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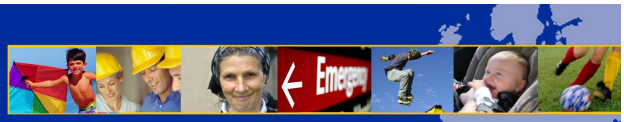
EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion



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"Working together to make Europe a safer Place"

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► EuroSafe news

Safety in Sport: Time to step up efforts!

Safety in Sports.EU
European Network for Sports Injury Prevention

The millions of sport-related injuries that are treated in emergency departments, take a annual share of 2 billion euro health care costs in the EU-region. The cost of lost productivity due to absence from work at least doubles this figure. These are the results of a latest study carried out by the EuroSafe Sports network, which were published at the occasion of the European SPORTVISION-2012 Conference, organised by the Danish Presidency of the Council of the European Union, 19-20 March 2012 in Copenhagen

The study concludes that by applying evidence based safety management programmes, sports organisation can reduce the number of injuries by at least one quarter by the year 2020. Less injuries will not only reduce the increasing costs of medical treatments but will make sport more attractive for people to join in, will keep players longer active within clubs and will enhance individual performance and team success.

The facts

Within the EU-region each year around 7.000 sportsmen and women die during sportive activities and 6 million people need to be treated in an emergency department. Almost half of these injuries are related to team ball-sports, in particular football, basket- and handball. The burden of sport related injuries for society and for individual sportsmen and sportswomen is evident. For the sport sector itself, the evident injury risk in sport diminishes its appeal to people and is a major reason for people to stop sporting.

As we want people to take up a more active lifestyle and enjoy sportive activities, we need to ensure that this can be done without harm.

Fortunately, there are many possibilities to prevent these injuries, for instance by making sport infrastructures and equipment safer, making protective equipment such as helmets mandatory, adapting rules of the game, and by making injury prevention a core component in training methods and in educating coaches, trainers and sportsmen and -women. Although a certain level of injury risk is inherent to every sportive activity, the risk can be significantly lowered by appropriate prevention measures, which will result in increasing health gains and higher chances that people are willing to become more active and to stay active.

Responsible stakeholders

It is evident that governing bodies of sport organisations have a major responsibility for identifying and managing the risks associated with their sport and for implementing the latest evidence as to effective prevention.

However, there are huge differences among the various sport organisations in their appreciation of the importance of the safety issue in sport and their taking responsibility to act.

By applying evidence based safety management programmes, it should be possible to reduce the number of injuries by at least one quarter by the year 2020, thus saving one billion euro a year as to the cost of medical treatment and lost productivity in the EU.

In some countries in Europe, the insurance business has taken up a role in promoting safety in sport and in supporting sport organisations to increase awareness of people and to introduce evidence based good practices in preventing sport specific injuries. Besides that, manufacturers and retailers in sport gear, equipment and other services have to make sure that their products and services are meeting the highest safety requirements. Also practitioners such as those working in sport medicine, physiotherapy and sport science, have to become more active in awareness raising and to stimulate sportsmen and -women in taking up personalised injury prevention measures and training schemes.

And last but not least, national and local authorities should oblige sport organisations to have dedicated safety management programme in place that ensure continuous improvement of measures to optimise safety of players. As, in most countries, national and local authorities have an important stake in financing sports activities and/ or in licensing of sports facilities, they should use their powers to require the respective entrepreneurs, in profit as well as non profit sector, to have governance structures in place that safeguards people from unwanted side effects related to sport. If necessary, such requirements should be enforced by law.

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

EuroSafe and Age-platform Europe initiative for Fall-prevention

In response to the call for proposals issued by the Commission in the framework of the second Health Programme, EuroSafe and AGE-platform Europe have joined forces in proposing a European Partnership for Active ageing and Fall prevention (EPAF).

The proposed project has been is developed in collaboration with University of Manchester, Swansea University, Consumer Safety Institute, Agència de Salud Publica de Barcelona and 15 national and regional competent authorities.

One of the consequences of the demographic transition in Europe is the increased burden of fall-injuries among older people. Falls are more common than strokes and can be just as serious in their consequences. About 30% of people over 60 years living independently fall each year. Falls often lead to long-term disability, dependency and reduction in quality of life. Main risk factors of fall-injuries are decline in functional capacities and lowering levels of fitness.

Because the risk factors for falls are largely modifiable, preventive interventions have great potential to reduce the rate of falls and subsequent injuries and health costs.

Focus on young generation of seniors

The major focus in fall-prevention programmes has been so far on the frail elderly taken into hospital after repeated fall incidents or admitted into long-term care settings. However, interventions will not be effective if targeted on high risk groups alone, because the incidence of falls, is also substantial among otherwise healthy people. There is compelling evidence that a population shift strategy directing at one single and major risk factor, i.e lack of physical activities, will be cost-effective for fall prevention.

In particular exercise programmes that concentrate on muscle strength and balance training can reduce fall rates by on third, by offering specific training programmes and creating environments that stimulate a more active lifestyle. Measures such as adjustment of medication and home hazard modification seem to work only for frail older people, not for the younger generation.

Therefore, population-based programs are needed that reach out to the young generation of older people (60-75 yrs) and to postpone the first fall as long as possible by keeping them physically active and by getting private and public services facilitating an active lifestyle. Such programmes will also contribute to more general benefits to health and vitality, which will continue throughout the remainder of the lifespan. Put in that perspective, a reduction of age-specific fall rates can be taken as a proxy for improved healthy and active ageing.

Objective

The overall objective of the EPAF-project is to initiate multi-sectoral actions within EU/EFTA-MSs and at EU/EFTA-level that promote physical activity so as to permit the continued

active engagement in society of people aged 60-75, at lowered risk of fall-injuries. This, by increasing current levels of physical activities, with an enhanced focus on fall-preventive exercises and by getting private and public services better connected and attuned to active ageing, which have the effect of preventing fall-injuries.

It is envisaged that by 2015 at least 15 EU/ EFTA-countries/ regions will operate dedicated programmes for promoting active ageing and the prevention of fall-injuries. These programmes will build on the available evidence as to the specific circumstances in countries and multi-stakeholder assessment of relevant good practices and the feasibility of local implementation. An EU-status report on the burden of falls and the evidence behind the prevention of falls will provide the rationale for these activities.

