



Quarterly publication published by EuroSafe and supported by the European Commission

► EuroSafe news

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

EuroSafe supports WHO-initiative on Child injury



survival, as today injury has become a leading cause of death and disability for children throughout the world, with the greatest burden on children from the most disadvantaged groups.

EuroSafe called upon the WHO-member states:

- to prioritise the prevention of child injury;
- to develop and implement national plans of action that include all appropriate legislative, social and educational measures to protect children from injury; and
- to ensure that injury prevention is accorded appropriate funding within programmes for child health.

EuroSafe underlined that one key element in dealing with child injuries is to ascertain the magnitude and characteristics of the problem, in view of catalysing actions to prevent injury. As the health sector has unique access to victims of injuries, it has to play a lead role in making such information available and to comprehensively compile and disseminate injury data, as well as provide policy makers with the relevant evidence base for prevention.

More information:

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

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At a meeting of the Executive Board of the World Health Organization's Executive Board, on 22nd May, EuroSafe had an opportunity to present a statement as to the WHO-initiative for a Resolution on Child Injury Prevention. EuroSafe, represented by its general secretary, warmly welcomed the increased level of activities on violence and injury prevention by WHO and congratulated WHO for the quality of its efforts, in particular the recently produced World Report on the prevention of child injury.

EuroSafe also expressed its strong support to the WHO-initiative for a Resolution on Child injury prevention, as this will help to create synergy in policy directions and the much needed critical mass to move the issue forward.

EuroSafe reminded the meeting that injury and violence are a major killer of children: more than 100 children dying needlessly every hour of every day. Accidents account for almost 90% of these cases. In addition to death from unintentional injury, tens of millions of children require hospital care for non-fatal injuries. Many of these are left with some form of disability, often with lifelong consequences.

In recent decades, child survival programmes have successfully addressed infectious diseases and nutritional deficiencies, and have helped to save millions of lives. However, that success means that we must adapt our targets to the changed epidemiology of child

► EU news

Consultation on the General Product Safety Directive (GPSD)

DG Health & Consumers has launched a public consultation on the revision of the current General Product Safety Directive 2001/95/EC. The framework set up under the two successive General Product Safety Directives - Directive 92/59/EC and 2001/95/EC - has built up, in almost two decades, a system that fosters the general principle that all consumer products must be safe, and integrates the role of European standards for otherwise non-harmonised products.

Recurrent product safety alerts, either of global or regional relevance, have made it clear that the Commission and the EU-member states need a system that delivers more rapidly, efficiently and consistently throughout the EU. At the same time, such a system should be flexible enough to adapt to the challenges of globalisation and continue to contribute to the EU internal market of safe products.

The public consultation intends to measure the size of the identified problems and to find viable solutions as well as room for further improvement. Respondents are being invited by the Commission to provide facts and figures in order to enable the Commission to make a qualitative and quantitative analysis of the problems encountered in the implementation and application of the GPSD. Concrete examples and background information will

also allow an understanding of the reasons behind statements and opinions expressed by stakeholders. Reasoned suggestions for improvement are also welcomed.

The public consultation concentrates on four key issues:

- Standardisation procedures under the General Product Safety Directive;
- Harmonisation of diverging procedures for evaluating safety of consumer products;
- Market surveillance coordination and cooperation, and the functioning of the Rapid Alert System for non-food products (RAPEX); and
- Alignment of GPSD with the Free Movement of Products Package.

For each of these four key issues an electronic questionnaire is made available on the Commission's web site. For each of these four questionnaires there are three versions available, one for economic operators, another for enforcement authorities and a third one for 'other stakeholders'. Responses to the consultation are requested to be submitted before 30th of July.

More information: http://ec.europa.eu/consumers/safety/prod_legis/

► WHO news

Initiative for WHO-resolution on Child Injury Prevention

On 22nd May, the Executive Board of the World Health Organization, which is the major steering instrument within the WHO-governance structure counting 34 members elected by the 193 WHO-member states, strongly endorsed the proposal for issuing a WHO-Resolution on Child Injury Prevention (see also page one: EuroSafe's statement at meeting).

The proposed Resolution, which was initiated by the Dutch government in response to the World Report on Child injury prevention that has been jointly launched by WHO and UNICEF in December 2008, calls upon the WHO-member states:

- to prioritize the prevention of child injury within health policies and policies across government departments;
- to ensure that national data collection across relevant sectors quantifies the burden of, risk factors for, and costs of child injury, and to assure that the resources available are commensurate with the extent of the problem;
- to develop and implement a multisectoral policy and plan of action that contain realistic targets for child injury prevention, and include promotion of standards and codes on product safety, school and play spaces, construction regulations and laws, as either a stand-alone

policy or plan, or incorporated within the national child health policy or plan;

- to enforce, and if necessary strengthen, existing laws and regulations relevant to the prevention of child injury;
- to strengthen emergency and rehabilitation services and capacities, including first-response teams, the acute management during pre-hospital care and within health facilities of injured children.

The proposed Resolution invites the WHO-secretariat to collaborate with Member States in improving data collection and in establishing science-based public health policies for preventing child injury, and to collaborate with Member States and nongovernmental organizations to augment the capacities needed to prevent child injury. The secretariat is invited to report progress made in implementing this resolution to the Sixty-seventh World Health Assembly in May 2014

Massive support by members of WHO-Executive Board

In the meeting of the Executive Board, an unprecedented number of 13 members, among whom China, the Russian Federation, the

USA, Canada, the EU, Bangladesh, Mozambique and Mexico, took the opportunity to speak on the issue and to present their strong endorsement to the proposed resolution.

Members from high income countries as well as from low and middle income countries underlined that the targets child survival programmes need to be adapted to the changed epidemiology, as today injury has become a leading cause of death and disability for children throughout the world. In particular the low income countries requested the WHO-secretariat to enhance country level support in developing and implementing national action plans.

A number of amendments and specific actions were proposed by the members. After a second reading of the proposed Resolution in the Board Meeting early next year, the final proposal for a Resolution will be put on the agenda of the World Health Assembly, May next year, for final approval and endorsement.

More information: http://apps.who.int/gb/ebwha/pdf_files/EB127/B127_5-en.pdf

Acute trauma care



The WHO recently published a document on acute trauma care: *'Strengthening Care for the Injured - Success Stories and Lessons Learned from around the World'*.

The document seeks to increase communication and the exchange of ideas among those working in the field of trauma care, whether in the pre-hospital setting, in acute care in hospitals, or in longer term rehabilitation. It also aims to increase communication among those involved in planning, administering, advocating for, or directly providing trauma care services. It finally contributes to exchange of current practices among those working in the field of trauma care in different countries worldwide.

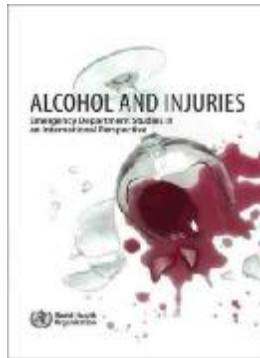
The publication contains a number of examples as to innovative and significant work being done by many individuals, institutions, and governments globally. A range of case studies is being provided, including those from pre-hospital, hospital-based, rehabilitation, and

system-wide settings, and from countries in all regions of the world and at all socioeconomic levels. These case studies have common themes and lessons learned. One of the most important of these is the need for perseverance, as many of the improvements took years to implement. Another lesson is the need for attention to detail. There was no magic bullet involved. Improvements occurred primarily by attention to detail in planning and organization.

There are also important lessons learned about the role of health policy in extending trauma care improvements nationwide, beyond centres of excellence, and about the importance of using advocacy to increase political commitment, whether at the national, provincial, or institutional level. Finally, the case studies show that improvements can be made even in the poorest and most difficult of circumstances, and that even well-resourced environments.

More information: <http://apps.who.int/bookorders>

Alcohol and Injuries



Alcohol-attributable injuries and violence are of growing concern. Alcohol-related injuries are especially evident in hospital emergency rooms and trauma centers. The clinical encounters in these settings present a one-time chance for health professionals to get access to a population

often difficult to reach. Reduction of the burden of such injuries can be achieved by implementing evidence-based public health strategies, policy measures and effective interventions on a broad scale.

In a recently published report titled *'Alcohol and Injuries - Emergency Department Studies in an International Perspective'*, WHO draws together the current state of knowledge on research, practice and policy issues on the association of alcohol with injuries

The document synthesizes the results of studies from a number of hospital emergency de-

partments conducted in different cultural settings, including the World Health Organization's Collaborative Study on Alcohol and Injuries.

The report provides an introduction to the epidemiology of alcohol-related injuries and refers to methodological issues of studies conducted in emergency departments. It also addresses public policy implications and equips the reader with practical information on interventions that can be implemented in emergency departments such as screening and brief interventions for hazardous and harmful drinking.

Alcohol and Injuries: Emergency Department Studies in an International Perspective is an useful and important source for researchers, service providers and policy makers on international and national levels as well as for all those who are concerned with alcohol-related injuries and violence and the reduction of public health problems caused by the harmful use of alcohol.

For more information: <http://apps.who.int/bookorders>

Preventing injuries in Europe



"Preventing injuries in Europe: from international collaboration to local implementation" has been launched in the European Parliament. It is the final report of a three-year project between WHO and the European Commission on the progress made in preventing injury and promoting safety. It resulted in the

development of a database of 47 country profiles compiled through a questionnaire survey and an inventory of national policies on preventing injuries and violence.

