Vol. 6 issue 2, July 2011

EuroSafe Alert

European Association for Injury Prevention and Safety Promotion

Quarterly publication published by EuroSafe and supported by the European Commission

"Working together to make Europe a safer Place"

Contents

► EuroSafe news

3rd EuroSafe Injury conference: Call for health sector leadership

Up to two hundred delegates from 39 countries participated in the 3rd EuroSafe Conference on Injury Prevention and Safety Promotion, in Budapest/ Gödöllõ on June 16th and 17th, 2011. In the closing session of the conference, the delegates called for health sector leadership in establishing national strategies for the prevention of injuries and violence.

The discussions held in break out sessions repeatedly underlined the need for more targeted strategies and resources for injury prevention and safety promotion in countries. The national ministries of Health are uniquely positioned to coordinate such initiatives as the health sector absorbs a substantial proportion of the direct costs arising form injury. The health sector should in particular enhance its role in collecting and reporting injury data and provide standardised EU-indicators to enable comparison between countries and policy sectors as a tool for greater accountability.
The prevention of injury and violence requires knowledgeable and skilled human resource capacity and effective networks. The creation of EU-wide networks across a range of public and private sectors should be supported by the European Commission in view of a wider dissemination and implementation of the available evidence base for cost-effective injury prevention.

The 3rd European conference has been hosted by the Hungarian Ministry of National Resources of the Republic of Hungary, in collaboration the European Commission and the WHO Regional Office for Europe. All presentations are now on line available. Conference conclusions will be published in a special issue of EuroSafe-Alert magazine by the end of August.

More information on:
www.eurosafe.eu.com

► EU news

Evaluation of EU Consumer Policy

The Consumer Policy Strategy 2007-2013 and the related Programme of Community Action are currently under evaluation in view of preparations for the new strategy and programme up to 2020. An evaluation study was carried out in the last few months by a consortium of independent consultancy companies, selected through a tendering procedure.

Besides this general evaluation, separate evaluations will be conducted on specific elements of the Consumer Policy Strategy and Programme, such as on the network of European Consumer Centres and on the consumer education, information and capacity building actions.

Evaluation method
Three main sources of data have been used in carrying out these evaluations: a literature review, collection of numerical data and a series of consultations,

Consumer Affairs

including discussions with key stakeholders in the European Parliament, Commission services, EU organisations representing the different stakeholder interests, Member State authorities and national consumer organisations.

The criteria used in the evaluations include effectiveness, relevance, efficiency/cost-effectiveness, sustainability, external and internal coherence, synergies, EU added value and overall impacts (expected and unexpected).

There are some intrinsic limitations to the evaluation, in particular due to the difficulty of isolating the effects of EU consumer policy from the general economic and social context since, for instance, consumer confidence is subject to the influence of many factors. It should be also realised that the impact of actions such as consumer empowerment are only to be expected at very long term and that numerous actors are involved. It should be also acknowledged that some actions initiated under the 2007-2013 programme are still at an early stage of implementation.

Main findings

Despite the fact that European consumer policy is a relatively new field and that the level of EU funding under the Programme is relatively small, the evaluation study could identify areas in which clear progress has been made.

The Programmes and the Strategy have been increasingly successful in the integration of consumer policy into EU policies. The report suggests pursuing efforts in this field and addressing emerging challenges such as issues linked to digitalisation, moving towards more sustainable patterns of consumption and taking into account the vulnerability caused by the crisis.

In particular, the Consumer Market Scoreboard has played a key role in supporting consumer policy. It plays an important role in the proper integration of consumer concerns into EU policies and the design of effective legislation. The report also demonstrates the merit of developing the understanding of actual consumer behaviour.

On product safety, coordination has increased between market surveillance authorities. The report shows the merit of further strengthening surveillance and enforcement through RAPEX, pursuing the efforts aimed at addressing the international dimension of the safety of products and capitalising on the use of new technologies.

The report points to the added value linked to the greater level of harmonisation brought by the legislative developments, either finalised or still in the making.

Under the Strategy and Programmes, cross-border enforcement cooperation has been strengthened through the network of enforcement authorities (CPC Network) and coordinated actions such as "sweeps". The report shows the merit of further increasing the coordination of the CPC Network and enforcement authorities.

Consumer access to redress mechanisms remains low. The report also refers to the need to increase consumer awareness about the means of redress.

The Strategy and Programmes have provided increasing support to consumers who seek advice on disputes cross-border through the network of European Consumer Centres (ECC-net). However, the report points to the need of increasing their visibility and hence awareness among consumers.

Progress on consumer education has varied. The report notably points to the need of consolidating the education tools, better defining target audience and content of messages.

The evaluation makes apparent a certain divergence in appreciation between national authorities and consumer organisations, the former being more positive on the achievements of the Strategy and Programmes.

An overwhelming majority of national authorities believe that the Strategy and Programme are complementary to national consumer policy.

National authorities and consumer organisations both believe that the actions will have a long term effect on consumer protection.

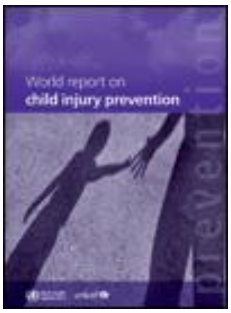
Next steps

The results of this evaluation will feed into the impact assessment for the preparation of the next (post-2013) Consumer Policy Strategy and the Programme of Community Action to be conducted this year.

More information: http://ec.europa.eu/consumers/strategy/index_en.htm

► WHO news

WHO Assembly endorses resolution on child injury prevention



The 64th World Health Assembly, with more than 2700 delegates, including Health Ministers and senior health officials from 192 World Health Organization (WHO) Member States, non-government organizations, civil society groups and other observers convened in May this year. In the end, 28 resolutions and three decisions were adopted to guide the upcoming work of the Organization and to address priority global health issues.

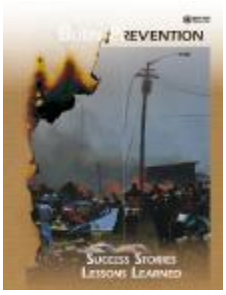
Delegates and other partners engaged in a lengthy discussion on non-communicable diseases (NCDs) such as diabetes, heart disease, stroke, cancers, and chronic respiratory diseases. NCDs pose one of the greatest challenges to health and development today and contribute to more than 60 percent of deaths worldwide. Delegates unanimously endorsed the World Health Assembly resolution on the preparations for the United Nations General Assembly high-level meeting on the prevention and control of non-communicable diseases being held this September. Delegates urged heads of state and government to attend the meeting in New York.

Progress on prevention and control of NCD and the achievement of the Millennium Development Goals (MDGs) will require strong health systems and the Assembly recognized the importance of this area of work.

The World Health Assembly also adopted a resolution on child injury prevention. The resolution provides a platform to support action on preventing child injuries, which are the leading cause of death for children over the age of 5. More than 830,000 children die each year from road traffic crashes, drowning, burns, falls and poisoning. Effective interventions to prevent these injuries exist, and include enforcement of speed limits around schools, placing children in child-restraints in the back seat of a vehicle, removing or covering water hazards, installing smoke alarms, and setting up poison control centres.

