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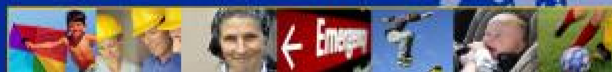
EuroSafe Alert

European Association for Injury Prevention and Safety Promotion



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► EuroSafe news

"Working together to make Europe a safer Place"

3rd European conference on Injury Prevention - Milestone event measuring progress in EU-policy implementation

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The 3rd European Conference on Injury Prevention and Safety Promotion - Budapest/Gödöllő 16-17 June 2011 (http://www.eurosafe.eu.com)- is a major international event bringing stakeholders in the prevention of accidents and injuries from Europe and other continents to exchange, debate and discuss the latest results in injury research, policies and practices. All who wish to play a part in working together to tackle injury prevention in Europe are invited to register.

The conference will enable policy makers and professionals to share the evidence as regards the impact of the injury issue on today's society and solutions for creating a safer world.

Country plans

The conference will serve as a major opportunity for countries to report on progress in implementing the EU-Recommendation on the prevention of injuries http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4councilrecommendation.htm, adopted by the EU-council in 2007.

Member States are being invited through the recommendation to make better use of existing data and develop, where appropriate, representative injury surveillance and reporting instruments to obtain comparable information, to set up national plans for preventing accidents and injuries. with particular attention to vulnerable groups and to encourage safety promotion in schools and in training of health and other professionals.

Progress

In an interim progress report prepared by the European Regional Office of WHO with co-funding from the EC, it is concluded that sustained and increasing collaboration between EU countries, the European Commission and WHO has started to develop over the past two years. This has been associated with good progress in implementing the European Council Recommendation on the prevention of injury and the promotion of safety: 67% of countries report to have national policy development in place, 72% surveillance programmes, 60% capacity building and 84% multisectoral collaboration initiatives.

Unlock opportunities

However important challenges remain to be tackled:

- Still most *policies on accidental injuries are fragmented* and are lacking interdepartmental commitment. Whereas all EU Member States have a national policy for road safety, only half of the countries report to have national policies for preventing fires, poisoning, falls among older people and/or drowning. Also the available evidence-base for interventions for these types of injuries is relatively underutilised.
- Almost all Member States report to have policies in place for preventing child maltreatment and intimate partner violence and are implementing most of the available evidence base.

Two thirds of EU countries have a specific national policy for preventing youth violence. However as to the prevention of elder abuse and self-directed violence only one out of two countries report to have national policies in place.

- Alcohol abuse and social deprivation are *important cross cutting risk factors* for both violence and accidental injuries. The importance of alcohol as a leading risk factor for injuries is widely recognized in the EU. Nine out of ten responding countries reported that alcohol has been identified as a risk factor in national policies for both unintentional injuries and violence and that the majority of alcohol-related interventions were implemented. However alcohol-related mortality rates remain high in several countries. Only four out ten of countries reported that national policies highlight socioeconomic inequality in injuries and violence as a priority, and only half have policies targeting the reduction in socioeconomic differences in health between segments of society.

Next steps

The progress mapped in the WHO report is encouraging but emphasizes also the fact that political and resource commitment by countries and international organizations is vital for future success.

The European Commission is charged to carry out a final evaluation report four years after the adoption of this Recommendation to determine whether the measures proposed are working effectively and to assess the need for further actions. The 3rd European Injury Prevention Conference will provide ample evidence as progress made and the results achieved through EU sponsored collaborative projects and exchanges. The conclusions and recommendations from the conference therefore will certainly serve as input to the final evaluation and Commission's proposals for actions in 2013-2020.

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

► EU news

European dimension of sports

The European Commission has adopted new proposals aimed at strengthening the societal, economic and organisational dimensions of sport. Athletes, sport organisations and citizens are expected to benefit from the plans, which flow from the EU's new role under the Lisbon Treaty to support and coordinate sport policy in the Member States. Action is foreseen in areas where challenges cannot be sufficiently dealt with at national level alone.

The Commission's proposals, contained in a paper entitled "Developing the European Dimension in Sport", cover three main areas: the societal role of sport, its economic dimension, and the organisation of sport. Each chapter proposes actions to be carried out by the Commission and the Member States.

Regarding the societal role of sport, the paper proposes to:

- Consider EU accession to the Anti-Doping Convention of the Council of Europe;
- Develop European guidelines on combined sports training and general education;
- Develop and implement security arrangements and safety requirements for international sport events;
- Continue progress toward national guidelines based on the EU Physical Activity Guidelines;
- Develop standards for accessibility of sport organisations, activities, events and venues through the European Disability Strategy;
- Promote women's access to leadership positions in sport.

On organisation of sport, the paper proposes to:

- Promote good governance in sport while taking into account its specific nature;
- Launch a study on transfer rules and provide guidance on that basis;
- Issue guidance on how to reconcile EU rules on the free movement of citizens with the organisation of competitions in individual sports on a national basis;
- Consider further action regarding the activities of sports agents;
- Support social partners and sport organisations to create an EU-level social dialogue for the sport and leisure sector.

The Commission's proposals follow a consultation with Member States and sport stakeholders and take account of the experience gained in implementing the 2007 White Paper on Sport. In 2009-2010 the Commission provided more than € 6 million to support around 40 sport projects aimed at promoting health, social inclusion, volunteering, access for the disabled, gender equality and the fight against doping. Twelve new projects will be launched in 2011.

Next steps

The paper, or communication as it is known, will now be sent to the Council and European Parliament for discussion and follow-up in the Member States.

More information: *http://ec.europa.eu/sport/news/news984_en.htm*

► WHO news

Resolution on child injury prevention

During its 128th Session, the World Health Organization's Executive Board discussed a draft resolution on child injury prevention. Member States expressed strong support for the resolution, and the inclusion of child injury prevention within the child survival agenda.

There were many strong statements of support from members of the Executive Board. Included amongst these were statements from China and the United States, which both made reference to the fact that it will be difficult to achieve Millennium Development Goal 4 to reduce child mortality in some countries without addressing child injury. Seychelles, speaking on behalf of the countries of the WHO African Region, added that investments and efforts made in immunization programmes and other infectious disease programming stand to be undone if children are to die a few short years later from injury. These three statements are illustrative only as the entire discussion was very supportive.

Following a number of proposed amendments - many of which either directly strengthened the resolution or made it more comprehensive - the resolution was adopted by the Executive Board on 24 January 2011. The resolution will now pass to the next session of the World Health Assembly (WHA) in May 2011 with the recommendation that it be adopted by the WHA.

The resolution may be further amended during the WHA, but currently calls for Member States to:

- prioritize the prevention of child injury and ensure necessary intersectoral coordination mechanisms are established or strengthened;
- ensure funding mechanisms for public health programmes for child survival or child health cover child injury prevention; and
- implement as appropriate the recommendations of the WHO/UNICEF World report on child injury prevention, among others.