The report assesses the implementation of 99 evidence-based programmes, which include not only five causes of unintentional injury and six types of violence, but also measures that alleviate socioeconomic inequalities in injuries and violence and tackle alcohol as a risk factor.

Progress is analysed in a regional overview, as well as in a subgroup of European Union countries, and shows that WHO European Regional

Committee resolution EUR/RC55/R9 on the prevention of injuries and European Council Recommendation on the prevention of injury and promotion of safety have catalysed change in 75% of the countries responding.

The Report was presented in the European Parliament on 17 March 2010. Mr Miroslav Mikolášik, EPP MEP and Ms Frieda Brepoels, Greens/EFA MEP, co-chaired the event at which Dr Negret Emiroglu, Director of the Health Programmes Division of the WHO and Michael Hübel, Head of the Health Determinants Unit of the European Commission were speakers. After Mr Mikolášik presented the history of the partnership between the WHO and the Commission, from their common "note" - according to which injuries are unacceptable because preventable - to the launch of the report itself, Michael Hübel presented EU developments in the field of injury prevention and expressed his satisfaction with the work achieved so far, only three years following the Council Recommendation.

For more information: http://www.euro.who.int/InformationSources/Publications/Catalogue/20100311_1

► FOCUS on Violence Prevention



The Commission's Communication to the European Council "Actions for a Safer Europe" highlights the need for enhanced information exchange on the size, nature and societal impact of accidents and injuries and on the evidence of effective measures and good practices in injury prevention and in violence prevention in particular. The EuroSafe led European project *PHASE (Public Health Action for a Safer Europe)* responds to this call for action and includes a component that looks in particular into the issue of interpersonal violence.

That component (work package) is being coordinated by the Local Health Unit # 20, Verona and the National Council Research, Institute of Neuroscience, Padova, Italy. The objective of this study is to build a reliable and comprehensive information pool and exchange on the subject of interpersonal violence at EU level with a public health perspective.

The project focuses specifically on four prime areas of interest: violence against child, youth violence, intimate partner violence, and elder abuse. The study aims to provide:

- A systematic inventory of data through routine reporting systems and surveys by public health sectors, that provided information on injuries due to interpersonal violence in each of the 27 European Member States.
- Collection of harmonized data reported through these schemes in collaboration with Health Institutions and WHO National Focal Points.
- Identification of gaps and deficiencies in available information and relevant methodological issue, with proposals for resolving these issues developed in view of building a reliable and comprehensive information exchange on injuries due to violence in Europe.
- Collection and analysis of PH-interventions in violence prevention in the 27 EU MS and tools for capacity building for the identification of good practices.
- Production of summary fact sheets, one for each focus area, on the magnitude of the violence problem, markers of prevalence and characteristics of violent behaviours, prevention programmes and legislation acts within the 27 European Countries.
- Creation of a network of public health intelligence on interpersonal violence across EU.

Preliminary analysis data and information provided through questionnaire and literature studies shows that:

1. About 20% of children are physically maltreated within the family;
2. About 17% of youths are victims of any form of physical violence perpetrated within the family or by another adolescent;
3. Every four women, one has been victim of any form of physical violence within their partnership;
4. About 7% of women have been victims of sexual violence within their partnership;
5. A 8.1% of elders living in institution are victims of any form of physical restraints; about 10% of elders living in the community setting are victims of any form of physical violence.

An extensive review of Public Health intervention has been carried out across 27 EU Member States. The review has been done by a number of experts for each focus area. In addition a questionnaire was sent to WHO National focal points on violence prevention in order to cross validate the information collected and improve completeness of information. This was an important phase of the project as it was meant to receive direct inputs from the countries. After this step, a further search was also carried out in order to increase the coverage of 27 EU Member States. Information for each country will be presented in the format of country profiles.

Overall the analysis indicates that:

1. Comparing the four focus areas, Intimate Partner Violence yielded the highest number of prevention programmes;
2. Only a limited number of prevention programmes provided information on evaluation and efficacy;
3. Most programmes seem to be focusing on professionals training and education, victims support, promotion and improvement of Family Support Services, enhancement of services effectiveness and awareness raising campaigns;
4. Information on the incidence of violence and evidences base prevention is scarcely available in countries and reported in a very fragmented manner.

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u INTERVIEW with Michael Rigby, Emeritus Professor of Health Information Strategy at Keele University (UK) and at Nordic School of Public Health in Gothenburg (SE)

Michael Rigby was recently interviewed regarding his involvement in the EuroSafe/ Verona ULSS-20 led project on the prevention of interpersonal violence, and his leadership of the task force on prevention of violence against children.



As an academic consultant, Michael contributed to a number of WHO- and EU-strategy documents on child and adolescent health. He also led the Child Health Indicators of Life and Development (CHILD) project for the EU Health Monitoring Programme.

Michael is actively involved in a number of EuroSafe-projects and is a member of the Expert Panel of the European Child Safety Alliance project on Child Safety Action Planning.

Michael's first career was in the English National Health Service, starting as a policy researcher in community health services, and eventually in charge of planning all health services for a population of 2.5 million people. He then moved into academia. Throughout both phases, child health, and information, have been constant themes.

How did you, in your professional career, come across the issue of violence against children?

One of my first projects in my first job was to look at service needs for all health-disadvantaged children, though this was before child abuse was the topic of concern that it is now. Then, in the early 1970s, I was involved first locally, then nationally in the UK, in designing pioneering electronic child health records and scheduling systems, with one of the driving forces being recognition that it was the children who were not brought forward for routine examinations who were those most at risk of neglect or active injury – both being dimensions of violence by adults against children.

Then when leading the CHILD indicators project, I was deeply concerned that through all the research literature and population health data we could not find any common means of measuring child neglect and abuse – within the resources of that project we had to walk away

from the issue. That I felt to be a serious failure, and ever since I have been urging European action to seek to address this. I do not find it acceptable that European society cannot identify the number of children abused and neglected, nor identify how best to prevent its occurrence.

Over the past three decades the issue of child abuse and maltreatment has gained public recognition, however still prevalent in all societies. How can we break the taboo that continues to rest upon the issue?

We need to bring it into the open. This is now happening, far too late, and often with bitterness and with regard to the most sensational and extreme cases. It is also happening largely in a blame and recrimination context. And society at large is far too willing to condemn perpetrators, without recognising wider attitudinal changes that need to be made.

First, we have to recognise that children have rights; though they have different needs, they are people just like anyone else and have equal rights to adults. The United Nations Convention on the Rights of the Child states this clearly, but it is a message many do not want to consider too deeply. Indeed, we need to recognise that society itself has a duty to promote these rights, as children themselves cannot.

We also have to recognise that not all parents are perfect – parents are people, too, with the full range of strengths and weaknesses, and being a parent is a demanding and challenging task – as I recognise when I see my daughters being so successful at it with a sensitivity and dedication which is selfless and inspiring. Society has to recognise that not all parents will be perfect, either out of lack of knowledge, lack of skill, and in some cases out of their own bad experiences or their lack of interest. So to protect children and their rights, we have to develop supportive and sensitive monitoring systems, and we have to seek first and foremost to assist, not to criticise and punish. If that means some small loss of adult privacy to enable the protection of vulnerable children, then so be it – their rights are equal to adults' rights.

What are the priority actions we need to undertake in order to address the issue more effectively than we have done so far?

It is actually quite difficult to know where to start. Society is so reluctant to address this issue constructively – though it is far from reticent to apportion blame when things go wrong. We live in a very adult-orientated society, in which autonomy and privacy are promoted strongly – and these are the very conditions which hide and enable violence against children.

We need to find better ways of discussing the issues, of finding common terms and vocabularies, and with that the means of measuring the occurrence, but more importantly of the causal factors. We need to make the development of common statistical measures a priority, and not let sectoral boundaries or privacy smokescreens prohibit this.

We also need to identify good and effective practices in detecting risk, and in supporting children and their parents, and to see this as a societal priority. We need to recognise the importance of this investment, and that traditional outcome and return on investment metrics may not be sensitive enough to evaluate distress avoided. And European society needs to recognise the importance of researching these issues, in order to develop and promote validated solutions.

What advice do you have for countries that want to step up public health initiated actions against child abuse and maltreatment?

Countries should recognise that the sound of a child's laughter carries far, but the silence of an abused child, frightened and confined, is seldom heard. Listen for that silence. Children may not vote, but that does not disqualify them from their right to a societal and governmental duty of care.

Be brave; recognise that adults in society can argue for protection of their rights even if that may disadvantage children and therefore such imbalance must be redressed by responsible empowered advocacy; under-

stand that persons who abuse children do not really want to do so but are themselves in one way or another disadvantaged or in need; and above all recognise that happy children are fun, are equal citizens, and are our future society, and we should be proud of protecting and promoting their interests.

What added value can the European Union provide to national actions?

Much has to happen nationally – to fit national societal and cultural patterns, and because that is where competence for health and personal services resides. But the Europe Union should do at least *four* things.

Firstly, to apportion leadership and responsibility – currently this seems to fall between the Directorates for Health, Justice, Education, and Information Society (cyber-bullying and safe Internet).

