics excercise and has served as trainer in Swiss Olympic top-class sports. He has been employed by the bfu since 1997 as a researcher with the main focus on sport injury prevention and the development of protective equipment. Othmar is also the leader of EuroSafe's Task Force on Sport Safety.

How did you, Othmar, become so strongly engaged in sport safety?

I first worked at the bfu in the sport department as a consultant and head of prevention campaigns. In 2003, I was made responsible for research on the subject of "Safety Promotion and Accident Prevention" in the field of "Movement and Sport". In addition to my studies in natural science (physics, movement and sport), I also have a wide background as a sports practitioner: I worked for several years as a sports teacher, as a youth and sport expert and as a Swiss Olympic triathlon elite trainer. The main concern of a teacher and trainer must be that young athletes and elite sportsmen and women in his care never suffer serious injury while practicing their sporting discipline. I have a "vision zero" policy: no accidents with seriously injury or fatality may occur in institutionally organized sport. This policy has driven me during my years as a teacher and trainer, as of course it does today in accident research.

I have experience in many sports as a player or trainer, including sporting disciplines in which safety precautions play an important role: skiing, mountain climbing, ski touring, snowshoe trekking, inline skating and wildwater kayaking. For mutual understanding and collaboration with sport organisations, it is important to 'know the business'.

What are the major challenges to making sports activities in general safer? What solutions do you propose?

Sport has an extremely wide variety of facets. In contrast to the rather straight forward road traffic system, there is no one coherent sport infrastructure or system. Every sporting discipline has its own dynamics, a different set of rules, a different environment and different types of people who are engaged in it. There is no one single recommendation that is generally applicable. For instance, wearing suitable protective items in many sporting disciplines is of vital importance. However, THE sport helmet does not exist; specific sport requires different helmet characteristics. These days, many people perform a variety of sports in their leisure time. As the knowledge and skills in sport are often at a low level, these sportsmen and women face a relatively high risk of injury. It is necessary to develop a separate best practice for injury-free sport for each type of sporting activity.

Your organisation has made a lot of effort to promote snow sport safety and been quite successful, but many serious injuries still occur on the slopes. What additional efforts are needed?

The bfu is the national institute for accident prevention in all walks of life, except in work. A legal provision obligates the bfu to coordinate all activities in Switzerland that are targeted to accident prevention.

The bfu employs around 120 members of staff, with for instance some 10 full-time positions and 10% of the budget invested in the prevention of snow sport accidents. As the 70.000 ski and snowboard accidents comprise the lion's share of accidents in sport in our country. The prevention of snow sport accidents must be the concern of a wide range of stakeholders such as snow sport schools, aerial cableway companies, and tourist industry. Prevention can only be sustainable if organised in a participative process and, in Switzerland, this is now being supervised by the bfu.

For snow sport safety, it is still necessary to put more investments, such as in the development of comprehensive pan-European piste regulations and signalization as well as in ensuring that these are known and adhered to. Further investments are needed in the development of protective products, such as ski-binding and boot systems and the promotion of wearing protective products. Harmonised guidelines for planning, building and operation of facilities are needed including, the implementation of measures for reducing high speeds on pistes and motivating sportsmen and women to be better physically prepared before accessing the piste.

You are heading the organisation of the 5th Three Countries Conference on Safety in Sports. What are your expectations as

regards the outcome of the conference and what initiatives do you expect to result?

The 5th German-speaking Safety in Sport Congress is organized by the bfu together with international partners, the Workgroup Safety in Sport (ASiS) and Road Safety Board, Department of Recreational Safety, as well as with national partners, the Swiss Olympic Association, the Federal Office for Sport (BASPO) and the Swiss Accident Insurance Fund (SUVA).

The congress, which is also endorsed by EuroSafe, should on the one hand present scientific knowledge gained from research on sporting accidents and on the other enable an intensive exchange on aspects of national safety promotion programmes and campaigns. Details available at

http://www.bfu.ch/sportkongress

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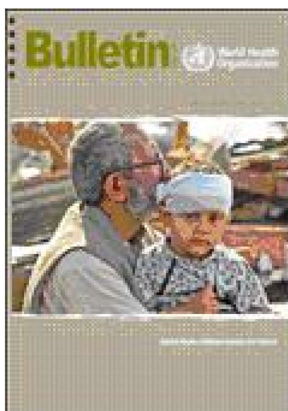
▶ Child safety

Special issue of WHO-Bulletin on childhood injuries and violence

The May 2009 issue of the Bulletin of the World Health Organization is entirely devoted to the theme of childhood injuries and violence. This month's Bulletin theme issue seeks to promote greater attention to this significant public health problem and to explore ways in which this burden can be lowered.



Injuries and violence are a significant cause of child death and physical and psychological disability. Every year injuries and violence kill approximately 950 000 children (aged less than 18 years) and injure or disable tens of millions more as discussed in the recent World report on child injury prevention. This burden is particularly tragic because much of it is avoidable. Known, effective prevention and treatment strategies remain greatly underutilized, especially in low- and middle-income countries where 95% of child injury deaths occur. Several strategic directions are addressed.

There is a need to increase the knowledge base on the extent and outcome of injury, as well as risk factors that should be targeted with prevention efforts. Injury control must be better addressed in health policy and integrated into other major agendas. To be able to influence policy, there must be stronger advocacy in injury control. And to undertake sustainable injury control work, there must be sufficient individual and institutional capacity.

The increased attention that this Bulletin issue brings to the field of injury control is timely and will be followed closely by several important WHO-initiated events: such as the release of the Global status report on road safety (June 2009); the Violence Prevention Alliance's fourth milestones meeting (September 2009); and the first global ministerial conference on road safety in Moscow (November 2009).

The special Bulletin issue aims to convince those in child health and development that child injury and violence should be on their agendas and to enhance exchange on what works to prevent and treat injuries as well as increased advocacy and partnerships to confront child injury. Countries and governments are being encouraged to implement injury control policies and programmes that will actually lower the currently unacceptable toll of child injury.

Source and more information:
http://www.who.int/bulletin/en/

Child Safety in action

Spring 2009 has been a very exciting time for child safety in Europe. As noted earlier in this addition of the Alert, May 6 was the launch of Child Safety Report Cards in 24 Member States and much needed attention was provided to this leading killer of European children and youth and a renewed call was made for new or continued action for Member States.