The resolution also requests the Director-General of the World Health Organization to: collaborate with United Nations organizations, international development partners and NGOs to establish a mechanism for communication and coordination of child injury; facilitate the adaptation of child injury prevention interventions from developed to developing settings; and support capacity building, data collection, and emergency care within Member States, among other initiatives.

For further information: *meddingsd@who.int*

Decade of Action for Road Safety 2011-2020

In April 2004, the United Nations General Assembly adopted a resolution on “Improving global road safety” inviting WHO, working in close cooperation with the United Nations regional commissions, to act as coordinator on road safety issues across the United Nations system. The World Health Assembly accepted this invitation in May 2004 and WHO subsequently set up the UN Road Safety Collaboration (UNRSC) which holds biannual meetings to discuss global road safety issues.

The Collaboration is an informal consultative mechanism whose members are committed to road safety efforts and in particular to the implementation of the recommendations of the World report on road traffic injury prevention. The goal of the Collaboration is to facilitate international cooperation and to

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DECADE OF ACTION FOR ROAD SAFETY 2011-2020

strengthen global and regional coordination among UN agencies and other international partners to implement UN General Assembly Resolutions and the recommendations of the World report thereby supporting country programmes.

Global Plan of Action for Road Safety

The UN Road Safety Collaboration has developed a Global Plan for the Decade of Action for Road Safety 2011-2020 with input from many partners through an extensive consultation process through meetings and the Internet. The Plan provides an overall framework for activities which may take place in the context of the Decade.

The categories or "pillars" of activities are: building road safety management capacity; improving the safety of road infrastructure and broader transport networks; further developing the safety of vehicles; enhancing the behaviour of road users; and improving post-crash care. Indicators have been developed to measure progress in each of these areas.

Governments, international agencies, civil society organizations, the private sector and other stakeholders are invited to make use of the Plan as a guiding document for the events and activities they will support as part of the Decade.

More information:
http://www.who.int/roadsafety/decade_of_action/plan/en/index.html

► Injury Data

Injuries among children and adolescents in Germany

The Federal Statistics Office of Germany issued a national report on fatal and severe injuries among children and adolescents. Injuries are the main cause of death among children aged one year or older and among adolescents. Their percentage in total mortality increases sharply from infancy towards adolescence (1-4 years: 19.8%, 15-19 years: 62.0%).

Analysis by the Federal Statistics Office of Germany shows that injuries due to accidents, violence and self-harm display an age-specific dynamic. Infants are at high risk for fatal injuries due to domestic accidents and to violence, whereas adolescents carry the highest risk for injuries resulting from fatal traffic injuries and from suicide.

In addition, the high proportion of injuries among hospitalised patients (16 – 20%) points out that injuries constitute a major reason for hospitalisation. In 2008 about 194,000 children below 15 years und about 89,000 adolescents (aged 15-19 years) received hospital treatment for injuries. Injuries represent the third most frequent reason for hospitalisation in infants (1-4 years) and are the main reason for hospital admissions of school children.

Of all age groups, infants and toddlers have the highest risk for head injuries, burns, scalding, and poisoning. Boys aged one year and more are at higher risk than girls of the same age for fatal injuries as well as for injuries requiring hospitalisation; the relative risk (boys vs. girls) for these injuries significantly increases towards adolescence as a result of an increase in the number of traffic accidents among boys aged 15-20 years. Taking account of citizenship and sex, the highest injury-associated mortality rates were observed in infants born to migrants. In contrast, the rate of fatal traffic-related injuries is significantly higher in German male adolescents than in their migrant contemporaries.

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► New section: Country update on Injury Surveillance

In the framework of the Joint Action on Injury Monitoring in Europe (JAMIE) we will regularly inform the Alert-readers on current activities of our JAMIE-partners in injury surveillance.

The ultimate objective of JAMIE, co-funded by the EU and its Executive Agency for Health and Consumers (EAHC) is to work towards one common hospital-based surveillance system for injury prevention in operation in all Member States (MSs) by 2015, that is integrated within the Community Statistics on Public Health.

In this issue of the Alert our colleagues from Luxembourg share with us the latest initiatives in the Grand Duchy.

Update on injury surveillance system in Luxembourg

Since the beginning of the "European System of Home and Leisure Accidents / EHLASS in 1986, Luxembourg participated in this initiative. The national responsibilities for the European project changed from the Ministry of Social Affairs, who organized for one year the collection of home and leisure accidents data in one single emergency department of one hospital, to the Ministry of Economics, who mostly interested in the consumer protection, opted from 1993 on, as a number of other European countries too, for a phone enquiry methodology on a representative sample of the population. Later, the responsibility for the project was taken over by the Ministry of Health in 1999, who since then was the permanent participant in the European project.

In Luxembourg (461 000 inhabitants), like in the other EU countries, injuries are the 4-th cause of death in the general population but the principal cause of death among children adolescents and young adults aged 1 to 44.

Out of the mean injury fatalities of 230/year between 2004 and 2006, 62(27%) were due to self-inflicted injuries, 161(70%) to non-intentional injuries with 46(20%) traffic injuries and 39(17%) due to falls. It is estimated that 48% of the lives lost per year due to injuries could have been saved if Luxembourg had the same mortality rate as the Netherlands (lowest reference mortality rate) in the EU27.

Based on the average of 230 injury fatalities a year, we could estimate that between 2004 and 2006 a total of 32200 persons were treated for an accident at an ED because of an injury in Luxembourg and that 6440 persons were admitted to a hospital.

In Luxembourg, most injury data collection efforts take place in three distinct domains of interest: work environment, road traffic and (semi-) private settings. The completeness and the quality of these data are quite different. As accidents represent a huge burden of disease in our country, the responsible health authorities expressed their great expectations and support in favor of an efficient national accident surveillance system allowing us to develop a coherent and global national accident prevention program.

An evaluation of the EHLASS methodology that was in place from 1993 – 2000, brought up a list of recommendations for the implementation of a new national surveillance system. The main concerns were that it should not only consider consumer protection, but inform as well on the burden of accidents and that it should be able to collect reliable and continuous information on all types of accidents occurring in the country in order to be able to feed the national accident prevention policy planning.

It was in 2008 when, with the required financial and personal resources, the new initiative of a national surveillance system of injuries was launched. In collaboration with our national research institute of public health CRP-Santé, a pilot project was started in an emergency department of one main hospital of the country, the Centre Hospitalier du Luxembourg (CHL) in line with the well established EU IDB methodology.

The pilot project was realized between 15 October and 31 December 2009, during which period a complete IDB dataset of all injury cases attending the emergency department of the CHL was collected.