Secondly, the EU should put the discussion of the issue much more prominently on the agenda, and not be reticent when inevitably this raises some uncomfortable issues, not least about rights and duties, and about the variety of quality of family experiences, which are not always good.

Thirdly, the EU should promote and support collaborative research and development of measures which can identify occurrence at a much earlier stage, and more importantly measure the risks and predicating situations.

And fourthly, the EU should emulate the good work in other fields – not least on Child Safety Action Plans regarding accidents - to find and promote evidence-based good practice in prevention, and thus provide the means by which positive progress can be promoted and monitored.

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► Child safety

ECSA Spring steering group meeting

The biannual European Child Safety Alliance Spring Steering Committee meeting was hosted by the Spanish Ministry of Health on June 17, 2010 with participants from more than 20 countries.

The meeting opened with an address delivered by Maria Astorga of the Ministry of Health on behalf of the Deputy General Director of Health, Rosa Ramirez. In her address she emphasised the right of children to a safe environment and shared that more attention is now being devoted to injury and violence whereas previously, illnesses had dominated public health resources. She added that this was in keeping with the role of injury in health inequalities as pertains to "2010 – Year of Fight on Poverty and Social Exclusion."

Agenda items for the steering group meeting included discussion of implementation of the new Alliance business plan, the organisations infrastructure, and updates from the secretariat as well as national partners regarding activities within home, water, transport and product safety. Programme Manager Morag MacKay provided updates on summary reporting for CSAP and feedback and results from the Ministerial meeting which took place in Parma in March of this year.

The steering group took the opportunity to discuss a series of proposals under development, and to forge collaborative plans for upcoming action.

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



ECSA Partners participate in drowning and rescue simulation

On June 18, The Spanish Association for Accident Victims (Asociacion Estatal de Victim de Accidentes) and Summa 112 emergency services held a drowning and rescue simulation in Madrid in order to call attention to the long standing problem of pool drownings in Spain, and to advocate for the adoption of good practices such as pool fencing. Many ECSA country partners attended the event, which was widely publicised by national newspaper, radio and television media.

Each year in Spain between 120 – 150 children drown on beaches, pools, rivers and reservoirs. 60% of children who survive drowning incidents are left with severe disabilities. Children most at risk are between 1 – 4 years of age. In the case of child drownings near home, 23% of small children who drowned were not actually swimming at the time of the incident, rather they had been playing on a porch or in a yard, and then wandered into the water.

Spain with its warm climate and strong tourism culture has over 700,000 pools. This is a number greater than any other European country with the exception of France, where national legislation requiring safety measures around private pools is already in place. 86% of child drownings in Spain take place in private pools. Yet private pools are not required to use 4 sided fencing with a self locking gate, which is proven to be the most effective method to prevent drownings.

Francisco Canes, President of The Spanish Association for Accident Victims, stressed that while fencing is the best proven preventive measure, there remains further need for constant supervision of children, as well as swim lessons for children, abstaining from alcohol while swimming or supervising children near water, and maintaining extra vigilance while on holiday. Furthermore, it is recommended that all parents and caregivers learn CPR techniques, as every minute after a drowning rescue counts toward minimising the risk of permanent disability.

Dr. Jorge Parise, Spain's representative to the Alliance, paediatric surgeon and director of Sociedad Espanola de Cirugia Infantil, emphasised that children of the youngest years are at greatest risk for drownings in private pools, and that this often happens silently, and in less than a few minutes. For this reason, the event was held in a small private pool, which best represents the most common child drowning scenario.

More information: <http://www.asociaciondia.org/>



10th Anniversary Celebration of Child Safety Day in Germany



Each year for 10 years now, June 10 has been the date of national Child Safety Day in Germany, a special event held to increase awareness

of child injuries and preventive measures. European Child Safety Alliance partner Mehr Sicherheit für Kinder, which organises the event, aims to remind people on this day that injuries are the number one risk for children, most often occurring at home or during leisure time, and that everybody can do something to help reduce the numbers of injured children.

To celebrate the decade milestone, Mehr Sicherheit für Kinder planned an expanded programme under the motto "10 Years in Action: Child Safety Day 2010". Events included an expert conference with over 70 guests from Germany and abroad, as well as a lively evening programme. German Minister of Health Dr. Phillip Rösler, who participated in the event, stated "Children's injuries most often occur in the home. Therefore it is important for parents to know how they can best protect

their children. Often its very simple measures such as covering electric outlets, or making drawers child-safe. Mehr Sicherheit für Kinder supports parents through information and educating that prevention is the best protection for children. " European Child Safety Alliance Director Joanne Vincenten completed the 10 year theme with an overview of 10 years of action on the EU level in support of child safety.

Along with data, facts, and information on preventive measures, Mehr Sicherheit für Kinder and their partners presented a series of cooperative actions and concepts to reduce child injuries, and made a video presentation with highlights from the 10 years of Child Safety Day. The event was also an opportunity to highlight their annual campaign, "Run. Jump. Climb. Sure You Can!," which focuses on fall prevention in pre-schools and kindergartens, where over 70% of injuries are due to falls

More information:
<http://www.kindersicherheit.de>

Blind and curtain cord safety

One of the goals of the Office of Fair Trading in Queensland, Australia is to educate consumers on the safe purchase and use of everyday consumer products. Each year the Office of Fair Trading conducts a 12 month 'flagship' education campaign on a key safety issue from an analysis of the latest injury data. In 2009 that campaign was about the strangulation risk to small children from looped blind and curtain cords.

Since 1991, more than 170 children have died from injuries associated with curtain and blind cords in the United States and since 2000, at least 10 Australian children have died from blind or curtain cord strangulation. The risk lies in the fact that a child can place their head in the loop created by a blind or curtain cord. If the child then tries to sit or falls down, they can hang themselves in the loop.

In 2006, the Queensland Government (along with other Australian State governments) introduced a regulation for the safe supply of new blinds, curtains and window coverings generally. Although the regulation ensures all new window coverings are safe, there are many old style blinds, curtains and shades in homes that present a

strangulation risk to small children.



In 2009, the Office of Fair Trading ran a 12 month campaign highlighting the danger of blind and curtain cords that create a loop that is a strangulation risk to children under 3 years of age.

Anecdotal evidence suggested the danger posed by looped blind cords was an issue that was not well understood by consumers. The objectives of the campaign were therefore to raise awareness of the risk of strangulation by old style blinds cords - of which there are many millions in Australia - and to encourage consumers to make existing cords safe through the installation of safety toggles.

As part of the campaign, free safety tassels were made available to Queenslanders to fit to existing looped cords on window coverings. The safety tassels join the ends of blind cords together and split when pressure is applied.

The campaign was supported by the release of a 7 *Safety Steps* brochure on blind cord safety. This handy, simple to understand brochure was published as part of a series of 7 *Safety Steps* brochures. More information on the brochures can be obtained from the following website:

<http://www.fairtrading.qld.gov.au/safety-initiatives.htm>

Since the campaign was launched the Queensland Office of Fair Trading has given away

more than 8 000 safety tassels.

An evaluation of the campaign will be completed in late 2010.

More information on the Office of Fair Trading blind cords campaign, please contact Dave Strachan, Manager, Product Safety at dave.strachan@deedi.qld.gov.au

► Consumer safety

Better EU Product Safety Legislation by a combined food and non food approach



A month ago, the Commission has launched a public consultation (see page two) on the revision of the current General Product Safety Directive (GPSD). That initiative gives the right momentum for a serious reconsideration of current EU-consumer product safety legislation within the overall perspective of consumer safety as it relates to non food products and to food products.

In a recently published paper, Antoni Brack, Chair Regulatory Environment of Business Enterprise at the University of Twente in the Netherlands, takes that challenge and presents an intriguing overview of similarities and differences between EU-legal regimes with regard to food and to non-food product safety.

The author's point of departure is the EC Treaty which offers several possibilities to base product safety provisions, either in relation the part that governs the establishment of the internal common market or to the part that enables the Community to support the member states in their policies concerning public health and consumer protection. Such provisions are expected to deliver a high level of consumer protection, taking into account the latest developments in technology and being based on scientific evidence. On this basic legal level there is no indication as to the need to deal differently with food vis-à-vis non-food products. Neither the EU- product liability regulation, which provides legal provisions for compensation in case of damage or injury due to defective products, makes any distinction between both categories of products.

The distinction food/non-food only became apparent when Regulation General Food Law was introduced and the European Food Safety Authority was created, leaving completely out of any consideration the need for better regulation of non-food products.

The safety of non-food products now is still regulated in an indirect way by 'lower level' directives and in a piecemeal approach: on the general level by the General Product Safety Directive and on product group level by the New Approach Directives (CE-Mark). Also a dedicated EU-level authority for the co-ordinated monitoring and enforcement of non-food safety is still lacking in this field.

However, there are many good reasons to transcend this "thinking in silo's" and to maximise the opportunities provided by the apparent communalities between both categories of products in regulating and enforcing compliance.

It is evident that many consumer goods have both a food and a non-food dimension: one can think of children who put toys in their mouth, the infamous chocolate egg with a non-food surprise inside and the possible interaction or migration between the package and its food content.

Even more, it is evident that the basic scientific and managerial principles for safety control are all the same for both food and non food products. For instance, precautionary principle, risk assessment methodologies, traceability and monitoring duties, they all equally apply to food as well as to non-food safety issues.

