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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"

Contents

► EuroSafe news

Second Training Seminar JAMIE

The second training seminar for the national JAMIE-partners was organised on 20 and 21 September, Berlin. The objective of the series of seminars is to enhance competencies of the National Data Administrators (NDAs) in establishing and maintaining a hospital based injury monitoring system in their countries in response to current demands of policy makers and injury prevention practitioners for proper injury data. In order to allow EU-level comparability of data, such systems need to be in line with a harmonised methodology and quality standards, as provided by the IDB-JAMIE Manual.

22 JAMIE-partner countries and 2 potential new country partners were present in the seminar, which was attended by a total number of 34 delegates. In plenary and break out sessions the seminar participants actively engaged themselves in presentations and discussions aiming to:

- Solving methodological and technical problems in injury data collection and measuring the burden of injuries;
- Improving data quality of data collection and data presentation;
- Motivating hospitals to take their responsibility providing injury data available in their EDs; and
- Increasing the use of ED-based data for analysis and reporting on injuries and for prioritizing injury prevention measures.

At this stage, 12 countries delivered injury data over the years 2009 and 2010. Another 4 countries have clear plans starting to collect data this year. For 10 countries, implementation plans have not yet been approved, but all have already preparatory actions set in stage for starting data collection in the course of next year.

The seminar participants highlighted a number of challenges in implementing the JAMIE-approach and -methodologies in their countries, including the following ones:

- Reorganisation in health services and/or in information supporting health services which tends to delay decisions on administrative and/or legal JAMIE-implementation measures;
- Insufficient political support for making injury data collection a priority due to other pressing health policy issues; and
- Hospital staff perceiving injury data collection as an burden additional to their already significant administrative duties.

The seminar presented evidence as to the feasibility of proper injury data collection at very low cost, and with the clear potential to reduce a significant part of the current health care burden of injuries. The collection of full data set level information in a sample of emergency departments of hospitals would

only add only 0,2-0,3 pro mile to the current health burden of injuries, with the potential to trigger prevention actions that can easily reduce the burden by 10-20 per cent. It was concluded that country partners will develop comprehensive communication plans in order to better convince national stakeholders as to the most favourable benefit/cost ratio of injury data collection.

In conclusion, the seminar was most informative for all participants and helped to share good practices in injury surveillance and the use of data. Participants were of the opinion that such exchange opportunities should take place each 6 months. Although not foreseen in the JAMIE-project contract, EuroSafe will continue to provide the opportunity for exchange of experience and training by organising a next seminar in 2013.

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► WHO news

Safety2012 Conference, New Zealand

The WHO-sponsored 11th World Conference on Injury Prevention and Safety Promotion. Safety2012 was hosted from 1-4 October in Wellington, New Zealand. Over 1000 delegates from 83 countries attended, representing the world's leading researchers, practitioners and advocates, covering a broad range of injury and violence topics. 800 presentations were made at the conference. The national organisers, ACC, Otago University and Safe Community Foundation NZ, sponsored 70 scholars from LMIC-countries to participate.

In the opening session WHO Director, Dr Etienne Krug, presented the World Health Organization's activities which are to make the injury issue visible, widely disseminate evidence on effective prevention policies, provide technical support to countries and local communities and build capacities and partnerships in view of reducing the burden of injuries world wide. In spite of the financial crisis and reform challenges, the WHO-programme in Violence and Injury Prevention and Disability (VIP) is advancing well owing to the support from the member states and major private donor organisations. The spearheads for the coming years are the UN Road Safety Collaboration in the framework of the Decade of Action for Road Safety (2011-2020), the Global Campaign for Violence Prevention and its initiative for a producing a Global Status Report on Violence and the creation of a Global Child Injury Prevention Network to start implementing actions recommended in the WHO/UNICEF World Report on Child Injury Prevention.

Another contribution in the opening session on the global status of injury was made by Alan Lopez, Professor of Global Health and Head of the School of Population Health, University of Queensland. Alan has worked at WHO for 22 years, prior to joining the University of Queensland in 2003. He was main author of the first Global Burden of Disease study published in 1993 and currently completing a new major analysis of the Burden of Disease and Injuries to be published in November this year. The preliminary results indicate that the number of injury related deaths in 2010 has risen to 5.1 million, from 4.1 million in 1990. Over the same period the share of injuries in the total health burden in terms of disability adjusted life years lost has risen from 10% in 1990 to 13% in 2010. Two-third of the injury deaths are due to unintentional injuries, of which 40% relate to road traffic accidents.

More information on plenary sessions and state of art presentations can be obtained through video presentations of the Keynote and State of the Art sessions which are made accessible on the home page of the Safety 2012 web site. During the closing ceremony, the International Organizing Committee of this series of World Conferences announced the hosts for Safety 2014: the United States Centers for Disease Control and Prevention, Emory University and Johns Hopkins University. Safety 2014 will take place 19-23 October 2014 in Atlanta, USA.

For further information:
http://www.conference.co.nz/worldsafety2012/home

► 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 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/I2injurydata.htm).

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

Injury monitoring in Turkey

Turkey, known officially as the Republic of Turkey, is a Eurasian country located in Western Asia (the Anatolian peninsula) and in East Thrace in Southeastern Europe. Turkey, bordered by eight countries, is located at the crossroads of Europe and Asia which makes it a country of significant geostrategic importance.

