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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

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Child safety in cars

Based on evidence of the superior safety of *rearward-facing* Child restraint systems (CRS), EuroSafe's European Child Safety Alliance (ECSA), ANEC -the European voice in standardisation- and Euro NCAP –the European crash testing organisation- are supporting the mandatory introduction of rearward-facing CRSs for older children, with the adoption of a new regulation on child-restraint systems (the "I-size Regulation") by UNECE (United Nations Economic Commission for Europe) World Forum for the Harmonization of Vehicle Regulations (WP 29).

The present regulation allows children to be transported forward-facing from 9kg in weight (often achieved as early as 6 months of age). The new regulation seeks the use of a well-anchored seat (Integral Universal ISOFIX child restraint) and requires children to be transported in a rear-facing position *until 15 months of age*. The regulation further requires a side impact test procedure, which will lead to a better protection of the child's head, and the introduction of a "support leg" to connect the child seat with the vehicle in order to create a tight and secure positioning of the seat.

Recent international research results evaluating the limits of protection offered by both forward and rearward-facing restraints for children up to four years of age have shown that a child is up to five times safer when travelling rearward-facing compared with forward-facing. CRS can reduce child injury by 71% to 82 %i when installed correctly. Furthermore, compared with not using a child restraint at all, the forward-facing child seat reduces the risk of serious injury by 60%, while the rearward-facing child seat reduces the risk by 90%.

In a joint position paper issued last month, ANEC, ECSA and Euro NCAP presented the view that rearward-facing travel is the preferable way to transport children and *should be encouraged for as long as possible*. Consequently, the adoption of a new regulation on child-restraint systems by UN-ECE on 14 November 2012 has been warmly welcomed, but may be considered for further extension. In a comment to this initiative, Joanne Vincenten, ECSA Director, said: " We have been recommending countries include the use of rearward-facing CRS even up to the *age of four years*, as part of their evidence-based Child Safety Action Plans. We urge health and related professionals to further raise the awareness of parents of the proven ways to save the lives of children and protect them from injury.
1 € spent on CRS saves 32 € from treatment expenses".

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

EU-Falls Prevention Network

In March 2013 the Prevention of Falls Network for Dissemination (ProFouND) will be launched. EuroSafe will play a major part in this new EC funded initiative.

ProFouND is a Thematic Network with 21 partners from 12 countries, and currently associate members from a further 10 countries. ProFouND will act to disseminate and implement best practice in falls prevention across Europe. ProFouND's objective is to embed evidence based fall prevention programmes for elderly people at risk of falls by using novel ICT in at least 10 countries/15 regions by 2015 so as to facilitate widespread implementation.

ProFouND will:

- collate a free access resources library;
- create a novel *PFPApp* (ProFouND Falls Prevention App) to distribute tailored, customised, up to date best practice guidance, that can be context and individual specific;
- provide a cascade model training programme using face to face and e-learning approaches to create a cadre of accredited exercise trainers across Europe to implement exercise regimens that have been proven to reduce falls amongst older people;
- create an "ICT for Falls Forum" to engage with industry, promote development and adoption of novel ICT. This forum will run events and reach out to promote MHealth capabilities and European competitiveness in the sector; and
- run a number of meetings, events, exchanges and work with stakeholder organisations across Europe to disseminate best practice very widely to governmental, NGO and commercial organisations etc.

EuroSafe's role will be to co-ordinate the work-package aiming to make the work of ProFouND widely known amongst policy makers. We want to influence policy to increase awareness of falls and innovative prevention programmes amongst health and social care authorities, the commercial sector, NGOs and general public, so as to facilitate communities of interest and disseminate the work of the network to target groups across

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► EU news

Health Programme: Call for proposals 2013

The 2013 Work Plan of the Health Programme was published on 8 December 2012. It sets the annual priorities for implementation of EU Health Programme:

- Actions that seeks to help build modern, responsive, inclusive and cost-effective health systems that are sustainable. Effective ways to invest in health will be researched in order to provide Member States with advice and information in support of their efforts to arrive at and maintain efficient and sustainable health care systems.
- Actions that contributes to reaching the aims of the *Pilot Innovation Partnership on active and healthy ageing* under the *Flagship Initiative Innovation Union* . Specific emphasis is placed on multimorbidity, adherence to treatment and the prevention of falls. A further specific action on health promotion for older people will also be supported.
- Action to find effective ways of doing so. Such action supports the objectives of the *Agenda for new skills and jobs* , aiming in particular to equip people with the right skills for employment.
- Cooperation initiatives to improve responsiveness and preparedness in regard to *cross- border health threats* and to prepare and implement legislation on the safety and quality of *organs and substances of human origin, blood and blood derivatives; pharmaceuticals and medical devices*.

- Actions aiming at improving the access of vulnerable populations to health care and supporting their social inclusion.

Finally, a number of activities will be supported to comply with the programme's third objective to 'generate and disseminate health information and knowledge'. A series of activities are envisaged to collect data and information, to produce scientific evidence and to provide citizens, stakeholders and policy-makers with information helping them to take decisions on a range of issues affecting individual and collective health.

The Executive Agency for Health and Consumers (EAHC) is entrusted by the European Commission to implement the Health Programme. This is mainly done through financing four types of different actions: projects, conferences, joint actions and operation grants. Those actions intend to have a special European dimension, meaning that a minimum of various partners of different European Countries have to be involved in the project plan. For more specific information please see the respective Programme actions.

Based on the decision of 8 December 2012, the Executive Agency for Health and Consumers (EAHC) launched on 20th of December the calls for proposals for joint actions, operating grants, projects and conferences. The amount of € 13.800.000. will be dedicated to the funding of five joint actions, € 5.000.000 for operating grants for non-governmental organisations and € 12 330 900 for projects. The Work Plan 2013 foresees a significant number of calls for tenders for the provision of services, in particular preparation of surveys, analyses, training programmes and studies concerning public health. The deadline for submitting proposals is the 22 of March 2013.

The calls for tenders will be launched in the course of year 2013. In order to be alerted of when open calls for tender are launched, you are advised to sign-up to the mailing list by writing to *EAHC-HP-TENDER@ec.europa.eu*.

More information:
http://ec.europa.eu/eahc/news/news193.html

A European Consumer Agenda

Over the past five decades, the European Union has put in place a set of policies and rules to provide a high level of protection for EU consumers and to enable them to benefit from the social and economic progress Europe and its internal market have achieved. This includes an overarching *product safety policy and legislation* which prevents unsafe products reaching consumers, and promotes the high quality of European exports.

A few months ago, the Commission published its latest programme of activities in the field of consumer policies under the title: A European Consumer Agenda - Boosting confidence and growth (COM 132, 2012). This European Consumer Agenda identifies the key measures needed to empower consumers and boost their trust. It sets out measures to put consumers at the heart of all EU policies as means to achieve the Europe 2020 goals. It builds on and complements other initiatives, such as the EU Citizenship Report, the Single Market Act, the Digital Agenda for Europe, the E-commerce Communication and the Resource Efficiency Roadmap.

The Commission underlines in its Communication that despite the high level of consumer protection already achieved in the EU, the situation on the ground for EU consumers can still be improved. A number of new challenges have emerged, in particular as a result of new developments in technology. Ensuring that products and services are safe is a basic objective of any consumer policy. But there are differences between Member States in enforcing product safety legislation and, at a time when national administrations responsible for market surveillance face resource constraints, the whole enforcement network is struggling to do more with less.