More information: *http://www.who.int/violence_injury_prevention/child/en/*

WHO-publication on Burn Prevention



Burns are a major global public health problem. Fire-related burns alone account for more than 195 000 deaths per year, with more deaths resulting from scalds, electrical, chemical and other types of burn. Greater application of burn prevention strategies globally would go a long way towards lowering the unacceptable burden of death and suffering from burns. The goal of the WHO publication *Burn prevention: success stories, lessons learned* is to disseminate information on burn prevention strategies that have been successful, as well as those for which there is preliminary evidence suggesting their effectiveness, especially in developing countries.

The report includes examples of successful burn prevention strategies from around the world, and from a wide spectrum of economic situations. Approaches that have been shown to lower burn rates include smoke alarms, lowering hot water heater temperatures, regulating the flammability of clothing (especially children's sleepwear), designing and distributing safe cooking stoves and lamps. The publication also covers advances in care which can reduce mortality, disability and suffering among those who are burned.

This publication focuses on practical, affordable, and sustainable solutions and provides useful "how to do" methods. It also seeks to dispel the belief that little can be done to prevent burns. By so doing, and by providing lessons learned about on-the-ground methods for promoting burn prevention, this publication also seeks to catalyze increased burn prevention activities globally.

More information: *http://www.who.int*

World report on disability

The first ever *World report on disability*, produced jointly by WHO and the World Bank, suggests that more than a billion people in the world today experience disability.

People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives. The report provides the best available evidence about what works to overcome barriers to health care, rehabilitation, education, employment, and support services, and to create the environments which will enable people with disabilities to flourish. The report ends with a concrete set of recommended actions for governments and their partners.

The *World report on disability* makes a significant contribution to implementation of the Convention on the Rights of Persons with Disabilities. At the intersection of public health, human rights and development, the report is a "must have" resource for policy-makers, service providers, professionals, and advocates for people with disabilities and their families.

WHO and the World Bank urge governments to step up efforts to enable access to mainstream services and to invest in specialized programmes to unlock the vast potential of people with disabilities.

Global estimates

The first-ever *World report on disability*, launched early June by the World Health Organization and the World Bank, provides the first global estimates of persons with disabilities in 40 years and an overview of the status of disability in the world. New research shows that almost one-fifth of the estimated global total of persons living with disabilities, or between 110-190 million, encounter significant difficulties.

The report stresses that few countries have adequate mechanisms in place to respond to the needs of people with disabilities. Barriers include stigma and discrimination, lack of adequate health care and rehabilitation services; and inaccessible transport, buildings and information and communication technologies.

Key findings and recommendations

The report shows that people with disabilities are more than twice as likely to find health-care provider skills inadequate to meet their needs, and nearly three times more likely to report being denied needed health care. In low-income countries people with disabilities are 50% more likely to experience catastrophic health expenditure than non-disabled people. Children with disabilities are less likely to start school than non-disabled children and have lower rates of staying in school. In Organisation for Economic Co-operation and Development (OECD) countries, the employment rate of people with disabilities (44%) is slightly over half that for people without disabilities (75%).

The report recommends that governments and their development partners provide people with disabilities access to all mainstream services, invest in specific programmes and services for those people with disabilities who are in need, and adopt a national disability strategy and plan of action. In addition, governments should work to increase public awareness and understanding of disability, and support further research and training in the area. Importantly, people with disabilities should be consulted and involved in the design and implementation of these efforts.

Next steps

Nearly 150 countries and regional organizations have signed the Convention on the Rights of Persons with Disabilities (CRPD), and 100 have ratified it, committing them to removing barriers so that people with disabilities may participate fully in their societies. The *World report on disability*, developed with contributions from over 380 experts, will be a key resource for countries implementing the CRPD.

Welcoming the report, renowned theoretical physicist Professor Stephen Hawking said, "We have a moral duty to remove the barriers to participation for people with disabilities, and to invest sufficient funding and expertise to unlock their vast potential. It is my hope this century will mark a turning point for inclusion of people with disabilities in the lives of their societies."

More information: http://www.who.int/mediacentre/news/releases/2011/disabilities_20110609/en/index.html

► 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 Italy share with us the latest initiatives in the Grand Duchy.

SINIACA: a systemic approach to the national surveillance of home injures

Every year about 3 million 2 hundred thousands Italians suffer home injuries. Among the injured, around 1.7 million of them ask for assistance of Emergency Departments (ED) and about 125,000 are hospitalized and 5,500 die for this reason. Important results have been achieved in the last decade in terms of reduction of mortality and morbidity incidence for every type of unintentional or intentional injury. Nevertheless home, leisure and sport injuries still remain the least affected domains of injures by the aforesaid incidence reductions. Therefore the prevention of this typology of events represents an objective priority of public health and the availability of a suitable surveillance system is of fundamental importance for evidence based prevention.

In consideration of these aspects and in enforcement of the Law 493/99 a national information system on the home injuries (SINIACA) has been activated at the Italian National Institute of Health (ISS). The system is structured onto three levels of information:

- Mortality database
- Hospital Discharge Register (HDR)
- ED sample surveillance

The first two levels are accomplished by using current mortality and HDR data. At the third level ED surveillance of home accidents have been implemented in a sample of more than 20 hospitals all over the nation. Their catchment area covers 3.5% of the Italian population. These hospitals use a common coding system which registers the external causes of accident (mechanism of injury, activity at the time of injury, place of occurrence) with extremely simplified code lists: not more than 15 items for each voice (i.e. “mechanism of injury”). Data conversion procedures have been developed from Italian national simplified codes to IDB “all injuries” ones. These procedures are based on heuristic algorithms and require data revision for the completion of an entire database.

In the SINIACA ED registration procedures data linkage have been established between ED and HDR records in order to follow the patient from the moment of his initial attendance at the hospital to the discharge from it.

Parallel with the national system a smaller sample of hospitals participated directly into EU-IDB. They were 9 hospitals in year 2005 registering home and leisure accidents with the EHLASS V2000 coding format. In 2010 three hospitals participated in the EU-IDB within the European INTEGRIS project registering home and road traffic accidents and intentional injuries (auto-inflicted or by aggression). The EU-IDB “all injuries” coding format was adopted in year 2010.

Finally at national level a smaller sample of 8 hospitals registered road traffic accidents in a national simplified coding format for the external cause of injury.

The participation in the SINIACA ED network is voluntary and participating hospitals have rotated throughout the years, but a core of around 20 hospitals all over the nation has been assured.

The ED data are integrated with HDR ones at central level by data linkage. Current HDR and mortality data are transmitted to the SINIACA system by central agencies (Italian National Institute of Statistics and Ministry of Health) and regional epidemiologic observatories. The characterization of the external cause of accidents at sample ED level and its integration to general current statistics consent to extrapolate the results at national level. Having a complete “picture” of the burden of home accidents in Italy using the available current information and integrating it with

in-depth sample surveillance on the external causes of accidents is a key element for the provision of evidence based prevention strategies. Within this framework the Italian National Institute of Health has also participated in the EU-IDB network developing procedures for making the nationally coded information comparable to the European one. A dedicated website has been developed for the dissemination of the SINIACA results at http://www.iss.it/casa/.

More information: Alessio Pitidis

E-mail: alessiop.dati@gmail.com

Dept. of Environment and Primary Prevention, Italian National Institute of Health.

u INTERVIEW with Alessio Pitidis, director of the Environment and Trauma Unit of the National Institute of Health in Italy (Instituto Superiore della Sanità, ISS)

From 2004 the coordinator of the National Information System on Home Accidents (SINIACA). Alessio has a degree in economics. Before joining the ISS, he worked for the International Institute for Health Information and Research in Rome, developing databases on health care expenditures in Italy in comparison to other OECD countries.