Turkey is a democratic, secular, constitutional republic with a diverse cultural heritage. According to the Address-Based Population Recording System of Turkey, the country's population was 74.7 million people in 2011. Nearly three-quarters of the population lives in towns and cities.

Turkey has become increasingly integrated with the West through membership in organisations such as the Council of Europe, NATO, OECD, OSCE and the G-20 major economies. Turkey began full membership negotiations with the European Union in 2005, having been an associate member of the European Economic Community since 1963 and having joined the EU Customs Union in1996.

Health Care System in Turkey

The Ministry of Health (MoH) consists of a central-level body and decentralised organizations in the 81 provinces of Turkey. The Ministry of Health's provincial network consists of provincial health authorities as well as county health authorities. Emergency health services are provided by the provincial and county health authorities. These authorities are also responsible for monitoring compliance of health services with national regulations and may implement the required sanctions.

To enhance its function of national oversight in health service delivery and to improve health service planning, management and auditing, the MoH carries out the so-called Health Transformation Programme (2003). One important purpose of this Programme is to move from a centralised structure for policy making, service delivery and auditing towards a more horizontal structure, where MoH focuses on policy making and system management, based on corporate expertise and decision-making capacity at provincial level. In this period of change, where new work methods to carry out public and private healthcare service more actively and more efficiently are being defined, operational units are being separated from policy units. With this in perspective, also the MoH-affiliated organizations, such as the Turkish Public Health Agency, Turkish Pharmaceuticals and Medical Devices Agency, Turkish Public Hospitals Agency and General Directorate of Borders and Coastal Areas, have been restructured operational agencies, respectively centres of excellence, with MoH-delegated authority.

Turkish Public Health Agency

The Turkish Public Health Agency has been founded to carry out basic healthcare services and in accordance with the national targets, to assess and implement plans and programmes and to coordinate service that shall be provided throughout the country for protecting and enhancing public health.

Within Agency, there are five directorates,

providing services in accordance with the overall public health charge of the Agency:

- Primary Health Care Services;
- Communicable Diseases Control Programmes;
- Non-Communicable Diseases, Programmes and Cancer;
- Consumer and Occupational Safety; and
- General support and oversight.

Market Surveillance and Inspection of Products

In addition to the public health commitment to injury prevention, the consumer policy perspective also provides a relevant angle for government driven interventions in view of securing health and safety of citizens. Market surveillance and inspection is an important function of the market authorities in view of protecting consumers against nonconforming or inherently dangerous consumer products. In Turkey various Ministries, Agencies and Institutions are involved in such market surveillance activities and these are coordinated by the Ministry of Economy.

In the process of its preparations for full membership of the EU, Turkey is implementing a strategy for market surveillance and inspection. A National Market Surveillance Strategy Document (2010-2012) has been published by the Ministry of Economy. This strategy includes the firm commitment of the national government to establish an injury database, enabling to record injuries and accidents related to consumer products and to provide these data to organizations in charge of market surveillance and inspection. This with a view to enable risk-based planning of market surveillance and inspection activities of products. The Turkish Public Health Agency has been assigned to coordinate this activity.

Database Development Process

The Public Health Agency has taken up this charge and has started to work on enhanced injury monitoring in medical centres, in particular in accident and emergency departments at hospitals. It initiated also cooperation with the Turkish Public Hospitals Association.

In Turkey, previous injury data collection efforts, especially related to injuries occurring at home and in leisure time, have been carried out by Akdeniz University, Faculty of Medicine, Family Medicine Department in 2008. In the framework of these efforts the IDB Coding Manual has been translated into Turkish language, data entry forms have been prepared and injury data have been collected over 3 months in two state hospitals and in one private hospital in Antalya.

Owing to the commitment stated in the National Market Surveillance Strategy Document, resources have been made available to upgrade these pilot efforts towards a National Accident and Injury Database, in line with the IDB-JAMIE-approach. The National Accident and Injury Database has become ready for use in July 2011. To test the database in practice, injury data have been collected for two months in an emergency department at an hospital in Ankara.

As of 15th August 2012, the implementation has begun to be expanded to emergency services at 14 hospitals in 13 provinces, representing a nation-wide representative sample. Within this scope, the chief emergency physicians from these 14 hospitals and a total of 52 data entry personnel have been trained by the Turkish Public Health Agency. All relevant Ministries, Agencies, Institutions responsible for ensuring product safety, academic institutions and NGOs have been informed about the preparations of National Accident and Injury Database . One of the important outcomes of workshop is that Turkish Public Health Agency representatives have been invited to participate in JAMIE project activities and they are now included as observers to European Network of National Data Administrators.

This cooperation with the JAMIE-partnership will definitely strengthen the professional quality of Public Health of Agency's work on the national accident and injury database in Turkey and will ensure

compatibility of the national system with those in other EU-countries.

Features of Database

National Accident and Injury Database is a web-based application. The application interface is based on Microsoft Silverlight technology, while the database is developed in Oracle. In addition to the elements included in the full dataset of European Injury Database, additional variables are included, like educational level of injured persons and characteristics of products involved and possible product failure. The Coding Manual has also updated codes especially in accordance with requirements of institutions, responsible for product safety in the country.

The data can be accessed online with the customized user name and password of data entry staff. This enables the Agency to follow up and assess the number of data that data entry personnel have entered and individual performances with regard to data quality.

Main quality control points have been integrated into the database. It is designed to warn user when inconsistent data in data-record or blanks in obligatory fields have been detected. Data, entered into the system via web application, are stored in a data warehouse of MoH, ready for instant inquiry. Assessments, made with business intelligence applications, being be shared with decision makers.