The project aims to establish EU-level network of European stakeholders committing themselves in ongoing cooperation and development of new concerted activities to raise awareness of the importance of the issue at EU-level and in countries and to increase competencies of national and regional organisations in addressing the issue.

Next steps

Active ageing is part of the flagship policy-Europe 2020, which stresses the 'importance of the European Union's ability to meet the challenge of promoting a healthy and active ageing population to allow for social cohesion and productivity'. The proposed project is very timely as it also responds also to the Commission's communication to the European Parliament and Council (see page 4).

The Executive Agency of Health and Consumers (EAHC) will probably produce the short list of projects to be granted under the Health 2012 work plan by July and hopefully the project can start not later than the 1st of January next year.

More information 'Policy briefing 14 Injuries among older people' *http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2policybriefings.htm*

► EU news

Conference on EU-Health Programmes

The Commission is preparing a High Level Conference "EU Health Programs: results and future perspectives" on 3 May 2012, in Brussels. The conference is organised jointly by the European Commission's Directorate-General for Health and Consumers and its Executive Agency presenting the results and success stories from the first and second Health Programmes. There will also be the opportunity to share views and build consensus for the future third programme which is currently under discussion at the Council and in the European Parliament (*http://ec.europa.eu/health/programme/docs/prop_prog2014_en.pdf*).

More than 300 participants are expected, comprising policy makers, key actors from the health sector, NGOs, Member States and European institutions, health programmes' beneficiaries, scientists and academics from EU and third countries, participating in the Health Programme.

In the morning session the successes of current and previous programmes will be highlighted with presentations on Rare diseases, Transplantation and organ donation, Global health security initiative and the European action against Cancer. Then four parallel workshops will present results achieved in the areas of:

- Protecting citizens against cross-border threats to health such as pandemic flu, bioterrorism.
- Improving citizens' health safety, promoting actions related to patient safety, safety and quality of organs, substances of human origin and blood.
- Promoting health, including the reduction of health inequalities.
- Generating and disseminating health information and knowledge.

In the afternoon sessions the future health programme will be discussed as to 'What are the changes in the new programme?' and

'Which challenges to address and possible scenarios?' followed by a panel discussion on:

- Investing in disease prevention, health sector and workplaces, the benefits for growth.
- Toward modern, responsive and sustainable health systems.
- Innovation in health and e-health.
- Active and healthy ageing : the European Innovation Partnership initiative.

More information: http://ec.europa.eu/health/programme/events/ev_20120503_en.htm

European Innovation Partnership on Active and Health Ageing

Demographic ageing is one of the most serious challenges facing Europe today. The number of European citizens aged 65 and over will double over the next 50 years, from 87 million in 2010 to 148 million in 2060. While this presents a specific challenge for European care and social systems, it is also an opportunity to redesign these systems in the interest of patients, healthcare systems and the innovative industry.

The European Innovation Partnership on Active and Healthy Ageing has been set up to respond to these challenges. In November 2011, it delivered a Strategic Implementation Plan (SIP) identifying priority areas and specific actions, for public authorities, businesses and civil society.

A Communication from the Commission published on 29 February 2012, announces the concrete follow-up for implementation of the specific actions with a view to improve elderly citizens' lives, help them to contribute to society as they grow older, and reduce pressure on health and care systems - ultimately contributing to sustainable growth. This includes: inviting stakeholder engagement; setting up a marketplace for innovative ideas; and addressing regulatory and standardization issues.

The Commission confirms its commitment to support the implementation of the SIP, in particular by:

- launching an invitation for stakeholders to commit to specific actions on innovation in active and healthy ageing;
- Putting in place a "marketplace for innovative ideas", helping stakeholders find partners, share good practices and disseminate evidence;
- Aligning and effectively using EU funding instruments such as the Competitiveness and Innovation Programme, the 7th Framework Programme for research and the Health Programme;
- Addressing regulatory and standardization issues, e.g. by supporting the development of a new EU framework for interoperability testing, quality labelling and certification on e-Health.

There are of course clear links between the EIP AHA and other EU initiatives such as the European Year 2012, the Accessibility Act, the EU 2020 flagship initiatives (especially the Digital Agenda for Europe, Innovation Union, New Skills for New Jobs and the European Platform Against Poverty), the Knowledge Innovation Community supported by the European Institute of Technology, the new strategy on standardisation, etc.

On 3rd April, the European Commission will convey a Conference "European Innovation Partnership on Active and Healthy Ageing: From plan to action" which will be a further opportunity to get involved into the EIP AHA.

For more information: http://ec.europa.eu/information_society/newsroom/cf/item-detail-dae.cfm?item_id=7852

► WHO news

World Health Day: Ageing and health

Every year, World Health Day is celebrated on April 7 to mark the founding of the World Health Organization (WHO). The theme for World Health Day 2012 is "Ageing and health", and it will provide an opportunity for organisations and individuals worldwide to showcase solutions to population ageing, putting health at the core.

The world is rapidly ageing, and less developed countries will see the fastest change. Hence, there is a unique window of opportunity now to prepare health and social systems for an ageing world. Organisations, cities, communities and individuals around the world are invited to celebrate in 2012 the contribution of older women and men on World Health Day through events and other activities. Various local, national and international events will take place to educate the public and policy-makers on the issue of ageing.

The year 2012 also marks the 10th anniversary of the adoption of the Madrid International Plan of Action on Ageing (MIPAA). The plan is a resource for policy-makers, suggesting ways for governments, nongovernmental organizations and other stakeholders to reorient the ways in which their societies perceive, interact with and care for their older citizens.

Making cities and communities age-friendly is one of the most effective policy approaches for responding to demographic ageing. Cities and communities wishing to become more age-friendly can take part in the *WHO Global Network of Age-friendly Cities and Communities*.

On World Health Day 2012, WHO recommends the following three calls to action:

1. Promote and live a healthy lifestyle across the life-course.
2. Create age-friendly environments and policies to engage older men and women.
3. Make primary health care age-friendly.