Q.: Who was the major driving force behind the creation of SINACA in Italy?

During the '80 prof. F.Taggi, director of the Bio-statistical Methods and Models unit of our Institute, initiated a national study on accidents as one of the policy responses to the Seveso-disaster in 1976. The study was based on the ED surveillance of injures. In this period with the support of Dr. W. Haddon Jr., President of the US-Institute for Highway Safety, a research group on injury control and prevention was established within Taggi's unit.

As an outcome of this study, the Ministry of Health and the Ministry of Labour and Social Insurance decided in 1999 to establish by law a National Information System on Home Injuries (called SINIACA). This system is a direct result of Taggi's initiatives and dedicated efforts.

Q.: How did yourself become involved in injury surveillance?

I was involved in the ISS research group on injuries because of the development of a national trauma database. I worked on biostatistical modelling on injury prevention and led research lines and projects on the assessment of injury severity and the economic evaluation of the burden of injuries. In the year 2002 I became responsible for the technical secretariat of SINIACA for the IT aspects of the system. Soon, I started to assist prof. Taggi in co-ordinating our research unit.

The main aims of our research group are to ensure injury surveillance being integrated in current health statistics at national level, including the development of a national trauma registry in collaboration with the major Trauma Centres. We also serve the role of a national clearing house for the different organizations centrally and locally acting for the injuries control and prevention and in exchanging experience with similar institutions or research groups active at European and international level.

Q.: To what extent do you find support from the Italian government as to the funding of injury research and prevention in Italy?

Earlier this year, we have submitted a bi-annual project proposal for the National Prevention Plan 2010-12 issued by the Ministry of Health. This Plan earmarks the prevention of home, school, leisure time and road traffic injuries as one of the priorities for the next three years.

In response to this Plan, we are proposing a territorial expansion of SINIACA and the ED surveillance of injuries, in line with the European IDB-guidelines. The proposal has been approved on July 15th and we are now preparing an operative plan for review and approval in the course of the month of September this year.

We also proposed a school based education initiative on the prevention of paediatric burns in collaboration with the scientific network of the Mediterranean Burn Centres. This proposal also passed successfully the first phase of the call.

Q: You have been involved in a number of EU-collaborative projects. What is the added value for you and the institute to invest in such joint projects?

Personally I have been involved in the Eurocost project on the evaluation of the cost of

injuries. I also participated in a follow-up project on the assessment of the burden of injuries leading the line on the assessment of injury severity. Recently I participated in the INTEGRIS (Integration of European Statistics on Injuries) project as National DataBase Administrator for Italy.

The essential added value of these activities is the international exchange of experience and methodologies with other research groups active in the field. In particular the surveillance should be European based adopting common methodologies across the Member States in order to have comparable data as evidence for the European policies.

Q.: What does the JAMIE-project means for you work in Italy and what impact you expect it will have on the work from 2014 onwards?

The participation in JAMIE has been very important for us in order to push forward and to evidence to our national authorities the need for a consolidated system for the surveillance of injuries. It has been fundamental in the 2011 PNP call for underlining that we need to produce data in this field that must be comparable with the other Member States.

We expect that JAMIE will produce at European level an integrated use of current statistics on injuries together with the set up of a stable EU-wide ED based sample surveillance system producing data on injuries comparable across the Member States, by means of a common minimum data set and linkage with hospital discharge information. The set up of an Italian ED subsample will allow us to extend our current surveillance activities from the home injuries to the other domains starting with road traffic injuries and injuries due to violence and working towards an all-injury surveillance system in the near future.

► Consumer safety

Enforcement practice in EU-member states

The latest edition of the so-called EU-Consumer scoreboards contains a detailed chapter on perceived and actual enforcement investments in the respective EU-member states.

The purpose of the Consumer Scoreboards is to identify whether consumer markets are working for consumers, to track the integration of the retail single market and to monitor national consumer conditions and to identify markets which may be underperforming for consumers. The Consumer Markets Scoreboard is based on a market monitoring survey measuring the reported experienced and opinions of consumers with recent purchasing experience.

This provides crucial evidence for policy follow-up, and feeds into the Commission's broader work monitoring the functioning of the Single Market. For instance the report reveals that from the consumer perspective, three services markets consistently have the lowest scores regardless of whether the size of EU countries is taken into account or not. These are: 'investments, pensions and securities', 'real estate services' and 'internet service provision'. The three worst-performing goods markets are: 'second-hand cars', 'clothing and footwear', and 'meat'.

Perceived safety of products

Surveyed about the safety of no-food products, consumers and retailers in the same countries tend, according to the EU report, to think alike. The dominant view from consumers and retailers in almost all countries is that not more than a small number of products are unsafe. Across the EU, only 1 in 5 consumers seems to believe that a significant number of food and non-food products were unsafe.

However, consumers and retailers in some countries are much more sceptical about the safety of non-food products than in other countries. More than 3 in 10 consumers in Romania, Greece, Cyprus, Lithuania and Latvia are of the opinion that a signifi-cant number of non-food products were unsafe, compared to only 3% in Finland.

Retailers in Romania are the most likely to think that a significant number of non-food products currently on the market in their country were unsafe (37%). In Germany, Cyprus, Bulgaria and Greece, between 26% and 32% of retailers share this view. In Finland, Estonia, Norway and Malta, less than 5% of retailers are of this opinion.

Recall experience

Across the EU, less than a sixth of EU consumers say they had been personally affected by a product recall. Consumers in Greece stood out from the pack with a slim majority of consumers who said they had been personally affected by a product recall.

In Italy, on the other hand, less than a tenth of respondents reported ever having been affected by a recall of non-food product. Among consumers who had been personally affected by product recalls, roughly a third had not taken any action. A slim majority of consumers affected by a product recall had contacted the retailer or the producer, while 3% had contacted a consumer organisation and 2% had contacted the national public authorities.

Product recalls concerned a minority of retailers: in the last two years, 1 in 10 retailers were asked by the authorities to withdraw or recall one of their non-food products and 5% were asked to issue a public warning about one of their non-food products. About 4 in 10 retailers who sell consumer products had carried out tests in the past two years to make sure that the products they were selling were safe, while one third say that the authorities had checked the safety of a product that they were selling. Furthermore, only 1 in 10 retailers reported to have received complaints from consumers about the safety of a product they sold, and only 7% said they were aware that their competitors knowingly sold unsafe products in the past year (though this percentage was significantly higher in Greece (23%) and Cyprus (15%).

More than half of the retailers in Romania, Malta and Cyprus were subjected to a non-food product safety test by the authorities. At the other end of the scale less than 20% of the retailers in Portugal , the UK, and Iceland said that the authori-ties checked the safety of the products they were selling in the past two years.

Food for thoughts and dialogue
The findings of the Scoreboard in relation to consumer conditions are most useful for Member States in preparing their national reform programmes as well as their fine tuning of available enforcement capacities. The results will be brought into discussion by the EC competent services in their dialogue with national policymakers and stakeholders.