Therefore, and despite obvious differences on the executive level of practical application and surveillance procedures, the common grounds for regulation both categories of products should be further explored and utilized for producing a better, i.e. more consistent and efficient, regulatory framework for consumer products marketed within the EU.

The author concludes that it is better to build a legal system on similarities instead of emphasizing differences in food and non-food

safety management. The consultation on the GPSD as well as the Better Regulation Programme offer an excellent opportunity to reform European product safety law by introducing one common Regulation for both food and non-food products and by establishing one comprehensive EU-Product Safety Authority.

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Source: Antoni Brack , A Disadvantageous Dichotomy in Product Safety Law Some reflections on sense and nonsense of the distinction food-non food in European Product Safety Law, European Business Law Review (2009/1).

Market Surveillance in Hampshire, UK

Hampshire County Council Trading Standards Service (TSS) is the Market Surveillance authority for the geographical area of Hampshire in the United Kingdom, with a population of 1.25 million people. Each year, as part of our market surveillance work, TSS plan projects to target products for sampling and testing. Our officers visit retail outlets, manufacturers and importers to obtain samples.

TSS also go to Customs bonded warehouses where goods imported into the United Kingdom from third countries are held in transit. This often involves stopping the transit of goods whilst samples are tested.

Officers use their experience and judgement to select samples, however there are also guided in our choice by other intelligence, for example goods featured in RAPEX, product recall websites and complaints from members of the public. Toys are targeted by officers because of the vulnerable nature of children and the large quantity of failures found in this product group. Hampshire is very fortunate in having access to an accredited laboratory with a long experience of testing these products.

Under one of our projects in 2009/2010 TSS sampled 135 products, 41% of which failed in some respect, either in construction, labelling or both. The products were found to be predominantly imported from China with others from a diverse mix of nations.

Here are some case studies relating to products found to fail safety requirements which resulted in notifications to the department for Business, Innovation and Skills, the UK government department which reports into the RAPEX system.

- A clown wooden toy vehicle offered for supply in a specialist toy shop. The clown's head and collar detached at below the legal limit of 90 Newtons. The retailer voluntarily withdrew the product.

- A phone charm rabbit, attractive to children, was tested and the eyes detached at 57, 15 and 29 Newtons. Each eye consisted of two buttons. We have found button eyes generally to have been poorly secured to soft toys. There was a voluntary recall of the product, found on sale in a newsagents.



- A "Police Jungle Storm" toy gun's suction darts presented a choking hazard. The warning "do not aim at eyes or face" was missing.



- The heavy metal, lead (Pb), exceeded the permissible 90mg/kg of migratable lead in a magnifier toy. The toy also included a neck cord which presented an intrinsic hazard. Voluntary measures were taken by the retailer.
- Sampling from a retailer led to the discovery of a set of hand bells with excess chromium in the leather handle. Stock was withdrawn by the importer and destroyed and the company notified their own local market surveillance authority elsewhere in the EU.

- At a Remote Customs Warehouse, wooden puzzles were sampled and found to contain excess heavy metals. They also presented a choking hazard and in some cases, a strangulation hazard to young children. The products were suspended and the importer's local Trading Standards service who also advised them on compliance issues. Out of 50 samples taken at such locations, 64% represented failures and 46 were toys.

TSS has no doubt that similar successes in finding and dealing with dangerous toys have been repeated in many other authorities in the United Kingdom. TSS is concerned that there is much more work to be done, as it is still very easy to find products which fail safety requirements and present a danger to the public.

TSS is also concerned at the ease with which importers of such products at the cheaper end of the market are able to make themselves untraceable.

Lack of an EU name and address on packaging has made this problem very difficult to deal with.

Much more work will be necessary to bring what appears to be an epidemic of non-compliant toys under control.

More information:

www.hants.gov.uk/regulatory



Consumer organisations want EU-product safety legislation to be upgraded



BEUC, the European Consumers' Organisation, and ANEC, European Association for the Co-ordination of Consumer Representation in Standardisation, jointly issued a report on the needs for improving current EU-legislation for the safety of consumer products, i.e. the General Product Safety Directive (GPSD).

Through this report, the two European organisations that are jointly working on issues related to protecting health and safety of consumers in Europe, want to contribute to the reflections on the current GPSD-legislation and its implementation. They want to provide food for thought to the Commission at an early stage in the revision process.

Both organisations conclude that the GPSD has proved to be a landmark of European consumer protection policy in many ways. It is intended to ensure a high level of product safety for those consumer products not covered by specific sector legislation (as are toys and household electrical appliances for example).

The European Commission's Report to the European Parliament and Council of January 2009, on the implementation of the GPSD, is reasonably positive about the effectiveness of the GPSD, but also identified elements that could improve the GPSD.

Therefore ANEC and BEUC welcome the revision of the General Product Safety Directive (GPSD), and urge the Commission to:

- 1 Establish a more effective regulatory framework, allowing quick market interventions and reliable long-term solutions, without delegating political decisions to the stan-

dardisation bodies. The GPSD should allow for the establishment of product-specific rules without limitations, either in terms of content or the period of applicability. The legislator should also be able to use an alternative to standardisation.

- 2 Provide for an opportunity to apply higher conformity assessment modules than industry self-declaration. ANEC and BEUC call for the introduction of a provision that allows conformity assessment procedures involving third parties to be established for products which may pose significant risks to consumer health and safety.
- 3 Ensure that a comprehensive European legal framework for the safety of consumer products and services is in place. To this end there is a need for strengthening the GPSD and taking actions at the European level to ensure the safety of consumer services is legally addressed.
- 4 Ensure a more effective market surveillance system through strengthening of the European framework for market surveillance, establishing an EU-funded accident statistical system and by creating a European complaints handling and reporting point.
- 5 Ensure the safety of child-appealing products through the GPSD by including a legal definition for child-appealing products, introducing specific safety requirements for child-appealing products and maintaining the prohibition of dangerous food-imitating products.

6 Make specific reference to people with disabilities under categories of consumers at risk and ensure that mainstream products should be designed in such a way that as many people as possible can use them in

a safe way, regardless of the age or ability of the user.

More information: <http://www.anec.eu/anec.asp?rd=1401&ref=09-01&lang=en>

► Injury Data

EU Injury Database (IDB) analysis on electrical consumer products



Research carried out by the UK's Electrical Safety Council (ESC) demonstrates how the EU Injury Database was able to be used to help categorise the risks associated with electrical consumer products.

Although the UK has a fair record of electrical safety, someone dies every week in an electrical accident at home. Further, there are an estimated 4,000 injuries and 8,000 fires in people's homes caused by an electrical fault every year and nearly 113,000 estimated injuries are caused by using electrical products without due care.

To help the Electrical Safety Council to direct technical and campaigning resources to achieve the greatest impact and benefit for consumers, we carried out a risk categorisation exercise for electrical consumer products. This involved analysing data from sources, such as EU RAPEX, UK fire statistics, Trading Standards, newspaper clippings and from consumer incidents reported on the ESC-website. However, to produce risk categories that considered all contributing factors, we needed of course to include data related to injuries caused by using electrical products.

Injury Data

The UK system for collecting injury data was until 2002 the Home and Leisure Accident

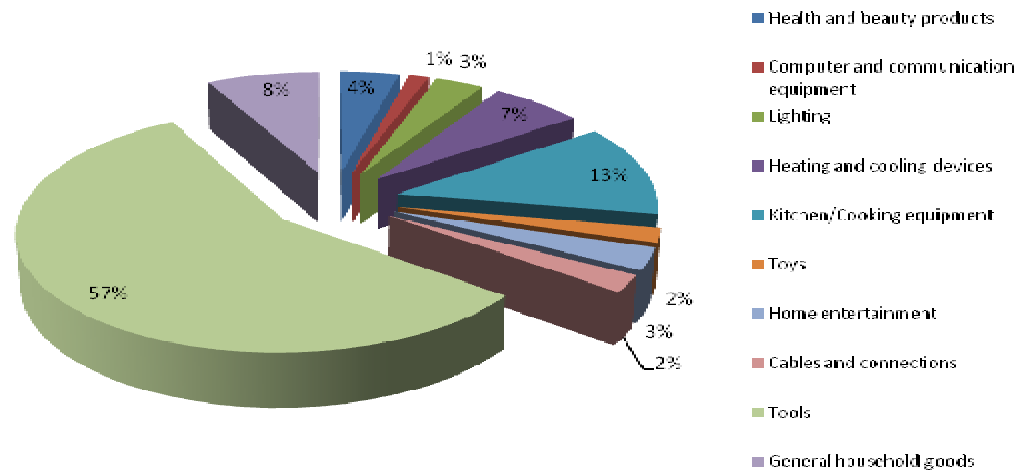
Surveillance Systems. But unfortunately in 2002, the Government ceased to collect this data for the UK. With the range of electrical consumer products in the UK increasing year on year – the vast majority being manufactured in an imported from the Far East, and with the rapid growth in the purchase of electrical products over the internet, the HLASS database is now of limited value in assessing injury rates and trends.