More information: http://www.who.int/ageing/events/whd2012/en/index.html

WHO-Capacity building efforts

The WHO-global programme for Injury and Violence prevention and Disabilities (VIP) has opened the sixth cycle of MENTOR-VIP. The MENTOR-VIP capacity building project 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 means individuals wishing to apply to be mentored during 2012-2013 may make their applications via the website (link given below) between now and May 11.

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.

In the first five years of function, MENTOR-VIP has established over 45 mentor mentee pairings. This year it is hoped to increase the number of mentorships awarded.

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:

- Planning and conducting research.
- Evidence-based programme design and planning.
- Programme implementation and management.
- Programme monitoring and evaluation.
- Policy analysis and development.
- Imparting knowledge and skills.
- Advocacy and communication.
- 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 11 through the capacity building section of WHO Headquarters website for injury and violence prevention.

More information: http://www.who.int/violence_injury_prevention/capacitybuilding/mentor_vip/.

► Country update on Injury Surveillance

In the framework of the Joint Action on Injury Monitoring in Europe (JAMIE) we are regularly informing 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 (see also http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2injurydata.htm).

In this issue of the Alert our colleagues from Austria and Cyprus sharing with us their latest experiences in injury surveillance and reporting.

Injury surveillance: The Austrian Story

How it started

In 1987 the former Austrian Institute for Home and Leisure Safety has been founded as a branch of the Austrian Road Safety Board (KfV). At that time there were no Austrian statistics on injuries at home and in leisure time activities. Mortality and hospital discharge statistics provided information about injury mechanism and type of injury, but did not contain useful information on setting (location) of an accident, activities or products involved. As a consequence, frequency, severity and causation of important groups of injuries (e.g. child injuries at home, falls on public roads, accidents while housekeeping, or injuries due to playing football) were unknown, and rational priority setting in prevention was hardly possible.

Therefore, from sheer necessity, the first prevention programmes in Austria were based on data from Switzerland, UK and the Netherlands, which had already national surveillance systems at that time. The first remedial action to get own data in Austria was the launch of a quite costly household survey covering 15.000 households in 1989. The second action was an even more expensive study on child injuries in 21 hospitals in 1992.

Hospital based injury surveillance

Extensive consultations with countries which had already injury surveillance systems in place and exchange of experiences through conferences such as the European Conference on Injury Data Collection in Vienna 1988 and the First World Conference on Injury Prevention in Stockholm 1989, made clear to KfV and national partners, that the most valuable information can be retrieved from hospitals, i.e. from Emergency Departments, where the most severe injuries are treated and where patients are willing to explain how the injury event occurred. When Austria joined the European Union in 1995, the Austrian government and KfV took the opportunity to join the already existing EU injury data exchange system on home and leisure accidents.

In 1996 a sustained hospital (ED) based surveillance system was established in six hospitals in Austria. Since this year the system ("IDB-Austria") provides annually about 10.000 detailed described injury cases (admissions as well as ambulatory treated cases, accidents as well as self-harm and assaults).

Data for prevention

With this wealth of information it was now possible since 1996 to produce:

- Annual national estimates of diverse categories of injuries, e.g. collisions during downhill skiing, scalds of children, injuries in kitchens, falls of elderly on stairs, bicycle accidents on public roads.
- Annual reports on home, leisure and sport injuries, their health and economic burden, and the main characteristics of this group of health damages, which is responsible for about eight percent of all health expenditures in Austria.
- Detailed case descriptions to develop typologies of the causation of specific injury groups, based on the co-variation of the various external and personal factors, which helped for instance to revise industrial standards for cigarette lighters, mini-scooters, and slip-resistance of floor coverings.
- Assessment of the health burden as well as the economic burden in terms of direct medical costs. This information was essential for motivating those who may gain from higher safety levels, such as health insurers, to invest in prevention.
- Risk factor analyses and evaluation studies about the effect of specific campaigns (e.g. bicycle helmet, baby walkers) at rather low costs.
- Media releases and inexpensive public information campaigns about injury risks and safety precautions to take.

Future outlook

In Austria it has been decided to employ own interviewers for data capture in hospitals, i.e. interviews with the patients using tablet-PCs for data entry.

The advantages are: the interviewers are focused on getting all details correctly, the data quality is relatively high (low number of "unspecified") and the data capture procedures are harmonized to a large extend. An disadvantage is the relatively high costs per case. A critical evaluation of the Austrian IDB system in 2011 led to the conclusion to continue with this methodology and to further comply with the European IDB, while reducing the number of reference hospitals. For 2012 we expect to continue to collect about 10.000 cases (Full Data Sets) from a representative sample of three to four hospitals across Austria.

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Injury surveillance in Cyprus

Reasons for being concerned

In Cyprus, injuries due to accidents and violence are a major public health problem. They cause a large share of morbidity, long term disability and mortality. They affect the young, the economically active and the elderly. In a population of around 800 000, on average about 320 people die each year due to an injury of which about 260 are due to an accidental injury. Of these, about 100 are due to transport accidents, 30 due to accidental falls and about 15 due to accidental poisoning. About 30 people commit suicide, and about 12 die each year as a result of assaults. Many more people suffer non-fatal injuries, many of which are of serious nature, requiring admission to hospitals including admissions for intensive treatment and rehabilitation. The physical and psychological consequences, sustained by victims and their families are enormous.

Many of these injuries may be prevented by targeted measures. Such measures include strict enforcement of the law on the use of seat belts, helmets and car seats for children, applying regular checks for speed and alcohol limits, constructing safer roads, as well as placing warning signs around water areas and use of smoke detection devices. Measures to prevent falls among the elderly, such as early diagnosis and treatment of depression and commercial restrictions on

products identified as potential causes of accidents, are also cost effective measures that have significant potential of reducing the occurrence of injuries.