Source: *http://ec.europa.eu/consumers/strategy/docs/5th_edition_scoreboard_en.pdf*

European Commission: 'Fewer dangerous products slipping through the net'

Whether it relates to a baby-stroller or to a new pair of shoes, consumers are entitled to expect these products should be safe. According to the European Commission, the good news is that fewer dangerous products are reaching the EU market since such products are now identified and removed more readily. According to the 2010 annual RAPEX report, this is thanks to the increasing effectiveness of the EU's rapid alert system for non-food dangerous products ("RAPEX"): in 2010 a record 2244 unsafe products were banned, withdrawn from the market or recalled from consumers in 2010 (up 13% compared with 2009).

Member States have upped their game and European businesses seem also to take their responsibilities in the consumer product safety area more seriously, with a marked increase (200%) in the use of the dedicated rapid alert system for business ('GPSD Business Application').

RAPEX system increasingly effective
Since the introduction of RAPEX in 2004, notifications have increased from 468 (2004) to 2244 (2010). The increased capacity and efficiency is attributed to:

- More active product safety enforcement by national authorities, including through specific projects;
- Better allocation of resources;
- Greater awareness among businesses of their obligations;
- Enhanced cooperation with third countries, in particular China;
- Network-building and training coordinated by the European Commission.

For the European Commission, the focus for the future will be on quality and usefulness of the notifications. As regards the countries of origin, the number of notifications on products from China sent through RAPEX showed a slight decrease (of 2%, from 60% in 2009 to 58% in 2010. 17% were of European origin. 10% were of unknown origin and 15% were from other countries.

Half of the EU-countries further increased their activities in the system in 2010. The most active countries were Germany (204 notifications), Bulgaria (192 notifications), Hungary (191 notifications), Cyprus (178 notifications), and Greece (159 notifications). Notifications sent by these countries represent 47% of all notifications on products posing a serious risk sent via the system.

Clothing and textiles (625 notifications) were the most frequently notified products (suffocation and irritation risks) followed by toys (488 notifications), (mainly choking risk), and motor vehicles (175 notifications), (risk of injury), which together accounted for 66% of all notifications on products posing a serious risk in 2010. Electrical appliances (158 notifications) became the fourth most frequently notified category of product (risk of electric shock).

Coordinated action on helmets

In 2010, market surveillance authorities in 11 Member States1 conducted a specific check of the safety of helmets for leisure purposes, such as for alpine skiers, snowboarders, cyclists, skateboards, roller skaters and horse riders. They inspected 367 helmets for compliance with relevant safety legislation.

With regard to requirements for labelling and instructions for use, 63% of the sample were non compliant. With regard to safety parameters specifically, 40 helmets (identified by expert market surveillance experts as potentially non-compliant) were sent to a laboratory for full testing of safety aspects including: field of vision, shock absorbing capacity, suitability of the retention system which keeps the helmet in place. The results revealed that nearly half of the tested models did not comply with the relevant standard for one or more of the above parameters.

The main aim of the project, co-ordinated by PROSAFE-the EU network of surveillance authorities, was to reduce the number of unsafe helmets on the EU market. It also enabled Member States to gain experience in working together for better surveillance and enforcement of the safety rules. National authorities will intensify their work to ensure compliance with the relevant safety requirements and to inform and educate economic operators and consumers.

More information: *http://ec.europa.eu/consumers/safety/news/index_en.htm*

Playground Handbook for Inspectors

The impact of play areas has always been important for the development of children's play and physical activities. Over the past decades many efforts have been made in making playground areas more attractive and safe as well.

Nevertheless, statistics indicate that 4 in 10 injuries in children are related to play and leisure activities. It is evident that certain improvements should be made with respect to the installation, the use and the maintenance of playgrounds, and, especially, to the playground equipment itself.

The number of accidents, especially the severe and the fatal accidents, which have been reported in recent years in several European countries, has raised concerns among the competent authorities regarding the safety of playground equipment. And several EU-countries had developed guidelines, regulations and inspection programmes, aiming to protect children from accidents and injuries.

These were reasons enough for PROSAFE, the Product Safety Enforcement Forum of Europe, to compile the body of knowledge available and to document good practices in auditing playground areas and equipment in a handbook for use all over Europe.

Handbook

The main body of the book is divided into two parts: *Manual for inspectors* – the organisation of an inspection programme and *Appendices* – useful forms and examples of good practices.

The first part guides the inspectors in organising an inspection programme – from its planning stage until the drawing up conclusions and informing the public on the outcomes of the checks.

The authors would like to draw the readers' attention to the chapter 7.2 on management control, which explains the importance of checking whether area operators have prepared their own strategy for ensuring the safety of playgrounds.

The Appendices documents all available technical and practical knowledge about the safety of playground. This information is to be used during inspections, such as the most important definitions from the EN 1176 standard, the list of the accredited European laboratories where the playground equipment could be tested and the instructions for using test probes, which are accompanied by photos.

One of useful tool is a checklist of crucial safety requirements, which will help authori-

ties to perform a comprehensive inspection. In addition, the Appendices include examples of the national best practices gathered from European countries.

The Handbook presents the information about the safety of playgrounds, which is useful for inspectors when carrying out checks of playground and playground equipment.

It has been developed for public authorities in charge of performing inspections on playgrounds: not only the market surveillance bodies, but also the construction surveillance authorities, the local authorities, kindergarten surveillance bodies and others.

Although published a few year ago, the Handbook has been re-launched by PROSAFE on its web site.

More information: http://www.prosafe.org/#

► Safety for seniors

Active and Healthy Ageing

In its Europe 2020 flagship initiative Innovation Union, the European Commission put forward the concept of European Innovation Partnerships (EIP) to promote breakthroughs to address societal challenges and gain competitive advantages. It proposed to test the concept by launching a pilot partnership on active and healthy ageing, aiming to increase the average healthy lifespan of Europeans by 2 years, by 2020.

In line with this, DG SANCO and DG INFSO of the European Commission published an online public consultation (26 November 2010 - 28 January 2011) seeking the views of all interested stakeholders on various aspects of this pilot partnership, including their current involvement in programmes, initiatives or projects relating to innovation for active and healthy ageing and ideas for future initiatives. An extensive report has been recently published on the outcome of this consultation.

Main findings
The 524 contributions received, present a wealth of ideas and suggestions put forward by various stakeholders, including recommendations such as:

- Being active locally and regionally but fully benefiting from the richness of global knowledge and experiences;
- Focusing on implementation and bringing tangible results to the citizens through more coordinated actions;
- Thinking outside of the usual channels, structures and definitions.

Respondents identified *four major challenges* and roles for the EIP: optimising *funding* mechanisms, wider exchange of *evidence* as to good practices, *better regulation* and *building capacity* and skills.

Overall, according to the respondents, *financial mechanisms* are often fragmented and insufficiently coordinated. Innovative ideas cannot fully benefit from the variety of existing instruments as their focus is not always synchronised and is obstructed by national or sectorial borders. More specifically, respondents see the following aspects: Respondents therefore call for streamlining and optimising of existing funding mechanisms and resources.

Many respondents point to the *lack of evidence of sufficient quality and quantity* for the benefit of innovative solutions or deplore the fact that existing evidence is scattered. EIP should gather, consolidate, analyse and disseminate the evidence already available in Europe as to the benefits of innovations. Some suggest setting up a repository/ database at EU level. The EIP could play an active role in coordinating future developments and thereby prevent redundancy in innovation support and allow regions to focus on certain aspects. It could identify and exchange good practices, thereby providing a reliable source of information and avoiding wasting resources on what has already been demonstrated.