In addition the Spanish Ministry of Health and Social Policies hosted on May 25 a conference on injury prevention with a focus on child injury prevention. The discussions were opened by Ildefonso Hernández Aguado Director General of Public Health with key note plenaries provided by Francesca Racioppi of the WHO Regional Office for Europe, Violence and Injury Prevention and Joanne Vincenten, Director of the European Child Safety Alliance. In the closing remarks of the conference the Ministry of Health and Social Policies made a specific commitment to place more focus on the prevention of child injuries and particularly in the area of water safety.

The main focus of the discussions were the needs for: improvement the injury information systems, increased awareness by the public and decision makers that injuries are the result of human acts or negligence and they do not occur by chance, attention to address equity in injuries, the needed involvement of various sectors to move forward, enhanced capacity building and for the development of projects addressing information and training of professionals and the general public. It was noted that all of these needs can only be achieved through a close collaboration with the local and regional authorities (autonomous communities) which are near the citizens. Delegates noted they must keep in mind that above all the economical cost associated to injuries, there is a always a tremendous amount of suffering and social cost behind them. Partners in Spain will be moving forward on actions to bring these conference goals to reality.

Also in May, Johnson and Johnson (J&J) released their 2008 Corporate Contributions Annual report in which the European Child Safety Alliance (ECSA) of EuroSafe was featured. The article describes the working approach of the Alliance and its diverse and dedicated network that has been operating for over 9 years. Virginie Delwart, Manager, Corporate Social Responsibility, Europe, Middle East & North Africa said that J&J wanted to feature the Alliance in their recent report based on their outstanding track record. “Due to the innovative collaboration between member countries and the evidence-based approach, ECSA has had a tremendous impact on the lives of families and has saved a countless number of children”. J&J, Europe, Middle East & North Africa division is the founding sponsor of the Alliance and continues to support the Alliance actions to raise the profile of child injury prevention in Europe and advocate for evidenced based solutions for almost a decade. Together J&J and the Alliance are working to improve children's health and well being.

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Child Safety House Graz received communication award

The Austrian Academy for Preventive Medicine and Health Communication launched the first Austrian Award for Health Communications. The Award took place under the auspices of the Austrian Minister of Health, Alois Stöger. The target is to award the price to those, who gave an extraordinary example of innovative health communication in Austria. In May this year the jury elected the BÄRENBURG, the Child Safety House Graz, to one of the three winners.

The BÄRENBURG, the first Austrian Child Safety House at the Children’s Medical Centre of the

University Hospital Graz, presents vividly for children and adults, where sources of danger and accidents are hidden in private homes.

The BÄRENBURG also shows how these risk areas may be detected and mitigated deactivated, in order to transform your private home and garden into a

safe place for children to grow up. Inaugurated in September 2008 the Austrian Child Safety House was built by GROSSE SCHÜTZEN KLEINE – Safe Kids Austria following an Australian model.

Gudula Brandmayr und Gabriele Blaschitz from GROSSE SCHÜTZEN KLEINE (left in the picture) received the price from Hon.Prof.Dr. Robert Schlögel, Vice president of the Austrian Academy of Preventive Medicine and Health Communication & head of the prevention department in the Federal Ministry of Health.

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European child home safety conference

The European Child Home Safety conference will be held in Stratford-Upon-Avon on November 2 and 3, 2009. The conference, a collaboration between RoSPA and the European Child Safety Alliance of EuroSafe will be the first European conference devoted solely to child home safety. It will bring together the strong history of RoSPA's National Home Safety Congress and the Alliance's European Child Home Safety Campaign. Participation from across Europe is anticipated and a variety of speakers from the UK and Europe will provide an insight into the latest developments and thinking on this vital issue.

Plenary and workshop presentations will address:

- Practical and effective solutions to child home safety problems – discussion regarding evaluation of solutions would be particularly appreciated
- The importance and use of injury data specific to children
- Issues and ideas for adapting evidenced good practices for local use
- Barriers to progress – why is home safety so neglected?
- Training – who needs it, how can it be done?
- Tackling inequities in child home safety

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▶ Consumer safety

US Consumer Product Safety Improvement Act of 2008

On 14 August 2008, the US Consumer Product Safety Improvement Act of 2008 (CPSIA) entered into force. This law reforms the laws and regulations of the US Consumer Products Safety Commission (CPSC) governing all consumer products and some non-consumer products sold in the US.

The challenges will result in more pre-sale testing, more recalls because of non-compliance on creased potential for fines and penalties, and increased product liability and consumer protection litigation, such as recalls actions, resulting form product recalls and regulatory violations.

The CPSIA requires that all children's products subject to CPSC standards, regulations, rules or bans be tested by an independent testing company and compliance certified before the product can be imported into or distributed in the US. However, it also requires that all consumer products subject to similar CPSC provisions be tested for compliance and certified that they comply.

The CPSIA decreases acceptable lead levels in all toys and children's products. The CPSC has issued a variety of rules and guidances clarifying the law, establishing test procedures and exempting certain products from the testing requirements. For example, the CPSC voted to exempt from the new rules banning lead in some electronic goods and products with inaccessible parts that contain lead. In addition, it agreed to exempt some natural products from mandatory lead testing.

The CPSIA regulates phthalates and bans specific phthalates in certain concentrations in toys and child care articles. The most important legal issue that has now been finally decided is that products with banned phthalates cannot be sold after 10 February 2009. Therefore, all such products that were still in the stores on that date which contained banned phthalates would have had to be destroyed or returned to the importer or manufacturer.

Source and more information: www.cpsc.gov

Consumer Product Safety Improvement Act

Call for an effective pan-European market surveillance

ANEC, the European consumer voice in standardisation, and Orgalime, the European engineering industries associations, call for an effective pan-European market surveillance system. Both associations also call on policy makers to take practical measures for re-enforcing border controls and surveillance of products placed on the Community market

Within the EU, all consumers expect safe products; all manufacturing companies expect fair competition. Product safety and product compliance with applicable legislation are pre-requisites for placing a product on the Community market. Safety and compliance with EU rules grant products free circulation within the Single European Market, contribute to consumer choice and confidence, and boost industry's competitiveness and development.

In a position paper, ANEC and Orgalime present a common view on the New Legislative Framework (NLF) – which includes Regulation (EC)765/2008 and Decision 2008/768/EC of 13 July 2008.

With proper implementation, ANEC and Orgalime believe that this framework provides the potential to achieve a real improvement for both the safety of consumers and for the competitiveness of the European engineering industry.

