



Quarterly publication published by EuroSafe and supported by the European Commission

**“Working together  
to make Europe  
a safer Place”**

► **EuroSafe news**

**EuroSafe calls on EC:  
legal requirement on injury data needed**

In a joint statement, EuroSafe and seven related EU-level organisations representing a broad social and economic spectrum in Europe, urge the Commission to revise its proposal for a Regulation on the Market Surveillance of Products ([COM\(2013\)75](#)) and to include a clear and binding provision that requires Member States (MSs) to collect data on product related injuries and to enable the Commission to create an EU-funded accident and injury data system that embraces all MSs.

The statement was launched on 24<sup>th</sup> of May with the 7 co-signing coalition partners, i.e. ANEC, the European Consumer Voice in Standardisation, BEUC, the European Consumer Organisation, BUSINESSEUROPE, the European Committee for Standardization, CENELEC, the European Committee for Electrotechnical Standardization, EuroCommerce, the Retail, Wholesale and International Trade Representation to the EU, ORGALIME, the European Engineering Industries Association representing the interests of the Mechanical, Electrical, Electronic, Metalworking & Metal Articles Industries.

The Coalition is surprised and disappointed by the absence of a provision establishing a pan-European Injuries Database (IDB) in the Commission proposal for the new Market Surveillance of Products Regulation (MSP). In March, twenty eight EU-stakeholder organisations signed up for a Joint Call to the EU-institutions urging such a system to be established (see previous Alert issue).

The Coalition firmly believes that such a database would assist market surveillance authorities to make more informed risk assessment decisions, allow standardisers to develop better product standards and would help manufacturers to adapt the design of safety into new products.

**No time to wait longer**

In response, the European Commission has committed itself to examine the costs and benefits of an EU accident and injury database in its multi-annual plan for the surveillance of products in the EU. This would unfortunately come too late to preserve the experience and benefits of the existing system, which will stop in March 2014, should there be no further EU funding.



Moreover:

- the feasibility of injury data collection has been proven time and again through the IDB-projects and the current JAMIE;
- at least in 13 countries it also proved to be affordable and 20 more countries are testing the implementation of similar data collection systems;
- for the sake of getting compatible data, it is essential to have an EU-legal requirement, to overcome the current fragmented approaches; and
- the MSP-Regulation is the only valid legal instrument that may include such a legal requirement as injury data should be considered as an essential pillar of "the product surveillance intelligence system".

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**Proposed amendment**

Therefore, the Coalition calls on the European Regulator to establish a legal basis for the IDB in the proposed MSP Regulation as earlier requested by the European Parliament and some Member States. The IDB should be considered as a third pillar of the EU-market surveillance information exchange system complementary to RAPEX and ICSMS.

More specifically, it is proposed to reintroducing a missing provision from the current MSP-Regulation requesting Member States to establish adequate procedures in order monitor accidents and harm to health which are related to products. It is also proposed to include in the new MSP-Regulation (article 21) a legal basis for a pan-European Injuries Database (IDB) which would further continue the implementation of the Council Recommendation on the Prevention of Injury and Promotion of Safety of 31 May 2007. Its scope should cover all types of injuries, and namely those related to products used at home and for leisure, transportation and work activities.

**Broad support**

The Coalition has met broad support for the proposed amendment to the EC-proposal for the new MSP-Regulation, among others

from Members of the European Parliament in a number of Member States. Also the European Economic and Social Committee (ESSC) adopted in the meeting of 22 May its Opinion on the Proposal for a Regulation of the European Parliament and of the Council on market surveillance of products and called for 'including in the proposed Regulation a legal basis for a pan-European Injuries Database (IDB), which should be considered as a third pillar of the EU-market surveillance information exchange system complementary to RAPEX and ICSMS'.

It is essential that in the further process of consultations the Commission and all Member States become aware of the indispensable need for injury data in view of smart product safety enforcement practices as well as the benefits of such a system in monetary terms cost-saving and get into an agreement on the need to build up a system similar to the ones operated in the US (National Electronic Injury Surveillance System), Canada and Australia.

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**► EU news****Non-fatal road accidents - EC working paper**

Reduction of serious road traffic injuries is one of the seven strategic objectives set by the Commission in its road safety policy orientations for the period 2011 - 2020. A strategy of action on serious road injuries was subsequently identified as a priority in view of developing in collaboration with Member States and other actors a strategy of actions on road injuries and first aid.

A Commission staff working document issued in March reports on the first findings as to a common understanding of definitions and concepts relating to serious road injuries, and identifying courses of action to improve prevention and intervention.