The project was very well accepted by the involved hospital staff and got the support of the administrative staff in the hospital, who, beside the significant burden of work that the data collection implicated, expressed themselves most in favor of the continuation of the initiative. During the pilot phase, the continuous improvement of data quality, exhaustivity and integration of injury data on the patient files was considered a necessary ongoing

process and some immediate and permanent adjustments of the dataflow on injury patients in the emergency department were implemented This concerned especially the integration of emergency department data with outside Emergency Medical Services data and onsite registration of falls among in-hospital patients. The project also led to some adaptations in the organizational workflow of the emergency department granting and so proved its added value not only for policy planning on the national level but also for organizational planning on the local hospital level.

The pilot project helped to raise national and local commitment for exploring the feasibility of more sustainable injury surveillance. In 2011 the following projects are foreseen:

1. A feasibility study into the implementation of a minimum level of data precision dataset in 4 regional primary care hospitals in Luxembourg.

This in view of enhancing the representativity of collected accident data for the whole country taking into account the variability by region, prevalence, type of accidents, demographic and socio-economic characteristic. Three hospital-regions are being distinguished in Luxembourg; the more rural Northern region, the more industrialized South region and the more administrative and public services oriented Central region. The North and South will participate with each one hospital an the Center with 3 General Hospitals in the capital.

The specificities of the future collecting hospitals must also take into account: the timetable of its emergency services duty days, its special clinical activity and the demographic differences of the attraction area compared to other hospitals and regions.

2. In the first participating hospital, CHL, a permanent, exhaustive electronic accident data collecting system will be installed for the evaluation of the sustainability of such a model in Luxembourg

For this second phase an inter-hospital steering group has been established to coordinate the implementation stages along with the official representatives of the Ministry of Health.

Luxembourg is most interested in taking part the EuroSafe JAMIE project. First as collaborating partners, but hopefully soon as associated partner in order to benefit from the upgrading of methodologies and procedures for hospital selection, for ensuring harmonized classification and coding and for best practice in calculating national estimates as to incidence and the burden of injuries.

The Luxembourg team:

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► Child safety

Effective from January 1, 2011, the European Child Safety Alliance (ECSA) is now hosted by the Royal Society for the Prevention of Accidents (RoSPA) in the UK.

Tom Mullarkey, RoSPA's chief executive, said: "I am delighted to have the European Child Safety Alliance on board and look forward to our joint collaboration to strengthen actions for child safety both in the UK and Europe."

RoSPA, a charity with a 94-year heritage, has been a country member of the European Child Safety Alliance since its inception in 2000 and has actively participated in European-level campaigns and initiatives. As the Alliance's new host, RoSPA will also be the lead partner of the new EC-funded project TACTICS (Tools to Address Childhood Trauma, Injury and Children's Safety) that the Alliance will begin this spring with the collaboration of more than 30 European Member States.

Follow our news as we take on this new move with RoSPA on our website at: www.childsafetyeurope.org

Our new contact information:

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Our grateful thanks also go to the Consumer Safety Institute in the Netherlands that has been the Alliance's host for the past 10 years.

International organisations call for tap water temperature limits to reduce the number of severe scalds to children

Hot bath water is the most common cause of severe scalds to young children in Europe. The European Child Safety Alliance (ECSA) has released a position statement and backgrounder on the danger of tap water scalds. The statement is supported by several European and international organisations, including HEAL, as well as national ECSA partners from over 20 European countries.

Severe and life-threatening tap water scalds happen quickly. Children have skin 15 times thinner than adult skin, and therefore are more vulnerable. These injuries often end with long hospitalisations, painful surgeries, and even deformation or death.

The position statement and background paper outline the severity of the risks and provide specific recommendations for the European Commission and Member States to adopt in order to reduce scald injuries. By limiting the maximum bath water temperature at the exit to 50°C in the European Community, severe scalds and disability to children would be greatly reduced.

To view the statement and backgrounder, please visit www.childsafetyeurope.org.

► Consumer safety

Using consumer appliances in Europe

In a position paper released earlier this months, ANEC - the consumer representative body in European standardisation - states that product safety cannot be substituted by warnings and consumer information and therefore needs to be principally ensured by safe design. Consumers expect electrical household appliances to be safe, for themselves, their children and the older members of their families.

Yet present European and International electrical product safety standards (IEC/EN 603351) state that they do not ”In general, take into account persons (including children) whose physical, sensory or mental capabilities; or lack of experience and knowledge prevents them from using the appliance safely without supervision or instruction”.

Since 2005, ANEC made various proposals to change a range of appliance standards to make them safer for all. ANEC has so far proposed changes to the standards for microwave ovens, hobs and ovens, hairdryers, water heaters, lawnmowers and trimmers, toasters, grills and similar portable cooking appliances. The aim is to make those appliances safer for everyone, including seniors and children.

European safety policy, and specifically in the case of safety of household appliances, is based on the support of technical standards, which provide presumption of conformity with the legal safety requirements. Although ANEC recognises the contribution European standardisation has made to removing technical barriers to trade, especially in support of the New Approach, it does not believe that standardisation necessarily offers the expected level of consumer protection, as demonstrated in the case of the “exclusion clause”.

ANEC believes the freedom allowed to industry to self-regulate through standards needs to be accompanied by an obligation to provide the highest level of protection to consumers that is economically and reasonably possible. In the present case, it should also include the vulnerability of the consumer to the risks posed by household appliances. This subject is not only technical but goes to the centre of good consumer safety policy-making and injury prevention.

ANEC also makes a plea to reduce surface temperature limits and to introduce food safety and hygiene requirements in the European standards for electrical household appliances, now missing.

ANEC believes a lot can be improved in the present standards in order to increase product safety and is working very hard to make this happen. We already achieved to improve the safety of household appliances for vulnerable consumers.

However, no matter how good a standard is, it will not increase consumer protection if it is not properly implemented. ANEC therefore calls for the creation of a European Framework for market surveillance to better coordinate the actions of Member States and ensure effectiveness and harmonisation of activities.

More information: tva@anec.eu
Website: http//:www.anec.eu

OECD calls for enhanced sharing of product safety information

In the meeting of the Committee on Consumer Policy in May 2010 a report on future product safety information sharing was adopted by the OECD members. This report reviews the types of information being collected on consumer product safety and the ways that the information is being shared with stakeholders and across the globe. It identifies ways that information sharing can be strengthened and presents a ten point action plan for improving the situation.

Consumer product safety authorities at various levels of government and related institutions publish an abundance of information for general public consumption on a regular basis. Much of this information relates to product recalls and safety alerts and is accessible *via* the Internet. Such information is normally published primarily for domestic consumption. However, it should be possible to pool such information (*e.g.* about product recalls) into a single web-based platform that would employ a specialised search program to query the recall web sites of specified jurisdictions. With minimal co-operation from participating jurisdictions, consumers and consumer product safety authorities anywhere in the world would gain access to the recall information pool, availing themselves of safety information that might not otherwise be as easily available.