However, in the face of the increasing complexity of enforcing EU legislation, ANEC and Orgalime call on Member States and the European Commission to allocate significant resources to market surveillance and to increase their co-ordination efforts, so as to ensure that the acquis communautaire of the Single European Market is preserved and strengthened to the benefit of both consumers and responsible manufacturers.

The rule should be simple: a product which is on the internal market must respect all European legislation. No more, no less. Therefore ANEC and Orgalime call on Member States of the EU/EEA to:

- Commit the necessary resources - both in terms of staff and funds - to enable them to fulfill their obligations as public enforcement authorities. Such resources are especially needed for tracing products and market operators; for carrying out administrative checks and physical controls against the applicable set of EU laws with support of the related available harmonised standards (EN); for the funding of information campaigns and for supporting co-operation with consumer and trade associations in order to improve local best practices of market surveillance.
- Commit to a co-ordinated approach to market surveillance, based on available harmonised European standards (EN), for evaluating the risks to the safety of consumers and other users, to the environment or to another core community interest specified in European legislation. In this respect, authorities should participate systematically in the related standardisation activities in order both to contribute their expertise and develop an understanding for the results of standardi-sation. In case of carrying out physical tests on products in the framework of market surveillance activities, Member States should check products against European standards as referred to in the EC Declaration of Conformity or against the manufacturer's specifications as indicated in the technical file.
- Develop a European co-operation for market surveillance: rogue traders take advantage of the scattered national enforcement of European product legislation. Therefore, we believe that it is time that Member States organised a peer assessment system of their national market surveillance activities and procedures, with the support of an advisory board open to stakeholders (including consumer and industry organisations) that would develop recommendations on the basis of best practices. PROSAFE could be chosen for such a purpose, acting as a facilitator in operating targeted market surveillance campaigns, upstream communication with customs authorities and downstream communication with manufacturers, trade and consumer organisations.
- Commit to a cross-policy approach for the various market surveillance authorities in charge of the enforcement of different legislation applying to the same product: indeed a product which, in one country, is found to be not in compliance with regard to environmental legislation (e.g. REACH) may well also not be in conformity with other EU legislation, including product safety legislation.

ANEC and Orgalime also call on the Member States to Improve, under co-ordination of the European Commission, the scope, reliability and relevance of the EU Injury Database

(IDB) on statistics detailing accidents and injuries at work, home and during leisure. This would require an ambitious research programme involving a credible set of volunteer hospitals across the EU, in order to monitor user/consumer behaviour in relation to the main product categories. This would clarify the concept of foreseeable misuse and enable suppliers to improve the safety of their products. It would also help market surveillance authorities to optimise their resources in improving the focus of their surveillance plans and strategies.

Source and more information: www.anec.eu

▶ Injury Data

EU Injury Data and Reporting Services Comprehensive information made available!

Various information systems have been created in past years in order to provide easy access to the huge amount of data that is being routinely collected by health and safety administrations. However, data is not information and especially in the highly fragmented area of injury prevention the need for 'data clearing' – turning data into reliable information - has become more and more evident.

A new service to provide comprehensive injury data is now being offered by EuroSafe and the IDB Network, with the support of the Directorate General for Health and Consumers. This new service is part of the PHASE (Public Health Actions for a Safer Europe) project, led by EuroSafe, and aims to provide relevant, comprehensive and up-to-date injury information in the following areas of injury prevention and safety promotion: home and leisure accidents, product related injuries, sports injuries, traffic accidents, work place accidents and violence related injuries. The information can be used for accident pattern analysis and priority setting, product safety risk assessment, and for developing prevention campaigns.

EU Injury Data services use a wide spectrum of data sources at both the international and national levels, such as the All Injury' data and home and leisure accident data from the EU Injury Database (IDB), general injury mortality and morbidity from ESTAT, WHO and other international data providers and specific injury data for workplace and road traffic accidents from data sources like ESAW, CARE or IRTAD.

The EU Injury Data services is a valuable resource for all those working in the area of injury prevention and safety promotion and would like to use injury data and figures to underpin arguments and proposals but have difficulty accessing appropriate data or interpreting the data provided. In particular, the EU Injury Data services is for:

- public health, health and safety administrations at the national and EU levels;
- research institutions, international and national NGOs in the field;
- consumer organisations and standardisation bodies, trade and industry; and
- general and special interest media.

Ad hoc requests for specific injury statistics can be submitted. Depending on the volume of the request and the intended use a fee may be charged. Further, there are a number of free reporting services to which you can subscribe, such as the Annual report 'Injuries in the EU' , Fact sheets about current injury topics, updates and news from the main EU data systems and EU wide national injury report reviews. Data requests can be submitted by filling in the Injury Data Request Form and send this to injurydata@kfv.at at http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3reports-1.htm

For more information: injurydata@kfv.at

▶ Adolescents & risk taking

Call for partners to initiate national action in youth injury prevention

AdRisk supports and facilitates selected national organisations in view of their initiating national programmes for action on injury prevention among adolescents. Over the past two years the EC-co-funded AdRisk project (see EuroSafe site) resulted in guidance and tools for implementing strategies for addressing risk taking behaviour of adolescents and for preventing injuries.

These guidelines and tools are now ready for further dissemination and pilot testing in countries and the project team is looking forward to partners who are willing to become actively involved in this stage of the project, which will run till the end of February 2010.

The new partners are expected to bring stakeholders together at national level with a view of shaping a national action plan on youth-injury prevention with a focus on risk taking behaviour. This will include:

- Assessment of the situation in the national context, reviewing existing programs and activities, national policies and plans related to youth / health and injury prevention and risk and safety education/ risk competence development, identifying major stakeholders.
- Consulting with major national stakeholders to undertake a process for developing a framework of action on youth and injury prevention.
- Proposing priority areas of interventions, next steps and actions at national level.
- Optional: initiating pilot activities for the implementation of the Good Practices and recommendations on youth and injury prevention (AdRisk Strategy).
- Delivering two comprehensive reports (interim and final report) titled “Initiating national action on youth/risk behaviour and injury prevention”.

National partners shall represent a national organisation or agency with proven experience and active in youth public health and/or youth safety and education.