To this end, we turned our attention to the EU- Injury Database. Injury data was analysed from a sample of 84 hospitals in Austria, Cyprus, Germany, Latvia, Malta, Netherlands, Slovenia and Sweden between the years 2005 and 2007. This represented a good cross-section of EU countries and cultures from which detailed analysis was carried out and extrapolation into EU 27 member country estimates were made.

It is estimated that that there are 42 million injury cases presented to accident and emergency units across the EU between 2005 and 2007. From analysis of the corresponding injury data it is estimated that 1,212 000 are due to electrical products or 2.96% of the total cases. The vast majority of these cases are due to physical injury and are not directly attributed to the electrical integrity of the products concerned. The breakdown of the results for electrical products is shown in Table and in Figure.

Product Group	estimated % of electrically-related injuries	estimated corresponding number of Injuries in EU27
Health and beauty products	4.05	48.000
Computer and communication equipment	1.35	17.000
Lighting	3.34	42.000
Heating and cooling devices	6.46	84.000
Kitchen/Cooking equipment	12.50	151.000
Toys	02.02	23.000
Home entertainment	3.04	36.000
Cables and connections	2.36	27.000
Tools	56.76	691.000
General household goods	7.77	93.000

Figure: breakdown of electrically-related injuries per product category



Other information sources

Evaluation of electrical consumer products notified as being unsafe under RAPEX, indicates that in most cases the product standards written to support the Low Voltage Directive are either not understood or not properly followed. However, the fact that products do not pose an electric shock risk does not mean that they do not pose a safety risk. For example, health and beauty products that may be used close to the body that are either sharp or emit heat may pose a risk to consumers or vulnerable users.

Another key factor is unnecessary play value built into the design of products that could be a hazard to children e.g. kitchen and cooking appliances. Such products should be supported by an appropriate risk assessment and risk management process.

In terms of domestic fires in the UK, the general trend is that number of electrically-related fires is decreasing. However, the number of fires due to electrical consumer products accounted for over 90% of all fires having an electrical origin in the 2007 fire statistics.

Conclusions

Taking all relevant data sources into account, the following is a list of products registered as

high priority for further research and evaluation regarding safety and compliance. These products will also be considered in the future safety screening programme conducted by the Electrical Safety Council.

- Lighting Chains;
- Night Lights;
- Hair straighteners /curling devices;
- Deep fat fryers;
- AC/DC adapters for toys;
- Extension leads;
- Kitchen and cooking devices with play value; and
- Residual current devices (RCDs).

The Electrical Safety Council continues to lobby the UK government to develop and implement an appropriate database to collect injury data, as required by the EU.

More information can be found by visiting www.esc.org.uk or contacting Martyn Allen martyn.allen@esc.org.uk

► Adolescents & risk taking

Tackling youth drinking

Drinkaware, a UK charity which aims to reduce alcohol harm, has launched a new section of its website dedicated to offering alcohol advice to professionals who work with young people. The new area of the Drinkaware website can be viewed at www.drinkaware.co.uk/professionals and has been developed based on feedback from those working with young people, including youth workers and teachers. The intention with the new section of the site is to be a 'one-stop-shop' for all alcohol information, making it easier for professionals to raise the topic with young people.



Research has shown that 82% of professionals are concerned about the level of drinking among young people and 84% have stressed the importance of tackling this issue. Further to these findings, Drinkaware has developed useful, medically approved worksheets and workshop plans covering four key areas; Alcohol and You, Alcohol and Emotional Health, Alcohol

and Risk-Taking and Alcohol and Sexual Health, with the latter three developed with accompanying fact-sheets. All resources are aimed at 11-16 year olds with additional activities for 14-16 year olds.

Top research reports from governmental departments have also been summarised on the site, with links to other available resources. The site is designed to be interactive with professionals and encourages them to contribute their own examples of good practice.

The Professionals section of the website has been developed based on extensive feedback from those who work with young people on a daily basis. Workshop plans and worksheets have been tested with several youth groups and the selection of downloadable resources are simple to use by youth workers who may never have tackled the issue of alcohol with young people before.

In addition to providing support for professionals, Drinkaware has also developed a section of its site to provide advice and information for parents, offering tips for how parents can broach the issue of alcohol with young people, when it's a good time to talk to kids and safety measures that can be put in place if children start drinking.

More information: www.drinkaware.co.uk/parents



► Safety for seniors

UK-Geriatrics Society: better services for older people

The British Geriatrics Society (BGS) is calling for the greater involvement of clinicians in the development of healthcare policy to ensure the design, commissioning and delivery of health services appropriate to the needs of older people. The BGS manifesto calls on the next UK- Government to implement policies which will: ensure older people have access to timely and effective healthcare; promote healthy ageing; lead to better integration of health and social care; and fund scientific research into ageing and age-related conditions. The manifesto's key points are:

1. *Timely and Effective Healthcare For Older People*

Older people must have equal access to timely and effective healthcare, including a comprehensive assessment (which includes a full diagnostic work-up) and a treatment plan - regardless of their age. The BGS opposes discrimination against older people (either direct or indirect) and believes that decisions about health and social care should always be based on clinical appropriateness and not made on the basis of chronological age alone.

There is a need to improve the training of all healthcare workers, as the majority will have regular contact with older people. All professionals should be aware of basic principles



of dignified care which take account of the needs of older patients. Training curricula for doctors, nurses, therapists and other health and social service professionals should contain key elements on the needs of older people.

Frail older people often have high morbidity rates, different patterns of disease presentation, a slower response to treatment and requirements for social support; these factors call for special medical skills. Geriatricians provide high quality clinical care for frail older people as part of a multidisciplinary team during acute and chronic illness, rehabilitation and at the end of life, in both hospital and community settings.

Care home residents do not have access to the full range of healthcare services, to which other members of the community have access. All care home residents should receive a comprehensive geriatric assessment before they enter a care home. They should also have their medications proactively reviewed within 14 days of admission and at a minimum of 6-monthly intervals thereafter. Care home workers need additional training and support in order to provide residents with high quality and dignified health care.

2. Promote Healthy Ageing

There are a range of effective preventative measures which can be undertaken to reduce the hospitalisation of older people, their deterioration and their need for long term care, thereby reducing healthcare costs.

The need to communicate effectively with older age groups is very important. There should be a public health focus on healthy ageing messages which emphasise that it is never too late to stop smoking, to exercise, to eat healthily, and to reduce alcohol consumption.

3. Integration of Health and Social Care

Older people and their carers benefit from close coordination between primary and secondary care and social care teams. As more people receive care in the community, it is essential that information is shared and that there are good links between all the professionals involved in an individual's care.

There is evidence to suggest that geriatricians can reduce hospital admissions if they are involved in regular meetings with primary and social care teams who provide care for older people at home. This enables the early detection of decline, usually in the context of increasing care needs in the home. The geriatrician can intervene to provide and co-ordinate a timely comprehensive assessment by the inter-disciplinary team and treat underlying medical conditions (many of which are modifiable or reversible).

4. Research needs

There is a need for adequately funded and well coordinated research into ageing and the needs of older people. Better understanding of the biological, medical and psychosocial aspects of ageing is essential if, as a society, we are to narrow the gap between life expectancy and healthy life expectancy. Such research also enables us to identify and develop new interventions and therapies for the common age-related diseases.

Trying to understand human ageing and minimise the detrimental effects of age-associated diseases on individuals requires investment, but the relative cost is insignificant when compared to the costs of age-related disease and the missed opportunities of failing to benefit from older people's talents and potential.

More information: publicaffairs@bgs.org.uk

Paradigm shift needed in falls prevention

The risk for falls among older persons is influenced by three categories of factors. These are: environmental hazards (demands), deterioration of balance control (capability) and behaviour (exposure to hazards). The focus will be on the deterioration in the capability to control balance, which can be regarded as an example of a classical pattern observed in other fields of research on accident prevention, namely, drift into failure.

Drift into failure is described as a slow, incremental movement of systems operations (for balance control) towards the edge of

their safety envelope. Drift into failure is hard to recognize because it is about normal people doing normal work (behaving normally), and not about obvious breakdowns or failures. What is perceived as 'normal' may be based on what is frequently perceived among older persons: many have difficulty with walking or climbing stairs. These difficulties are frequently observed by older persons themselves (among peers), and also by 'others', such as family members, and professionals.

Among older persons and the 'others', the perception of 'normality' and 'acceptability' of

the balance control difficulties of older persons may be influenced by the idea that they are quite adequately coping with these difficulties, because as individuals they do not fall often. These 'others' are referred to as the 'system' that surrounds the individual older person with implicit and explicit opinions, expectations, policies, and demands affecting balance control. However, from statistics on falls-related injuries, it is becoming increasingly clear that the difficulties in controlling balance experienced by many older persons cause them to 'drift into failure', as reflected by the observation that about a third of older persons (65+) fall at least once a year.

When addressing the issue of falls prevention policy, a distinction should be made between the older individual who is at risk of falling and the system surrounding the individual. This distinction fits into the two accident prevention approaches described by Reason, namely, the person approach and the system approach.