At the same time, globalisation of the production chain continues. For example, an increasing proportion of consumer products, including 85 % of all toys bought in the European Union, are now produced in China. This makes the detection of unsafe products a significant challenge. The economic crisis means that consumers and businesses focus predominantly on price, with the risk that safety considerations lose importance and the space for counterfeiting products increases. Market surveillance

authorities must maintain vigilant and renewed efforts are required, through the cooperation of national authorities and of law enforcement agencies, inside and outside the EU.

With the increased importance of consumer services, and a growing cross-border take-up of some of these services in the Single Market, the question of their safety must be addressed in greater depth to ensure that consumers enjoy the same, high level of safety throughout the internal market and to assess the added value of action at EU level.

Objectives for 2020

Ensuring that products, services and food are safe is a basic objective of consumer policy. The aim of an effective product safety policy is to create a seamless safety net from factory to the front door. By improving its product safety governance system, the EU should be better able to tackle the challenges of global supply chains, communicate effectively and address newly emerging product safety risks more quickly and effectively.

As consumers more frequently use services across borders, the question of whether their safety should be addressed at EU level or through national level regulations merits further examination. To meet the goal of strengthening consumer safety, the Commission will work towards improving the regulatory framework on product and service safety and enhancing the market surveillance framework**.**

A number of concrete steps will be taken by the Commission before 2014 to achieve these specific objectives. The revision of the *legislative framework on product safety* seeks to ensure that the EU and its 500 million consumers can count on modern, unified rules on market surveillance, leading to better domestic and cross-border enforcement thanks to improved planning, cooperation, prioritisation and information sharing between Member State authorities. Businesses will benefit too, as they will be able to count on rules that are easier to apply and have lower compliance costs. The revised framework will also seek to identify ways to strengthen cooperation among national enforcement authorities at EU level creating a level playing field and countering unfair competition. Outreach actions will be also carried out, especially in countries exporting to the EU, to raise awareness of safety and knowledge of EU regulations throughout the supply chain. The Commission will consider taking initiatives on services safety in selected sectors, including those important for some categories of vulnerable consumers. A *Green Paper on the safety of certain consumer services* and a *revised recommendation on hotel fire safety* will be put on the agenda in 2013 .

In conclusion

The European Consumer Agenda lays down a policy framework designed to put consumers at the heart of the Single Market, as they are key to growth in the EU. It covers the actions that this Commission plans to take during its mandate to benefit consumers.

To meet the main objectives of the Agenda in the most effective way and minimise administrative burden, policy actions will be based on evidence on how markets work in practice and how consumers behave. Proposals to revise existing EU rules will be underpinned by evaluations of the legislation currently in force and by analysis of the expected impacts.

With the European Consumer Agenda the Commission seeks to respond to the challenges of unleashing growth and restoring confidence in the European economy by enhancing consumer empowerment and creating policy synergies. To achieve durable results, a determined commitment by the whole chain of
actors implementing this Consumer Agenda is needed - at EU, national and international level.

More information: http://ec.europa.eu/consumers/strategy/docs/consumer_agenda_2012_en.pdf

Health spending in Europe

Health spending per person and as a percentage of GDP fell across the European Union in 2010. This is one of the many findings in the "Health at a Glance: Europe 2012", a new joint report by the OECD and the European Commission. The report presents key indicators of health status, determinants of health, health care resources and activities, quality of care, health expenditure and financing in 35 European countries, including the 27 EU member states, 5 candidate countries and 3 EFTA countries.

From an annual average growth rate of 4.6% between 2000 and 2009, health spending per person fell to -0.6% in 2010. This is the first time that health spending has fallen in Europe since 1975. While the report does not show any worsening health outcome due to the crisis, it also underlines that efficient health spending is necessary to ensure the fundamental goal of health systems in EU countries. Other findings from the report include:

- Health spending as a share of GDP was highest in the Netherlands (12%) in 2010, followed by France and Germany (11.6%). The share of GDP allocated to health was 9.0% on average across EU countries, down from 9.2% in 2009.
- The number of doctors per capita has increased in almost all EU Member States over the past decade from an average 2.9 per 1 000 population in 2000 to 3.4 in 2010. Growth was particularly rapid in Greece and the United Kingdom. Nevertheless, future shortages of health workforce remain a serious concern in many European countries.
- There are now many more specialists than GPs in nearly all countries due to lack of interest in traditional “family medicine” practice and a growing remuneration gap. The reduction in generalists raises concerns about access to primary care and preventive medicine for certain population groups.

Cuts in prevention budgets

Governments, under pressure to protect funding for acute care, seem to be cutting other expenditures such as public health and prevention programmes. In 2010, the expenditure was 3.2% less than the year before. This means that on average across EU countries, only 3% of a shrinking health budget was allocated to prevention and public health programmes in areas such as immunisation, smoking, alcohol drinking, nutrition and physical activity.

The report emphasizes that spending on prevention now can be much more cost-effective than treating diseases in the future, as for instance more than half of adults in the European Union are now overweight and 17% are obese. Obesity and smoking are the major risk factors for heart disease and stroke which accounted for over one-third (36%) of all deaths across EU countries in 2010. And injuries continue to present a major cause of deaths and disabilities in Europe.

More information:
http://ec.europa.eu/health/reports/european/

► WHO news

WHO Europe: Injury surveillance workshop

Sixty-five participants representing 39 countries took part in a workshop aimed at improving injury surveillance to build capacity for prevention. The workshop took place in Antalya, Turkey, on 16 October 2012 and was organized by WHO-Europe in collaboration with the Norwegian Directorate of Health. The meeting was structured around a series of key note lectures followed by group work on the following topics:

u *National injury surveillance systems*
The group work included short presentations by focal persons on the strengths and weaknesses of national systems and how they could be improved to better use data for policy changes.

u *European Injury Database*
It included a description of how most EU countries now have hospital emergency departments which collect the minimum data set on injuries.

u *WHO mortality databases*
This was followed by exercises where participants were shown how to develop a country profile using descriptive epidemiology with mortality data.

The meeting ended with a panel discussion on the next steps in the European Region. Participants proposed that there was a need to improve data collection and coding, including for injuries due to violence and that there was a need to introduce better surveillance in the east of the Region.

The delegates highly valued the workshop and strongly endorsed the need for enhanced injury surveillance activities in the region. It is suggested to have a WHO-EURO recommendation to be developed on injury surveillance in the member states, suggesting a minimum data set to be made mandatory for all hospitals, and additional training opportunities to be provided in particular for countries in Eastern Europe. Such a recommendation also should apply to the EU/ EFTA member states and help to make ED-based injury data collection sustainably implemented in Europe.

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Disability statistics

On 5-6 December 2012 in Geneva, Switzerland, an expert consultation was held on the Model Disability Survey questionnaire developed by WHO and the World Bank. A rigorous process is being undertaken to develop the questionnaire. 179 national surveys were reviewed to identity good practice examples for further analysis. Micro data from 10 surveys were reviewed in depth before drafting the questionnaire.