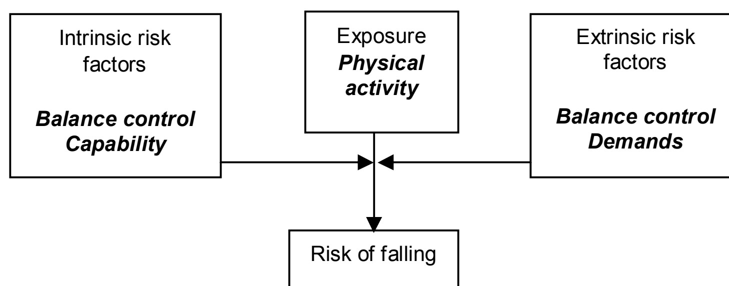
The AdRisk project as part of the EU public health programme can provide a contribution to national partners to undertake the tasks and deliverables to be achieved in this project. A total of 15.000 Euro per partner is available of which the AdRisk project will provide 60% and of which the partner will provide 40%. The partner contribution of 40% can be contributed in the form of staff time. Interested institutions can apply for national partnership by sending a letter of application describing their motivation and relevant experience in the field of youth and injury prevention in the national context as well as EU related activities.

For further information and applications please contact: ursula.loewe@kfv.at

▶ Safety for seniors

Physical activity and falls in older persons Implications for falls risk research and prevention policy

A recently published thesis by Gert Jan Wijlhuizen (researcher at the Dutch Institute for applied Research, TNO) addresses the issue of physical activity and falls in older persons. The thesis concludes that the level of physical activity is an essential measure of exposure to hazards, that should be used for estimating the risk of falling in older persons and for fall prevention policy.



Why is exposure relevant

The relevance of exposure can be illustrated by taking the example of a person who has reduced balance control capability (intrinsic risk factor) but at the same time avoids demanding tasks like climbing stairs and walking in crowded areas (extrinsic risk factors). By avoiding the exposure to these demanding tasks, the person has lower risk of falling compared to a person with similar balance control deficiencies who does not avoid these tasks. In the extreme situation that a person is not exposed to any extrinsic risk factors the falls risk equals zero. Therefore, exposure to a hazard, for instance by being physically active, is a precondition for an accident (fall) to happen, as shown in Figure. A general strategy used by older persons to control balance is to reduce their own level of physical activity and to mask their balance problems. This appears to be an effective strategy in the short term because it reduces exposure to hazards, thereby limiting the likelihood that they will fall.

Implications for falls risk research

As older persons with reduced balance control capability tend to reduce physical activity to avoid exposure to hazards, the incidence of falling per 1000 person-days is not an adequate indicator for the risk of falling. What we need is a fall risk indicator which takes into account the level of physical activity: i.e. falls per 1000 physical active person-days.

This conclusion has serious implications for the interpretation of results of intervention studies on falls prevention. If an intervention appears to reduce falls per 1000 person days (as it is generally reported), the effect might be due to a reduction in physical activity of the intervention group. No reduction in falls might be due to an increase in physical activity after a successful reduction of certain hazards.

Therefore the thesis recommends that future studies should use falls per 1000 physical active person-days as indicator for fall risk.

Implications for prevention policy

As long as older persons adequately reduce physical activity to prevent them from falling, their decreasing balance control capability is not detected based on increased falls. Persons start to fall more frequent as balance problems get out of control and reduced activities can not mask anymore their increasing frailty.

At present, fall prevention is mainly focused on persons with a high risk of falling, and it appears that these persons are generally very old and frail with multiple chronic diseases and complex balance and mobility problems. These persons require often a complex multifactorial intervention, however often with limited effectiveness.

An alternative approach in falls prevention policy is needed by not waiting with interventions until older persons start to fall, but to intervene in early stage by early detection of emerging balance control in vital older adults and by focusing interventions on these emerging balance and mobility problems.

The impact of this approach is wider than preventing falls only, as it also contributes to quality of life and increased opportunities for older persons to continue to fully participate in their community.

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The full text of the thesis is available at:
https://openaccess.leidenuniv.nl

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

OECD

OECD report on Policies for Healthy Ageing

The Organisation for Economic Cooperation and Development (OECD) has recently published a report on policies for healthy ageing. Increased life expectancy of the elderly is of course a major concern for all industrialised countries and lengthened lifetimes are not always accompanied by good health. And the cost and prevalence of chronic disease and disability due to injuries is increasing among the elderly.

In this context, healthy ageing – i.e. maintaining the elderly in good health and keeping them autonomous and independent over a longer period of their remaining years – is generally considered to impact directly on the costs of health and long-term care, as well as independently increasing the welfare of the elderly.

Whatever the magnitude, there is widespread consensus that the impact of an increased share of the elderly in the population on overall health-care costs can be mitigated by keeping individuals in good health and free from injuries. Nonetheless, the desirability of

any of these policy actions will depend on whether unhealthy and unsafe behaviours are amenable to correction from public policies, and the potential size of the impact on health outcomes once the cost of such programmes are allowed for.

Against this background, the OECD report reviews social, economic and health policies relevant to healthy ageing.

The report concludes that with the ageing of OECD countries' population over coming decades, maintaining health in old age will become increasingly important. Successful policies in this area could have potential benefits, such as:

- increasing the probability that individuals can and will work longer and retire later;
- once in retirement, increasing the number of more healthy individuals who can also help care for their partners, elderly relatives, younger generations and act as a labour reserve for community support activities; and
- delaying the need for care in costly institutional environments.

While there is considerable evidence about the linkages between specific policy instruments and improved health, it still remains unclear as to which are most effective and which are the most cost effective.

Looking at specific programmes, the material covered in the OECD report suggests that important improvements to the health and safety of older cohorts could come from some combination of: delaying retirement, increased community activities, improved lifestyles, health-care systems that are better adapted to the needs of the elderly and combined with more emphasis on cost-effective prevention.

Other policy dimensions – such as housing, education and reduction in economic and social precariousness – have also been identified as potentially playing a role.

Governments need to focus on areas where the costs of intervention are low and the payoffs are high. This may mean emphasis-ing the role of the associative and non-profit sector which mainly relies on volunteer/ community activities but which can also benefit from some professional oversight and support. Changing lifestyle factors appear particularly important, as cessation of smoking, reduced alcohol intake and, particularly, more exercise, appear to be the most promising measures to improve the health and safety of the elderly.