The report also suggests that in the short term, product safety authorities develop a mechanism to co-ordinate international product safety initiatives. There are various initiatives in the consumer product safety area internationally that all aim at reinforcing co-operation among different countries and harmonising activities among them. These initiatives often cover similar issues and the risk of duplication is high. Product safety authorities would benefit from a mechanism to help manage these efforts more efficiently.

Product safety authorities also undertake or commission studies of known or potential product hazards and often make those studies available to the public. Such studies would be of value to product safety authorities in other jurisdictions if they knew of their existence.

The earlier mentioned platform might be expanded in the medium term to carry additional information about regulatory activities for public consumption. This might include updates on relevant new legislation or rules, standardisation activities, legislative studies, and market surveillance reports from different countries and agencies.

As to data bases with information about incidents and injuries arising from the use of consumer products, it is proposed to develop an approach on injury data collection, through which a useful global pool of information on product hazards could be created and made accessible to researchers, policy makers, product safety authorities, and consumers around the world. Such a data pool would be especially useful in identifying and tracking emerging hazards which may be experienced in some regions, even before a product has been introduced in other regions.

Finally, co-operation at an international level is needed to improve the traceability of products.

More information:
http://ec.europa.eu/consumers/safety/int_coop/coop_regulators_en.htm

Strangulation risk

EU Member States endorsed a Commission proposal for Safety requirements for the cords/chains of window coverings at a meeting early February this year. Children can become entangled in hanging cords when playing, climbing or just exploring. It is estimated that at least two children die every year in such accidents.

These safety requirements are timely since there is evidence that fatalities are increasing. In 2002, 90 children visited the emergency departments in seven EU Member States for injuries caused by window blinds or drapery cords. More recently, 9 children in the EU, aged between 15 and 36 months, strangled in the cords of window coverings between 2008 and 2010. In the US, 119 children have died in a corded window coverings accident since 1999. In Canada, 28 fatalities were linked to the same products and in Australia at least 10 children have accidentally been strangled in the cord of a window covering since 2000.

The new safety requirements aim to ensure that internal blinds and other corded window coverings are inherently safe for children, eliminating the risk of strangulation and internal asphyxiation due to accessible cords and small parts. These re-

quirements also cover safety devices that can be installed by consumers to make existing blinds at home much safer.

The draft Decision will undergo the scrutiny of the European Parliament and of the Council (3 months) and will then be ratified by the College of Commissioners. Then the requirements will be sent to the European Standards Committee (CEN) who will develop the relevant standards.

This proposal is also a step towards a global alignment of safety requirements since the co-operation with international partners contributes to the development of ideas and sharing of best practice in the area of product safety.

More information:
http://ec.europa.eu/consumers/safety/projects/index_en.htm#wbc

► Adolescents & risk taking

European Youth Researchers

In the framework of the new EU-Youth Policy a new Pool of European Youth Research has been created by the European Commission. The newly created Pool of European Youth Researchers aims at providing a platform for consultation and an exchange on new developments in the field of youth research and youth policy at European and national levels and to provide research advice and perspective on youth policy strategies and approaches when requested by the partner institutions

The establishment of this new pool of researchers corresponds to the new medium-term youth strategies of both the European Union and the Council of Europe which aim at:

- Promoting better knowledge and understanding of young people in Europe;
- Supporting a knowledge-based youth policy.

The strategies are based on the following documents:

- Council of Europe: Declaration "The future of the Council of Europe youth policy: Agenda 2020" (adopted in autumn 2008) and Resolution (2008)23 of the Committee of Ministers on the youth policy of the Council of Europe.
- European Union: European Commission Communication on the new EU youth strategy (2010-2018) entitled "Youth: Investing and Empowering" (April 2009) and the Resolution of the Council of the European Union of 27 November 2009 on a renewed framework for European cooperation in the youth field (2010-2018).

The objectives of PEYR are to:

- actively contribute to youth research and knowledge development;
- provide a research perspective, critical and forward looking, on European youth policy development;
- enhance evidence-based policy making;
- constitute a "task force" through exchange between its members, engagement with the wider youth research community and with structures of youth policy and practice at the European level;
- ensure responsiveness to changes in the conditions of young people in Europe and offer the partner institutions a flexible support structure in responding to them.

The members of the research group will work in cooperation with the network of EKCYP correspondents, mutually supporting its activities and sharing information and dialogue during meetings convened by the youth partnership between the European Commission and the Council of Europe.

More information:
http://youth-partnership-eu.coe.int/youth-partnership/research/peyr.html

► Safety for seniors

European innovation on Health Ageing supported by AGE

With the Innovation Union strategy, the European Commission aims to enhance European competitiveness while tackling societal challenges. One way in which this is to be achieved is with Innovation Partnerships. The European Commission has identified active and healthy ageing as a societal challenge common to all European countries, and an area which presents considerable potential for Europe to lead the world in providing innovative responses to this challenge.

AGE Platform Europe is an umbrella organisation gathering more than 150 associations representing around 28 million older people in 26 EU Member States. Our role is to advance the interests and voice the concerns of older people at EU level and to influence EU policy making.

In a response to a series of consultations organised by the Commission, AGE warmly welcomes the launch of the *European Innovation Partnership on Active and Healthy Ageing (EIP AHA*) that will seek to create the supportive environment needed to promote healthy and active ageing and to develop innovative solutions for the ageing population.

How can the EIP support active and healthy ageing through innovation?

According to AGE, the EIP AHA should seek to promote a holistic vision of active and healthy ageing as being the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life. This means that the EIP AHA should not focus exclusively on the purely "medical" dimension of ageing but should also seek to support the development of non medical innovative solutions to support the active participation of the 50+ in society, i.e. in employment, in their communities and at home. Creating an age friendly environment is key to the success of the EIP AHA.

The EIP AHA should also seek to mobilise and to build synergies between all relevant EU programmes to empower stakeholders at EU, national and local level and help them develop innovative and locally relevant solutions to support active and healthy ageing and to disseminate this wealth of experiences to a wider community (valorisation).

Barriers to innovation

Main barriers to innovation identified by AGE are:

- The lack of standards on accessibility and interoperability. This prevents the development of sustainable and scalable solutions and prevents the integration of health and social care, resulting in gaps and a waste of resources.
- The lack of cost/benefit evidence for healthcare providers, health insurance, public authorities as well as the lack of evidence for older people themselves who do not see what benefice they will draw from an innovative products.
- The lack of involvement of end-users in the development of new innovative solutions Ensuring that products will be relevant to older people can only be done with an active involvement of the target groups.

In addition to these three barriers, two other elements are key to success in innovations: information and training. Potential users have no idea of all products that are on the market and know even less which products could help them and would provide value for money.

AGE propose that the EIP AHA should seek to help overcome these barriers. It is essential not to focus only on medical or ICT/ technologies only but to seek to create a supportive environment where older people can participate and age in good health.