The expert consultation brought together diverse stakeholders including representatives of: national statistical offices; ministries and other agencies, i.e. the users of data; organizations of persons with disabilities; UN agencies whose mandate includes disability data; the Washington Group on Disability Statistics; disability and development organizations; academic and research organizations; and donors for whom disability data is perceived as a priority.

The participants provided extensive feedback on how the questionnaire can be improved to support monitoring of the Convention on the Rights of Persons with Disabilities. The next two months will be spent addressing these comments before a second round of reviews and then cognitive testing of the instrument in 6 countries in 2013.

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► Injury Data

Injury data challenges

Today in the European Union (EU), thirteen countries are routinely collecting injury data in Emergency Departments (EDs) at hospitals. The resulting injury data have proven to be of great importance to a wide range of stakeholders, such as consumers, business, governments, enforcement authorities and prevention agencies. These data are critical in the setting of priorities; the development of policy; the determination of preventive actions and public awareness campaigns; the understanding of risk; and the design of safety into new products. Data are also needed to evaluate the effectiveness of preventive measures and therefore determine the value of further investment in prevention strategies.

It is obvious that such data collection efforts require adequate financial arrangements between public authorities and injury-data reporting hospitals. But such data collection efforts have proven to be feasible and affordable in these thirteen countries. Therefore, the EU Commission is supporting until April next year a so-called 'Joint Action' on Injury Monitoring in Europe (JAMIE) with partners from 23 countries, which aims to extend current collection efforts throughout the EU/EFTA-region and which will launch in March a new report on the injury data collected in the countries that were able to provide injury data from EDs over the years 2008-2010.

In 2012, six new countries have started to pilot test the collection of injury data and will continue to do so in 2013. Six more countries are in an advanced stage of starting injury data collection at the latest in the 1st quarter of 2013, working towards making a full twelve month data set available by April 2014.

However, one of the biggest challenges the majority of country partners are facing is the lack of sufficient political commitment from their governments as to the need for injury data collection and the required infrastructure and capacity. This in spite of the fact that the cost of data collection is only a small fraction of all direct medical expenditures borne by public resources due to injuries. As most injuries are preventable, so too are the related costs to society. Increased risk awareness, owing to improved injury data availability, will directly contribute to significant injury reductions and benefits exceeding the additional marginal cost of collecting these data.

Therefore, the JAMIE-partners are of the opinion that strong leadership by the European Commission and a mandatory reporting requirement on Member States are indispensable for making EU-wide injury data surveillance as successful as it has proven to be in other regions of the world, e.g. in the USA where the National Electronic Injury Surveillance System (NEISS) is running for more than three decades to the great benefit of government authorities, businesses and civil society organisations. In conjunction with the launch of the new EU-Injury Data report in March this year, the JAMIE-partners will address this issue towards the respective competent authorities in the EU-/ EFTA-region.

More information:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3projects-333.htm

Brandenburg Injury monitor

The Brandenburg Department for Environment, Health and Consumer Protection has published an Injury Monitor 2000-2010, presenting the statistics on deaths and injuries due to accidents, violence and self-harm in the state of Brandenburg, Germany. Since 2010, Brandenburg is a so-called 'Safe Community' which requires that it continuously monitors injury incidence in the region and uses these data for prioritising prevention policies.

The general trend as to injury deaths in Brandenburg is most encouraging: a drop by 27 per cent over ten years, while in Germany as a whole accidental deaths decrease by only 7 per cent. Still, older people are the major risk group as to accidental death, while accidental death in children has plummeted by almost 80 per cent over the past decade.

The majority of non-fatal injuries occur at home or in leisure time activities. Again older people are a major group at risk, but also young children carry an increased injury risk. Falls and scalding are important injury mechanisms reported in relation to these two age groups.

It is concluded that much progress in safety promotion has been made in the field of child safety, which is also reflected by the significant drop in child injury mortality. However as to home and leisure accidents and to the safety of older people there is a need for establishing dedicated networks action in these two fields of interest in order to create synergy in available capacities and resources and focused actions on priority areas identified in the Injury Monitoring report.

For more information:
http://www.gesundheitsplattform.brandenburg.de/media_fast/5510/Injury%20Monitoring_2012_Summary.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

► 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/l2injurydata.htm).

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

Injury data collection in Norway

Background

In Norway, counting a population of about 5 million inhabitants, each year 1800 persons die and about 500.000 persons are treated by a medical doctor due to an accidental injury. These figures gave enough reasons for the Norwegian government to issue a national strategic plan for prevention of accidental injuries for the period 2009-2014, which was co-signed by eleven ministers. This strategic plan is covering the whole field of accidental injuries: traffic, occupational, poisonings, burns, injuries in kindergarten, schools, sports, and injuries related to consumer products.

This plan is the latest in a series of plans developed over the past 20 years. It started in the nineties with a governmental action plan on home and leisure accidents with four ministers signing. In the following years more and more ministers were involved in such plans. This latest plan, issued in 2009, is covering first time ever the entire field of accident prevention.

One of the main targets in this is to get an overview of magnitude and severity of medical treated accidental injuries in Norway. This is needed for enabling target setting for various categories of injuries covered by the respective ministries. A sound injury registration system for medically treated injuries is indispensable for setting such targets.

Methods

Over the years 1985-2002 a national injury registration system (in- and outpatients) was in place involving hospitals in four towns across Norway. However, it was discontinued in 2003 due to financial constraints as the comprehensive data set recorded (NOMESCO) required extra resources for registration and analyses (about 7 Euro per injury).

A new system emerged in 2005. The design included a minimum data set (MDS) integrated in the patient-administrative system to be registered in the routine in all hospitals at no extra cost. Such a task should require at maximum one minute and should be easy enough to be done by a receptionist. Through collaboration with other authorities, especially in the fields of traffic and occupational safety, a MDS was developed. The parliament decided in 2009 to have such a system becoming mandatory for all hospitals.

The Minimum Data Set consists of following data elements:

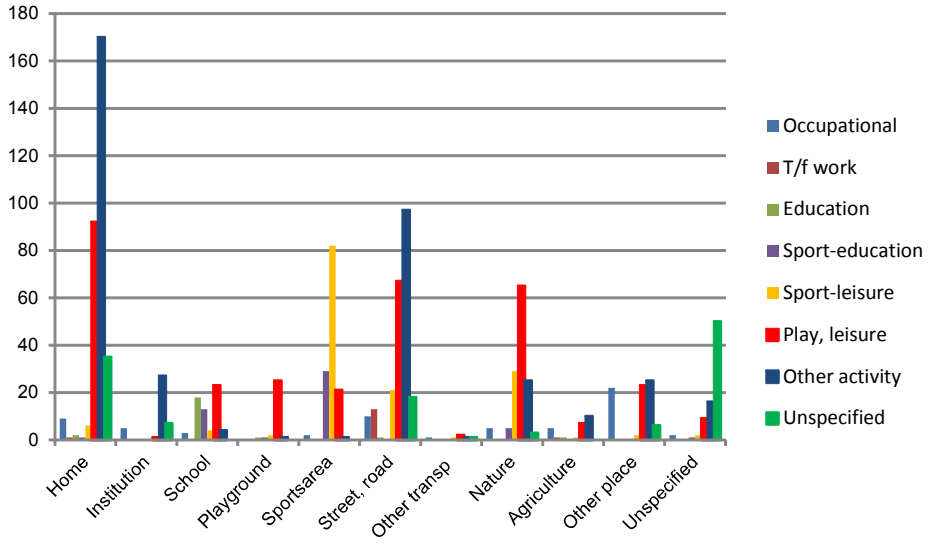
- From the “regular” patient journal to be extracted: Personal data as sex, age, municipality of living, injury diagnoses (ICD 10)
- Additional MDS-elements to be collected from patient:
  - Date and hour for injury;

- Type of intent: accident, violence, self inflicted;
- Municipality injured;
- Place of occurrence, if street: traffic accident Yes/no, if yes: means of transport;
- Activity when injury occurred, if occ. acc.: type of industry;
- Injury mechanism; and
- Injury severity (AIS).