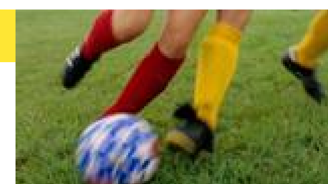
Much of the success of many existing programmes depend on the willingness of the elderly themselves, and t it may be very difficult to engineer sustained changes in their behaviour. With this in mind, the OECD report suggests that issues of prevention may need to start early: encouraging "good" behaviour at an early age may help ensure that these healthy lifestyles persist into older age.

Source and more information: http://www.olis.oecd.org/olis/2009doc.nsf/linkto/DELSA-HEA-WD-HWP(2009)1

or at:

Directorate for Employment, Labour and Social Affairs, 2, rue André-Pascal, 75775 Paris Cedex 16, France

▶ Sport safety



Neuromuscular training and sports injury prevention

Acute injuries of the lower limbs, especially those affecting the ankle and knee joints, are a common problem in pivoting sports, and often they cause long-term harms for the injured athlete. Specifically, ankle injuries recur easily, and severe knee injuries often lead to early development of osteoarthritis. Also in floor ball the knee and ankle joints are the most commonly injured body parts and about half of these injuries occur via non-contact mechanisms.

A Finnish study investigated whether a systematic neuromuscular warm-up programme could reduce the risk of acute non-contact lower limb injuries in female floor ball players.

A total of 28 teams and 457 players participated in the study. Half of the teams took part in a special training programme for preventing injuries. The other 14 teams were asked to do their usual training during the study season.

The six-month intervention occurred in the floor ball season 2005-2006. At the start of the season, 1-2 persons of each intervention

team were educated to use the warm-up programme with their team. The warm-up programme consisted of four different types of exercises: 1) running technique, 2) balance, 3) plyometrics, and 4) strengthening exercises.

The aim of the exercises was to improve control of the back, knees and ankles during sports specific maneuvers (running, cutting, stopping, standing), and in this way to reduce the risk of injuries. One warm-up session lasted 20-30 minutes and these exercises were intended to be performed 1-3 times weekly before floor ball training.

Only 5 of the 14 teams in the intervention group used the warm-up programme according to the plan, six teams had some irregularities in training, and three teams interrupted the training during the follow-up. As an average, 74% of the intended training sessions could be performed as planned.

Injury incidence per 1000 training and playing hours was 0.65 in the intervention and 2.08 in the control group. Thus, compared to the control group, the intervention group had 66% fewer non-contact lower limb injuries. In efficacy analysis, intervention teams with high compliance and adherence for warm-up training had 81% lower risk of injury than control teams.

It is be concluded that the used warm-up programme was very effective in preventing acute non-contact injuries of the lower limbs in female floor ball. Neuromuscular exercises can therefore be recommended to be included in the weekly training of this sport.

Reference: Pasanen K, Parkkari J, Pasanen M, Hiilloskorpi H, Mäkinen T, Järvinen M, Kannus P (2008): Neuromuscular training and the risk of leg injuries in female floorball players: cluster randomised controlled study. BMJ 337:96-102.

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Sports and Exercise Safety in Finland

It is widely agreed that physical exercise is beneficial for health and fitness. However sports and leisure time injuries can remarkably decrease the benefits. Sport injuries are also a very frequent reason for giving up physical activities. The purpose of SESF programme (Sports and Exercise Safety in Finland) is to increase safety of sports and exercise in a nationwide setting. The SESF-program has been funded by the Ministry of Social Affairs and Health, Ministry of Education, Federation of Finnish Insurance Companies, and the Sports Associations.

SESF program has started in March 2006. Methods to produce and provide communication on sports and exercise safety starts from the epidemiological research and clearing of international scientific findings and is followed by education, evidence based guidelines and creating of materials and campaigns. Implementation of the program has been possible through nation-wide co-operation networks. The website of the program is in Finnish: www.terveurheilija.fi.

Implementation of preventive measures will be conducted in two separate programs, 'Healthy Exercise' and 'Healthy Athlete'. For 'Healthy Exercise', the target groups of the programme are schools, educational institutes, work places and public health services. The aim of this programme is to improve the safety on different levels of physical activity, including occasionally active, active and highly active persons. This programme will be initiated at a later stage.

'Healthy Athlete'

During the first three years the focus of the SESF has been on 'Healthy Athlete'. The target groups of the programme are young athletes and children participating sports clubs, and their coaches, instructors, team managers and families. The aim is to foster coaching and training culture that promotes good health and safety in sports. Program is implemented among top-level athletes too.

Co-operation has been sought with e.g. National Development Project of Coach and Instructor Education (VOK) (a joint project between the Young Finland Association, the Finnish Olympic Committee, the Finnish Sports Federation, the Finnish Sport for All Association and the Finnish Coaching Association), Varala Sports Institute, and National Sports Associations e.g. Finnish Gymnastics Federation and Finnish Ice Hockey Association.

Ten-point circle

The central idea in SESF has crystallized in a ten-point circle (Figure). The Ten-point circle provides guidance on smart, healthy and safe sport and exercise in three areas of concern: 1) Body Structures and Functions, 2) Means of Support and 3) Environmental and Ethical Issues. All areas include the three dimensions of health: physical, psychic and social.

The ten-point circle is being implemented in four steps, in all projects initiated to prevent

Figure - Ten-point Circle for smart, healthy and safe sport and exercise

injuries in different sports and recreational activities:

Step 1: Screening

Screening is performed with ‘Healthy Athlete’ questionnaires to head-coaches, coaches and athletes. The aim is to find out how each of the elements of the Ten-point circle are taken into account in the individual sport.

Step 2: Analysis and planning

Critical areas needing improvement are picked up in consultation with experts in the individual sports branches. Tailored methods and measures for implementation are being selected, e.g. tutor education, education for coaches and instructors, education for athletes and their families, creating an expert network, communication, guidelines for action, material and equipment support, training programs, changes in rules.

Step 3: Implementation

Information is being disseminated to the field by educated tutors of the SESF program. These experts organise education and demonstration opportunities in local sports clubs.

Step 4: Evaluation

The programme implementation and success in the individual sports is being evaluated by using suitable follow-up methods, e.g. RE-AIM –framework.

Implementation

In 2007 implementation of ‘Healthy Athlete’ programme started in gymnastics and in ice hockey. Both federations chose five common ‘Healthy Athlete’ items: Maturation, Motor Skills, Gender Differences, Body care and Recovery, and Sports Nutrition. A tutor training was carried out and 10 tutors of each association were graduated. Subsequently the tutors have educated coaches, instructor, young athletes and their families in sport-clubs nationwide. Now, annual nationwide ‘Healthy Athlete’ campaigns are organised by both federations. The campaigns are promoted by the famous international level athletes.