The document looks at what has been done so far and describes the problem of serious road traffic accidents and the challenges of the current framework. It considers the situation regarding a common definition of serious injuries, data collection

methods and a possible future EU-level target.

The document concludes that reducing the seriousness of injuries from road accidents will require the introduction of a range of diverse measures. An appropriate mix of legislation, awareness raising, enforcement, engineering, cooperation and knowledge transfer among relevant stakeholders and research support will be needed.

Taking into account the complex and cross-disciplinary character of the problem, this process will closely involve several Commission services and EU policy areas. Beyond transport policy, the strategy will require the involvement of areas such as research, public health and health sector management, vehicle type approval, the digital agenda and intelligent technical solutions.

A future strategy on serious injuries also ties in closely with the on-going work on urban mobility planning in the EU, considering the high number of casualties among vulnerable road users that occur in urban areas.

In a response to the Commission's working document, ETSC published lately a response setting out a list of recommendations. ETSC underlines that improving the quality of data about seriously injured survivors of road collisions will help in designing more effective safety policies. Having a common definition of serious injuries in road traffic collisions is a prerequisite in that perspective.

ETSC also states that road safety visions need numerical targets to help towards their being realised. It is unfortunate that the European Commission did not include a com-

mon EU 2020 injury target in this publication, alongside the 50% road fatalities by 2020. According to ETSC a 35% reduction in the number of road traffic serious injuries over the period 2014 - 2020 would be both challenging and achievable for the Member States.

The ETSC document contains also a list of more specific recommendations related to issues such as vehicle safety, heavy good vehicles, elderly occupant protection, and infrastructure safety, as well as recommendations to improve first aid and emergency management.



More information:



[http://ec.europa.eu/commission\\_2010-2014/kallas/headlines/news/2013/03/doc/swd\(2013\)94.pdf](http://ec.europa.eu/commission_2010-2014/kallas/headlines/news/2013/03/doc/swd(2013)94.pdf)  
and  
<http://www.etsc.eu/documents/>

## EU-consultation H&S policy

The Commission launched a public consultation on the new EU occupational safety and health policy framework. The main purpose of this consultation is to gather insights and contributions from the public further to results of the evaluation of the European Strategy on Safety and Health at Work 2007-2012. This should help identify current and future challenges in the occupational safety and health area, and identify solutions to address these challenges.

All stakeholders are welcomed to contribute to this consultation (deadline 28 August).

Contributions are particularly sought by representatives of Member States public authorities, social partner organisations, and stakeholders and experts with an interest in the area of occupational safety and health.

### Evaluation

In evaluating the process and outcomes of previous programmes, the Commission concludes that since 2000 the EU has performed its strategic role in the area of OSH by means of multiannual strategies formally endorsed by the Commission after consultations and voluntarily enforced by Member States and stakeholders.

The second of these strategies, covering the period 2007-2012, has also been evaluated. The main conclusions that emerge are:

- All stakeholders considered it highly rele-

vant, to the extent that it provided a framework for coordination and a common sense of direction, even if some of them did not agree fully with its content.

- Setting a quantitative target (25%) for reducing the number of accidents at work had positive effects, because it gave more visibility to this policy area and encouraged Member States to focus on measures to reduce the number of accidents. It may however have diverted attention from preventing occupational diseases.
- The strategy helped improve the implementation of OSH legislation and clarify EU rules, making them easier to interpret. However, implementation continues to be a challenge, in particular for SMEs, for whom it is particularly difficult to cope with some regulatory requirements.
- All Member States but one now have a national strategy or equivalent measures in place. The strategy prompted many of them to adopt a national strategy or equivalent measures.
- While the collection of statistical data on accidents improved, there is still room for improvement in terms of their timeliness and the comparability of data on occupational diseases.
- There are good indications that the 25% target for reducing the number of accidents at work has been reached. However, the objective of curbing the incidence of occu-

pational diseases may have not been achieved.

- While government authorities actively participated in implementing the strategy, it was more difficult to develop a sense of ownership among the EU's partners, especially national social partners, who tended to be less committed overall. This is because they see the strategy as the Commission's, not theirs.

### Challenges

The Commission's evaluation also highlights a number of challenges in the area of occupational safety and health:

- The identification of the health and safety risks of new or emergent risks. Concerns about nanomaterial, endocrine disruptors and electromagnetic field hazards have been expressed and documented.
- The ageing and decline of the EU's workforce increases the need for measures to

retain workers in the workplace. Healthier workers are able to work longer and healthier, safer workplaces make for healthier workers.