Preliminary results

It is estimated that annually about 300.000 patients will be treated for an injury in an Emergency Department, and hence be included in the new system. During the last years there has been an extensive programme carried out for informing and training hospital staff in order to get the new registration off the ground. It has taken a longer time then expected to get the software in hospitals adapted and working, and to establish sound routines in the hospitals. In 2011, a total of about 80.000 injures across Norway was reported, but with low quality. For 2012, we expect about 100.000 injuries registered, and with higher quality. A 2010-report from the main Accidents and Emergency Unit in Flekkefjord, shows the preliminary results from 50.000 injuries registered (see Figure).

Figure: Accidental injuries registered in the Flekkefjord hospital in South West-Norway over 8 months according to place of occurrence and activity when injury occurred (N=1140).



The Figure above foreshadows what we might expect to coming out of the data nation-wide. By combining place of occurrence with the activity when injury occurred, we can relate the numbers to at least the four major domains of injury prevention (work, road, home and sports). The aim is that we can make a similar picture of all accidental injuries occurring in Norway. If so, the ministries will get the necessary data for creating their target for injury prevention.

Use of data

There are a number of excellent examples of the use of injury data for prevention actions in local communities. A medical officer in a small municipality, Os i Østerdalen, has reduced fall and agricultural injuries by collaborating with local authorities and voluntary organisations based on injury registration of all injuries in the municipality. Hip fractures for instance were reduced by 50 % in Os in the winter by gravelling icy staircases and paths around their houses. in houses patients were reduced by almost 100%.

The same has happened in Harstad, a small city in the North of Norway, where fall injuries in the homes for 65+ were reduced by 26 % in the winter by 49% and burns in children treated as in-patients were reduced by almost 100 % over a couple of years time. These two examples illustrate the potentiality for injury prevention based on injury registration.

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Data injury collection in Malta

The Maltese archipelago lies virtually at the centre of the Mediterranean just 93km south of Sicily and 288km north of Africa. The archipelago consists of three islands: Malta, Gozo and Comino with a total population of just over 400,000 inhabitants over an area of 316sq km and a coastline of 196.8km (not including 56.01 km for the island of Gozo) making Malta one of the most densely populated countries.

The Department of Health has long felt the need for injury surveillance. The main impetus came from two sources. Firstly, our mortality records show that falls are still a substantial underlying cause of death in the Maltese elderly. The Injury database can provide an insight into such injuries – particularly the non-fatal ones, with a view to design policies and facilitate measures to reduce this cause of morbidity. Secondly, the Malta Standards Authority has been seeking to collaborate with the Department of Health on the issue of product safety surveillance, so that data would be available on injuries related to the use of consumer products or services. Data on injuries treated in Emergency Departments provide invaluable information on the circumstances and causes of product related injuries and assist enforcement officers in their risk assessment procedures.

Malta's Health Care System

Malta has a long history of providing publicly funded health care known as the government healthcare service, where healthcare is free at the point of delivery, in parallel to a private healthcare system. Primary care is predominantly being provided in solo private general practices (60%) and in the public district health centres (40%). Public hospitals provide most of the secondary and tertiary care.

There are two public general hospitals in Malta. Mater Dei Hospital, inaugurated in November 2009, is Malta's primary hospital, and one of the largest, most modern and well equipped medical centers in Europe. Gozo General Hospital (GGH) is the other government hospital located on the island of Gozo.

Data from emergency departments

The Injury Data Base was officially launched in Malta in September 2004. The Department of Health Information and Research (DHIR) is the body responsible for the compilation of such data. Data collections started at GGH, using a specific form for Malta which included the minimum data set of information in line with the EU-IDB. This was designed in such a way so as to facilitate the completion of the form by triage nurses or doctors, through minimisation of freetext and using mainly tickboxes, to render the information clearer and also reduce the workload of the nurse/doctor as much as possible. After completion, the forms are forwarded to DHIR on a monthly basis where they are coded against the IDB Coding Manual Data Dictionary and then inputted in the main database at DHIR.

The Mater Dei Hospital (MDH) has been included in the system only recently. This required us to develop an electronic solution for data processing in the hospital, as the patient register in that hospital was already quite advanced and the use of stand-alone paper forms would have generated an excessive burden for the emergency department personnel. This hospital handles an average of ten thousand episodes per month.

A data mining software was developed to capture data from hospital records. The software makes use both of existing fields in the patient records, particularly the demographic variables, and also of a freetext field in which a short description of the episode is typically entered by the triage nurse. This process helps not only in filtering injury episodes but also in pre-populating a number of variables for each episode. The software is capable of identifying acronyms/terms/phrases/words to extract injury episodes. Relevant variables taken for each episode include anatomical site, injury type and objects involved.
Data collection at MDH started in January 2012 and DHIR staff are currently visiting the A&E personnel for short training and reach out sessions

Data is kept in accordance with the Data Protection Act, 2001. This allows an effective cross-link with hospital discharge registers and national mortality register in order to avoid duplications, to verify length of stay and death-related injuries and detect injuries bypassing emergency departments. Injuries reported at A&E in Malta and Gozo for the months January to April 2012 amounted to 9,312. 3,704 relate to females and 5, 608 to males. 17% of the total injuries occurred at ages 21 – 30 of which 70% relate to males. Only 6% of the patients were admitted to hospital. A very high proportion of incidents lack data regarding place of occurrence, activity and objects involved.

Date use

The Injury Database is being consulted for numerous ad-hoc specific requests in response to policy or product safety queries. Information generated from the Database is disseminated both via regular reports and publications, and through communications in a variety of fora.

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Launch new report on EU-Injury Data

The fourth edition of "Injuries in the European Union" will be launched on the European Consumer Day, 14th March 2013 in Brussels. This report will present an update of EU-level injury statistics collected over the years 2008-2010. In addition to data from EuroStat and WHO-Europe, the report will also present data derived from the European Injury Database (IDB).

The IDB is a unique data source that contains standardised cross-national data on external causes and circumstances of injuries treated in emergency departments. Owing to IDB we can present a comprehensive picture of the entire spectrum of accidents and injuries and the wide range of risk factors involved which is much needed for guiding prevention actions.

The report will highlight that Home and Leisure Accidents (HLA) are now the predominant cause of injuries, i.e. representing 80% of all accidental injuries. Injury data on HLAs can be obtained from a number of sources and data bases, but these injury databases are limited in their size and scope, or incomplete and insufficient to identify the external causes and circumstances in which accident and injuries occur.
Therefore, accident and emergency departments at hospitals are the best placed to provide the proper information on the causes and circumstances of injuries to trigger actions by responsible stakeholders in a wide range of policy domains, e.g. internal market, consumer protection, health, infrastructure and education.