The person approach

Reason describes the person approach as a widespread and longstanding strategy that is primarily based on the study of risk profiles and the unsafe behaviour of persons who are involved in accidents (falls). The associated countermeasures are mainly directed at reducing unwanted variability in behaviour (restoring balance control) among those who are at risk (older persons at risk of falling). In this approach, persons are viewed as free agents capable of choosing between safe and unsafe modes of behaviour, and therefore the focus is directed towards the persons at risk. A serious weakness of the person approach is that by focussing on the individual origins of error, it isolates unsafe acts from their system context. In falls prevention, this approach is seen in attempts to involve older persons at risk for falls in, for example, physical exercise programmes. One of the aims of these programmes is to change an older person's 'normal' pattern of withdrawing from difficult physical activities to a more challenging style of coping with their generally low capability to control balance.

Several randomized controlled trials (RCTs) have concluded that this approach can reduce falls, but some important difficulties still remain that limit the impact of these programmes on the public health problem of falls, namely:

- It appears difficult to replicate the results of the RCT intervention programme in new settings.
- The willingness of persons at risk to participate in a falls prevention intervention programme is generally low.

- Interventions are tailored to those with a high falls risk. This approach does not address the source of the problem, the process of a decreasing capability to control balance among many older persons, a process that starts long before individuals are actually at risk of falling.

The system approach

According to the system approach, errors (falls) are seen as consequences having their origins in 'upstream' systemic factors.

The assumption of the systemic approach is that the human condition of those at risk cannot adequately be changed isolated from the conditions under which persons are functioning. In order to change these conditions (building upstream defences), knowledge is required about those processes that have consequences for safety. Actually, building and maintaining these defences should prevent the classical pattern of drifting into failure.

The suggested defence is to set a standard for the required minimal level of human functioning including their capability for controlling balance for a given set of activities. Prevention of falls should shift from targeting interventions at persons at risk for falls and focus on measuring and maintaining the minimum required level of human functioning.

This approach will not only contribute to falls prevention, but also to their level of social participation, use of health care and their ability to live independently. In order to establish this defence, (health)care professionals should have access to adequate instruments to measure the level of human functioning and should be informed about possible interventions to maintain and restore the required level. The International Classification of Human Functioning Disability and Health (ICF) provides a suitable framework for measuring relevant aspects of human functioning.

Conclusion

The person approach to falls prevention has shown its effectiveness in small-scale (RCT) studies, but its impact at a public health level is still limited. Based on the system approach, prevention of falls should shift from targeting interventions at persons at risk for falls towards measuring and maintaining a required level of human functioning. Research is needed to establish the required level of human functioning based on concepts from the International Classification of Human Functioning Disability and Health (ICF).

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► Sport safety

Dutch bike helmet wearing campaign



Dutch Rabobank-team cyclist Rick Flens (recently active in the Giro d'Italia) launched a new national campaign to promote helmet wearing among race cyclists and mountain bikers in the Netherlands.

While helmet-wearing is compulsory during bicycle races, this is not the case when the same race cyclists or mountain bikers go for a recreational tour or trainings lap. The Dutch Consumer Safety Institute, together with the Dutch Cyclists Union, started a new campaign which aims to improve helmet-wearing during those recreational tours and trainings laps.

Research evidence

Each year an average of 3,700 Dutch race cyclists and mountain bikers end up in a hospital after taking a spill with their bike. A lot of those falls result in severe head injuries with possible long-term consequences on a person's health and work-availability. Although there is a simple solution, wearing a helmet, not every race cyclist or mountain biker seems to act on it. When going on a recreational tour or trainings lap, only 41% of race cyclists and 63% of mountain bikers always wear their helmet. Most of the non-helmet wearers make a different risk assessment when cycling alone or on recreational or training basis. What they don't realise is that, even though

they are probably very skilled cyclists, external factors can cause spills such as a crossing dog, a car driver opening the door or even a fallen water bottle. And even though maybe the chance of falling during recreational tours or training is less, the impact is the same.

Campaign

This summer, various roadside commemorations will appear on popular recreational cycling tracks in the Netherlands. These commemorations are the starting point of an impressive story of a race cyclist or mountain biker who suffered a head injury caused by a spill. The story is told with the help of banners over the road, which ends with a banner saying: "Do you always wear your helmet?".

These commemorations can not to be missed by race cyclists and mountain bikers. National and local press supports the campaign by publishing articles in (local) newspapers, online videos, banners and information.

Results?

Three weeks from the launch, June 16th, the first questionnaire will give insight in the results of the campaign, followed by a second questionnaire 3 months after the launch of the campaign.

More information: s.kloet@veiligheid.nl

Improved safety for European beaches

Coastal areas, and particularly the southern beaches on the Mediterranean, are the main holiday destinations in Europe with 60 per cent of all tourists visiting. In addition to requirements for tidy beaches and water quality the question of safety on beaches is of decisive importance for ensuring an unspoiled holiday trip. A graduated Europe-wide standard system of safety analyses, information signs, directly accessible rescue equipment and a well organised lifeguard service provides the proper methodology for improving safety at beaches in Europe.

The elements of this standardised system include standard hazard, prohibition and information signs, standard signposting of water sport and bathing zones as well as a simple



flag signal system for bathing or for displaying bathing prohibitions as is now described in a binding and integrated manner by ISO 20712. This signage system is to be supplemented with safety leaflets for visitors as well as standard information boards in several languages at entrances to beaches.

There should also be directly accessible rescue equipment, such as rescue tubes (torpedo buoys) or throw lines/tubes, as well as basic first aid equipment and alarm installations using e.g. public telephone facilities available at all intensively visited beaches. And not the least, the availability of properly trained staff: all experiences show that only the presence of well trained and equipped lifeguards can significantly reduce the frequency and severity of accidents on frequently visited beaches.

Professional risk assessment offers the necessary tools and guidance for assessing whether lifeguards have to be provided on a beach, how many are required and which equipment is necessary.



In Europe this risk assessment is offered and carried out by the International Life Saving Federation of Europe (ILSE), the European water

safety organisation. After successful implementation of the proposed measures the results will be published with the Lifeguarded Beach seal of approval.

The ILSE risk assessment places particular emphasis on evaluating the given local risk situation and also related this to the intensity

of use of a certain section of beach. In addition to the average daily number of visitors, the accident probability, the natural conditions (beach characteristics, cliffs, buildings, obstacles) and also access routes for the emergency services will be evaluated. From these and additional factors the minimum requirements for the number of lifeguards and their equipment can be calculated, and recommendations for improving public facilities and safety information are being proposed.

In Germany, where the comprehensive deployment of lifeguards on the North Sea and Baltic Sea coasts has a long tradition, lifeguard services are essentially organised by the Deutsche Lebens-Rettungs-Gesellschaft (German Lifesaving Society) and are kept at a high standard, especially technically. It has been possible to award to all beach operators that have participated in a risk assessment in Germany up to now the Lifeguarded Beach seal of approval directly.

The accident and drowning statistics convincingly demonstrate the effectiveness of this approach. Today, less than 4 per cent of all national drownings occur along the coast and almost all these cases occur outside lifeguarded bathing areas or bathing times.

For Europe this experience means: carrying out comprehensive risk assessment and acting on the identified risks through a systematic beach management and safety methodology, up to 10,000 more lives could be saved per year throughout Europe.

More information: <http://flagspot.net> or <http://europe.ilsf.org>

► Suicide and self-harm

Optimising Suicide Prevention Programs in Europe

Fatal and non-fatal suicide acts are significant public health issues in Europe requiring effective preventive interventions. Every year more than 58,000 persons die by suicide in the European Union. The rate of non-fatal suicidal acts is estimated to be about 10 times higher than that of suicides. Therefore, every global strategy to prevent suicide should also include the prevention of non-fatal suicidal acts.

Optimising Suicide Prevention Programs in Europe (OSPI-Europe comprises) of a 5-level intervention including:

1. training and support for primary care physicians,

2. informing the general public about depression,
3. community facilitator training (e.g. Gardaí, youth services, social workers, priests),
4. overtures to high risk groups (persons after non-fatal suicidal acts) and
5. restricting access to lethal means.

The groundwork for the OSPI-Europe project was established through a community based multifaceted intervention programme for improving care of people with depression



and for preventing suicidality that was implemented in Nuremburg, Germany, and which showed a 24% reduction in suicidal acts 2 years after the intervention.

The OSPI 5-level intervention programme will be implemented in four regions in Ireland,

Portugal, Hungary and Germany. The OSPI intervention programme is currently being implemented in County Limerick in collaboration with the Suicide Prevention Office, Limerick.

More information: ella.nsrif@iol.ie

Irish study into deliberate self-harm in adolescents

Deliberate self-harm (DSH) is a major public health problem, with young people most at risk. The aim of this study was to identify the psychological, lifestyle and life event factors associated with self-harm in Irish adolescents.

A cross-sectional study was conducted with 3,881 adolescents in 39 schools completing an anonymous questionnaire as part of the Child and Adolescent Self-Harm in Europe (CASE) study. There was an equal gender balance and 53.1% of the adolescents involved were 16 years old.

Nine percent of the adolescents involved had harmed themselves at some point in time, and nearly half of them reported repeated episodes. Important factors associated with DSH among both genders were drug use and knowing a friend who had engaged in self-harm. Specific factors associated with DSH among girls were sexual abuse, knowing a family member who engaged in self-harm,

fighting with parents and problems with friendships. Among boys, experiences with bullying, problems with schoolwork, impulsivity and anxiety were associated with DSH.