According to respondents, the right framework conditions should include coherent public policies as well as clear incentives for innovation. EIP might help to identify specific regulatory barriers and increase its flexibility in regulations and administrative procedures. For instance, Some respondents also stress the importance of standards regarding the *quality of products* and services for older people and call for the development of certification and labels in the field, in order to improve transparency and favour consumer acceptance.

In order to ensure the accessibility to novel solutions to older people, people with disabilities as well as the broader population, the mandatory implementation of the concept "design for all" is advocated.

Even the best ideas cannot fully develop without an effective supporting system. Respondents see the importance of smaller actions that facilitate the use of main instruments and solutions. EIP could play a role in developing a common approach to *professional training* by offering a platform to share knowledge on skill needs and training on various issues such as health information management and practical implementation of integrated care.

Respondents also believe the EIP could add value by informing patients and consumers on available innovation and healthy lifestyles.

Innovative solutions
As to *recommended future activities*, quite a number relate to innovative solutions for active ageing, independent living and social inclusion, with a particular focus on safety promotion and fall prevention. These relate to the provision of health care and social services that help and assist older people in realising their potential for physical, social and mental well-being throughout their lives. It also relate to their participation in society according to their needs, desires and capacities.

Suggestions are made as to the provision of web-tools and a wider variety of toolkits for social interaction activities and for the provision of services at home, in mobility and in the workplace. These are meant to improve older people's quality of life, mental health, and self-esteem.

The report on the consultation provides a springboard for identifying key topics that should be taken up by EIP. The report will also used by the Commission as input to the discussions on the EU Health Strategy and EU Consumer Policy Strategy for the years 2013-2020

More info: *http://ec.europa.eu/active-healthy-ageing*

European Year for Active Ageing

The year 2012 will be the 10th Anniversary of the United Nations Action Plan on Ageing. In response to the demographic challenge all EU member states are facing, it has been decided to have the year 2012 to be also the European Year for Active Ageing and Solidarity between Generations .

Our entire society is going to have to adapt itself to the needs of its ageing population, but it will also have to tackle the new challenges faced by other age groups so that all generations will be able to continue supporting each other and living together peacefully.

This means that we will have to collectively review our policies and practices in regards to town planning, rural development, public transport, access to health care, family policy, education and training, social protection, employment, civic participation, leisure, etc.

Demographic change should be looked at as an opportunity, which can bring innovative solutions to many current economic and social challenges, but this will require a new assessment and reworking of several economic and social policies within society.

Empowering older people to age in good health and to contribute more actively to the labour market and to their communities will help us cope with our demographic challenge in a way that is fair and sustainable for all

Photo: AGE-platform Europe

generations. Involving young people at early stages is necessary to get mutual inspiration and to raise awareness of the interdependence of the generations, e.g. in terms of pension systems.

Objectives
The European Year is designed to serve as a framework for:

- Raising awareness on the contribution that older people make to society and the important part that young people play for a holistic society;
- Identifying and disseminating good practice;
- Mobilising policymakers and relevant stakeholders at all levels to promote active ageing;
- Calling for greater cooperation and solidarity between generations.

A wide range of stakeholders: national, regional and local authorities, employers and trade unions, the business sector, civil society organisations, researchers, etc. should use this opportunity to propose action to support active ageing in the field of: employment, social protection, family policies, education and training, health and social services, as well as housing, transport, leisure, and public infrastructures.

All together they can help bring the necessary changes to achieve a society for *all* ages and to find innovative solutions that are sustainable and fair for all generations.

More information:

http://www.age-platform.eu/images/stories/EN/ey2012_joint_leaflet-en.pdf

► Sport safety

Preventing sport injuries: a review study

Physical activity is associated with multiple health benefits including primary and secondary disease prevention and reduced mortality rate. However, participation in sport increases the risk of injury. Recently, sport injury prevention has received greater attention. Several consensus statements have tried to establish definitions and standards for sports injury prevention including systematic methods of gathering information. To date, few prevention programs have actually been widely implemented. One reason is that the design of good studies and the implementation of interventions can be very difficult.

In a study coordinated by Martin Klügl from the Division of Sports Medicine of the Stanford University School of Medicine in Palo Alto, over eleven thousand articles are being reviewed published over a seventy years period on sport injury prevention. This with a view to help researchers identify knowledge gaps and to help understand why little has changed in actual injury prevention over the years. Publications were categorized into three main areas of injury prevention: (1) equipment, (2) training, and (3) rules and regulations.

Results

In general, from 1939 to 2009 there is an increasing number of every publication type including the categories of reviews, editorials, letters, and comments. However, most original research articles continue to evaluate incidence and aetiology, with many fewer studies investigating preventive measures and efficacy, and even fewer articles investigating implementation and effectiveness.

In the most recent years, the proportion of articles that are preventive measures and efficacy compared with the total is small (11% for 2009) and very small for implementation and effectiveness (1% for 2009).

Although equipment studies show a steady increase across all publication types (total n = 677), the absolute number of effectiveness studies remains very low (n = 8). Implementation studies begin to increase about 15 years after publication of the first studies using preventive measures. Training-related articles (total n = 551) increased dramatically in the late 1990s and early 2000s for both prevention programs (n = 321) and efficacy studies (n = 211), whereas implementation (n = 16) and effectiveness (n = 3) studies were rare.

It is clear from the paucity of implementation studies that there remains a wide gap between our knowledge of effective prevention programs and our ability to successfully implement them.

Changing training habits may seem to be an effective prevention strategy, but it requires a willingness on the part of the participant and coach to change behaviour. For example, the FIFA - ‘‘11+’’ program, primarily designed to prevent injuries to the lower extremities in football (soccer), consists of a great number of different exercises, which, if new to the athlete, require substantial modification of daily habits to be compliant. The relatively few implementation studies may be explained by the fact that it may take more than one decade for original research to be translated into medical practice. The sharp increase in training studies observed in recent years may soon be followed by a concomitant increase in implementation studies.

Equipment studies were more common than training studies 15 years ago. There are several possible explanations. One explanation is that most equipment research is funded by industry, which has always had a financial incentive to design and test their products. Once equipment usage has enough popular support, industry may simply choose to market updated versions of their products rather than invest more research funds.

That said, equipment implementation studies remain more common than training imple-

mentation studies. This is likely because these interventions are frequently easier to implement (eg, bicycle helmets) compared with training studies, which are time intensive and require changes in coach and athlete behavior.

One of the most striking findings of the study is the very low number of publications in the third category of research: rules and regulations. What the authors find equally striking is the fact that studies have shown substantial preventive effects through regulatory change including the dramatic reduction in cervical spine injuries as a result of outlawing spearing in tackle football, and the mandatory participation of the New Zealand Rugby Union in a nationwide education program (RugbySmart) on safe techniques for contact that caused a 50% reduction of catastrophic spinal injuries for the country.
In addition, foot and ankle injuries in baseball were greatly reduced with rule changes requiring breakaway bases, and education and rules regulating mouth guard use have led to increased rates of mouth guard usage in contact sports and a decrease in the frequency of dental injuries.

However, rule changes do not always reduce injuries because they must be enforced to be effective. More importantly, rule changes will likely only be effective in the long term if they change the culture and redefine what is considered acceptable or unacceptable behavior in that sport.