Conclusion

Over a very short period of two years, significant progress has been made as to monitoring injuries in Turkey, which will soon lead to the availability of robust injury statistics in Turkey that also provide the necessary background information on product related injuries and relevant risk factors.

The Turkish Public Health Agency, having a powerful administrative structure with provincial organization in 81 provinces, plays a lead role in establishing such a system in close collaboration with the relevant national authorities and local emergency services centres.

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Injury data collection in Ireland

National Suicide Research Foundation
NSRF

In 2010, injury accounted for 10% of the 590,000 hospital in-patient discharges and 6% of the 27,000 registered deaths in Ireland. Annually, injury accounts for almost two-thirds of all Irish deaths in the age range 5-34 years, making it one of the most significant contributors to years of potential life lost.

The National Health Strategy (2001) acknowledged the need for a national injury prevention strategy, and identified the key groups where preventable injuries were highest, particularly young children and older adults. The strategy called for a co-ordinated approach across sectors to achieve this but, despite interest and support from key stakeholders and medical professionals, no action was taken at a national level.

One example of Irish injury prevention success relates to road safety. Ireland had an above-average rate of transport deaths, but over the past decade significant investment into successive road safety strategies has approximately halved the mortality rate. However, similar investment has not yet been made into the prevention of other injury-related deaths, and their rates have remained stable or increased.

ED-based data collection

The National Data Administrator for injury in Ireland is the National Suicide Research Foundation. The Foundation operates the Irish National Registry of Deliberate Self Harm and since 2006, has recorded self-harm presentations to all EDs in the country. In 2011 12,216 presentations were recorded, accounting for 1.2% of all ED presentations, yielding an incidence rate of 214 per 100,000.

The Foundation is the Irish partner in the Joint Action on Injury Monitoring in Europe (JAMIE) and has contributed data to IDB previously. A surveillance system was implemented, on a sample basis, in the three hospital EDs in Cork City over a 6-month period

in 2005. The 2,957 recorded injury presentations gave a total injury rate of 11,322 per 100,000. The peak male rate was among 15-29 year-olds, 2.5 times the female rate for the same age range. In women, the peak rate was recorded among over 85 year olds. The findings, if generalised to Ireland as a whole, suggested that 45% of the 1.2 million presentations to Irish EDs annually are due to injuries.

However for a high proportion of cases information on many of the core data items, such as activity and location when injured, was not available.

The primary objective of the JAMIE project in Ireland is to pilot the development and implementation of a hospital-based injury monitoring system. The project involves assessing current hospital data collection practices and procedures and identifying suitable hospital EDs for injury surveillance. The aim is to implement a minimum dataset (MDS) collection system in three hospitals and a full dataset (FDS) collection system in one Irish hospital, by 2013. An additional outcome of this project will be to establish the extent of all injury presentations to hospitals within a defined catchment area. From this it will be possible to extrapolate incidence rates of injuries among the general population as well as assessing the burden of injuries in the country.

Activities in the project have involved identifying and contacting key stakeholders and assessing hospitals for participation in the project. To date, from the hospitals that have been surveyed, none have ED information systems capable of providing the data for the MDS or FDS injury surveillance systems. Furthermore, a recent survey by the Irish Association for Emergency Medicine confirmed that there is great variance between levels of ICT support across existing EDs in Ireland, with some having well developed ED information systems while others have no electronic ED information system at all.

New impetus

In June 2012, the National Emergency Medicine Programme was published, with the overarching aim to improve the safety and quality of care and reduce waiting times for patients in EDs. One of the specific objectives is to agree a standardised ED dataset. This dataset is likely to include ICD-10 codes for injury, place, activity, mechanism and intent and the implementation of such a system should provide the fields required by the MDS and FDS injury surveillance systems.

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▶ Injury Data

Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners

In many low- and middle-income countries, injuries and violence are among the leading causes of death, but few such countries have a system to routinely collect information about fatalities resulting from these causes. Only 34 countries in the world produce high-quality cause of death data that include complete and reliable information on external causes of death. Even countries with good vital registration systems often lack the detailed information on fatal injuries necessary to inform injury and violence prevention strategies.

As part of its normative functions, WHO sets standards for global public health information. Its priority in relation to injury surveillance is to help countries obtain more accurate and comprehensive data. Over the past decade, guidance in this regard has been provided to countries through three documents: *Guidance for surveillance of injuries due to landmines and unexploded ordnance* (2000), *Injury surveillance guidelines* (2001), and *Guidelines for conducting community surveys on injuries and violence* (2004). All three publications are primarily designed to assist in the collection of data on non-fatal injuries and violence.

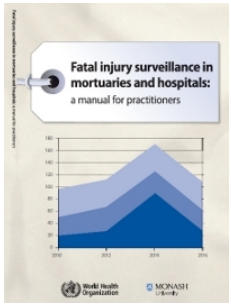
Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners focuses on improving the documentation of fatal injuries and violence and is therefore an important addition to the trilogy. It complements on-going international efforts to improve the gathering of mortality statistics, and aligns with both the International Classification of Diseases and International Classification of External Causes of Injury.

This new manual is aimed at improving injury and violence data. It provides guidance to countries on how to set up a fatal injury surveillance system, and contains step-by-step instructions, data collection tools, coding standards and case studies that can be

adapted and used to meet local needs. In comparison to many other causes of death that require complex and costly investigations, most external causes of death are readily ascertained through relatively simple and immediate investigations.