For that, the EIP needs a clear structure and focused objectives, e.g.:

- Providing a forum for consolidating and analysing evidence of the benefits of innovation from different countries in order to get a better overview;
- Commissioning/facilitating/funding further research designed to generate evidence of the benefits of product innovation.
- Providing a forum for consolidating and analysing different methods of end-user involvement in order to develop evidence based best practice guidelines;

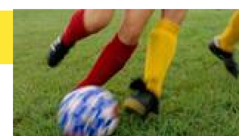
- Committing the different stakeholders to the importance of standards and Design for all.

Mobilising local resources

AGE suggests that the EIP AHA should help mobilise local and regional authorities to create an age friendly environment using WHO age-friendly cities programme and tools, using the EIP AHA instruments. The WHO age-friendly cities programme aims at encouraging and helping local/regional actors to analyse the age-friendliness and supportiveness of their environment, and seek how they could create a more supportive environment for older people. It gives the advantage to adopt a comprehensive approach including outdoor space and built environment, transport, housing, social participation, social inclusion, civic participation and employment, ICT, community and health services. Therefore, it encompasses all areas participating to healthy and active ageing. To implement it, local/regional actors should ensure the participation of older people for the initial diagnosis and the development of solutions to improve facilities.

More information:
http://www.age-platform.org/

► Sport safety



Reducing exercise and sports related injuries

We all want to maximize the health benefits of sports and physical activities through the reduction of exercise and sports related injuries. Over the past years, opportunities for European exchange and collaboration have been discussed with the aim of promoting safety in sports.

Fortunately, the body of knowledge on the prevention of injuries during physical exercise and sports is growing rapidly, as evidenced by an increase in relevant scientific papers.

Recently, EuroSafe also initiated a few projects, such as the Torino charter-project on skiing safety and the Safety in Sports-project that focuses on safety management in hand- and basketball. In addition, EuroSafe had initiated in 2006 a series of exchanges among experts: the EuroSafe Task Force on Safety in Sports.

Expert consultation

Before embarking upon new initiatives, the Task Force wanted to have a clearer picture of the added value EuroSafe can provide in view of promoting safety in sports and physical activities, complementary to existing programmes. Therefore a panel of experts was consulted in autumn last year on their opinions as to what actions are needed complementary to current initiatives, which international or European organisations (may) take primary ownership of the challenge of promoting safety in sports and what priority should be set in that regards, in particular taking into account the different categories of sports (individual physical activities versus organised sports).

The panel of experts consisted of the five members of the EuroSafe Task Force Safety in Sports and four additional experts representing the Oslo Sports Trauma Research Centre, the ***EMGO*** Institute for Health and Care Research at the Free University in Amsterdam, Institute of Social and Preventive Medicine Physical Activity and Health at the University of Zurich and the UKK Institute/ Tampere Sports Medicine Centre.

General observations

All experts highlighted the complexities of the most diversified and fragmented nature of the domain 'physical activities, physical exercise and sports'. By its nature, organised sports are structured on a broad national basis (the National Sports Federation and Olympic Committee) but this relies on a wide range of single national federations for each type of sport. Also major part of physical activities takes place in informal settings without a formal membership base, such as jogging, bicycling and swimming.

Another theme that was highlighted in the interviews is the seeming conflict of interest between sports promotion and safety promotion objectives. It is of great importance to put across that safety promotion and sports promotion are two sides of the same coin, and should go hand in hand. For being successful in sports promotion, it is absolutely crucial to ensure a high level of professional organisation and sufficient levels of safety in order to avoid early drop out of injured and/or disappointed sports people.

Need for European collaboration in sport safety

All respondents agreed that there is a need for increased efforts in implementing existing

sport safety knowledge and expertise into practice. There is a wealth of scientific research evidence that is waiting for being put into practice; the gap between research and implementation needs to be closed. Therefore, countries need a national policy for promoting safety in sports that identifies strategic objectives, stakeholders and resources for implementing existing know how into action.

At European level, such initiatives should be facilitated by improving access to available evidence based good practice in preventing injuries is sports and physical activities and exchanging experiences in transfer of good practices into new settings and evaluation of implementation projects.

Priorities

Taking into account the different categories of sports (individual physical activities versus organised sports), interviewees stated that priority should be given to those categories of sports and/or physical activities that present the highest risks in terms of number of injuries and average severity of injury, while taking also into consideration rising trends in incidence, existing support level (interest among stakeholders) and feasibility of implementation.

The interviewees also underlined that the highest injury risks are prevalent in the age group between 12 and 24 years. This is also the age group in which early intervention may result in long term benefits into late adulthood. The school system provides a proper structure for systematic intervention programming over the entire school career. Here, the focus should be on educating trainers and coaches (train the trainers) and to ensure consistent implementation of evidenced based practices in full compliance with the specified requirements as to these practices.

Special attention should be also given to the non-competitive sports, i.e. the 'sports for all'- or 'sports for health' - types of physical activities, wherein often inexperienced, starting sports people are involved with a proven higher injury risk. This heightened injury risk may offset the health benefits for these novice sportsmen and women.

Taking into consideration the scarce resources, the interviewed experts recommended to develop a 3-5 years work plan that builds on the funding opportunities that the EU-sports programme and available resources within the partner organisations.

Conclusions

All experts agreed that there is a wealth of information available from research and practice in preventing injuries in sports and exercise, that is waiting for being put into routine practice. Therefore, there is a need for increased efforts in implementing existing sport safety knowledge and expertise into practice and for closing the gap between research and implementation.

Policy makers, researchers and practitioners need to work more closely together and to establish a common understanding of the roles to fulfil in increasing safety in physical exercises and sports. This should result in national plans for research and intervention programmes in countries, including the development of institutional capacity and leadership structure. This may also help to identify and profile potential champions for sport safety promotion.

The Lisbon Treaty calls on the EU to develop the European dimension in sport by facilitating and supporting initiatives. This may provide an opportunity for facilitating EU-level exchange on sport injury prevention, as the prevention of injuries and accidents in sports is part and parcel of one of the sports programme objectives, i.e. promoting the physical and moral integrity of sportspeople.

EuroSafe will encourage in particular new initiatives vis-à-vis the non-competitive sports, i.e. 'sports for all'- type of physical activities, as these present an underdeveloped field of activities in countries and at European level. This does not set aside continuous efforts to provide wider dissemination of available injury prevention evidence in competitive sports and to ensure its transfer from elite level of implementation to lower level and amateur level of sporting practice.

More information:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2sportssafety.htm

Swiss snow sports safety campaign

The Swiss Council for Accident Prevention (bfu) conducted a snow sports safety campaign from 2007 to 2010, with the slogan “1,000 Accidents a Day”. Starting in November 2007, the major aim of the campaign was to promote helmet wearing among skiers and snowboarders. The campaign was in particular targeted at novice snow sport men and women aged 18-25 years. As multipliers, the media also played an important role in spreading the campaign message. An evaluation study was carried out to assess the *potential effectiveness* of the campaign, the *process of the implementation* and its *results.*

The most important components of the campaign were posters, TV ads, and helmet test days. The campaign was also visible on e-boards in the ski areas and in online banners, for instance. In addition, the campaign had its own website and had a presence at target group-specific events such as freestyle.ch.