Given that DSH and suicide are common among adolescents, schools have an important role to play in their prevention. Prevention strategies should aim to modify factors associated with self-harm through promoting positive mental health among students and through equipping students with the skills to effectively manage stress and interpersonal conflict.

The findings of this study point to the importance of anti-bullying initiatives and alcohol and drugs education. Schools are also an important setting in which the stigma surrounding mental health problems must be tackled.

More information: ella.nsrif@iol.ie

► Vulnerable road users

Success in four EU Member States

At its 4th Road Safety PIN-Conference in June ETSC presented the latest results ranking Member State's performance in 2009. ETSC announced its 2010 PIN Award to Estonia and Ireland, in recognition of their efforts to reduce road deaths through adopting effective and proven road safety measures.

2009 saw a record breaking improvement in road safety with deaths cut by 11% compared to 2008. Slovakia (36%), Lithuania (26%), Denmark (25%) and Estonia (24%) achieved the best reductions in 2009. For the first time ever the EU10 achieved a better year-to-year reduction (18%) than the EU15 (8%) in 2009.

As many as 34,900 people were killed in road collisions in 2009 in the EU27, still far more than the maximum of 27,000 which the EU set for 2010. Yet, road deaths have gone down by 36% in the EU27 between 2001 and 2009. The EU15 alone, for whom the EU's 2010

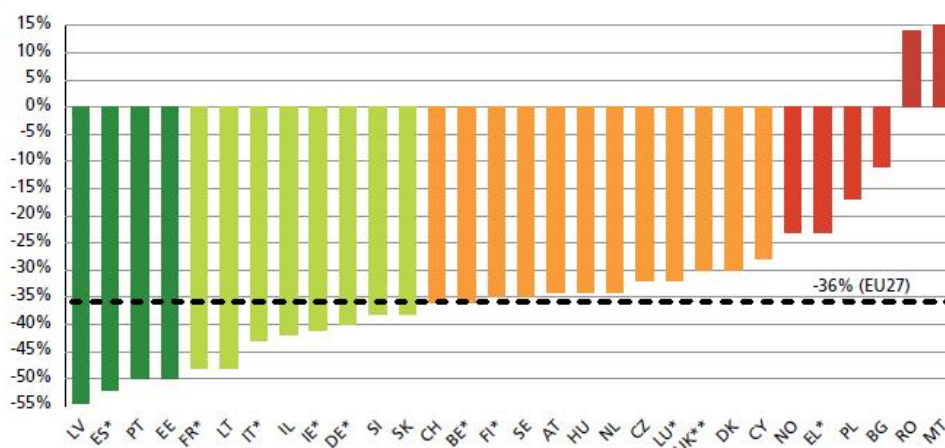
target was originally set, has achieved an impressive 42% (see Figure).

These latest PIN country rankings come at a crucial time when the European Commission is expected to adopt soon new road safety targets for 2020. The 2001 EU target gave a boost to the combined efforts at both national and EU level. As a result, reductions in the number of deaths have been much higher in 2001-2009 than in three preceding decades.

The EU shared target helped each Member State to see that its road safety improvements are contributing to addressing a Europe wide problem. For 2020, the EU should engage in a more structured monitoring to further support Member States' efforts, as currently undertaken by the ETSC Road Safety PIN



Figure: Percentage change in road deaths between 2001 and 2009



Support for new targets for 2020 has also been stressed by MEP Mathieu Grosch in his own initiative Report on A Sustainable Future for Transport, in which report he states that a transport policy is only successful if it is directly linked to systematic efforts to reduce the number of people killed and seriously injured in traffic.

ETSC concludes that the EU must set new quantified targets for reducing deaths and serious injuries by 2020. The EU must also provide instruments for achieving them and a first priority must be adopting the EU Directive on Cross-Border Enforcement of traffic rules.

More information:

www.etsc.eu/PINpublications

Cost–benefit analysis of road safety promotion in Switzerland

The Federal Office of Public Health commissioned an economic evaluation of disease and accident prevention measures in Switzerland. The main objective of the study was the calculation of the Return on Investment (ROI) in the three prevention areas of tobacco, harmful use of alcohol, and road accidents, using a common methodology. In this article the focus is on the study relating to road accidents.

The objective of the study was to carry out a cost–benefit analysis (CBA) on road accident prevention measures in Switzerland between 1975 and 2007, and thus identify the gains from prevention efforts in terms of casualties prevented and the return on investment in monetary terms.

Methodology

The CBA was carried out along the following steps:

- Estimation of the actual number of road accident casualties by combining two datasets on road accident casualties.
- Determination of the societal costs (including direct costs, productivity losses and intangible costs) of road accident casualties.

- Identification of relevant public and private road accident prevention measures and estimation of their costs.
- Estimation of the effectiveness of these prevention measures, to be identified in terms of the change in number of casualties from 1975 to 2007.
- Carrying out a CBA by comparing the benefits of the prevention measures with the costs of the prevention measures.
- Carrying out a sensitivity analysis on the results.

The main data sources for the study were the Swiss Federal Statistical Office road accident database containing information on every accident reported to the police between 1975 and 2007 and a dataset extracted specifically for this study from the accident insurance database. The accident insurance database contains detailed information on the costs of road accident casualties (medical costs, workdays lost and disability pensions) and the severity and type of their injuries. Numerous other data from public and private institutions and organizations were also utilised.

Results

The CBA indicates that the return on investment (ROI) of all public and private prevention measures carried out between 1975 and 2007 is CHF 1.54 for every franc invested in prevention measures. Taking into account the different levels of injury severity, the following numbers of casualties were prevented by these measures: 13,484 fatalities, 17,316 permanent disabilities, 98,861 severe injuries, 82,822 moderate injuries and 710,214 slight injuries.

The ROI of prevention programmes aimed at an increased use of safety devices and safer behaviour is estimated to be at CHF 9.43 for each franc invested. The ROI of alcohol prevention measures is CHF 5.81, the ROI of bicycle helmet wearing promotion is CHF 16.31, and the ROI of the combined measures introduced in 2005 is CHF 8.06. Measures aimed at the promotion and enforcement of safety-belt usage have an exceptionally high ROI of CHF 101.03 per franc invested.

A sensitivity analysis was carried out in order to verify the robustness of the results by modifying the main assumptions and key parameters employed in the study. The sensitivity analysis shows that the results are robust.

Conclusion

The analysis shows that public prevention

efforts introduced in the field of road accident prevention in Switzerland between 1975 and 2007 were effective and can also be considered to be a good investment. These measures achieved a substantial reduction in the level of morbidity, the number of premature deaths and of the consequent human suffering. With a ROI of 9.43 the benefits to the population were considerably higher than the costs of prevention for the taxpayer.

Efforts aimed at safer behaviour on the road yield a higher return than investments in road infrastructure and safety devices, which together represent the biggest part of safety expenditure by far. The high ROI of the road accident prevention measures introduced in 2005 demonstrates that the introduction of new prevention interventions in a well established and successful field as road accident prevention, where additional improvements in health outcomes appear difficult to achieve, may still show a high rate of ROI.

The case of road accident prevention in Switzerland is thus an example of a highly successful prevention strategy.

More information: <http://www.bag.admin.ch/evaluation/01759/07612/07620/index.html?lang=en>

Road Safety and Citizenship Education



GARE is a Portuguese Association for the Promoting of a Road Safety Culture. It is a non-governmental organization, civic, non-denominational, nonpartisan, nonprofit organization whose mission is the civic and social intervention, through all the legal forms in the promotion of a road safety culture.

Over more than five years of existence, GARE has been promoting education and training activities in the area of road safety, awareness and prevention of risk behaviors associated with driving and with the experience of the road environment. They work with children and youth, as well as education professionals, in building capacity and exchange best practice.

Schools are one of the main settings to promote civility and citizenship. Under this concept

emerged an agreement between the City Hall of Évora and GARE to implement in all primary schools of the Municipality injury prevention activities and citizenship education.

This project aims to promote and improve the child development, guided by social interaction, respect for the others, group cooperation, capacity of choice and the promotion of feelings of efficacy. School would also be a space to social, emotional and personal development, which will make each child a better citizen!

Thus, the activities of Citizenship Education, taught by GARE, have specific and clear objectives, which can be summarized as follows:

- Develop mental and physical abilities, considered essential to a safe insertion of the users into the traffic road;
- Understand the significance of the main traffic rules and signs which are essential to a road user;

- Promote civic and social behavior in traffic road; and
- Recognize the importance of good technical conditions in the vehicle.

Each of these objectives is important to develop multiple skills, attitudes and appropriated behaviors to the use of public road environment in safest conditions.

To ensure the continuation of the activities of Citizenship Education and Road Safety, a multidisciplinary team of trainers has prepared session plans, which contains specific objectives, activities to develop and time for each one, the method to be used in each session and the necessary material.

The session plans were prepared, discussed and validated by the entire team of trainers, who meet several times for this purpose.

The team works in close collaboration with the other school communities, especially with teachers responsible for each class and the students' parents, who were particularly significant in the development of joint activities (exhibitions, drama or games) performed at specific times of special celebrations such as Christmas or the closure of the school year.

The production of educational materials was a

very interesting enterprise that arose from the constant motivation of teachers and children.