The manual is primarily intended for professionals working in institutions responsible for the collection, compilation and use of mortality data for public health action. This would typically include the ministry of health and other government department statisticians and focal persons for injury and violence prevention. Although applicable in all countries, the manual will be most useful in countries that lack a formal vital registration system or only have a relatively basic system that does not provide enough detail on injuries and violence. In all countries, it will highlight the significance of injury and violence as a public health problem and provide some data to inform prevention strategies and interventions.

For more information:
http://www.who.int/violence_injury_prevention/publications/surveillance/fatal_injury_surveillance/en/index.html



Injuries in Switzerland

The Swiss Accident Prevention Council (bfu) published its yearly report on Injuries in Switzerland. The STATUS 2012-report presents on road traffic accidents, sports injuries and home and leisure accidents and taps upon data sources such as the Federal Office for Statistics (BFS), the Federal Roads Office (FEDRO), the Central Office for Statistics under the Federal Law for Accident Insurance (SSUV) and the Federal Office for Spatial Development (ARE) as well as others.

Successful accident prevention builds on injury data. Therefore figures are the basis of work at the Swiss Council: with the help of figures, the bfu compiles accident and risk analyses to determine where there is a need for intervention. Injury data also help to identify possible measures that may prevent accidents. And time series may assist in assessing the effect of these measures. These data may also help to indicate the extent to which accident prevention benefits the economy – in other words, whether the work of prevention agencies also pays off. By publishing the latest figures in this STATUS 2012 -report, bfu informs also other institutions and interested parties on injury risks at home, in leisure time and in transportation.

For more information:
http://www.bfu.ch/PDFLib/1798_75.pdf

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!

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

► Consumer safety

Safety of services

Some services pose specific risks to consumers, for instance injuries caused by poor safety supervision on outdoor activities, poor facilities and equipment at amusement parks or by substandard holiday accommodation. For many of these consumer services, safety rules are set at a national level but it is questioned whether harmonised EU-regulation is necessary.

Public consultation in 2002 led the Commission to issue a report on the safety of services for consumers which led to a Council resolution which mandated Commission actions to improve the safety of services. In view of this mandate, Directorate-General SANCO commissioned a study to investigate Europeans perceptions and experiences with the safety of specific services, such as those earlier mentioned above. Early this year, the survey has been carried out among 25524 European citizens aged 15 and above.

Consumers' perceptions

Holiday accommodation (50%), swimming pools (48%) and beauty and wellness centres (46%) were the most used services by the respondents over the past two years. Accommodation was the most used service in ten countries, beauty and wellness centres in nine countries and swimming pools in eight countries.

Two thirds of Europeans considered organised outdoor activities to have the highest frequency of accidents, followed by amusement parks (33%) and swimming pools (29%). Europeans were most likely to report feeling unsafe when using amusement parks and fairgrounds, but the incidence of injuries is low (4%).

At least nine out of ten users of paid-for accommodation rated the construction, equipment and hygiene of their accommodation as being safe, but they were less certain about the safety of heating systems and the prevention carbon monoxide leaks in paid-for accommodations: one in five (22%) said they didn't know if these were safe.

Nine out of ten European pool users said the premises and equipment on their last visit were in good enough condition, while at least eight out of ten reported that safety information was displayed on the spot and that staff seemed properly qualified in terms of safety precautions. But a little more than one in ten European amusement park visitors said that safety information and staff safety training was lacking. Respondents living in new member states were much less likely to say that the amusement park premises and/or equipment were in good enough condition (69% vs 84% in the EU15).

Almost one in five (17%) European beauty centre visitors said that safety information was not displayed, although 92% said the premises and equipment were in good enough condition. Swimming pool facilities consistently rated highly across the three main safety aspects (facilities, staff, and safety information).

Reported service-related accidents

In general terms, the number of service related injuries reported were low. Amongst respondents who had used at least one service 7% had experienced a service related injury. Europeans were most likely to report an accident resulting in injury when participating in organised outdoor leisure activities (11%).

One quarter (24%) of accidents in accommodation were related to safety of the premises and of the electrical appliances present in the accommodation. Most respondents (54%) said that the injury that occurred in paid-for services were caused by themselves/ the user, followed by the bad state of the premises/equipment (20%) and incompetence of the service provider (16%).

Most accidents resulted in superficial injury (49%), or serious but temporary injury (46%). Fatal accidents and accidents resulting in permanent disability are rare, but still were reported in the survey (both 2%). Three in ten (31%) accidents involved a child under 15. Fewer than one in ten (8%) made an official complaint when they experienced an accident.

For more information:
http://ec.europa.eu/public_opinion/flash/fl_350_en.pdf

Global Recalls Portal

The Organisation for Economic Co-operation and Development (OECD) and its working party on Consumer Product Safety launched its Global Recalls portal mid October, as part of the EU's International Consumer Product Safety Week. This unique web platform enables jurisdictions to upload their product recalls information onto a single platform, in a timely and multilingual fashion.

The portal is expected to provide benefits for governments, businesses and consumers alike. Users will be able to access information provided by countries in the language of their choice, which will greatly enhance transparency, on a global basis. This could help to increase the speed and efficiency of enforcement actions, where needed. Moreover, the mapping of products to a common taxonomy will assist users in identifying problems occurring with the same or closely related products.