The main elements of the campaign (posters, TV ads, and helmet test days) were successfully implemented, although collaboration with the cable car companies proved to be challenging. Media response to the campaign was the strongest in the first year of the campaign. However, media articles written in the second campaign year placed the campaign message more vigorously.

Results

The implementation of the campaign has been successful overall. The surveys of skiers and snowboarders show that familiarity with the campaign rose from 47% to 69% from 2008 to 2010. Acceptance of the main campaign message increased in all snowboarders and skiers and in the target group.

In general, snow sports participants seems to be reluctant to wear helmets because: (1) they lack awareness of the danger, (2) they belief themselves skilled enough, and/or (3) they belief helmets are a nuisance and uncomfortable to wear. The campaign resulted in significant changes in attitudes and beliefs in this respect among the target group: in 2010 only 3.8% of snow sports participants had never actively considered wearing a helmet (awareness of danger) and 5.9% of skiers and snowboarders said that the purchase of a helmet was not worthwhile (interest in helmet effectiveness).

Helmet wearing increased strongly from 2007 to 2010, namely, from 52% to 76% among skiers and snowboarders. The rate of helmet wearing in the group of 18 to 25-year olds specially targeted starting in 2009 is now the same as the rate for all skiers and snowboarders combined.

Conclusions

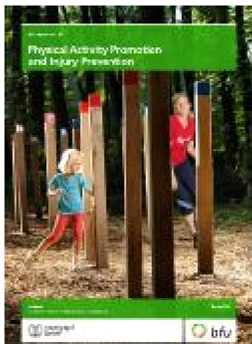
The evaluation confirmed that the campaign concept had a strong impact and succeeded in reaching the target groups and achieving acceptance of the main campaign message. Attitudes and beliefs changed clearly into the desired direction and the rate of helmet wearing increased strongly. The statistical analyses performed reveal a small but significant correlation between familiarity with the campaign and helmet wearing.

Still, the fact that the rate of helmet wearing for snow sports has definitely risen in recent years cannot be attributed first and foremost to the campaign. This is suggested by the fact that, firstly, the rate of helmet wearing already rose sharply after the first year of the campaign and, secondly, mass media campaigns in general can influence attitudes and beliefs but have limited effect on actual behavior.

However, the campaign certainly has enhanced the effects of other factors that help to promote helmet wearing. One of these factors is definitely a certain cohort effect, as the new generations are “growing up” with helmets from the very start of their snow sports participation: once a particular behavior reaches a certain rate of compliance and becomes an accepted custom, it self-propagates and self-reinforces compliance through group dynamics and peer pressure. In addition, the high media coverage of a fatal skiing accident in 2009 is likely to have encouraged many people to start wearing helmets.

More information: o.bruegger@bfu.ch

Physical Activity Promotion and Injury Prevention



The Swiss Council for Accident Prevention (bfu) recently published a study into "Physical activity promotion and injury prevention: Relationship in different population groups". In this study, the report of the US Physical Activity Guidelines Advisory Committee has served as the starting point. In a second step literature data bases were searched for reviews and single papers that had been published between 2007 and 2009, and for earlier European publications on the topic. In a third step, selected institutions and experts from other countries were asked to comment on a first version of the report.

The overall question investigating the association between physical activity behaviour and all-cause injury risk is hardly ever addressed as such. But a variety of studies could be identified that investigated more specific research questions differing remarkably over the life span.

There is strong evidence that physical activity is good for health in all age groups. Promoting physical activity in *older adults* also *reduces* the risk of injuries. In adults at working age, higher levels of activity seem to be related to higher numbers of activity-related injuries but not necessarily to more injuries from all causes. In *children and adolescents*, engagement in sports or vigorous activities is associated with *higher levels of injuries* from any cause.

Summing up, there is some evidence for the association between physical activity behaviour and injury risk in different age groups, however, the strength of these associations differ and also the age periods at which the associations change in direction.

Despite its limitations, the current state of evidence allows the following specific recommendations for implementation and practice:

- Children and young people: Link up physical activity promotion and accident prevention. The promotion of physical activity and sport in children is an important public health issue. To avoid an increase in injuries, it is important to accompany physical activity promotion with sufficient accident prevention measures attuned to this age group.
- Adults: Support the right choices as to the best type of physical activity. Adults should be encouraged to maintain and increase their sport and physical activity behaviour. They should be supported in taking up activities appropriate for their age and their individual level of fitness and experience, and exercise programmes should be introduced gradually.
- Elderly people: Physical activity promotion contributes to preventing accidents. Maintaining and increasing physical activity in elderly people helps to keep them independent and reduces falls and fractures. Multidimensional training programmes seem to be most effective, provided that sufficient accident prevention measures are included.

Website: http://www.bfu.ch/pdflib/1460_74.pdf

u Violence prevention

Workplace violence

Violence, bullying and harassment are becoming increasingly common features of European workplaces, according to a new report by the European Agency for Safety and Health at Work (EU-OSHA). Yet the response from organisations and national governments is widely felt to be inadequate.

Third party violence and harassment affect from 5% to 20% of European workers, depending on the country, sector, and methodology employed. The report '*Workplace* Violence and Harassment: a European Picture' includes international statistics collected by the European Risk Observatory, part of EU-OSHA. Its recent pan-European workplace survey ESENER shows that 40% of European managers are concerned by workplace violence and harassment, but only around 25% have implemented procedures to deal with it - in many EU countries not more than 10%. The prob-

lem is even more acute in health and social work and in education with more than 50% of managers identifying it as a health and safety problem.

Both violence and harassment represent serious but under-reported threats to the safety and wellbeing of workers in Europe. Violence, verbal aggression or threats that employees experience with customers or patients are critical health and safety issues. And the psychological consequences are sometimes more dangerous than physical wounds. Workplace harassment can lead to stress, long-term sick leave, and even suicide. Economic consequences are reduced productivity, increased sickness absence, higher turnover of staff and

premature retirement due to disability at often early ages.

The report also reveals that in many European countries there is still not enough recognition of workplace violence, with few specific initiatives dealing with the issue. At national level and among individual organisations there is a need to raise awareness, and put in place policies and procedures to tackle and prevent violence and harassment at work.

Domestic violence

In the European Union, domestic violence against women remains an alarming phenomenon, and the most consistent and pervasive human rights violation across the region. According to the Council of Europe, one in four women experiences domestic violence at some point in her life, and between 6-10% of women suffer domestic violence in some form in any given year.

Despite the progress that the EU has made in terms of raising public awareness and understanding, 78% of respondents in a recent *Euro barometer* survey recognised that domestic violence remains a common problem. Until now, the DAPHNE programme has represented the main instrument through which the EU has sought to combat the issue, and despite the progress made, it remains a problem in all Member States.