Methodology

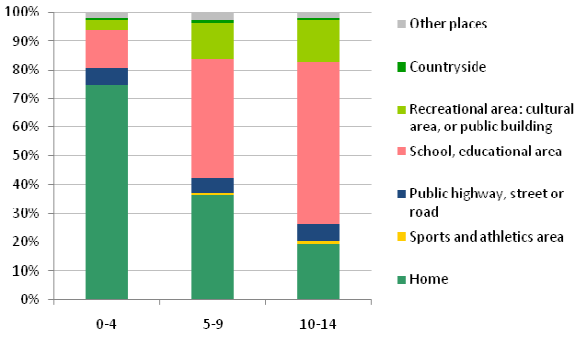
The selection of the most appropriate interventions must be based on sound, reliable and timely information regarding the frequency and risk factors for accidents. The data must be collected in a standardized way in order to provide comparable information across countries. Cyprus' participation in the EU Injury Data Base project began in 2006, through the Medical and Public Health Services of the Ministry of Health in close cooperation with the Health Monitoring Unit.

The Accident and Emergency department of Nicosia General Hospital is responsible for data collection at Nicosia and the Ammochostos District Hospital. Nicosia General Hospital covers the urban and wider rural area of the biggest district. The Ammochostos Hospital covers a seaside tourist area. The aim is to collect a representative sample of all injuries in Cyprus. The responsibility of data analysis, quality checks on coding and reporting lies with the Health Monitoring Unit.

In Cyprus, we are using the full data set and the IDB software for coding and data entry. A clerk interviews the patients or relatives, collects and codes the information on a data collection form, and then enters the data into the software.

Some of the results

The IDB full data set includes a wide variety of variables that provide important information on the causation of injuries such as place of injury, products involved, mechanism of injury, activity when injured, type of injury, body part injured as well as factors affecting interpersonal violence and self harm. The data set also includes variables regarding the type of treatment given and whether the injury was severe enough to warrant hospital admission and for how long period. Information is also provided on sport injuries, violence and suicide. An example of the type of information that can be derived is shown in the figure below which shows places of occurrence of non-fatal child injuries, by age group (2006-2011).



Use of data

This type of data when properly analysed provides valuable clues as to which groups are prone to specific types of injury such as the young, the elderly and pedestrians. It also gives information on mechanisms of injury and provide clues as to the risk factors implicated in the causation of accidents. Data analysis can be done at national and European level. Such analysis can provide useful comparisons between Cyprus and other countries. The Cypriot health professionals and policy makers are using these data to inform national prevention policies.

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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

► Child safety

Injuries among young people in Germany

The "Statistische Bundesambt" in Wiesbaden, Germany, published in December 2011 a special report on Unfälle, Gewalt, selbstverletzung bei Kindern und Jugendlichen, i.e. injuries among children and adolescents. Also in Germany, injuries are the main cause of death among children aged one year or older and among adolescents. Their share in total mortality increases sharply from infancy towards adolescence (1-4 years: 22.5 %, 15-19 years: 58.8 %). In 2009 1 076 children and adolescents died because of injuries. This means there were three deaths every day.

Injury data analysis 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 hospitalisations (17-21%) points out that injuries are a major burden for health care and for health care expenditures. In 2009 about 199,000 children below 15 years and about 88,000 adolescents (aged 15-19 years) received hospital treatment for injuries. Injuries represent the third most frequent reason for hospitalisation of 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 peers.

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► Consumer safety

Safety of cigarette lighters

Misuse of cigarette lighters in play by young children causes a significant number of serious fire accidents. It is estimated that between 1500 and 1900 injuries and 34 to 40 fatalities per year in the EU are due to fire-related accidents caused by children playing with lighters. Child-resistance mechanisms exist to prevent such accidents, and their use has been mandatory in the US, Canada, Australia and New Zealand for some 10 years. The introduction of child-resistance requirements in the US brought about a 60% reduction in the number of such accidents.

Cigarette lighters are consumer products which are inherently hazardous, since they produce a flame or heat, and contain a fuel. They pose a serious risk when misused by children. This is particularly relevant in the case of disposable lighters, which are sold in huge numbers, often in multi-packs, and used as low-value, throw-away products. Children may play with them and cause serious fires, injuries and deaths.

EC ruling

On 11 May 2006, the Commission required the Member States to take measures to ensure that only lighters which are child-resistant are placed on the market and to prohibit the placing on the market of novelty lighters (2006/502/EC).

The child-resistance requirement of the Decision applies to roughly 98% of all lighters sold in the EU each year, including all disposable, plastic lighters and low-cost metal lighters. In addition, the Decision bans the placing on the market of lighters which resemble objects that are especially appealing to children (for example toys, mobile phones, food, cars, etc.) and therefore present a high risk of misuse (so-called 'novelty lighters')

A European standard (EN 13869:2002) establishes child-resistance specifications for lighters. Lighters that comply with the relevant specifications of this European standard are presumed to conform to the Decision. Conformity is also presumed for those lighters that conform to the child-resistance requirements

of non-EU countries if such requirements are equivalent to those established by the Decision (such as those in the US).

After the adoption of the Decision in May 2006, the Commission started working on Guidelines to facilitate the practical implementation of the Decision. These Guidelines were elaborated in close cooperation with the EU MSs and other key stakeholders, including consumer organisations, manufacturers and importers. Given the fact that around one third of all lighters on the EU market are produced in China, Chinese authorities and industry representatives were also involved in this process.

Market surveillance

To ensure an effective implementation and enforcement of the Decision, an appropriate market surveillance strategy has been put in place. The development of such a strategy and the organisation of the practical aspects of the surveillance efforts, for which the GPSD provides a clear framework, is largely the responsibility of the MSs. Over the past months, the MSs have been working on this strategy, with the assistance of PROSAFE and a draft 'Strategy for Market Surveillance Action on Child-Resistant Disposable Lighters' has been developed.

As a result of the ongoing market surveillance efforts, measures against lighters that can no longer be placed on the market have already been taken by several MSs. Some examples of lighters against which the MSs have taken measures are related to lighters which pose the risk of burns, in particular to young children, because they are attractive due to their shape and colours or because they produce sounds or lights or have other entertainment functions (e.g. when lifting the lid of the lighter or activating it). In these cases, the main measure taken by the national authorities (and sometimes on a voluntary basis by the producer or distributor) is the withdrawal of the lighters from the market.