More broadly, the portal is expected to help promote more effective responses to product safety concerns across jurisdictions, which will benefit businesses. This, in turn, should improve product safety in general, thereby lowering the scope of problems and the associated costs of addressing any harm. A similar OECD portal on chemicals is saving governments and industry an estimated EUR 150 million annually. The information, which will be available to the public, will also help consumers make more informed purchasing decisions. Moreover, use of the industry-based taxonomy could have a significant impact on inspection costs. For instance, in the United States it is estimated that adoption of the product taxonomy could reduce the volume of imported toy products subject to examination by the US Consumer Product Safety Commission (CPSC), by 75%, resulting in savings of USD 16.8 million for toy importers and USD 775 000 in cost savings for the CPSC over five years.

The mission of the Organisation for Economic Co-operation and Development (OECD) is to develop and improve policies and address challenges to improve the economic and social well-being of people around the world. It provides a forum for governments and other stakeholders to share experiences and seek solutions to common problems. Governments can compare policy experiences, seek answers to common problems, identify good practice and co-ordinate domestic and international policies.
In response to concerns that emerged in the area of consumer product safety during the 2007 "summer of recalls," the Committee on Consumer Policy launched an initiative to examine what was occurring and what could be done to enhance co-operation. The work culminated in a decision to establish a Working Party on Consumer Product Safety at the OECD in 2010. The aim of the working party is to bring stakeholders together to identify safety issues at an early point and to provide a robust platform for sharing information on practices and policy developments, so that responses to emerging issues can be dealt with more efficiently and effectively.

The working party is now implementing a ten-point action plan, which includes the development of Internet-based solutions to facilitate real-time and borderless communication.

For more information: http://globalrecalls.oecd.org/

OECD
BETTER POLICIES FOR BETTER LIVES

► Adolescents & risk taking

Risk education

Developing risk knowledge, attitudes and skills in young people before they enter work for the first time continues to be a priority for improving workplace safety culture, as well as for their own safety and wellbeing. The European Agency for Safety and Health at Work (EU-OSHA) published a report on Training teachers to deliver risk education. The report presents cases which involve training in-service and future teachers in either occupational safety and health (OSH) or in delivering risk education. It presents a variety of cases about how both in-service teachers and future teachers can be trained. They show practical ways to achieve this, while taking into account the demands and time restraints faced by schools and their teachers.

Ideally, all teachers should receive training about OSH in their working lives and how to incorporate risk education into their daily work. The cases present various approaches and methods that could be considered or

elaborated upon. It is evident that success is dependent upon taking a pragmatic approach, which is sensitive to the needs and circumstances of schools and courses for future teachers. The cases also show the value of training which supports a 'whole-school' approach combining the provision of risk education with the management of OSH to provide a safe and healthy work and learning environment. Projects also need to be made sustainable by being part of an overall, coherent strategy.

Developing a more coherent strategy

The report suggests that such a coherent strategy could include the following:

- training as part of a 'whole-school' approach by making OSH part of the daily work of all teachers, integrated into a school safety culture that promotes the active participation of teachers and pupils;
- training of all future teachers to include basic information about OSH in schools and how to embed risk education into their daily teaching;
- schools to be provided with specific support, information and tools to create a healthy and safe learning and working environment;
- head teachers to receive additional training to obtain special knowledge on managing OSH and embedding risk education in school daily life;
- all teachers to receive additional training, depending on their teaching specialisation, to obtain special knowledge on OSH and risk education, plus consideration being given to appointing certain;
- staff as 'champions' with a role to disseminate information and motivate others; and
- the cooperation and participation of a wide range of stakeholders, including education authorities, curriculum bodies and institutes providing the training for future teachers, and health educators, accident prevention and road safety bodies.

Setting learning objectives

In order to discuss any training strategy with others, such as education authorities or training colleges for future teachers, it is important to be clear about the learning objectives that should be embedded into that training. The report recommends learning objectives for the training of all teachers working in general teaching in primary and secondary schools to be focused around:

- acquiring the knowledge and skills to embed risk education into their daily teaching work;
- acquiring basic attitudes and knowledge in relation to their own occupational safety and health in schools; and
- acquiring the knowledge and skills to be able to make a positive contribution to their own and others' health and safety in schools.

Various resources for training teachers are to be made available such as booklets for trainee teachers, resource packs for lecturers, and self-explanatory materials for use with pupils in the classroom.
Training methods and approaches should include: self-study options, especially e-learning and/or interactive CD-ROMs and blended learning options, i.e. a combination of distance online training and workshops.

For more information: https://osha.europa.eu/en

European Agency for Safety and Health at Work

▶ Safety for seniors

Empowering senior volunteers

In the context of the European Year for Active Ageing and Solidarity between Generations 2012 (EY2012), public authorities and volunteer organisations all over Europe are invited to find new ways of engaging senior volunteers and making the most of their contributions. Actions suggested to consider are: volunteer fairs, community action days (e.g. to improve a public space), young volunteers inviting older people to join in their activities ('bring a buddy').

The number of people over 60 is rising fast – in Europe and all over the world. People in their sixties or over may be retired, but they have plenty to offer their families and communities. But much of this potential is still largely untapped. A Eurobarometer-survey in 2008 found that almost three quarters of Europeans who had not yet retired would consider participating in community or volunteer work after retirement. However the actual propor-

tion of retired people who do this is much lower.
There are so many problems to be tackled in our societies and so much talent and experience is engrained in older generations. The key question is how to mobilise this formidable force for the benefit of people of all ages? The idea behind European Senior-force Day is to come up with answers to that question.