GARE initiated and developed the activities of Citizenship Education in the school year 2006/2007, with 542 students from 27 classes of 1st and 2nd years of the 1st cycle of basic education, reaching 890 students in 2009/2010, 20 classes of 1st year and 20 classes of 2nd year, 14 schools of the 1st cycle of basic education in the city of Évora, and a school in a rural area (S. Manços), making a total of 15 schools.

The evaluation of this project has been a concern since the beginning. Usually this is being done in team meetings or by the use of questionnaires to classes, evaluating content / activities, methods and means.

At the end of this scholar year the evaluation was shared with the local community in a Seminar that GARE organized, to which were invited several personalities with local and national responsibilities in the areas of Education for Citizenship and Road Safety.

More information: <http://www.gare.pt/>
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► Work safety

Ergonomics and human factors

Occupational safety and health-safe aims at creating a safer work environment. The challenge, of course, is how to make this happen and how to make it happen economically. A comprehensive study presenting the state of the art in the field - the Handbook of Occupational Safety and Health - provides a wide range of methods along with specific criteria for assessing hazards and exposures in the workplace environment. More importantly, it also offers ways to reduce these hazards. The book supplies a compendium of interdisciplinary knowledge that includes physical, chemical and psychosocial risk factors in the work environment and also discusses issues concerning occupational safety and health management.

The book discusses the ergonomic principles of shaping products, work stands, and work processes, highlighting the significance of international requirements for competitiveness in the world economy. It presents the scientific basis for each safety and health issue, followed by well-illustrated case studies to dem-

onstrate the concepts and theories and their application in real-world situations. Based on the results of international research, the book covers:

- Psychological capabilities of humans in the work environment.
- Basic risk factors in the work environment.
- Law-based protection of labour.
- The effects of hazards in work processes.
- Basic directions in shaping conditions of occupational safety and ergonomics.

Developed by a team of renowned contributors, edited by Danuta Koradecka, includes strategies for creating safe working conditions, accurately assessing hazards posed by harmful environmental factors, and preventing occupational accidents and diseases. It provides the tools to create a safety culture beginning at the enterprise level through to the individual employee.

More information on: <http://www.crcpress.com>



Work related stress

The 'European Survey of Enterprises on New and Emerging Risks' (ESENER) reveals that European businesses are increasingly becoming concerned about the psychosocial risks in work places, due to stress, violence and harassment. The survey shows that 79% of European managers are concerned by work-related stress, but less than a third of companies have set procedures to deal with it. The new data was released on 3 June 2010 by the European Agency for Safety and Health at Work (EU-OSHA) at the mid-term review conference of the Community Strategy for Health and Safety at Work (2007-2012).

Psychosocial risks

The ESENER-survey also reveals that stress at work is as important as workplace accidents for companies (79%). Work-related stress is very acute in work settings in the domain of health and social work (91% of companies regard it as of some or major concern) and in education (84%).

With the financial crisis, 79% of European managers voice their concern about stress at work, which is already recognised as an important burden on European productivity.

But despite the high levels of concern, it is clearly worrying that only 26% of EU organisations have procedures in place to deal with stress. The ESENER survey highlights the importance of providing effective support for enterprises to tackle stress, which will be crucial in ensuring we have the healthy productive workforce needed to boost European economic performance and competitiveness.

The survey also shows that 42% of management representatives consider it more difficult to tackle psychosocial risks, compared with other safety and health issues. The sensitivity of the issue (53%) and lack of awareness (50%) are the main barriers for dealing effectively with psychosocial issues, according to the findings.

Workers' involvement as a key preventive factor

ESENER-survey shows that workplaces with

employee participation are much more likely to see successful health and safety measures implemented. This is particularly the case for smaller workplaces where employee involvement is an important element in effective management of psychosocial risks. In fact, 84% of companies with formal on-site employee representation have an occupational safety and health (OSH) policy or action plan, compared to only 71% of companies without formal representation. Measures to deal with psychosocial risks such as violence, stress and bullying are applied about twice as frequently by enterprises consulting their employees than by those designing their measures without the participation of employees.

ESENER-survey found that the main barriers for dealing with health and safety issues are lack of resources (36%) such as time, staff or money and lack of awareness (26%). Survey evidence also shows that even smaller companies are able to carry out in-house risk assessment, but need support in the form of expertise, guidance and tools to manage their risk management process effectively and to design and implement successful preventive measures.

EU-wide awareness campaigns

Through its campaigns and information services EU-OSHA is working to raise awareness on workplace hazards and promote comprehensive and integrated risk management. EU-OSHA makes available a number of products to make this process easier, especially for small and medium-sized enterprises (SMEs). A new 'Risk Assessment Tools Database' brings together checklists, handbooks, brochures, questionnaires and interactive tools from across Europe, and is freely available from the website. An 'Online interactive Risk Assessment tool' (OiRA) is currently being developed and should encourage and help many thousands of European SMEs across all sectors to carry out risk assessments.

More information: <http://www.esener.eu>

► Cross cutting issues

Cost-benefit analysis of accident prevention activities in Switzerland

The Swiss accident prevention agency, bfu – Beratungsstelle für Unfallverhütung, is legally mandated to prevent non-work related accidents in the areas of road traffic, sport, home and leisure. Approximately CHF 22.5 million per year – primarily insurance funds – is designated for this purpose. Bfu has recently commissioned a study to an independent research institute with a view to evaluate the cost-benefits of bfu's prevention programme.

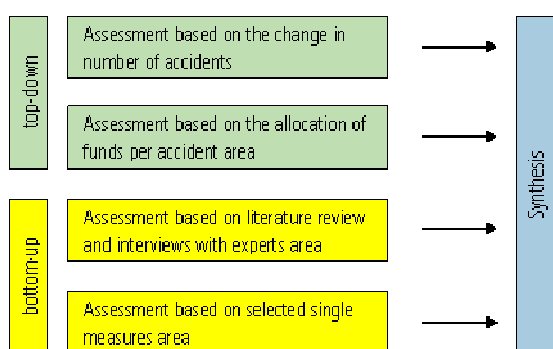
The goal of the study was to evaluate the economic effects of the prevention activities of bfu. Particular emphasis was on the question whether the annual bfu-expenditures at approximately CHF 22.5 million can be justified by an at least corresponding benefit in the form of savings in costs related to these accidental injuries. The focus of the investigation was thus clearly on economic parameters not on political or ethical ones.

Methodology

The challenges presented by the evaluation were three-fold:

- the scope of the inquiry as to prevention programmes to be included in the evaluation;
- the limited data availability both in regard to the connection between a prevention measure and its accident prevention effect, as well as in regard to the ability to isolate the bfu activity from the actions of other players in the area of prevention;
- the limited financial means available to carry out the evaluation.

To meet these challenges, a pragmatic approach was chosen whereby different methods were employed. The concept of the investigation is represented in the following diagram.



Results

The evaluation of prevented accidents and associated reduction in economic costs reveals a benefit of approximately CHF 2 billion for the time period 1997–2004 in the area of road traffic, and CHF 1.9 to 3.4 billion in the area of sport. Even when intangible costs are excluded from the evaluation of the savings in accident costs, the result is still a net benefit of CHF 600 million in the area of road traffic, and 300 to 600 million in the area of sport.

The return on investment (ROI) of all measures carried out between 1997 and 2004 by bfu is being estimated at about CHF 30 for every franc invested in prevention measures. If only tangible costs are included, the ROI is at about CHF 7.

In addition to the estimated total effect of the work of bfu in the area of prevention, in the second part of the study selected single prevention measures have been taken under an individual evaluation. Again, for the evaluation of single measures, the results – insofar as the data allow a quantitative appraisal to be made at all – are positive and indicate a significant rate of return on investment.

Conclusion

Care should be taken when interpreting these results. In many cases the data records were deficient or at least not entirely satisfactory for making a confirmed scientific conclusion. With a view to future evaluations of accident prevention measures, it is essential that timely consideration given, already at the preparation and planning stages of a prevention programme or measure, as to how the effect of these programmes and measure can be appraised. Whenever appropriate and feasible, a solid evaluation plan, including specification of methodology and data required during and especially before and after the implementation of the measure, should be a mandatory component within each single programme or measure and therefore must also be incorporated in the budget estimations of the entire measure/ programme.

More information:

http://www.bfu.ch/PDFLib/1306_48.pdf

► AGENDA

22-26 August, Oslo, Norway
T'2010 - 19th conference of the International Council on Alcohol, Drugs and Traffic Safety
<http://tsforum.event123.no>

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

15-17 September, Sibenik, Croatia
Second SEE countries safe communities conference
<http://sigurnezajednice.hr>

20 September, Oxford, United Kingdom
11th International Conference on Falls and Postural Stability
 Website: www.nuh.nhs.uk/nch/PGEC/forthcoming.htm

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

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

10-13 November, Amsterdam, Netherlands
3rd European Public Health Conference
 Website: www.eupha.org/site/upcoming_conference.php

24-26 November, Olomouc, Czech Republic
 2nd Conference of HEPA Europe
 Website: <http://mandh2010.upol.cz>

2011

7-9 April in Monaco
IOC World Conference on Prevention of Injury & Illness in Sport
 Website: <http://www.ioc-preventionconference.org>

11-13 May in Danang, Vietnam
World Conference on Drowning Prevention 2011
<http://www.worldconferenceondrowningprevention.org>

SIGN UP FOR WHO IS WHO

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

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

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