More information:

http://europa.eu/rapid/pressReleasesAction.do?reference=IP/08/425&format=HTML&aged=0&language=EN

and

http://www.prosafe.org/default.asp?itemID=68&itemTitle=undefined

Flame retardants in toys

ANEC and BEUC, the two major European organisations for consumer representation in Europe, have been consulted by the European Commission on an opinion of the Scientific Committee on Health and Environmental Risks (SCHER) with regard to TCEP in toys. TCEP is a flame retardant which is carcinogenic and endocrine disrupting and may be contained in toys as well as other consumer articles.

In a position paper ANEC and BEUC recommend to the European Commission to ban TCEP from all toys. Moreover, they call for banning also the halogenated flame retardants TCPP and TDCP as it has not been demonstrated that these substances will be able to act effectively as flame retardants over the whole life time of the toys.

Background

TCEP is not being produced in the EU since 2001-2002 and the toy industry indicated to the European Commission that toy manufacturers in Europe are not using this substance anymore. However, exposure of children may continue when playing with toys that are imported to the EU. Moreover, exposure may take place due to TCEP which has been found in indoor and outdoor air, dust, drinking water, surface water and groundwater as well as food products which means that there is permanent environmental background pollution with TCEP.

With regard to the use in toys, European Commission has asked SCHER:

- If there are risks when TCEP is used in toys or parts thereof intended for use by children under 36 months or in toys intended to be placed in the mouth?
- If a specific value below the thresholds in the Classification and Labelling legislation would be appropriate, could SCHER suggest a specific limit value for TCEP?
- If SCHER thinks that there is a risk when TCEP is used in toys or parts thereof intended for use by children above 36 months?

Complete ban advised

In its position paper ANEC and BEUC welcome the opinion of SCHER on TCEP in toys

as it points out clearly that TCEP should not be used in toys irrespective of the age specifications (below or above 36 months of age) as a safe limit value cannot be established and any additional exposure should be avoided as children are exposed to TCEP from several sources at levels.

Thus, the content of TCEP in toys should be below the level of detection using a sufficiently sensitive analytical test method. Using TCEP, which is carcinogenic and endocrine disrupting, in toys is not justified taking also into account that TCEP shows blooming effects, i.e. a very quick migration from inner parts to the surface, and that TCEP is easily released from toys when children suck and chew the material. By licking on the toys, the chemical looses its flame retardant properties.

From a consumer point of view it is completely unacceptable that the new Toy Safety Directive does not allow adopting specific requirements for toys that are intended for children above 36 months of age. The Toy Safety Directive therefore needs to be revised to allow also setting specific requirements for chemicals which are used in toys intended for children above 36 months of age. In the meantime, the Commission is advised to initiate an emergency measure based on article 13 of the General Product Safety Directive.

Due to health concerns related to TCEP, it happens to be replaced with other halogenated flame retardants such as TCPP and TDCP primarily in the manufacturing of PUR foam. Similar to TCEP, the industry indicates that TCPP and TDCP are not used in the manufacturing of toys but that it could be present in imported toys.

ANEC and BEUC agree with SCHER that a read-across approach is warranted given the structural similarities between TCEP, TCPP and TDCP. SCHER states: This would imply that considerations given for TCEP could be applied to its halogenated alternatives as well, if used in toy manufacturing. However, an explicit conclusion regarding TCPP and TDCP is missing, i.e. that no additional exposure from toys can be considered safe and that the substances should be avoided also in toys intended for use by children older than 3 years of age.
ANEC and BEUC are of the opinion that all 3 substances should be banned from toys.

Additional concerns

Several surveys show that TCEP can be found in a wider range of consumer products such as child car seats, baby carriers and in a tray of a high chair and in indoor air of schools for instance mainly from construction materials such as acoustic protection ceilings.

This shows the need to address these flame retardants also in other consumer articles and environments.

More information: http://www.anec.eu/anec.asp?p=publications&ref=03-01.01-01

► Safety for seniors

Social insurances and active ageing

The European Social Insurance Platform (ESIP) will hold its 7th European Conference on 23 May 2012 at the Belgian National Office of Pensions (ONP/RVZ) in Brussels on the theme: **"**Active and healthy ageing and solidarity between generations: role of the social insurances**"**.

2012 has been designated the European year of "*Active ageing and solidarity between generations*" and at the same time, in the framework of the EU Strategy 2020, 2012 will see the launch of the first *European Innovation Partnership on Active and Healthy Ageing*.

In the context of these two parallel initiatives, the Conference will aim to clarify the role of the social insurances in addressing the different challenges and opportunities of demographic ageing.

Europe is facing a number of challenges that will affect the future of our social security systems. According to the European Commission, the number of Europeans aged 65 and over is expected to rise by 45% to more than 30% of the population by 2060. Increased life expectancy is undoubtedly a major positive achievement of our economic, health and welfare systems. Nonetheless, an increasingly ageing population drives up social and

healthcare demand and therefore, leads to an additional strain on the economy, society and the sustainability of public finances: by 2030, age-related public expenditure will represent 2.7% of GDP. At the same time, the Member States are asked to take measures to control costs and to increase the performance of their systems.
All sectors of social security (pensions, employment, family and health) are impacted by ageing and therefore have to take action to adapt to the challenge with the common objective of continuing to ensure universal and equal access to high quality, solidarity-based social protection.

The parallel initiatives of the European Commission in 2012 open windows of opportunity for action in this area. The Conference will take advantage of these initiatives to consider how social security organisations can turn the opportunities into innovative and sustainable solutions to the economic and societal challenges by focusing on the capacities as well as the needs of older people.

More information: http://www.esip.org/?q=node/1437

► Sport safety

Study on the funding of grassroots sports in the EU

The European Commission has published a study on the funding of grassroots sport in the EU with a focus on the internal market aspects concerning legislative frameworks and systems of financing. The study was conducted by a consortium formed by Eurostrategies, CDES, AMNYOS and the German Sport Institute of Cologne.

The main purpose of the study, which result from the Commission's White Paper on Sport of 2007, was to identify and evaluate the differing systems of funding of grassroots sport across the EU. Within that objective, the study examined the importance for grassroots sport of different funding sources including the gambling and media revenue. Impact of certain regulations on the grassroots sport funding has been analysed as well.

One of the main conclusions of the study is that, although the grassroots' sport sector differs from other economic sectors in many respects, including its "general public interest" mission, it responds to economic forces just like any other sector. Demographic trends and changes in the business cycle, in the competitive environment and in the regulatory framework all influence the development and the performance of grassroots sport clubs.