Conclusions
Of the 11 859 articles that the study retrieved on the topic of sport injury prevention since 1938, only 492 were efficacy or effectiveness studies. Of these 492 articles, the majority of interventions were related to training or protective equipment and mechanical devices with only 0.6% related to rule changes that govern sport.

In addition, less than 2% of the studies over the past 3 years examined the effectiveness of prevention programs in a real-world context.
Although this study was not designed to determine why this is so, it is clear that these intervention studies are very difficult to perform. This difficulty, however, should not deter researchers from seeking the evidence to prevent injuries in real-life situations. Research in the area of regulatory change is underrepresented, yet numerous studies have shown that it might represent one of the greatest opportunities to prevent injury.

Further reading: Clin J Sport Med, Volume 20, Number 6, November 2010

u Suicide & self harm

Suicide Prevention Strategies

Since suicide is a very complex, multi-causual human behaviour, its prevention is also be complex. The prediction of suicide is very difficult at the level of the general population, but it is much easier among patients with certain mental disorders, because most persons who kill themselves have diagnosable and treatable psychiatric disorders. A recent study reviews the most important biological and non-biological suicide prevention strategies.

More than 90% of suicide victims are suffering, mostly unrecognized and untreated, major depression at the time of suicide. They often contacted health care services some weeks before their deaths, psychiatrists and other health care workers. Therefore these professionals play a priority role in suicide prevention. They should focus primarily on the early recognition and adequate treatment of mental disorders, which would also be an ideal target even if the fact suicide were unknown.

However, because health care workers can help only those persons who contact them, public education on the symptoms and complications of mental disorders is also very important.

In the process of suicide prevention. Two main fields of competence/responsibility, i.e. health care and community leaders, and two major target groups, i.e. high-risk groups and general population, should be distinguished here.

It should be noted that the term “high-risk group” does not refer here only to those persons who are acutely suicidal (the correct term for these would be “extreme-risk persons”), but also to all major depressives and schizophrenics, whose rate is about 80% among all suicide victims Targeting only those persons who are at acute suicide risk is frequently ineffective, because it is many times too late to make a successful intervention at his late stage.

Suicide behaviour does not usually occur in the early stages of depression and other major mental illnesses, and this offers some time

for making a correct diagnosis and effective acute and longterm treatment. The hierarchical classification of suicide risk factors (primary risk factors, such as depression, personal and family history of suicidal behaviour; secondary risk factors, such as unemployment, adverse life events; and tertiary risk factors, such as male gender, old age, spring/ early summer can help to narrow this target since primary suicide risk factors have the best predictive power.

In conclusion, psychosocial and community factors also play an important role in suicide, it is not only health care workers that are responsible for its prevention. A significant contribution to the prevention of suicide can be made by:

- Improving the well-being of people in general, including decreasing unemployment and providing more support for health and social services,
- Restricting access to lethal suicide methods, e.g. by reducing domestic and car exhaust gas toxicity and introducing stricter laws on gun control; and by
- Initiating more restrictive alcohol policies.

These interventions are rather in the competence political leaders and within the responsibility at any level of the society. It is, of course, unable to prevent all suicides. Nevertheless our theoretical knowledge and the available treatment and preventive strategies will contribute to the prevention of a significant number of suicide cases.

Read more: Neuropsychopharmacologia Hungarica, VI/4; 195-199

u Violence prevention

5th Milestone Violence Prevention Meeting

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.

The 5th Milestones Meeting will include high-level political officials from several countries engaged in cutting-edge violence prevention programmes; 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 discussions involving several United Nations agencies and international foundations. Representatives from several international partners - including the UBS Optimus Foundation, UNDP, and the World Bank have also confirmed their participation.

On Monday 5 September 2011, the UBS Optimus Foundation is convening a symposium on the international epidemiology of child sexual abuse. This will review the findings from recent and emerging studies, and explore methodological and ethical issues, with the goal of suggesting an agenda for future research to resolve some of the controversies in these areas.

The meetings are taking place in the Cape Town International Convention Centre (CTICC).

For further information: Claire Scheurer (scheurerc@who.int).

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/wwwVwContent/l2whoiswhoexpertdirectory-.htm

Elder abuse

At the occasion of the 3rd European Injury Conference in Budapest, WHO-Office for the European Region launched its latest European report on Elder Maltreatment. This report highlights the biological, social, cultural, economic and environmental factors that influence the risk of being a victim or perpetrator of elder maltreatment, as well as the protective factors that can help prevent

The scale of the problem of elder maltreatment has not been properly defined, but estimates indicate that at least 4 million older people experience it in any one year in the WHO European Region. With the ageing population in the Region, the numbers affected by elder maltreatment are likely to increase, and this highlights the need for action to be taken to halt this potential increase. Elder maltreatment affects both the mental and physical well-being of older people and, if unchecked, leads to poorer quality of life and reduced survival.

Population at risk

Older people are at risk from interpersonal violence, and 8500 people aged 60 years and older die from homicide annually in the WHO European Region. Interpersonal violence is an important cause of great inequality in health, and 9 of 10 homicide deaths among older people are in low- and middle income countries. Assaults affecting older people are more common in sections of society that are more socioeconomically deprived. Elder maltreatment leads to an estimated 2500 (30%) annual homicides among older people; these are committed by family members.

Information on fatal and nonfatal deaths is grossly incomplete from routine data bases in the Region, whether these are from the health, justice or social care sectors. The scale of the problem has only come to light by using population surveys in the community in the last few decades. Surveillance using routine information sources needs to be improved using standardized practices and definitions across all sectors and all countries.

Whereas much of old age is a healthy period, there may be ill health, which leads to disability and dependence, especially in late old age. This may increase the demands on family caregivers and the need for a trained health and social care workforce. This is particularly the case in supporting people with dementia and multiple problems.

Many older people have reduced incomes, which increases their dependence on family and societal support. Older women have a much higher risk of poverty than older men.

The current economic downturn has put more strain on these support structures in Europe, and older people living in deprived neighbourhoods are likely to be more at risk.

Risk factors

Numerous biological, social, cultural, economic and environmental factors interact to influence the risk of being a victim or perpetrator of elder maltreatment. Studies show that older people with dementia and with a disability that results in increased dependence on caregivers increases the risk of elder maltreatment. Similarly, living in the same household as the perpetrator also increases the risk. Perpetration is most often carried out by caregivers who are partners, offspring or other relatives, although professional health and care workers and visitors can also be perpetrators in institutions or at home.

Further, social isolation and not being part of social networks will also put older people at greater risk. Income and social inequality are risk factors for violence, and some evidence indicates that this is also the case for elder maltreatment. Social and cultural norms such as ageism, tolerance of violence and gender inequality may reinforce maltreatment in society and need to be better studied. The characteristics of institutions in which elder maltreatment has occurred have been described and include poor training and support of staff, tolerance of violence in the institution, inadequate support for activities of daily living and a lack of respect for and lack of autonomy among residents.

Protective factors such as positive life experiences and community connectedness seem to prevent and mitigate the effects of maltreatment and should be promoted. Having visitors and relatives visiting residents appears to protect older people in care homes from maltreatment.

What can be done?