Every year, in October, countries all over the world celebrate the International Day of Older Persons. This year, in the context of the European Year for Active Ageing and Solidarity between Generations 2012, public authorities and volunteer organisations all over Europe are invited to devote one day in October to find new ways of engaging senior volunteers and making the most of their contributions: a so-called Senior-force day .

For more information:
http://www.un.org/en/events/olderpersonsday/

New project on fall-prevention in EU

The ICT Policy Support Programme as part of the Competitiveness and Innovation framework Programme (CIP) will support a new project that aims to bring together innovative initiatives, individual solutions, local, regional and national programmes for falls prevention in Europe. This project, called “Prevention of Falls Network for Dissemination (ProFouND)”, will address the issue of the rising toll of fall-injuries in older people by::

- Awareness raising and exchanging good practices;
- Agreeing on systematic and comparable data collection so as to assess the impact and return of investment of prevention measures;
- Ensuring availability of 'proven' tools and recommendations for multidisciplinary care, early diagnosis (risk assessment) management, detection, prevention of falls and provide training in evidence based interventions for falls reduction; and
- Supporting Member States, regions/ municipalities, care organisations and insurance companies to define and invest in their individual programmes supported by guidelines, toolkits and evidence-based standards of care.

EU-Strategy

The Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (the EIP on AHA) presents to stakeholders in EU- Member States a challenging view of developments in ageing in Europe. Within this plan, a specific action is proposed on falls prevention amongst older people, as part of the priority action area of personalised health management. A thematic network is proposed to overcome limited awareness and usage of innovative solutions to prevent and monitor falls and make these solutions available throughout the EU. The EIP also recognises a number of horizontal issues which will need to be addressed if success is to be achieved. These include, the need to establish robust evidence base and to ensure evidence for innovation and health is moved into practice, the need for stakeholders to be linked up into partnerships.

The Strategic Plan want to have by 2015 validated and operational programmes for early diagnosis and prevention of falls in operation in at least 10 European countries, including 15 regions. These programmes should use innovation in organisation, delivery and business models, injury risk registers, toolboxes and services. To achieve successful implementation by and sustained engagement of older people in integrated falls prevention programmes, requires work across the traditional system and professional boundaries, giving strong added value from the partnership approach of the EIP.

The ultimate objective of the EIP AHA is to add an average of two active healthy life years to the lives of European citizens by 2020. In so doing EIP AHA aims for a triple win of improving sustainability and efficiency of health and social care, fostering conditions so citizens lead healthy active lives, and boosting the competitiveness of Europe’s innovative technology, service and commercial sectors.

ProFouND-project aims

Falls commonly cause disability, activity avoidance and reduced quality of life in older people. The ProFouND project will contribute to the achievement of these objectives by working in the area of falls prevention. ProFouND will ensure the development of national, regional and local programmes focus-

ing on prevention of falls using innovative approaches across Europe.

First, ProFouND will continue to build on the Falls Prevention Online Community (started by the ProFaNE project, funded by the EC 2004-2007 by engaging organisations and individuals that will ensure that policy, implementation and translational practice are at the forefront. It will widen access to evidence based best practice statements, online training and models of evaluation and dissemination, by ensuring all information is tailored to specific settings, systems and environments and is easy to use and accessible in different languages. Through the use of the ProFouND Fall Prevention App (*PFPApp),* this information will be embedded into formats that allow local branding, ownership and priorities to be embraced and produced or printed according to needs. By fostering implementation of evidence based solutions using ICT,

ProFouND will play a part in improving sustainability and efficiency of health and social care, providing environments and conditions in which people can age actively and healthily. Exercise is one of the most effective interventions for falls prevention, has the potential for the widest reach and of course has many other positive outcomes to both physical and mental health and social engagement, over and above falls prevention. A cascade model of training qualified, accredited instructors across Europe will be implemented. This is vital to ensure that exercise opportunities for older people with increased risk of falls cover a continuum of progressive strength and balance training, from the rehabilitation setting to self management or effective longer terms options in the community (group and home). By identifying effective ICT solutions and creating a forum so technology and falls stakeholders interact, ProFouND will facilitate development of novel solutions to move to market.

Finally, but certainly one of the most important objectives of ProFouND, is the engagement of a wide variety of partners to ensure there is a flooding of public awareness campaigns (in both community and residential/hospital settings) to ensure that older people across Europe understand that falls are preventable and are empowered to demand their right to access evidence based falls prevention solutions to maintain an active, independent life.

ProFouND will organise specialist meetings aimed at answering specific questions towards deliverables. It will organise exchanges and visits between participants, and use both face to face and e-learning/virtual methods to train health, social care, leisure/fitness and other personnel across Europe in evidence based approaches to exercise interventions. A core activity will be the creation of a website resource that will provide access to a large set of generic as well as tailored resources on falls prevention. ProFouND will provide an information exchange about technology solutions and provide a platform for European companies, NGOs and projects to share information about best practice and lessons learnt during implementation.

The ProFouND consortium comprises 22 partners from more than 18 regions in 10 EU member states, 2 associated countries and one eligible non-member state. In addition, 20 associate members from 10 countries have undertaken to contribute to the work of ProFouND. The consortium comprises partners from different sectors and countries: it includes health and social care providers, regional government/quasi governmental agencies, NGOs, INGOs, SMEs, university and research establishments, a health care insurer and pan European organisations promoting safety and Health.