The researchers also conclude that more concrete measurements of the benefits and savings for society as a whole from higher participation rates in sport activities are needed. In this respect one needs of course also take into account the negative side effects of sporting, e.g. the societal burden of sport related injuries.

The literature on the potential (quantitative) reductions in health expenditures linked to the regular practice of sport remains patchy. As is the literature on the (monetary) benefits companies can expect from encouraging the practice of sport by their employees. This also makes it difficult for public stakeholders to measure the savings that can be generated from an allocation of tax money to support of the sport system, as opposed to financing social insurance.

Across the EU, there are examples of actions being taken in this area. One is the reduction in health insurance premiums in Germany, conditional on proof of regular practice of a sport. If the benefits to individuals and to society were better measured, it would be possible to introduce such schemes elsewhere, with a net benefit for all.

But a collection of examples of good practices could contribute to raising the awareness of these benefits and incite a wide range of stakeholders, including firms seeking to enhance their corporate social responsibility image, to support the sector.
The sport movement has a major role to play here, alongside the other stakeholders, as it is best positioned to measure and publicise the net benefits of its activities to society.

The authors recommend the European Commission to promote the societal function of sport in Europe by making this a cornerstone of the future EU funding programme for sport. The EU should also mainstream sport initiatives within the whole range of its funding programmes (Structural funds, Progress, Lifelong Learning, Youth, Europe for Citizens, Health, etc.).

More information: http://ec.europa.eu/internal_market/top_layer/docs/Executive-summary_en.pdf

► Suicide & self harm

Contagion effect in suicide

The International Association for Suicide Prevention (IASP) has established a new Special Interest Group (SIG) on Clusters and Contagion in Suicidal Behaviour. The aim of the group is to bring together interested people in research, prevention and policy, who can share information and expertise in clusters and contagion effects in suicidal behaviour worldwide.

Internationally, there is growing public and professional interest in clusters and contagion in suicidal behaviour (fatal and non-fatal).

There are indications of increasing clustering and contagion effects in suicidal behaviour associated with the rise of modern communication systems. Yet, the research in this area and information on effective response procedures and prevention strategies is limited.

Over the last 5 years there is an increase in research and prevention initiatives addressing clustering and contagion in suicidal behaviour in various countries. However, international comparisons are limited and therefore it is unknown whether the evidence on clustering and contagion effects is consistent across countries and cultures.

The SIG will contribute to progressing research, prevention and policy priorities in this important and challenging area. In time, the SIG will explore possibilities to develop specific projects or actions to be undertaken by designated Task Forces. Specific objectives of the SIG:

- Share information on definitions and the methodologies used in identifying clusters and contagion in suicidal behaviour.
- Share information obtained in research into clusters and contagion in different countries and facilitate comparative international research.
- Share information on policy, response procedures and prevention strategies for clusters and contagion in suicidal behaviour from different countries and compare effectiveness.
- Increase awareness of clusters and contagion in suicidal behaviour and associated risk factors.
- Share and transfer expertise across countries when clusters in suicidal behaviour emerge.
- Facilitate international collaborative grant applications to progress international comparative research, prevention and policy in this area.
- Act as an expert group for individuals and organisations seeking information and advice.

The group is looking for people who are interested in working with us to progress this very important work.

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► Violence prevention

E-update - Global Campaign for Violence Prevention

In the March e-update, the Global Campaign for Violence Prevention informs about a number of reports and events relevant to violence prevention.

Prevention of Crime in South Africa

The 10th Colloquium entitled "Integrated approaches to crime prevention and safety: filling the gaps", was held in Cape Town from 20-22 February 2012. Organized by the International Centre for the Prevention of Crime ICPC in association with the government of South Africa and the South African Police Service, the event convened 150 national and international participants. The Deputy Minister of Police of South Africa, the Directors of UN-HABITAT and the ICPC, and the Deputy Chairperson of the South African Human Rights Commission addressed the opening plenary session, emphasizing the pressing need to increase multi-sectoral collaboration, particularly at the municipal level between police services and other local authorities. Parallel sessions explored the following themes, among others: the role of policing in crime prevention; local governance and safety; public private part-

nerships for crime prevention; and cities, development, and armed violence. In the close of the conference, the organisers committed themselves to continued creation of innovative partnerships to respond to community safety challenges. For further information, please contact Dr Christopher Mikton (miktonc@who.int).

Launch of online registry of violence prevention effectiveness studies

WHO and Liverpool John Moores University's Centre for Public Health have launched a registry of violence prevention effectiveness studies that are about to start or are currently underway. By sharing information about the who, what, and where of such studies, the project aims to strengthen a global culture of evidence-informed violence prevention. To inform us of a relevant study that you think should be added to the register, please ensure that the study meets the inclusion criteria and then complete the online submission form. See: www.preventviolence.info/

Social and Economic Costs of Violence: workshop summary

A workshop report released by the United States National Academy of Sciences and the United States Department of Health and Human Services focuses on understanding the direct and indirect social and economic costs of violence, and how to best assess these costs. Measuring the social and economic costs of violence can be difficult, and most estimates only consider direct economic effects, such as productivity loss or the use of health care services. Communities and societies feel the effects of violence through loss of social cohesion, financial divestment, and the increased burden on the healthcare and justice systems. Initial estimates show that early violence prevention intervention has economic benefits. The United States Institute of Medicine's Forum on Global Violence Prevention held a workshop to examine the successes and challenges of calculating direct and indirect costs of violence, as well as the potential cost-effectiveness of interventions. WHO guidance on estimating the economic costs of interpersonal and self-directed violence is available at http://whqlibdoc.who.int/publications/2008/9789241596367_eng.pdf

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► Vulnerable road users

ETSC recommends more actions for vulnerable road users in the EU

The long term ambitious role of the European Commission set out in the Transport White Paper in 2011is to “Make sure that the EU is a world leader in safety and security of transport in all modes of transport.” Prior to this, the EC adopted a Communication entitled “Towards a European Road Safety Area: policy orientations on road safety 2011-2020” on the 20th of July 2010.