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▶ Suicide & self harm

Guidelines for the assessment of deliberate self harm

In Spring this year, the National Suicide Research Foundation (NSRF) in Ireland published guidelines for the assessment of deliberate self harm among patients presenting to Emergency Departments.

The risk of (repeated) self harm

In Ireland there are on average 10,899 deliberate self harm presentations to hospital involving 8,542 persons each year. Rates of deliberate self harm per 100,000 population are consistently higher among women (227/100,000) compared to men (167/100,000).

Since 2004, the rates of deliberate self harm were falling among both men and women. However, 2007 the rates slightly increased again among both men and women. Whether these findings indicate an increasing trend or stabilisation remains to be seen over the next years.

The Registry of the NSRF shows a wide variation in aftercare following deliberate self harm across the four HSE areas. A relatively high proportion of deliberate self harm patients in Dublin–Midlands received a psychiatric admission (17%), whereas in Dublin–North East this occurs in only 8% of the cases. In all four HSE areas, a relatively high proportion (range: 11%-15%) of deliberate self harm patients left the Emergency Department before receiving an assessment.

The risk of repeated self harm in the first 6 months following an initial (index) self harm act is high. Of the 8,598 deliberate self harm patients treated in 2007 in Ireland, 1,303 (15.2%) made at least one repeat presentation to hospital during the calendar year,

which was higher than in most previous years.

It was highest among those who had received a psychiatric admission, in particular among women (18.5%). This may reflect the severity of the problems associated with deliberate self harm and repetition, such as borderline personality disorder. Relatively high rates of repeated self harm are reported among those who had received a psychiatric admission and were also found among those who left before an assessment was completed or refused to be assessed.

There is a clear need for further development of standardised assessment and evidence based interventions specifically targeting patients who repeatedly engage in deliberate self harm in addition to increased resources and services for all deliberate self harm patients. In line with recommendations for assessment of deliberate self harm patients presenting to Emergency Departments by the National Institute of Clinical Excellence in the UK (NICE, 2004), the NSRF now recommend implementation of the following minimum guidelines in all Emergency Departments in Ireland:

Minimum guidelines

People who have self-harmed should be treated with the same care, respect and privacy as any patient. In addition, healthcare professional should take full account of the likely distress associated with self harm. Clinical and non-clinical staff who have contact with people who self-harm in any setting should be provided with appropriate training to equip them to understand and care for people who have self-harmed.

All people who self-harmed should be offered a preliminary psychosocial assessment at triage (or at the initial assessment in primary or community settings) following an act of self-harm. Assessment should determine a person's mental capacity, their willingness to remain for further (psychosocial) assessment, their level of distress and the possible presence of mental illness. People who have self harmed should be offered treatment for the physical consequences of self-harm, regardless of their willingness to accept psychosocial assessment or psychiatric treatment.

All people who have self harmed should be offered an assessment of needs, which should be comprehensive and include evaluation of the social, psychological and motivational factors specific to the act of self-harm, current suicidal intent and hopelessness, as well as a full mental health and social needs assessment.

Following psychosocial assessment for people who have self-harmed, the decision about referral for further treatment and help should be based upon a comprehensive psychological and social assessment, including an assessment of risk, and should not be determined solely on the basis of having self-harmed.

With the support from the Ministry of Health these guidelines are currently being implemented in all health regions in Ireland and their impact on incidence of (repeated) self harm is being monitored by the NSRF-registry of injuries treated in accident and emergency hospitals .

For more information: ella.nsrf@iol.ie

▶ Violence prevention

Addressing interpersonal violence in the European Region

There were 1090 reported homicides of children under 15 years in the Region in 2004, with a rate for the group aged 0–4 years double that for those aged 5–14 years. Many child deaths are not routinely investigated, and the extent of the problem is underreported. Population-based surveys are critical to understanding the scale of non-fatal abuse in children. Figures suggest that severe physical punishment is widespread: examples from the Region suggest prevalence rates of 5–8%.

Homicide is the eighth leading cause of death (4584 deaths per year) and the nineteenth leading cause of disability (154953 DALYs per year) in women aged 30–45 years in the European Region. Women in low-middle income countries have 8 times the risk of violent death than those in high-income countries. Although the precise number of deaths attributed to intimate partner violence is not known, studies show that it may account for up to 40–70% of all murders.

Four to six percent of older people suffer abuse. Particularly in institutions, inappropri-

ate medication is a form of elder abuse, a social problem that is likely to grow with the increasing proportion of elderly people in the Region. Surveys suggest that 4–6% of older people suffer abuse in the home and the percentage in institutions may even be higher. Figures on the extent of the problem are scant. Homicide rates in the elderly are high; in 2002, 11090 people aged 60 and over were murdered in the Region. The number of deaths attributable to elder abuse, however, is not completely known.

Family violence is a major public health problem in the Republic of Latvia. Mortality rates for interpersonal violence in children and women are among the highest in the region. However, Latvia is one of the countries that have shown considerable progress in violence prevention. From 2006, violence prevention is one of the priorities for collaboration between the WHO (EURO) and The Ministry of Health. Violence prevention is integrated within public health policy and in 2008 a Program for Prevention of Domestic Violence (2008 – 2011) was adopted by the Cabinet of Ministers.

In 2007, a national report on Violence and Health in Latvia was developed. The report highlights the need for increased intersectoral collaboration and strengthening of the health sectors response to prevention of family violence. In follow-up to the recommendations, guidelines for health professionals on addressing intimate partner violence, supported by training modules, are developed by a national intersectoral working group. The TEACH-VIP curriculum on violence prevention is being translated into Latvian and will be incorporated in curricula for medical students and continuous training for health professionals.

A Nordic Baltic workshop on the prevention of family violence will be held in Riga, 8-9 June 2009. *The workshop aims to increase the* understanding of the role of the health sector in multisectoral response to prevention of family violence through shared experiences of best practice and implementation of evidence based programmes in the Nordic and Baltic States.