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▶ Sport safety

Burden of sport injuries in the EU

In the framework of the project Safety in Sports a report has been produced on the burden of sport injuries in the EU-region. The aim of Safety in Sports is to increase the knowledge on the prevention of acute and chronic sports injuries. Reducing the magnitude and severity of sports related injuries in Europe is the ultimate goal of the project.

Based in the Injury Data Base (IDB) and other sources the authors give the readers detailed information on sports injuries in the European Union and also focus on the shortcomings of the currently available data and statistics.

Any prevention action needs knowledge about frequency, severity and circumstances of sport related injuries. Mortality and hospitalisation statistics often lack information on the type of activity that caused the injury (like type of sporting) or on the place of occurrence (like type of sporting ground). Actually only rough indications of the size and nature of fatal sport injuries can be derived from usual health statistics. Fortunately, the European hospital based injury surveillance system IDB (European Injury Database) provides more information, in particular on the circumstances of the injury event, the activity involved, the place of occurrence and products involved.

The magnitude of the issue
Based on the Eurostat and WHO mortality databases, the number of fatal sport injuries can be estimated at 7.000 fatalities per year. Based on IDB it is estimated that annually almost 6 million persons need treatment in a hospital due to an accident related to sportive activities, of whom 10% require hospitalisation for one day or more.

'Team ball sport' account for about 40% of all hospital treated sport injuries. By specific type of ball sport the rank-order in team ball sport is: football (74%), basket-ball (8%), volleyball (7%), and handball (3%). Due to its typical one-on-one situations the injury risk in team ball sports is relatively high, compared to other types of sport. Nevertheless, the majority of sport injuries result from participation in so called non-organized, i.e. individually organized sport according to the EU IDB records.

The economic burden
Regarding the economic costs of sport injuries, there are no comprehensive and comparable estimates available at EU-level. In practice only the number of days of in-hospital treatments is available as cost indicator and so, on the average costs of a day in hospital, one can produce an estimate for the economic burden taking into account the relative severity of the injuries. Such calculation, as developed by the EURO-COST project, leads to an estimate for the direct medical costs in the European Community of at least 2.4 billion Euro annually.

For long-term consequences of sport injuries (disabilities), there are no comprehensive estimates available at EU-level. An approximation is possible, based on the diagnoses available in the IDB records. The respective diagnoses represent different probabilities for long-term disabilities. Such calculations, as developed by the INTEGRIS project, lead to an estimate of about 30.000 life-long disabilities as consequence of a sport injury.

Conclusion
At this stage only preliminary estimations as to the burden of sports related injuries can be produced. Once the IDB monitoring system is well implemented in all EU member States it will be possible to derive it with little effort for all member states, every year, even for subgroups of sport injuries, and to compare the burden of sport injury with the burden of injury in other domains such as road transport or work place.

Although the burden of sport injury is substantial, from a public health point of view refraining from sport is no the desired option for preventing injuries. It is widely acknowledged that physical activity contributes to health and well-being, and in particular to the prevention of obesity, diabetes and cardiovascular diseases. Sport brings also a great array of other societal and economic benefits to society.
However, a substantial amount of these health benefits gets lost due to sport related injuries and more health gains can be obtained by a wider application of proven effective measures to increase safety in sport and thus preventing sport related injuries. The two public health strategies of promoting physical activities and promoting safety need to become more strongly interconnected in order to provide maximum health gains.

For more information: http://www.safetyinsports.eu/front_content.php?idcat=194&lang=2

Safety in Sports.EU
European Network for Sports Injury Prevention

► Violence prevention

Children with disabilities and exposure to violence

Children with disabilities are almost four times more likely to experience violence than non-disabled children, according to a review commissioned by the World Health Organization (WHO) and published recently in the medical journal The Lancet. It concludes that children with disabilities are: 3.7 times more likely than non-disabled children to be victims of any sort of violence; 3.6 times more likely to be victims of physical violence; and 2.9 times more likely to be victims of sexual violence. Children with disability associated with mental illness or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence compared with their non-disabled peers.

The review provides available evidence on violence against children with disabilities. The 17 studies included reflect data from 18,374 children with disabilities from high-income countries - Finland, France, Israel, Spain, Sweden, the United Kingdom, and the United States - underscoring the urgent need for high -quality research in low-income and middle-income countries.

Factors which place children with disabilities at higher risk of violence include stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them. Placement of children with disabilities in institutions also increases their vulnerability to violence. In these settings and elsewhere, children with communication impairments are hampered in their ability to disclose abusive experiences.

Certain nurse home visiting programmes for children at risk of violence and trainings to improve parenting skills have been shown to work to prevent violence against non-disabled children. These and other promising measures outlined in WHO's Preventing child maltreatment and Violence prevention: the evidence should be implemented for children with disabilities, and their effectiveness evaluated as a matter of priority.

The United Nations Convention on the Rights of Persons with Disabilities reinforces the need to protect the rights of children with disabilities and ensure their full and equal participation in society. This includes avoiding the adverse experiences resulting from violence in childhood which are known to have a wide range of detrimental consequences for health and well-being later in life. When prevention fails, care and support for children who are victims of violence are vital to their recovery.

he WHO/World Bank World report on disability, published earlier, outlines what works in improving health and social participation of children with disabilities and promotes deinstitutionalization.