Road safety is an area for EU legislation and legislation in road safety has an added value for all Member States. The EU has exclusive competence on vehicle safety and vehicle type approval under Article 114. Yet EU legislation on passive safety did not change to a great extent over the last decade and as a result type approval crash tests have become largely outdated.

The European Transport Safety Council (ETSC) launched a public statements recommending the Commission a great number of new spearheads for actions working towards the new EU 2020 Road Safety Target, in particular taking into account the European industry policy and the contribution that car manufactures can make to road safety.

ETSC states that occupant protection has improved considerably over the past decade mostly because of car manufacturers’ efforts to meet consumer demands for safer cars driven by EuroNCAP. When the European New Car Assessment Programme (EuroNCAP) started to test the crash performance of cars fifteen years ago, the average car was awarded 2 stars for occupant protection. Now almost all cars tested are awarded 5 stars for combined occupant and pedestrian protection.

Improved vehicle safety has been demonstrated to make a large contribution to casualty reduction. The European vehicle industry faces a time of crisis. Beating off the international competition will be a challenge but developing its safety credentials and profiling itself as the producers of the world’s safest vehicles can play a crucial role. Upgrading crash test requirements will create a market advantage for the European car industry as European manufacturers are in a better posi-

tion than third market producers to face higher safety standards.

Pedestrian Protection

Improvements in pedestrian protection have been provided, more slowly than for occupant protection. The 2009 EuroNCAP protocol is challenging car makers by increasing the emphasis on all-round safety performance and demanding higher levels of achievements in pedestrian protection. The Regulation 78/2009 lays down type approval requirements with respect to the protection of pedestrians and other vulnerable road users. It provides for the mandatory installation of Brake Assist Systems on new vehicles.

There are a whole range of other measures that can also be taken to improve vulnerable road user safety and address other elements of the integrated approach (user behaviour and infrastructure).

ETSC therefore recommends the European Commission to:

- Continue to raise vehicle safety for both occupants and pedestrians and other vulnerable road users through EU type approval legislation.
- Update the EU type approval crash tests to align with high performing EuroNCAP crash tests.
- Mandate Advanced Emergency Braking for all new vehicles.
- Regularly monitor developments in passive and active safety technologies and ensure that robust in-vehicle safety technologies are mandated in new legislation.
- Fund accident studies to compare the injuries risk posed by car models with good and bad bonnet leading edges identified in EuroNCAP tests.
- Introduce the mandatory fitment of external airbags as a viable safety measure to improve the protection of pedestrians and other vulnerable users as well as car occupants in case of a collision between two cars.

Child Safety Restraints

In the EU27 in 2006 at least 1,000 children died in traffic collisions. Directive 2003/20/EC mandates the use of appropriate child restraint systems for all children travelling in Yet usage of appropriate child restraints differs greatly across Europe and the failure to use them properly is high.

ETSC recommends the European Commission to:

- Support MSs to increase the rates of child restraint use by transfer of best practice and other methods.
- Encourage the adoption of an EU level scheme similar to EuroNCAP to rate child safety restraints and inform consumers.
- Promote the supply of existing rearward facing seats for children up to 4 years of age throughout Europe.

Ageing Europe and Adapting Vehicles

While older people account for one sixth of the European population, every fifth person is being killed in road traffic is aged 65 or over. Moreover, due to population ageing, older people will represent an increasing share of the total population. This could have a negative impact on road safety development in the future. If the risk rates of older people and others decline at the same pace, by 2050 one death out of three is likely to be an elderly person.

ETSC recommends the European Commission:

- Stimulate the development of safer vehicles for older people by encouraging elderly-friendly design.
- Evaluate the impact of new technologies on older drivers.

Create a market for safety

ETSC concludes that constantly improving vehicle safety has helped to prevent thousands of people from dying in road collisions in the EU and largely contributed to the reduction in road deaths by 43% since 2001. Yet, European citizens do not benefit equally from these improvements. Safety levels of new cars sold are notably lower in the Central and Eastern European countries than in the older EU-15 ones.

Consolidating the internal market for safety will have to be an important cornerstone of achieving the new 2020 road safety target.

The EU needs to ensure that robust in-vehicle safety technologies are mandated in new legislation. This would prevent that such safety technologies are sold as standard in one EU country and not as an option in another. For all other safety equipments, the EU needs to promote their standard fitment across the EU27 and address the differences observed in safety levels. Demonstration ac-

tivities and wider support are needed to promote consumer demand and reduce production costs. Influencing the consumer to purchase safe cars and safety technologies is an important element of road safety and the EC should support EuroNCAP. According to a study the risk of severe or fatal injuries is reduced by approximately 12% for each Euro-NCAP star rating.

More information: http://www.etsc.eu/home.php

Work Related Road Safety

The European Transport Safety Council (ETSC) will organise its Annual PRAISE Seminar on Work Related Road Safety in Brussels on the 25th of April 2012. ETSC's project "Preventing Road Accidents and Injuries for the Safety of Employees" (PRAISE) aims to increase road safety in the work context. The project is co-funded by the European Commission, the German Road Safety Council, the Swiss Council for Accident Prevention (bfu) and the MAPFRE Foundation. It aims to "praise" best practices in order to help employers secure high road safety standards for their employees.

The annual Seminar in Brussels will bring together companies, fleet safety managers, EU institutions, government representatives and road safety experts. ETSC will launch the PRAISE Handbook and discuss findings of ETSC's last three Thematic Reports, and invite representatives from the EU institutions to discuss latest developments and priorities in work related road safety.

As in 2011, the European Agency for Safety and Health at Work (EU-OSHA) organises a session within the agenda. It will present its Healthy Workplaces Campaign 2012-2013 on leadership and worker participation, giving examples from the road transport sector.

The winners of the ETSC PRAISE awards 2012 will also be announced. This Brunch is a third European follow up to the first International Conference on Road Safety at Work held in Washington DC in February 2009 organised by the U.S. National Institute for Occupational Safety and Health and its partners.