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

Fourth Milestones in a Global campaign for Violence Prevention meeting 17-18 September 2009, Geneva, Switzerland

The Milestones of a Global Campaign for Violence Prevention meeting series is a way to recognize the achievements of the Global Campaign for Violence Prevention since the 2002 launch of the World report on violence and health and identify challenges and future priorities in violence prevention. The aims of this Fourth Milestones meeting will be to increase the political priority of violence prevention and turn it into a global health priority by convening a group of world-recognized moral authorities to speak out in favour of violence prevention; convene a critical mass of Official Development Assistance agencies to raise violence prevention on their agenda; discuss a proposed UN General Assembly Resolution on violence prevention; and finalizing a strategy for strengthening collaboration between the public health and criminal justice/public safety sectors to reduce violence.

Source and more information: *www.who.int/topics/injuries/en/*

▶ Vulnerable road users

Safety of vulnerable road users: The role of the health sector

Persons participating in traffic as pedestrians, cyclists, and motorized two-wheelers bear a particular high injury risk in the case of a crash with a motorized vehicle. About 50% of all 3.7 million persons injured annually on EU roads are involved in road accidents as so-called „vulnerable road users“. And 40% of the annual number of around 47.000 fatal crashes on EU roads relate to this group. Although significant improvements have been achieved in road safety in the past and further efforts are planned under the leadership of the transport sector, the public health sector can play an important additional role.

A recently published report “Good and Promising Interventions for the Prevention of Injuries to Pedestrians and Two-Wheelers” summarizes the opportunities of health administrations for making the life of pedestrians and two-wheelers safer. The report has been published by the Austrian Road Safety Board as part of the project “Strategies and best practices for the reduction of injuries” (“Apollo”, led by the University of Athens, and co-funded by the former EU Public Health programme).

The report contains a number of recommendations for actions of health authorities in order to complement and amplify actions of other responsible departments, in particular of the transport sector.

One important contribution of the health sector to road safety policy is to provide health sector collected injury data and complementary information on the circumstances accidents occur to vulnerable road users. Usual traffic accident statistics seriously underestimate the problem of vulnerable road users, as huge proportions of non-fatal injuries without counter-parts are not being recorded by police. Another concern expressed by the report is that falls of pedestrians on public roads are not included in the routine road accident registers.

However, surveys on non-fatal injuries (e.g. conducted in hospitals according to the guidelines of the European Injury Data Base IDB) have proven to be able to provide the required detailed information about circumstances, causes, and injury mechanisms of accidents involving vulnerable road users and pedestrians. This information is essential for developing targeted prevention actions for evaluating these actions. Such information is available in an increasing number of Member States, but unfortunately not yet in all countries of the Community.

The report recommends that the different authorities responsible for road safety, i.e. transport, police, education, youth, urban planning etc., get their strategies for better aligned and start to work towards a national action programme for vulnerable road users. Goals for health and safety should be defined in terms of population based health indicators as lost life years or disease adjusted lost life years, and actions taken should be evaluated according to these indicators.

Health administrators and health professional should raise their voice more strongly in the demand for effective actions for the safety of pedestrians and two-wheelers. There are many interventions which are proven to be effective, such as strict control of alcohol rules, traffic calming in residential areas, or helmet wearing. The high credibility of medical experts can make a difference in public dialogue on safety issues. Medical specialist as surgeons, paediatricians, gerontologist, or neurologists are best placed to testimony the human suffering and destruction of family lives due to road accidents

In many countries financing mechanisms for health promotion and prevention campaigns are in place. Health administrations are urged to make sure that such financing opportunities are also used for injury prevention in particular of vulnerable groups, including children and older and disabled persons.

The report “Good and promising interventions for the prevention of injuries to pedestrians and two-wheelers – Inventory and Guidebook for the health sector” is available at

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4wp5results.htm?OpenDocument

For more information: Rupert.kisser@kfv.at.

▶ Work safety

EU risk assessment campaign: 30 European organisations and companies take action

Just after the first campaign year, the number of official partners has risen to 30 as more pan-European organisations and multinational companies signed up to support the Healthy Workplaces campaign organised by the European Agency for Safety and Health at Work (EU-OSHA). The campaign aims at reducing work-related accidents and illnesses by promoting risk assessment as the first step to a sustainable prevention culture. Improvements in this area are urgently needed as it is estimated that every year in the EU 167.000 people die from work-related causes.

"All of these workers' and employers' federations, NGOs and enterprises from different industry sectors are renowned organisations and they invest a lot of time and money", Jukka Takala, Director of EU-OSHA said. "We are very proud that they help us to reach the workplaces and get our main messages across: First, risk assessment is the key to preventing accidents and ill health at work – for any type of organisation, whether large or small. And secondly: Risk assessment is not necessarily complicated or bureaucratic. Even micro-firms and SMEs are able to carry out their own risk assessment. To help them, we are promoting a simple five-step approach."

Takala also highlighted that improvements must be achieved. "Although risk assessment is a legal obligation throughout Europe, there are still companies that do not assess their risks regularly, especially in SMEs, and we would like to see this change." By signing up as official partners, the 30 organisations commit themselves to organise seminars, workshops and press conferences on risk assessment and to disseminate the campaign messages and material. Other activities include the production of workplace safety and health videos, photo competitions or training sessions with clients, partners and contractors.

In return for their substantial involvement in the campaign, every official campaign partner receives a Partner Certificate and EU-OSHA rewards them with extensive promotion via its website and newsletter to more than 40,000 subscribers and to the media.

Source an more information: http://ec.europa.eu/social/main.jsp?catId=82&langId=en

European workers face new and increasing health risks from hazardous substances

An ever-increasing number of hazardous substances used in industry and in a wide range of workplaces are threatening the health of workers across Europe. A new Risk Observatory report identifies the main groups of substances which could pose new and increasing risks and highlights the exposure of 32 million people in the EU to known carcinogens at unsafe levels.

The report on chemical risks is available at: http://osha.europa.eu/en/publications/reports/TE3008390ENC_chemical_risks/view

European survey of enterprises on new and emerging risks (ESENER)

EU-OSHA is carrying out a European-wide establishment survey on health and safety at the workplace and fieldwork is due to start in March. In this survey, the responsible actors (managers and workers' health and safety representatives) will be asked about how health and safety risks are managed at their workplace.

A particular focus will be on psychosocial risks, i.e. on phenomena such as work-related stress, violence and harassment. The survey aims to assist workplaces across Europe to deal more effectively with health and safety and promote the health and well-being of employees. It will provide policy makers with cross-nationally comparable information relevant for the design and implementation of new policies in this field.

The survey, which involves approximately 40,000 interviews and covers 31 countries, has the support of governments and social partners at European level.