The 2013 report is being produced in the framework of the JAMIE-project which has received funding from the European Union, in the framework of the Health Programme.

Consult our website on the 14th of March: http://www.eurosafe.eu.com/

► Consumer safety

CE Marking

ANEC - The European voice in standardisation- recently issued a position paper on CE Marking to express concern at the implicit or explicit reference to CE Marking as a mark of safety for consumers. This is an issue ANEC has raised on numerous occasions in the past. A recent study about consumer empowerment, carried out by the European Commission, indicate that consumers are still confused by the meaning of the CE Marking.

For many consumer products, CE Marking is no more than a claim from the manufacturer that the product meets European legislation. Given the lack of an obligation on manufacturers to carry out an independent check on the conformity of these products to the essential requirements of a directive, CE Marking cannot be an indication that a product is safe, or compliant with other legal requirements.
Moreover, not all products are required to bear CE Marking. Hence does the absence of CE Marking mean that a product taken at random is exempt or unsafe? This also raises some odd situations. A cot for a baby is exempt from having to bear CE Marking and yet a toy cot, covered by the Toy Safety Directive, carries CE Marking. Does this mean a toy cot is safer than a baby's cot? How is the consumer to know?
In addition, there is the problem of falsely-affixed CE Marking: ANEC concludes that the present system of market surveillance and enforcement, organised at national level in each Member State, is inadequate for policing this.

CE Marking is not a mark of safety, nor a mark of quality, and has never been intended as a mark for consumers. It is directed at market surveillance authorities and customs authorities. It should not continue to be a marking able to confuse and mislead consumers. Hence ANEC wants to see CE Marking relegated to the technical file of a product that European legislation also requires.
The ability of CE Marking to mislead consumers is of great concern, and undermines the confidence of consumers in the Single Market.

More information:
http://www.anec.eu/anec.asp?p=newsletter&ref=02-01

Consumer Markets Scoreboard

The eighth edition of the Consumer Markets Scoreboard, titled 'Making markets work for consumers', was published in December last year. The Consumer Scoreboard provides basic facts for policy action and regulation. It helps policy makers to take better account of consumers' expectations and concerns, and to identify priority areas to be addressed in order to improve consumer conditions.

Given that final consumption expenditure of households represents 56% of the EU's GDP, improvements in consumer conditions can make a significant contribution to boosting economic growth in line with the objectives of the Europe 2020 Strategy. If consumers are able to fully play their role in the market, making informed choices and rewarding efficient and innovative businesses, they contribute to stimulating competition and economic growth. On the other hand, markets where consumers are confused, misled, find it hard to switch or have little choice will be less competitive and generate more consumer detriment, to the expense of the efficiency of the overall economy.

The majority of the Scoreboard data comes from the annual market monitoring survey which measures consumer experiences and perceived conditions in goods and services markets that account for around 60 % of the household expenditure. The survey covers the 27 EU Member States, plus Iceland and Norway, thus allowing for

peer comparisons and benchmarking performance of markets from a consumer perspective. This year's was the third edition of the survey, so results can also be compared over time. Additional indicators include data on product related injuries from countries that participate in the Injury Database (IDB) system.

Overall results

In general, EU consumers express their dissatisfaction with the performance of some key services markets. Banking, telecom and energy services score particularly low. Markets for investment products, mortgages and real estate services stay at rock bottom for the third year in a row. Goods markets appear to do better in living up to customers' expectations, in spite of poor results scored by the automotive, clothing and meat markets.

The largest decrease in consumer satisfaction scores was registered by postal services and public transport. This may reflect the cut in budgets due to austerity policies, since both markets depend on public funding in many Member States. In addition, the market for vehicle fuels has seen significant deterioration in its score for a second year in a row.

Consumer safety

Ensuring that the goods and services consumers buy and use are safe is a key priority of consumer policy in the EU. To this end and as a follow-up to the Consumer Agenda and Single Market Act II, a new 'Product Safety and Market Surveillance Package' is being prepared, aimed at improving the currently fragmented European market surveillance and enforcement systems.

The Consumer Markets Scoreboard states that, aside from some specific sectors such as transport, there is a general lack of comparable data on the safety of goods and services. Current work is focused on encouraging the implementation of the Commission Recommendation on harmonised complaints data, which also includes safety. Currently, the complaints database includes less than 500 complaints linked to the safety of goods and services (around 1% of all complaints). However, the available data already give some indication of potential safety problems in different markets. Also, consumers appear to be more concerned about the safety of goods than of services, with the markets for food products recording the largest share of complaints.

In addition to consumer complaints, the European Injury Database (IDB) provides information on products that are responsible for accidents and injuries in the EU. The data include annual EU-wide samples of about 280 000 incidents, collected by more than 90 hospitals in 12 EU countries. The Table indicates that 'building (component) or related fitting' (e.g. bathtubs, stairs, pipes, swimming pools), 'ground surface' (e.g. sloping/uneven surface, body of water such as sea, lake or river), 'equipment used in sports/recreation' and 'furniture/furnishings' are the categories most often involved in accidents and injuries. However, the actual percentages are rather low because of the large share of 'other and unspecified products' responsible for accidents (see Table next page).

Further information on the safety of products on the market is provided by the EU-wide rapid alert system for the notification of dangerous consumer goods: RAPEX for non-food products. 'Clothing, textiles and fashion items', 'toys' and 'motor vehicles' are the non-food products notified most often. However, it should be taken into account that some products are traditionally subject to more inspections than others.

Additional insights into the safety of a range of recreational and personal care services are provided by the recent survey which examined, for the first time, European consumers' perceptions and experiences of the safety of accommodation, organised outdoor leisure activities, swimming pools, beauty and wellness centres, and amusement parks and fairgrounds (*see also Alert, Volume 7, issue 4, October 2012*). Two-thirds (66%) of respondents consider organised outdoor activities (such as skiing, canoeing and mountain biking) to have the highest frequency of accidents resulting in injuries, followed by amusement parks (33%) and swimming pools (29%). When it comes to the actual experience of injury when using these services, the ranking of services is the same. Europeans are most likely to report an accident resulting in injury when using organised outdoor leisure activities (11%). Fewer than 5% report injuries in swimming pools (4%) and amusement parks and fairgrounds (2%).