Recently, the European Commission Vice President, Jacques Barrot, defined domestic violence as a violation of a fundamental right in Europe – this sent a positive signal towards creating a new strategy and some promising developments are currently under discussion, such as a new European Observatory which would collect and share data on domestic violence and an EU-wide hotline to help victims.

Within the current EU regulatory framework, domestic violence does not exist as an independent issue but is linked to other policy areas such as public health, fundamental rights and gender equality. Because of its complexity, this pervasive issue requires a more cohesive EU-wide strategy to prevent violence and protect women. The creation of minimum standards for the tackling, preventing and punishing of domestic violence in Europe are the subject of a forthcoming EU feasibility study. In addition, other social policy areas such as the mental and physical health of victims and the contributing factors such as alcoholism, substance abuse and poverty should be effectively addressed and managed at EU level.

In an International Symposium, Brussels, March 3rd, the Centre for Parliamentary Studies organised a debate on how to work towards an EU-wide strategy on domestic violence. It provided a platform for the discussion of a better European regulatory framework aimed at strengthening the 3 P's – prevention, protection and prosecution.

More information:
http://publicpolicyexchange.co.uk/events/BC03-PPE2.php

5th Milestones in a Global Campaign for Violence Prevention

The 5th Milestones in a Global Campaign for Violence Prevention Meeting will take place in Cape Town, South Africa, on 6-7 September 2011. The meeting is being hosted by the Western Cape Provincial Government's Department of Health, with additional support from The California Wellness Foundation.

As for previous Milestones Meetings, the 5th Milestones Meeting will include:

- high-level political officials from several countries engaged in cutting-edge violence prevention programme implementation;
- state-of-the-science presentations by some of the world's leading experts on the primary prevention of interpersonal violence in general, and of child maltreatment, intimate partner and sexual violence and youth violence in particular; and
- policy discussion forums involving several United Nations agencies and international foundations.

The full programme is still being developed. The draft meeting programme and periodic updates will soon be posted on the meeting website: http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html

► Vulnerable road users

In-vehicle driver distraction

The European Transport Safety Council (ETSC) has published a new report on minimising in-vehicle distraction which is part of ETSC's PRAISE project, “Preventing Road Accidents and Injuries for the Safety of Employees”. Vehicles are increasingly becoming “moving offices”, an environment in which employees are likely to receive or make phone calls, check text messages or even check their emails, without appreciating the enormous road risk that this type of behaviour poses while driving for work.

The new report aims to offer employers insight on how to minimise distractions. It focuses on in-vehicle distractions associated with the use of electronic devices or so-called “nomadic devices” including mobile phones, smart phones, music players and portable navigation devices (PNDs). It provides a source of information and recommendations to employers based on a recently completed longer study on the regulatory situation in the Member States regarding brought-in (i.e. nomadic) devices and their use in vehicles.

Distractions are a risk for all road users

Distraction on the roads is a major source of concern. Driver distraction is thought to play a role in 20-30% of all road collisions. There is a long list of distractions, be it in-vehicle distractions that undermine the driver or the rider's ability to perform the driving task. Distractions that concern pedestrians and cyclists (listening to music players, making phone calls, etc.) is also a concern, especially as more people walk and cycle to work. For example, a simulator study carried out by TRL benchmarked use of a mobile phone while driving against impairment from alcohol. The overall conclusion was that driving behaviour is impaired more during a phone conversation than by having a blood alcohol level at the UK legal limit (0.5 BAC). Research has shown that the use of devices whilst walking or cycling results in an increased crash rate. A survey amongst cyclists has indicated the use of devices increases the crash rate by a factor of 1.4.

In-vehicle distracting devices

The report focuses on the risk associated with the use of electronic “nomadic” devices by drivers. However, the risks covered in the report are by no means an exhaustive list of the distractions While there is research and road traffic collision statistics and investigations attesting to the negative safety effects posed by the use of nomadic devices, some devices have ambivalent safety effects (for example personal navigation devices), or even positive effects when used properly. Employers are therefore encouraged to adopt balanced policies based on clear scientific evidence and provide clear and easy to apply guidelines to their employees on acceptable use.

Users of PNDs are probably not aware of the risks associated with distracted driving as much as they are aware of other risks such as drink driving. A recent European ‘Eurobarometer’ opinion poll survey demonstrates that while 94% of people considered

“driving under the influence of alcohol” a major road safety problem, this number was 76% for talking on a mobile phones without hands-free, and as little as 26% for talking on a mobile phone with hands-free.

Call for 'driving for work' company policies

In one of the most practical parts of the report, ETSC outlines the importance of making the business case of tackling this risk to employers. Distracted driving, including the use of electronic devices while driving, should be a particular source of concern for employers and a risk that is managed properly within driving for work policies. Duty of care and health and safety compliance are legal necessities in most EU Member States, and an essential consideration for employers. It makes sound business sense to draw up and implement a safe driving for work policy. This should include measures to manage distracted driving. If ‘driving for work’, being 100% focused on the driving task should be an expected part employee behaviour.

The risk associated with distracted driving and the use of mobile phones and electronic devices should clearly be reflected in driving for work policies, and employers should also ensure that the policy is clearly articulated and broadly communicated so that employees.

Main elements of a policy for mobile phones or electronic devices should typically include the following:

- Employees must not make or receive calls whilst driving for work.
- The golden rule “Engine on, phone off”: if it is necessary to make a call, stop in a safe place that does not pose a hazard for other road users.
- Allow calls to go on “voicemail”.
- Plan journeys ahead to include stops that also provide opportunities to check messages and return calls.

The report also includes an overview of the legislation of PND devices in different EU Member States as well as what can be undertaken at Member State and EU level such as for example raising awareness and enforcement of the existing legislation.

More information: http://www.etsc.eu/PRAISE-publications.php

► Work safety

Safe maintenance in practice

Maintenance is to keep and preserve equipment and facility in a functional state. Maintenance is not only necessary to ensure reliability of technical structures or productivity of the company, but regular maintenance has an important role in providing safer and healthier working conditions.

Maintenance itself is a high-risk activity. It is estimated that around 10-15% of all fatal accidents and 15-20% of all accidents are related to maintenance operations. Scientific studies indicate that occupational diseases and work-related health problems (such as asbestosis, cancer, hearing problems, and musculoskeletal disorders) are also more prevalent among workers involved in maintenance activities.

Campaign

The European Agency for Safety and Health at Work (EU-OSHA) focuses its Healthy Workplaces Campaign 2010-2011 on Safe Maintenance.

During the two years of the campaign, the European Agency for Safety and Health at Work will be supporting a wide range of activities at the national and European level, to promote safe maintenance. With the campaign, EU-OSHA wants to raise awareness of the importance of maintenance for workers’ safety and health and of the risks associated with maintenance. In the same time, it encourages employers to consider health and safety aspects in maintenance.
The Campaign promotes an integrated approach to OSH management in maintenance, based on an adequate risk assessment.