The review of the evidence shows mixed findings for the effectiveness in reducing elder maltreatment of: professional awareness and education courses; legal, psychological and educational support programmes; and restraint reduction programmes. Evidence is emerging of effectiveness for psychological

programmes for perpetrators, which have been associated with a reduction in self-reported abusive behaviour. Further, promising evidence supports the use of programmes designed to change attitudes towards older people or improve caregiver mental health, but the effects on reduced elder maltreatment as an outcome have not yet been measured.

More general strategies for preventing violence, such as those designed to create safe, nurturing parent–child relationships and equipping children and young people with the social skills necessary to successfully navigate through life are also likely to be important in preventing elder maltreatment, and long-term studies are needed to delineate whether this is the case.

The way forward

The report highlights the great public health and social problem that elder maltreatment presents, a problem that is likely to increase given the ageing population in the European Region. Literature is growing on the risk factors for elder maltreatment, but the evidence base of prevention programmes needs to be greatly improved, especially compared with other areas of interpersonal violence. Surveys show that the public and policy-makers are increasingly concerned about the problem. However, the policy response has been poor, and too few countries have devoted adequate resources to this growing public health priority. To improve on this inadequate response, the report proposes a set of actions for Member States, international agencies, nongovernmental organizations, researchers, practitioners and other stakeholders.

Read more: *http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2011/european-report-on-preventing-elder-maltreatment*

u Vulnerable road users

Unprotected Road Users Left Behind

The European Transport Safety Council (ETSC) reports that a total of 169,000 pedestrians, cyclists and users of powered two-wheeled vehicles (PTW) have been killed on European roads since 2001.

These figures published in the new ETSC-Road Safety Performance Index (PIN) Flash amount to a decrease in the number of deaths by 34% for pedestrians and cyclists, and just 18% for PTW riders compared to the baseline year of 2001. While the number of total road deaths decreased considerably over the 2001-2010 decade, in 13 EU countries the number of killed PTW riders actually increased.

These figures are a great cause for concern. The European Commission prioritised PTW users in its Road Safety Policy Orientations last year. Although pedestrians and cyclists were also identified as a vulnerable group, little was proposed to address the risks they face.

Experiences from fast progressing countries show that measures exist which are both affordable and effective in saving the lives of many unprotected road users. The fastest reductions since 2001 among pedestrian deaths were recorded in Portugal, Sweden, Norway and Belgium, and among cyclist deaths in Finland, Lithuania, Slovakia and Latvia. For moped and motorcycle deaths, best reductions have been achieved in Portugal and Latvia, followed by Belgium and Ireland.

More information: *http://www.etsc.eu/documents.php?did=1*

Together we can save millions of young lives on the world's roads

YOURS | YOUTH FOR ROAD SAFETY

In conjunction with the launch of the first-ever Decade of Action for Road Safety 2011-2020, the global youth organization for road safety, YOURS - Youth for Road Safety, has released a free poster series for young people around the world to raise awareness about key risks on the roads.

The poster series called the 'Surreal Posters' take a unique approach. They depict drivers, cyclists and pedestrians in five situations that illustrate their vulnerability on the road when failing to take simple precautionary measures.

They focus on the consequences of failing to use seat-belts and helmets, drinking and driving, speeding and not being visible when walking or cycling on the road. The posters will be distributed worldwide through YOURS' extensive global youth network for road safety and will be exhibited in places of prominence so young people can get the road safety message and be aware of what they need to do to be safe on the road wherever they are.

The posters are one set among the many tools that YOURS is employing to make young people aware of the dangers of the road. Young people are the most vulnerable road users in the world. It is the responsibility of these emerging young leaders to stand up and do our part in behaving responsibly and demanding our safety on the world's roads.

YOURS also calls upon all stakeholders: parents and guardians, leaders in the schools and communities, policy-makers in governments around the world, heads of private companies, representatives of the media and the entertainment sector and celebrities to take responsibility and work together with YOURS in making the world's roads safe for young people.

The five posters are available to download free at: www.youthforroadsafety.org

► Work safety

Annual report European Agency

The wellbeing of the European workforce is key to a sustainable economic recovery, according to the head of the European Agency for Safety and Health at Work (EU-OSHA). In its latest Annual Report as EU-OSHA emphasises the danger that the economic crisis might push people out of employment permanently, and that huge numbers might find themselves excluded from the job market, because of long-term ill health. For the whole of the EU, EU-OSHA estimates the production loss from people being excluded from work on health and disability grounds at 3,000 billion Euros – every year. For comparison, the first round emergency measures that were introduced to stabilise the Greek economy cost in the range of 110 billion Euros, and those for Ireland 85 billion, just as a one-off.

It is therefore important that future economic growth should be inclusive, creating conditions that enable people to continue at work, safely and healthily. We need to ensure not just that current jobs are safe, healthy and productive; we should strive towards a safe, healthy, productive, sustainable, satisfying and motivating working life.

The Annual Report for 2010 emphasises the ways in which the Agency has continued to work to protect the safety and health of European workers, in spite of these difficult economic conditions. One highlight has been the launch of the *Healthy Workplaces Campaign on Safe Maintenance* – the Agency's two-year health and safety campaigns are now the largest of their kind in the world. The

Safe Maintenance Campaign has seen record numbers of partner organisations being involved in it.

The Agency has also published the results of the *European Survey of Enterprises on New and Emerging Risks (ESENER)*, which, for the first time, provides real-time data from enterprises across Europe on what they are doing to tackle occupational risks, specifically psychosocial risks.

Another highlight of 2010 was the Agency's piloting of the *Online interactive Risk Assessment tool (OiRA)*, which is the legacy of the *Healthy Workplaces Campaign on Risk Assessment 2008-09*. The OiRA tool, which the Agency is making available for free, will help many thousands of small companies across the EU to carry out risk assessments in a simple and cost-effective way.

A key activity in 2010 was the coordination of the 29 EU agencies. The Agency worked to represent the different regulatory EU agencies, and spoke on behalf of all of them in discussions with the Parliament, Council and Commission, at a time of on-going debate about the future place of the agencies in the European institutional landscape. The Agency's main safety and health information network of national focal points was boosted in April 2010 when the EEA EFTA countries of Norway, Iceland, and Liechtenstein, all of whom have focal points, became fully engaged in EU-OSHA activities. Switzerland participates in many Agency activities, although it remains outside of the EEA agreement. The Agency has also continued its work to strengthen and develop focal points and national networks in the Candidate and potential Candidate countries.

Looking ahead, highlights of 2011 include the second year of the Safe Maintenance Campaign. The Agency continues with the detailed study of the results of the ESENER survey, and planning is being carried out for the next Healthy Workplaces Campaign – for 2012-2013 – on the subject of working together for risk prevention.

More information: http://osha.europa.eu/en/publications/annual_report/2010full/view

XIX World Congress Health and Safety at Work

The World Congress on Safety and Health at Work, Istanbul, 11-15 September 2011, is one of the most important international events held in the field of occupational safety and health. It contributes to the prevention of occupational accidents and diseases and the protection of workers' health by providing a platform for the exchange of good practices, knowledge, new technologies and cooperative efforts on occupational safety and health among OSH researchers and practitioners, national authorities, policy makers, social security institutions and employers' and workers' organizations active in this field.