Table: Safety figures from the European Injury Database (IDB), 2010

IDB Product category	Country									
	AT	CY	CZ	DK	DE	IT*	LV	MT	NL	SI
Appliance mainly used in household	0.9%	0.8%	0.7%	0.3%	0.5%	0.5%	0.3%	0.2%	0.1%	0.3%
Building, building component, or related fitting	11.6%	49.2%	10.8%	1.9%	10.2%	7.7%	11.2%	8.2%	2.4%	13.6%
Equipment mainly used in sports/recreational activity	19.7%	0.4%	6.5%	2.8%	1.7%	0.2%	1.7%	0.7%	1.0%	2.0%
Fire, flame, smoke	0.0%	0.1%	0.2%	0.1%	0.0%	0.0%	0.3%	0.2%	0.0%	0.1%
Furniture/furnishing	5.9%	4.2%	4.7%	2.2%	4.5%	5.9%	2.6%	0.7%	0.7%	1.6%
Ground surface or surface conformation	1.8%	12.2%	3.3%	0.3%	2.4%	0.1%	12.4%	1.6%	0.8%	3.0%
Hot object/substance not elsewhere classified	0.1%	1.7%	0.7%	0.1%	0.0%	0.6%	0.9%	0.7%	0.0%	0.2%
Infant or child product	2.1%	0.2%	6.3v	1.5%	3.6%	1.2%	0.8%	0.3%	0.3%	0.3%
Item mainly for personal use	2.6%	1.0%	0.6%	0.7%	2.2%	0.5%	0.2%	0.8%	0.8%	0.4%
Tool, machine, apparatus mainly used for work-related activity	3.6%	0.4%	0.7%	1.4%	1.5%	1.1%	8.4%	1.9%	0.2%	2.2%
Utensil or container	2.2%	4.7%	0.6%	0.3%	0.4%	1.2%	1.3%	1.3%	0.2%	0.5%
Other, unspecified and not-product related cases	49.4%	25.0%	64.8%	88.1%	73.0%	81.0%	59.8%	83.5%	93.5%	75.9%

* These data for Italy refer to 2009. Source: IDB, KfV

Conclusions

The Consumer Markets Scoreboard is a screening tool indicating where consumer markets may be failing consumers and where further analysis should focus. Evidence-gathering at EU level is a useful source of robust and comparable data for policymakers and stakeholders at both EU and national level.

Data on consumer trust in businesses' compliance with consumer legislation is useful for public authorities and consumer organisations designing and targeting enforcement and public awareness activities. In addition, Member States can use the Scoreboard data in determining their national priorities in the context of their National Reform Programmes. The overall Scoreboard findings show a small but steady improvement in the general evaluation of market performance over the three years. The overall scores for comparability, trust and problem indicators have slightly improved over the past three years. The components of satisfaction, choice and ease of switching have remained stable since 2011, while complaints and actual switching behaviour score less well than in 2011.

The Commission wants to use the Scoreboard results in their discussions with national consumer authorities and regulators as well as with EU-level consumer organisations, business stakeholders and other relevant parties.

More information: http://ec.europa.eu/consumers/consumer_research/editions/cms8_en.htm

Bike carries

The Consumer Safety Commission (CSC) in France has issued an investigation into safety of bike carriers and released an official recommendation as to measures to e taken by the responsible authorities, businesses and consumers. This investigation was launched in response to a serious accident earlier that year that resulted in one death and 15 injured persons.

La Belle France is a paradise for touring cyclists. And the car is often indispensable to reach the best spots for a nice cycle trip. As the trunk is often packed with luggage, bike carriers are an essential accessory. In France alone, almost a quarter of a million bike carriers are sold annually.

Automobile mounted bike carriers can be attached to:

- the roof (30% of sales in France), which requires support bars on the roof and is rather flexible in use for different types/ brands of cars; having a disadvantage as to aerodynamics and fuel consumption;
- rear trunk (31% of sales in France), which is not possible on all cars and may reduce rearview sight and visibility of indicator and brake lights;
- rear tow hitch (39% of sales in France), which may take up to 4 bicycles. It requires a coupling device to fix the carrier on the tow hitch

Bikes may be mounted in the carriers by clamping both wheels and providing some additional vertical support, by clamping the rear wheel and the front dropouts (necessitating the removal of the front wheel, which may be mounted separately on blades), or by clamping the top tube (usually in the case of rear hitch mounted carriers). There is a device available that connects from the stem to the seat post, to provide a top tube equivalent suitable for mounting in these carriers for step-through frame bicycles that do not have a top tube. Carriers that clamp on the front dropouts may also provide a built-in locking mechanism.

The investigation carried our by CSC included a study into the accident statistics, a number of interviews with business representative, product testing and by testing the use of carriers by consumers, Ten products were identified that are causing major problems. Some not meeting the requirements for static and dynamic strength as required in the European standard. The consumer panel test revealed serious challenges in assembling the parts of the carrier properly, due to its complexity and shortcomings in instructions provided..

As a result of the investigation CSC requested the competent authorities to have a number of defective carriers to be taking off the market immediately. CSC also recommends the standards to be significantly upgraded in particular by taking into account the possible effects of windfall and forceful braking on stability of the carriers and mounted bicycles. Manufacturers are advised to reduce the number of components needed for assembly as well as the complexity of assembling to a strict minimum. Consumers need to be better warned as to the very serious risk of detachment of bikes and/ or carrier components and better instructions as to their mounting.

More information:
http://www.securiteconso.org/porte-velos/

► Safety for seniors

Active and Healthy Ageing

Europe is in a process of demographic ageing: more people get older, and fewer young people enter the labour market. This will have a major impact on the well-being of society, on public policy and on the sustainability of health and care systems.
The European Commission has earlier identified active and healthy ageing as a major societal challenge common to all European countries, and an area which presents considerable potential for Europe to lead the world in providing innovative responses to this challenge. Therefore it launched the Innovation Partnership on Active and Healthy Ageing (EIP-AHA), which aims tol pursue a triple win for Europe, by:

- enabling EU citizens to lead healthy, active and independent lives while ageing;
- improving the sustainability and efficiency of social and health care systems;
- boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

This will be realised in the three areas of prevention and health promotion, care and cure, and active and independent living of elderly people. The overarching target of EIP-AHA will be to increase the average healthy lifespan by two years by 2020.

EIP-AHA is about scale and impact. It is not a funding instrument for projects, but a partnership among stakeholders, facilitated by the Commission, to change the delivery of health and social care for older people across Europe. The key element is pooling resources, projects and initiatives that are scattered around Europe and too small to overcome the barriers of divided markets and rigid practices and regulations.

The first Conference of Partners of the European Innovation Partnership on Active and Healthy Ageing took place in Brussels on 6th of November. The Conference was headlined by European Commission Vice President Neelie Kroes, Commissioner Maire Geoghegan Quinn, and Health Ministers from Ireland and Spain. Delegates from across Europe, from universities and research groups, public authorities, health providers, industry and non-governmental organisations discussed how to implement and scale up innovations for active ageing.

Six spearheads

Six Action Groups presented their Action Plans which tackle a specific challenge in this field – from falls, which account for almost one third of fatal injuries amongst older people to tele-monitoring which enable chronically ill patients to live longer at home. The Action Groups are made up of many stakeholders: from national government and regions to hospitals, municipalities, health care professional organisations, insurers and others.

The six Action Plans address the following areas:

- ***Prescription adherence.*** Ensuring that patients follow their prescriptions: new approaches to prescription adherence for various chronic diseases in at least 30 EU regions. Today, only 25% of older people with chronic conditions (heart or lung conditions for example, or combinations – multi-morbidity) take their medication correctly at the right times. An effective adherence approach could improve their condition drastically or prevent decline.
- ***Fall prevention***. Launching and scaling-up programmes for fall prevention and early diagnosis in at least 10 European countries by 2015. Older people sooner or later become prone to falling. Tele-monitoring can help to quickly detect or even prevent falls. By following training programmes and keeping active, older people can prevent falling or recover quicker if it happens.
- ***Frailty and malnutrition.*** A program for the prevention of functional decline and frailty among the elderly that will reach at least 1000 care providers by 2015. By supporting people in following a healthy and active regime (diet and exercise), they can live independently in their own homes for longer.
- ***Integrated care.*** Deploying, in more than 20 regions, programmes for chron-

ic disease management and integrated care that meet the needs of older persons and enhance system efficiency. With tele-monitoring people with chronic conditions and multi-morbidity (but also their carers) do not have to travel back and forth between doctors, hospitals and care institutions and can monitor and self-manage their own condition and health care choices.