For children with disabilities who are currently placed away from home, strengthening their care and protection by tackling institutional cultures and structures that exacerbate the risk of violence is an imperative.

The impact of a child's disability on their quality of life is very much dependent on the way other individuals treat them. It is the duty of government and civil society to ensure that such victimization is exposed and prevented.

For more information:
http://who.int/disabilities/violence/en/index.html

Global status report on violence

WHO will embark on a project to develop a Global status report on violence prevention (GSRVP) which is meant to evaluate how countries have responded to World Health Assembly Resolution 56.24 of 2003 on "Implementing the recommendations of the World report on violence and health". It will focus on interpersonal violence, including child maltreatment, violence against women, and youth violence. The GSRVP aims to strengthen WHO Member States' capacity to prevent violence by providing a benchmark for countries to assess their existing data, policies, legislation, programmes, and services. It aims to identify gaps in national responses to violence and catalyse further prevention action.

The status report will be based upon information obtained from multiple respondents representing different government ministries, research organizations, and NGOs, whose inputs will be reviewed during country consensus meetings and then combined into a unified response to the GSRVP questionnaire. The data will then be collated and analysed to provide input for the GSRVP, which is scheduled to be launched in late 2014. The GSRVP will be published by WHO, the United Nations Development Programme, and the United Nations Office on Drugs and Crime. The project is supported by the UBS Optimus Foundation, the Government of Belgium, the United States Centers for Disease Control and Prevention, and the Bernard van Leer Foundation.

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► Vulnerable road users

Policy & Donor Forum

The 2012 Decade of Action Policy & Donor Forum, held in New York City earlier this year, has reviewed progress in the first year of the UN's decade-long campaign to drive down road traffic casualties. The Forum, organised by the Commission for Global Road Safety and the Road Safety Fund, brought together senior policymakers, NGO activists and representatives of the philanthropic and corporate sectors. The meeting was also the venue for the announcement of a new 'Zenani Mandela' global road safety advocacy campaign led by the Mandela Family in memory of their lost child.

The Forum heard a Decade progress report highlighting the large number of country level legislative and practical initiatives being developed as a result of the Decade's launch, as well as updates on domestic and global leadership. The forthcoming Rio+20 sustainable development conference was a major topic for the Forum with presentations arguing that road traffic injuries and the environmental impacts of road traffic should be recognised and acted on by governments meeting in Rio. The World Bank defended the role of the multi-lateral development banks in their multi-billion dollar lending for road programmes, described some of the positive ways in which the World Bank's Global Road Safety Facility was beginning to steer countries in a safer and more people-led course, and agreed that Rio+20 could help to strengthen the arguments for prioritising road safety within the Bank.

Following the lively debate on Rio, the Forum was reminded of the human cost of neglecting road safety. Zindzi Mandela, daughter of Nelson Mandela and grandmother of Zenani, the 13 year old killed in a car crash on the eve of the 2010 South Africa World Cup, announced the launch of a new 'Zenani Mandela campaign'. Zindzi Mandela described how the campaign would be for every child who leaves for school in the morning and does not return in the afternoon. The campaign was formed in the spirit of public service and sacrifice which had defined Nelson Mandela's life, and is be an important element of the annual Mandela Day.

The work of some of those organisations was highlighted in a series of presentations on the 'investment case' for road injury prevention by NGOs active in middle and low income countries. The role of existing donors and the challenge of encouraging new supporters to the cause was the final theme of the Forum. US Centers for Disease Control and Prevention described the role the US government is beginning to play in supporting global road safety activity, including through supporting and evaluating the Global Helmet Vaccine Initiative in Cambodia and Uganda. A panel of major donor organisations discussed progress made

and future investments needed. The panel was generally optimistic that, based on their own experience of pushing the issue internally, more companies could be encouraged to recognise the impact of road injury, both for their own operations and also for society at large.

In closing remarks, the need for continued momentum towards the UN goal of preventing 5 million deaths by 2020 was highlighted, and the need for support to the Road Safety Fund as a key mechanism for delivering life-saving interventions in the Decade of Action.

The Policy & Donor Forum is an annual event support by the FIA Foundation, showcasing the best activities of the Decade of Action, and recognising achievement and building the international coalition of supporters and partners.

For more information:
http://www.who.int/roadsafety/decade_of_action/en/index.html

► AGENDA

2012

7-8 November in Helmond, Netherlands
International Cycling Safety Conference 2012
http://www.fietsberaad.nl/index.cfm?lang=en&repository=Pre-+and+Post+Conference+Activities+-+ICSC+2012

8-14 November in Bled, Slovenia
First European Alcohol Policy Youth Conference
http://www.apyn.org/conference/

15 November in Brussels, Belgium
Beyond the European Year for Active Ageing: Building on Conclusions and Targeting Future Developments
http://publicpolicyexchange.co.uk/international.php

20 November in Brussels, Belgium
Creating an Age-Friendly EU by 2020
http://www.age-platform.eu/en

29 November in Brussels, Belgium
International Conference 'Reinventing Healthy Ageing'
http://mailing.marmailade.com/t/ViewEmail/r/B7673F2419AD4E80/536799C2E18900FBAF060D6555554232

2013

7 March in Birmingham, United Kingdom
RoSPA Road Safety Seminar
http://www.rospa.com/events/roadsafetyseminar/default.aspx

20-22 October in Potsdam, Germany
World Conference on Drowning Prevention
http://www.wcdp2013.org/home/

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