Report

To support this campaign EUOPSHO published an extensive report providing information on

successful initiatives in the workplace illustrating how safety and health risks associated with maintenance can be managed.

Many companies, insurers and authorities have successfully developed solutions to improve safety and health during maintenance. The new approaches presented in this report demonstrate clearly that good occupational safety and health (OSH) management practices are at the heart of reliable and safe maintenance.

Recommendations

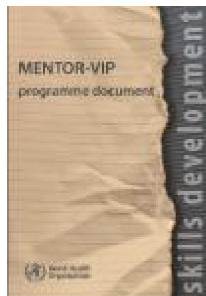
One of the best ways to prevent and control occupational risks related to maintenance is to address them early in the design process of buildings and structures, work environments, materials, and plant (machinery and equipment). The report contains several examples of considering maintenance during the design phase. Examples also show that the combined efforts of all parties concerned can lead to the best solutions to ensure the reliability and safety of maintenance operations.

The recommendations in the report are primarily aimed at maintenance managers and engineers, production managers who procure external maintenance services, managers of maintenance companies that carry out contract maintenance, and safety and health representatives.

More information: http://osha.europa.eu/en

► Cross cutting issues

WHO-capacity building: opening of applications



The WHO led MENTOR-VIP programme is designed to assist junior injury and violence prevention practitioners develop specific skills through structured collaboration with a more experienced person who has volunteered to act as a mentor. The programme provides a mechanism to match demand for technical guidance from some people with offers received from others to provide technical support. The recent opening of applications invites individuals wishing to apply to be mentored during 2011-2012 may make their applications via the WHO- website (link given below) between now and May 13.

Mentoring arrangements may take place in whatever language or languages the mentor and mentee are comfortable to communicate in. The majority of interaction between mentor and mentee takes place through low cost electronic communication such as email, internet-based telephony, or telephonic exchange.

Programme offered

In the first four years of function, MENTOR-VIP has established over 40 mentor mentee pairings. This year WHO hopes to increase the number of mentorships awarded, which will require greater dissemination about the programme throughout the global violence and injury prevention network.

A general orientation of the programme is to initially target skills development needs among more junior injury practitioners in low- and middle-income countries. The skill categories targeted by MENTOR-VIP include:

1. Planning and conducting research.
2. Evidence-based programme design and planning.
3. Programme implementation and management.
4. Programme monitoring and evaluation.
5. Policy analysis and development.
6. Imparting knowledge and skills.
7. Advocacy and communication.
8. Assuring funding support.

Applicants have to indicate which categories of skills they would like to develop in providing their candidate profile, which is used to short list candidates. Short listed candidates are then requested to provide supplementary information which details the nature of their prospective collaboration with a mentor. The pool of mentors who have volunteered for the particular cycle next review this supplementary information as well as the candidate profiles and rank candidates according to their preference for mentoring them. Finally, the Core Group for MENTOR-VIP assigns mentorship pairings on the basis of the rankings.

Applicants who wish to apply for one of these positions must do so by the application deadline of May 13 through the capacity building section of WHO headquarters website for injury and violence prevention. All applications to the programme are made online and more detailed information is available at http://www.who.int/violence_injury_prevention/capacitybuilding/mentor_vip/.

Safe Community Project in Kepez, Antalya, Turkey

The Family Medicine Department at the Akdeniz University's Faculty of Medicine, the Antalya Provincial Police Department and the Kepez Municipality and District Governments have joined forces in view of initiating collaborative projects for the prevention of injuries and fatalities due to accidents and violence as well as injuries caused by natural disaster. The interest in injury prevention started to grow in Antalya since the university become involved in EU-wide injury surveillance exchange and the respective IDB-projects co-funded by the European commission. The preventive services developed by the police department in Antalya and their pro-active work to prevent crime, violence and injuries also has helped to foster a stronger collaboration among various actors and organisations in Antalya.

Under the patronage of Kepez Municipality and Kepez District Governorship plans have been developed to have the Kepez District to become the first safe community in Turkey and to have the Kepez District of Antalya joining the Safe Community Network coordinated by the Karolinska Institute, the WHO Collaborating Center on Community Safety Promotion

Reference and task force groups have been established for injury prevention focusing on different age groups - children, adolescents, young adults, adults and older people - and on the key safety domains - Home, Traffic, Occupational, School, Leisure and Sport Safety -. Programs will target high-risk groups and environments, and promote safety for vulnerable. A joint task force on process monitoring and quality assurance of Safe Community will follow the implementation of Safe Community in Kepez District of Antalya/ Turkey. Kepez Community expects to be a designated “Safe Community” in the spring of 2011.

To monitor the implementation of the Kepez-Safe Community programme, the collection injury data is a vital component of the programme. In 2008 an IDB Database pilot project has been run in Antalya metropolitan area. Kepez District has now decided to use IDB methodology and structure for monitoring injuries in the framework of the Safe Community programme. The newly established injury data collection and coordination center at Kepez Municipality will be in charge of this process.

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WHO Collaborating Centre on
Community Safety Promotion

► AGENDA

2011

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

1-7 May in Keystone Colorado, USA
19th International Congress on Ski Trauma and Skiing Safety
http://isss2011.isssweb.com/

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

16-17 June in Budapest, Hungary
3rd European Conference on Injury Prevention and Safety Promotion
http://www.eurosafe.eu.com

6-9 July in Liverpool, UK
16th Annual Congress of the European College of Sport Science
http://www.ecss-congress.eu/2011/

6-7 September in Cape Town, South Africa
WHO’s 5th Milestones in a Global Campaign for Violence Prevention Meeting
http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html

6-9 September in Falun, Sweden
20th jubilee Safe Community Conference
http://falun.se//safecom

11-12 October in Poznan, Poland
Polish Expert Conference 'Alcohol Policy in Poland and around Europe'
http://fas.nazwa.pl/parpa_en/

2-4 November in Brisbane, Australia
10th National Conference on Injury Prevention and Safety Promotion
http://www.icebergevents.com/injuryprevention2011/

16-18 November in Vancouver,Canada
Canadian Injury Prevention and Safety Promotion Conference
http://www.injurypreventionconference.ca/

EuroSafe

the European Association for Injury Prevention and Safety Promotion

is the network of injury prevention champions dedicated

to making Europe a safer place

ARE you looking for opportunities to influence European policy developments relevant to injury prevention and safety promotion? **DO** you want to learn from other countries by bench marking your own policies and programmes with them? **DO** you want to increase the impact of your investments in safety promotion programmes by exchanging experiences with key experts in the field? **ARE** you looking for being engaged in collaborative projects and activities with other colleagues in Europe?

Together we can make a difference!

JOIN US by filling in the membership form

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2membership.htm

or ***CONTACT US*** at

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