- ***Independent living.*** Improving the uptake of interoperable solutions for independent living that enable people to live independently for longer by providing for social contacts, alarm functionalities, and various household services. Older people can use many ICT applications to prevent loneliness, social isolation or premature admission to a nursing home, provided these are interoperable, well integrated and senior-friendly.
- ***Age-friendly environments.*** Implementing innovative age-friendly practices at regional and local level, and fostering physical /environmental innovation and practice, including the use of ICT, whilst also promoting a campaign for a covenant of major cities, regions, and municipalities. Cities, villages and public areas have to change to adapt to the needs of older people: more places to rest, easier access to buildings and safer public spaces. A systematic approach is needed to prevent older people from becoming confined to their own home.

The Action Groups rely on 261 local and regional initiatives, involving over 3000 stakeholders from all Member States. The Action Plans aim to improve the quality of life of four million European senior citizens between now and 2015.

Spearhead #2: Fall prevention

Action Plan A2: “Falls Prevention Initiative” has been developed in the period between July and November 2012. The plan aims to support and facilitate:

- involvement of citizens, stakeholders and decision makers on a local, regional and (inter)national level in the process of developing, producing and delivering policies and tools for fall-prevention programmes and to scale-up and improve service delivery,
- promotion of innovation in organisation, delivery and business models, in risk registers, toolboxes and services, by helping new ideas and technology move to the market, connecting research to innovation and strengthening procurement processes and finally,
- the development and delivery of dynamic, holistic and sustainable falls prevention programmes throughout the care, cure and social systems on regional and national level.

Implementation

From early 2013 onwards the Action Groups will start to implement the actions listed in their plans and will work jointly to increase the healthy lifespan of EU citizens by 2 years on average by 2020. It is aiming for a triple win: a better quality of life, more sustainable systems for health and social care, and innovation, jobs and economic growth.

More information:
https://webgate.ec.europa.eu/eipaha/actiongroup

Age-Friendly Environments

The European Year for Active Ageing and Solidarity between Generations 2012 has been a key opportunity to raise awareness of the challenges and opportunities beyond the demographic change. The EY2012 Stakeholders Coalition, an informal group of more than 65 partners coordinated by AGE-Platform Europe, has been actively campaigning for a better recognition of the contribution of older people in society and for the adoption of measures which enhance their participation, support independent living in old age and promote age diversity in all aspects of society. It has also helped mobilise a wide range of stakeholders on the need for a comprehensive approach involving actors in many different areas and at all levels.

As the recent Eurobarometer on discrimination in the EU in 2012 reveals, old age is seen a common ground of discrimination by a majority of Europeans, in particular in access to employment and to goods and services. The EY2012 Coalition has been campaigning for the creation of age-friendly environments to support the active contribution of all generations to society, according to their capacities, and allow everyone to develop their full potential. Adapting environments to the ageing population is essential to avoid wasting human capital and turn the current demographic ageing into an opportunity for all generations. This requires coordinated governance between the EU, national, regional and local levels around a same vision of a society for all ages.

To reach this goal, AGE and the EY2012 Coalition, are calling on the EU to set up an EU Covenant on Demographic Change to provide the necessary political framework to bring together local and regional authorities who want to find smart and innovative solutions to support active and healthy ageing. Such a Covenant will facilitate the creation of a large scale movement to adapt our environments and communities to the need of our ageing population and demographic changes.

Now that the European Year has come to an end, the campaign for an EU Covenant on Demographic Change will be carried on using the momentum of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA). In the framework of this Partnership, AGE, EY2012 Coalition Members and an increasing group of partners have committed to keeping on running the campaign to convince the European Commission to launch the proposed Covenant. AGE has also committed to setting up and moderating an EU virtual forum on Age-Friendly Environments (AFE) to link stakeholders (public authorities, NGOs, service providers, industry, researchers) interested in the promotion of AFE at local, regional, national and EU level. This confirms that EY2012 has not just been an awareness raising initiative. The work that had started in 2012 will continue in the years to come with all the interested parties who got mobilized during the EY2012.

More information:
http://www.age-platform.eu/en/component/content/article/1457

► Sport safety

Opportunities for better regulations in sports

The Swiss Accident Prevention Council bfu published a study report on “Sports accident prevention from a legal perspective”, highlighting the possibilities and limitations in Swiss law to enhance measures to reduce sports-related injuries and fatalities.

Pro-active approach needed

The authors state that most of the conventional legislative measures applied in sports rests on the principle of retroactive actions, i.e. correcting in case of apparent negligence or fault. Private liability laws aim at monetary compensation of damages (e.g. the Swiss Code of Obligations as well as the Product Liability Act) while the criminal code addresses negligent physical injury, e.g. negligent manslaughter. In principle, conventional civil and criminal legislative approaches may indirectly result in an increased willingness to prevent accidents as they may have a deterrent effect on those responsible for sports related services and on sportsmen and -women as well.

Nevertheless, the authors propose that sport accident prevention policies should in the future be based more on administrative instruments rather than civil or criminal legal instruments, because administrative law is by its very nature pro-active instead of reactive and therefore more likely to result in an actual rise in safety measures. The revised Swiss Sport Promotion Act of 1 October 2012 is one example of such an approach as it explicitly declares sports accident prevention to be a legislative objective. This Act also makes for instance financial support to sport organisations dependent on whether the recipient club has adopted an overall safety policy and put sufficient safety promotion measures in place. The forthcoming federal regulation for mountain guides and other providers of

high risk activities, likely to come into force on 1 January 2014, is also inherently aimed at optimising safety and emergency measures in place for a specific category of sports activities.

In addition, for local and municipal authorities there remains also opportunities to issue regulations for the use of public sport fields and/ or building codes for premises that are meant for sports and leisure activities. These regulations should lay down reasonable technical barriers for notoriously dangerous sport activities that are provided commercially or not-for-profit.

Rationale

The notion of stronger state intervention in leisure activities is not always applauded. However the basic constitutional rights of individuals provide the rationale for enhanced control and regulatory frameworks in view of increasing safety in sports and protecting the physical integrity of sport participants, in particular of youth and children.

Much of these measures can be implemented in the format of non-state law or so-called the "soft law". For example by motivating sports clubs and associations to more strongly implement and consistently enforce suitable measures. There would be an incentive to do this, should allocating funding for sports promotion actually be contingent on proof of relevant efforts.

Conclusion

The intervention of law in sports is guided by two complementary principles:

- the principle of the athletics' right for being protected, which demands that one does all that is possible and reasonable in order to protect the physical integrity of the people involved in sporting activities, and;
- the principle of athletic personal responsibility and right to freely participate in leisure activities on the other hand.

It is incumbent on all disciplines that are involved in sport accident prevention to draw an appropriate line between self-protection and personal responsibility, and thus to maintain a reasonable balance between the interest of preventing serious and very severe sport accidents on the one hand and the interest of the right to freely participate in leisure activities on the other hand.