Main themes

The overarching theme of the congress is: 'Building a Global Culture of Prevention for a Healthy and Safe Future". Presentations and discussions will be organised around four major topics:

- The identification and improvement of *proactive and preventive measures for health and safety at work*, including early interventions to tackle risks in specific sectors, are essential for a comprehensive approach to the prevention and control of occupational accidents and diseases and for the protection of workers' safety and health. Coordination and cooperation among national authorities, occupational safety and health practitioners, employers' and workers' organizations and social security organizations are a requisite for the design of public policies and improved efforts for a healthy and safe future.
- The fundamental pillars of a global OSH strategy include the building and maintaining of a national preventative safety and health culture and the introduction of a *systems approach* to OSH management. Key elements in the implementation of a management systems approach at the national level include the design of a national policy on occupational safety and health, the consolidation of the national OSH system and the design of a national OSH programme. At the workplace level, it is of utmost importance that occupational health services

have a multidisciplinary approach and become an integral element of the organization's management system on OSH.

- Recent globalization trends have increased the need to address occupational safety and health as a shared responsibility of all those involved. Through *social dialogue*, governments, employers' and workers' organizations, social security institutions, associations of professionals and other stakeholders can develop mutually beneficial partnerships to improve workplace safety, health and well-being by reducing work-related fatalities, accidents and diseases and promoting a global preventive culture.
- The current global challenges determine the new context for occupational safety and health practice. New preventative approaches are required in the face *of new and emerging workplace risks* related to technological change, shifts in employment patterns and working conditions and the increased vulnerability of the global workforce. Applied research, the measuring of progress and of gaps and the sharing of good practices on OSH are key elements for the development of new preventive strategies. The design and development of innovative national and regional strategies and programmes are essential for a sustainable improvement of safety and health at work.

More information:
http://www.safety2011turkey.org/

Safety of delivery riders

PHC Franchised Restaurants, Cyprus, EU-OSHA Good Practice Awards 2006

European Agency for Safety and Health at Work (EU-OSHA) recently published a report on delivery riders' safety and health: a European review of good practice guidelines. The aim of the report is to scope the availability of good practice material on the occupational health and safety of light delivery riders, namely motorcycle messengers and delivery workers (e.g. pizza delivery). The report presents examples of the good practice guidelines found.

Characteristics of couriers

Currently, the jobs of light delivery riders are often seen as occasional temporary work for students or for those who cannot find other jobs due to their lack of education. Light delivery using either bicycles or motorcycles is not a prestigious job; nor does it represent high social status or position. This is probably the main reason why it is difficult to find any guidelines, instructions or tips regarding safety and health in the light delivery industry.

It proved especially difficult to find guidelines relating to *food delivery drivers* who use motorcycles. Food delivery by motorcycle seems to be a typical part-time, temporary job. Riders work five hours a day on average and mainly in the evenings. They tend to be young, and the turnover in this industry is high with the average driver working for a company from the minimum of one month up to a 12-month maximum. Also, food delivery riders do not organise themselves or form syndicates like cycle couriers do.

In recent years the *bicycle courier* industry has improved its attitude to safety and the welfare of cyclists. Safety and health tips for bicycle messengers can be found on special networks and in discussion forums, and accident insurance companies also provide information and guidelines. Bicycle couriers typically work full-time and for longer periods of time.

Many of them work as bicycle messengers because they really want to. Being a bicycle messenger is not only a job but a philosophy of life. But the conditions of their employment are still difficult and although the terms of contract vary from country to country, and from company to company, the majority of bike messengers are self-employed or subcontractors and the method of payment is in most cases at piece work rate ('by the job'). The perks that other workers take for granted are not often available to bicycle messengers. Typically they have no medical coverage, no minimum wage, no paid holidays, no job security, and no pensions.6 Their precarious working situation has led them to build up messenger associations, networks and unions in many EU Member States. The focus of these organisations is on safety, social acceptance and social security.

Most of the risks and hazards faced by bicycle messengers are very similar to those faced by all cyclists, so that the general guidelines for safe cycling can be used for bicycle couriers as well. This also applies in the case of motorcycle couriers. A great deal of safety information for bicycle couriers is available on the internet. Some is provided by

the bicycle couriers themselves. Others providing guidelines and information on safety and health include accident insurance institutions, post delivery companies and courier associations.

Safety guidelines
The literature and guidelines presented in the OSHA-EU report deal mostly with road safety, traffic rules and equipment. It is obvious that messengers may often work in dangerous conditions, having to manoeuvre quickly around cars and pedestrians during rush hour, and that road safety is one of their most important concerns. The risk of being involved in a road accident is also increased by the time pressure that goes along with messenger work. It is important to understand the differences between motorcycle delivery and bicycle delivery and to take them into account when developing guidelines, tips, information leaflets, etc., as well as when designing road safety initiatives for delivery riders in the different sectors. Because of this, the literature on motorcycle delivery and the literature on bicycle delivery are presented separately in this report.

The guidelines and tips for bicycle messengers cover their bicycle equipment, the selection of appropriate bicycles and how to adjust them for each rider, the use of safety clothes, the use of safety helmets, bicycles maintenance, traffic rules, adverse weather conditions, and time pressure as a major factor that increases risk.

Additional safety and security concerns
Food delivery drivers work mainly alone and at night, and they carry cash. This makes them extremely vulnerable to robberies. They may also have to deal with rude and even aggressive clients. Workers in the food delivery industry require special training on preventative measures and how to handle difficult situations and clients.

All light delivery drivers require proper training with regard to traffic rules, the use of safety equipment and safe loading of two-wheeled vehicles. Many serious and fatal and accidents involving cyclists (especially bicycle messengers) are the result of the cyclist being overlooked by vehicle drivers (e.g. falling into the blind spot of truck drivers when they are turning). This shows that it is essential to sensitise not only the light delivery drivers to the risks and hazards of their work but also all other road users.

More information: http://osha.europa.eu/en/publications/literature_reviews/delivery-despatch-riders.pdf/view

► AGENDA

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

9 September in Manchester, UK
12th International Conference on Falls and Postural Stability
http://www.fallsbonehealth.ukevents.org/

15-18 September in Smolenice, Slovakia
6th Posture and Gait in Reserach Clinic and Sport
http://www.posture.sav.sk/posture6/

5 October in Brussels, Belgium
How to eliminate hazardous chemicals from consumer articles?
http://www.anec.eu/anec.asp

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/

7-9 November in Berlin, Germany
EPH 2nd Annual meeting
http://www.eph-info.net/index.php?second_annual_meeting

9 November in Copenhagen, Denmark
Conference on health-based injury registration
http://www.eupha.org/programme/dynamic_programme.php?programme=day&day=2011-11-09

10-12 November in Copenhagen, Denmark
European Public Health Conference
http://www.eupha.org/

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

1-2 December in Munich, Germany
Protection of Children in Cars
http://www.tuev-sued.de/akademie_de/tagungen_und_kongresse_-_international_conferences/international_conferences/protection_of_children_in_cars

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

secretariat@eurosafe.eu.com

Editor: Wim Rogmans w.rogmans@eurosafe.eu.com

Design & layout: Joke Broekhuizen

EuroSafe Secretariat

EuroSafe, PO Box 75169, 1070 AD, Amsterdam, The Netherlands
Tel.: +31 20 5114513/ Fax: +31 20 5114510
E-mail: secretariat@eurosafe.eu.com

In official relationship with

World Health Organization

Co-funded by:

Executive Agency for Health and Consumers

EuroSafe

European Association for
Injury Prevention and Safety Promotion

Working together to make Europe a safer place