Further details may be found at: http://osha.europa.eu/en/riskobservatory/enterprise-survey/about-the-survey

▶ EuroSafe member profile: Norwegian Safety Forum

The forum was established in 1985 and will celebrate its 25th anniversary next year. It was the Norwegian insurance companies that took the initiative to create the Forum designed to provide information on all aspects of injuries and safety, and promote co-operation between business, public sector and non-governmental organizations. Today it is a well established meeting place, bringing together stakeholders in the prevention of unintentional injuries to debate, discuss and exchange information and experiences.

The Norwegian Safety forum is now entering in a new stage. After a period of uncertainty, future financing is now in place and the organization is experiencing a new boost of energy. An agreement between The Ministry of Health and the Norwegian Financial Services Association (with the Norwegian Insurance Companies as members, along with commercial banks and financial service institutions) secures the financing for the next five years. This gave the organisation the financial strength necessary to look forward and employ a new Managing Director. Since January this year, Eva Jakobson Vaagland directs the office of Skadeforebyggende forum, which is the Norwegian name of the Forum.

Eva Jakobson Vaagland, has a master in Philosophy and Education from the Stockholm University. She was the managing director of the Norwegian Nordic Association for five years, and has been involved in many Nordic programs including governments, public institutions as well as NGOs, schools and cultural institutions. She has also worked as a consultant assisting health, cultural and educational institutions and organizations with management, HR-work, lobbying and PR- activities.

Four councils – four lines of action

The Forum has established four council groups that focus on different themes and target groups. One group focuses on the prevention of drowning, one on children's safety, one on senior safety and the Forum also administers the Norwegian National Council of Safe Communities. Among the ongoing activities this spring we can mention a new brochure on "Children, Water and Safety", a plan for safe harbors and quays, a fall preventing program for elderly in co-operation with nongovernmental organizations in 16 local communities, and an objective to make the Safe community-movement, and the good work carried out by the 17 approved Safe Communities, better known in Norway. All groups have international networks and contacts.

Goals

Five goals are set for the 2009 – 2012-period:
- Strengthen the forums role as a meeting place for old and new partners.
- Further increase the forum' role as a source of knowledge and information and develop new channels of communication.
- Motivate partners, collaborating groups and institutions to further develop safety promotion-programs, injury prevention efforts and plans for research.
- Promote and visualize the Forums to specially selected target groups
- Focus on Safe Communities, spread knowledge of the movement and work for expanding the national network of Safe Communities

A new national strategy

The Norwegian government will put forward a new strategy for Injury Prevention and Safety Promotion before the election in September this year. The Forum has been invited to join the working committee as the only non-governmental actor. The Forum is especially interested in promoting cooperation between private and public sector and nongovernmental organizations. Cooperation makes us stronger, and the committed accomplishment from nongovernmental organizations is of vital importance. It makes it possible to reach new groups and to integrate safety promotion and injury prevention in everyday activities.

The Forum strongly supports the idea of forming Safety Promotion-programs on all level of society; in the local community, in the counties as well as on a National Level. The Forum also focuses on the need of knowledge and the importance of sound data bases on accidents and injuries and updated statistics, as well as research on methodology so that future plans of action can be based on knowledge of the present situation and what incitements that gives the best result.

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▶ AGENDA

Events 2009

22 June, Brussels, Belgium
3rd road Safety PIN Conference
Website: www.etcs.eu./PIN

22-25 June, Novi Sad, Serbia
1st Regional Southeastern Europe Conference on Safety Communities, 'Safe Children in Safe Communities'
Website: www.bezbednazajednica.org

24-25-26 June, Rotterdam, Netherlands
Young people and innovative road safety solutions
Website: www.priworldcongress2009.com

26-28 July, Melbourne, Australia
9th National Conference on Injury Prevention and Safety Promotion
Website: www.injuryprevention2009.com

13-15 July, Cambridge, United Kingdom
4th International symposium Human behaviour in fire 2009
Website: www. intersciencecomms.co.uk

13-15 August, Cali, Colombia
18th International Conference on Safe Communities
Website: www.cisalva.univalle.edu.co

3-5 September, Magglingen, Switzerland
Sport Safety Conference
Website: www.bfu.ch/sportkongress

5-7 October, Noordwijkerhout, Netherlands
The European Transport Conference – at the heart of transport in Europe
Website: www.aetransport.org

6 October 2009, London, United Kingdom
TISPOL Int. Road Safety Conference
Website: www.tispol.org/theconference2009/index.php

27-31 October, Montevideo, Uruguay
XXV IASP World Congress on Suicide Prevention of the International Association for Suicide Prevention
Website: www.iasp2009.org

2-3 November, Stratford-Upon-Avon, UK
European Child Home Safety Conference
Website: www.rospa.com

9-11 November, Toronto, Canada
WorkCongress9
Website: www.workcongress2009.com

11-12 November, Bologna, Italy
Fifth annual meeting of the WHO Network for the promotion of Health Enhancing Physical Activities (HEPA Europe)
Website: www.euro.who.int/hepa/meetings/20090217_1

Events 2010

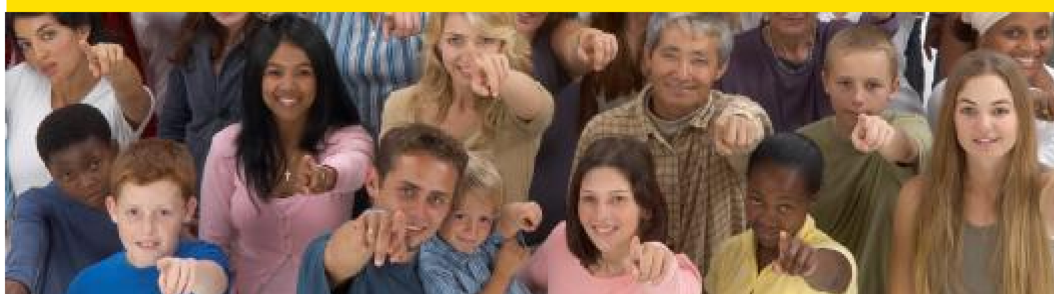
19-20 May, Reykjavik, Iceland
Second European Regional Safe Community Conference
Website: lydheilsustod.is

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

21-24 September 2010, London, England
First Announcement of the 10th World Conference on Injury Prevention and Safety Promotion
Website: www.safety2010.org.uk

SIGN UP FOR WHO IS WHO

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



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