More information:
http://www.bfu.ch/PDFLib/1817_74.pdf

Avalanches

Every year, around 20 people are killed in avalanche accidents in Switzerland. In a study report "Avalanche accidents in touring and off-piste skiing", the Swiss Accident Prevention Council bfu assessed the relevance of selected risk factors and the effectiveness of potential preventive measures. The report is based on available accident data and on findings from scientific literature.

A number of recommendations are provided in the report, which will hopefully contribute towards a further reduction in the risk of avalanche accidents in Switzerland. Whether and how the measures proposed in the report can be implemented depends also on several political factors, such as resource-availability and the willingness of stakeholders to act.

The bfu's "Avalanche accidents in touring and off-piste skiing" is available as a PDF file in German with a French summary.

http://www.bfu.ch/English/Forschung/Pages/Research-Newsletter2012-11-05.aspx

► Vulnerable road users

Cycling safety policies in the European Union

In its latest scientific report, the European Transport safety Council draws attention to cycling safety in the EU: “Raising the bar- review of cycling safety policies in the EU”. Cycling is a mode of transport that has become more popular in the last years. Cycling offers a whole range of benefits: it provides mobility irrespective of age and income, it is conducive to health, cost-effective, environmentally friendly, it reduces the amount of noise and it requires comparatively less space than private motorised transport options.

Bicycles are also used for leisure and for sportive purposes and cyclists are interacting with other road transport modes. Cyclists are considered as vulnerable road users, because they are unprotected in case of a collision, regardless of the one who is responsible for the collision. The proportion of cyclists differs from country to country, from 31% in the Netherlands to close to 0% in Cyprus. The Eurobarometer Survey from October 2010 revealed that around 7% of all EU citizens use bicycles as the main mode of transport:

Around 2,100 cyclists were recorded as killed in traffic collisions in 2010 in the 24 EU countries where the data are available, representing 7.2% of the total number of road deaths recorded in those countries. Over the 2001-2010 decade the number of cyclist deaths was reduced by just 39%, compared to the 43% reduction in the overall number of road deaths observed in the same countries. EU-wide, 2009 and 2010 saw slower progress in reducing the number of cyclists killed on the roads than the corresponding reduction in deaths for non-cyclists.

Across the EU countries, the majority of cyclist road deaths are males and there is also a large proportion of elderly cyclists who die in cycling collisions. Elderly cyclists, who constitute an increasingly large proportion of all cyclists, are often more seriously injured than younger cyclists because of the frailties associated with old age.

Cyclists who inappropriately make use of the roads are exposed to particularly high risks. Quite often, the reason behind such behaviour is the cyclists´ unwillingness to take the long way around, the difficulty of crossing roads and the desire to have a direct, simple connection. It is frequently the case that infringements of the rules reflect the fact that the cycling facilities are not properly designed for the users. Most of the accidents involving cyclists occur in urban areas, which lend themselves more to cycling due to the relatively shorter trip distances where most of the people use to cycle.

Road infrastructure is an important element which influences both the safety of cyclists and the individual choices of whether to cycle or not. While inappropriate behaviour in traffic by cyclists should not be ignored, a lack of compliance with traffic rules, sometimes even leading to collisions with other road users, could signal deficits in the road infrastructure or in the road management. Confusing road design can lead vehicle drivers to overlook cyclists, especially on road junctions in urban areas. Furthermore, if vehicles are parked on cycle paths, cyclists will tend to use the road surface or the opposite side of the cycle path increasing road risk.

Therefore, the characteristics of roads determine to a significant extent the type of road users who travel on them. However, infrastructure by itself can only have a limited impact on the safety of cyclists, or of any other road user for that matter. In this respect, policy-makers must thus keep in mind that infrastructure is not a ‘silver bullet’ to solve all problems. It must be used in conjunction with developments in other areas related to the traffic system, i.e. vehicle technologies and road user behaviour in order to deliver its maximum road safety benefits.

The report concludes with a comprehensive list of recommendations to the EU and to Member States as to actions to be taken in the framework of ‘Road infrastructures and Road network planning’, ‘Road user behaviour and training’, ‘Vehicle safety’ and ‘Research agenda for cycling safety in the 21st century’.

More information:

http://www.etsc.eu/documents/scientific_review_of_cycling_safety_web.pdf

Speed reduction measures

The European New Car Assessment Programme (Euro NCAP) has now taken a critical step in promoting the large-scale deployment of Intelligent Speed Assistance (ISA). As of January 2013 ISA will be included in their new safety rating with both advisory and voluntary active systems being awarded points. This builds on the previous protocol that was already awarding points for a driver set speed limitation device. Euro NCAP plays an important role in influencing the consumer to purchase safe cars and safety technologies.

Euro NCAP is recognising that the speed information can come from traffic sign recognition, from digital map data or from a combination of these data sources. This means that the demand for speed limit data will increase substantially from both consumers of safe vehicles offering the technology and the vehicle manufacturers hoping to offer the service. But, at the same time, there is a deficit on the speed limit information side.

The European Transport Safety Council (ETSC) has recently asked the European Commission to come up with Guidelines for EU Member States on preparing and updating digital maps. This would be a big step forward in preparing for EU wide speed limit information, supporting ISA's deployment in Europe. It would also be in line with commitments made in recent EU transport White Paper and EU Road Safety Policy Orientations.

Another development is the newly launched European Citizens' Initiative on 30km/h in urban areas. The idea is to put road safety of European citizens on the map and make the case to introduce 30km/h in urban areas. The European Citizens' Initiative is a new instrument enabling citizens to collect signatures to request the European Commission to then come forward with new legislative action. The European Commission, if it accepts the idea in the initial stage, must then commit to considering the proposal but are not bound to come forward with legislative action.

More information:
http://www.etsc.eu/documents/Speed_Monitor_12.pdf

► AGENDA

2013

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

6-12 May: Second UN Global Road Safety Week
http://www.who.int/roadsafety/week/2013/en/index.html

19-20 June in Vienna, Austria
Mobility and Road Safety in an Ageing Society
http://www.kfv.at/congress2013

19-20 September in Columbus, Ohio, USA
Global Summit on Child Injury Prevention
http://www.nationwidechildrens.org/2013-global-child-injury-summit

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

13-16 November in Brussels
6th European Public Health Conference
http://www.eupha.org/site/upcoming_conference.php

European Public Health conference 2013

Call for abstracts

The European Public Health Association (EUPHA) and the Association of Schools of Public Health in the European Region (ASPHER) are organising the 6th EUROPEAN PUBLIC HEALTH CONFERENCE in Brussels, 13-16 November 2013. The main theme of the conference will be: "*Health in Europe: are we there yet?* - Learning from the past, building the future".

The European Public Health Conference aims to contribute to the improvement of public health in Europe by offering a means for exchanging information and a platform for debate to researchers, policy makers, and practitioners in the field of public health and health services research as well as public health training and education in Europe.

In conjunction with the annual EUPHA conference, the EUPHA-section on Injury Prevention and Safety Promotion will organise a pre-conference collaboration with other EUPHA-sections. The theme of the Injury pre-conference in 2013 will be announced at a later stage.

For the main conference, the Injury-section encourages all injury researchers and prevention practitioners to submit abstracts for oral or poster presentations by 1 May 2013 directly via the conference homepage. The abstract submission will open on 1 February and will close on 1 May (midnight, CET).

More information: http://www.eupha.org/site/upcoming_conference.php

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