The day before the seminar, ETSC is organising a conference on "Saving Lives Until 2020: Acting Together to Tackle Drink Driving" Tuesday 24th April 2012, (9:00–13:30) Renaissance Hotel, 19 Rue du Parnasse Brussels. Vice President Kallas will be giving the keynote address. The agenda will be available soon on www.etsc.eu/home.php

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► Work safety

Promoting active ageing in the workplace

The European Year of Active Ageing 2012 aims to promote the quality of life and well-being of the European population, especially older people, and to promote solidarity between the generations. A good working life is an important platform to promote active ageing. Therefore, occupational health and safety plays a crucial role in securing active ageing through a better and longer work life.

In a special issue of the EU-OSHA-newsletter Prof. Juhani Ilmarinen, former director at the Finnish Institute of Occupational Health, presents his views on the promotion of active ageing in the workplace. This article is the Agency's first contribution to the European Year 2012 – throughout this year, EU-OSHA will continue to highlight the contribution that good occupational health and safety can make to longer and healthier working lives.

The role of older people in the EU

The proportion of older workers in the European Union will increase during the next few decades. EU-27 working-age population trends indicate that the age group 55–64 years will expand by about 16,2% (9.9 million) between 2010 and 2030. All the other age groups show a declining trend, from 5.4% (40–54-yearolds) to 14.9% (25-39-year-olds). This pronounced demographic change is due to higher life expectancy and lower fertility rates.

The consequence is that the European workforce will be older than ever before. In many countries older workers will make up 30% or more of the working-age population. The employment rates of older workers (55–64 years old) in the EU-27 are currently less than 50%.

Therefore, better and longer work careers are urgently needed to finance and support the longer life of European citizens.

Work ability

Work ability is the balance between work and individual resources; when work and individual resources fit well together, work ability is good. Extensive research on the work ability of older workers has identified the core factors affecting individual work ability: (a) health and functional capacities, (b) competence, (c) values, attitudes and motivation and (d) working life/ work environment.

All these factors are interacting. The strongest interaction exists between 'work' (d) and 'values & attitudes' (c). Positive and negative experiences at work penetrate into values and attitudes, which will then be weighted either positively or negatively. Values and attitudes represents a worker's subjective understanding about their work – their opinions and feelings about a variety of factors connected with their daily work.

Reforms needed

Several reforms are, according to Prof. Ilmarinen, necessary to enhance active ageing through longer and better careers for older workers:

- Attitudinal reform to create fair and appropriate attitudes towards older workers;
- Management reform to identify and utilise the strengths of older workers;
- Work life reform to create an age-friendly working life for all generations;
- Pension reform which takes into consideration the large individual differences between older workers by providing a flexible range of retirement dates and a financial bonus for working longer;
- Organisational reform to improve the collaboration between different stakeholders and actors influencing better and longer work lives; and
- Health service reform to strengthen the proactive and preventive occupational health services.

It is crucial from a policy point of view to implement positive reforms first, negative ones later. Positive reforms mean that the working life should first be developed so that people can, will and may work longer. This can be achieved by using the comprehensive promotion of work ability model for all generations. After that, the retirement ages can be raised, and early retirement options can be reduced.

Innovative models to extend individuals' working life and raise their actual retirement age are urgently needed. Some good practice examples show that giving workers more time off or decreasing the workload with age increased the actual retirement age by about three years. An energy company introduced an '80-90-100' programme enabling its workers to reduce their working time by 20%, for which their salary was reduced by 10% but their pension benefits remained at 100%. About 25% of employees and workers used this opportunity. The actual retirement age increased by about 3 years to 64 years.

Older workers are an asset

Older workers are an important part of the workforce of modern societies and their numbers will increase in coming decades. Older workers have different skills and competences compared with other generations. Without their participation in working life, a shortage of professional, structural and networking capacities will arise. Also, the transfer of their tacit (silent) knowledge to younger generations is important. The strongest combination of competences in the workplace is based on the different strengths of different generations.

The better health and life expectancy of older workers improve their opportunities to enhance an age-friendly society. However, a good working life is an important prerequisite for older workers to remain active and ensure that society benefits from their strengths and talents. In doing so, they participate actively in building up a sustainable and caring society, where solidarity exists between the generations. Satisfactory employment can help people avoid sickness and physical or mental deterioration, secure good cognitive and physical capacity, and promote positive and active attitudes towards life.

The quality of working life has a big impact on all workers, because we spend so much of our time at work. Recent longitudinal research findings show that work ability before retirement predicts the independence of daily living between the ages of 73 and 85 years. The better the work ability before retirement, the better the quality of life later on. Therefore, investments in active ageing need to be secured during the working years. The investments in occupational health and safety in workplaces are also investments for the rest of our lives.

More information: http://osha.europa.eu/en/publications/articles/promoting-active-ageing-in-the-workplace/view

► AGENDA

2012

27 April in London, United Kingdom
Falls Prevention and Management in Older People Conference
http://profane.co/2012/01/16/falls-prevention-and-management-in-older-people-conference/

21-23 May in Manchester, United Kingdom
2nd International wellbeing at work conference
http://www.hsl.gov.uk/health-and-safety-conferences/wellbeing-2nd-international-conference-2012/home.aspx/

22-27 May in Vilnius, Lithuania
12th WC on Environmental Health
http://www.ifeh2012.org/welcome

4-7 July in Bruges, Belgium
17th Annual Congress of the European College of Sport Science
http://www.ecss-congress.eu/2012/

10 September in Leeds, United Kingdom
13th International Conference on Falls and *Postural Stability*
http://www.bgs.org.uk/index.php?option=com_content&view=article&id=1853&Itemid=807

26-28 September in Zagreb, Croatia
Child in the City 2012
http://www.childinthecity.com/page/6099

1-4 October in Wellington, New Zealand
Safety 2012, 11th World Conference on Injury Prevention and Safety Promotion
http://www.conference.co.nz/worldsafety2012

18-19 October in Stockholm, Sweden
Fifth European Alcohol Policy Conference
http://www.eurocare.org/newsroom/upcoming_events

24-25 October in Vancouver, Canada
Third International Conference on Violence in the Health Sector
http://www.oudconsultancy.nl/vancouver/index.html

EuroSafe

the European Association for Injury Prevention and Safety Promotion

is the network of injury prevention champions dedicated

to making Europe a safer place

Together we can make a difference!

CONTACT US

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

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