- The implementation of the EU OSH legal framework in SMEs and microenterprises remains a challenge, as documented by several reports on the implementation of OSH Directives. SMEs have to deal with the same risks as large-scale employers, but they often do not have the same level and depth of expertise on occupational safety and health.
- The accuracy and comparability of statistical tools at EU and Member States level to monitor the progress of the strategy remains a key challenge in particular with regard to occupational diseases.

More information:

<http://ec.europa.eu/social/main.jsp?langId=en&catId=699&consultId=13&furtherConsult=yes>

## Health Equity 2020



The Health Equity 2020 project, which started in July 2012 with an overall budget of EUR 1.9 Million including about EUR 1.15 Million in EU funding, launched its website in April 2013.

Under the coordination of the University of Maastricht, the project aims to assist Member States (MSs) and regions to make better use of EU Cohesion Policy and structural funds to address factors contributing to health inequalities.

In detail, the project intends to support MSs and regions in developing evidence-based

action plans on reducing health inequalities. The action plans will also inform the use of Structural Funds in the next programming period.

By targeting policy-makers and practitioners who make and shape policies and implement actions, the project seeks to both explore potential action areas and make the case (including economic evidence) for investments to reduce inequalities. This will be accomplished through regional actions within and beyond the health sector.

Health Equity 2020 contributes to the implementation of the EU Cohesion Policy 2014-2020, and the European Strategy Together for Health: A Strategic Approach for the EU 2008-2013.

More information:

<http://www.healthequity2020.eu/pages/home/>



## ► WHO news

### Care of the injured



Every year, over five million people die from road traffic crashes, violence, burns, falls, and other causes of injury. Millions more suffer lifelong disability and economic hardship associated with lost productivity. In low-income countries, people with life-threatening but survivable injuries are six times more likely to die (36% mortality) than in high-income settings (6% mortality).

In an effort to diminish such inequalities and to improve care of the injured globally, WHO launched the *Global Alliance for Care of the Injured* (GACI). The launch event, which was organized in the context of the 66th World Health Assembly by the Governments of Romania, Brazil, Mozambique and Thailand and the WHO Secretariat, convened around 200 World Health Assembly delegates from countries in all regions of the world.

GACI is a network of governmental and intergovernmental organizations as well as nongovernmental organizations, including professional societies, working internationally, which collaborate to improve care for the injured across the spectrum of pre-hospital and hospital care and rehabilitation of the injured. Among the founding members are the Aga Khan University, African Federation of Emergency Medicine (AFEM), International Association for Trauma Surgery and Intensive Care (IATSIC), International Federation for Emergency Medicine (IFEM), Johns Hopkins Bloomberg School of Public Health and the WHO.

GACI's vision is to provide guidance and support to governments to significantly improve care of the injured in a sustainable and affordable manner through systematic provision of essential trauma services. These services should be available to every injured person in any location without regard to their personal characteristics or ability to pay. The aim is to save millions of lives and minimize the devastating consequences of injuries by strengthening trauma care systems.

More information:

[http://www.who.int/violence\\_injury\\_prevention/services/gaci/en/index.html](http://www.who.int/violence_injury_prevention/services/gaci/en/index.html)

### Violence against women



WHO in partnership with the London School of Hygiene & Tropical Medicine and the South African Medical Research Council launched on 20 June a report on physical or sexual violence against women. The report, titled 'Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence', represents the first systematic study of global data on the prevalence of violence against women - both by partners and non-partners. Some 35% of all women will experience

either intimate partner or non-partner violence. The study finds that intimate partner violence is the most common type of violence against women.

The report details the impact of violence on the physical and mental health of women and girls. This can range from broken bones to pregnancy-related complications, mental problems and impaired social functioning. The study highlights the need for all sectors to engage in eliminating tolerance for violence against women and better support for women who experience it. New WHO guidelines, launched with the report, aim to help countries improve their health sector's capacity to respond to violence against women.

**Key findings**

The study found that globally, 38% of all women who were murdered by their intimate partners, and 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result.

Partner violence is also a major contributor to women's mental health problems, with women who have experienced partner violence being almost twice as likely to experience depression compared to women who have not experienced any violence. Women experiencing intimate partner violence are almost twice as likely as other women to have alcohol-use problems.

Both partner violence and non-partner sexual violence are associated with unwanted pregnancy; the report found that women experiencing physical and/or sexual partner violence are twice as likely to have an abortion than women who do not experience this violence. Women who experience partner violence have a 16% greater chance of having a low birth-weight baby.

**Better reporting needed**

Fear of stigma prevents many women from reporting *non-partner* sexual violence. Other barriers to data collection include the fact that fewer countries collect this data than information about intimate partner violence, and that many surveys of this type of violence employ less sophisticated measurement approaches than those used in monitoring intimate partner violence.

In spite of these obstacles, the review found that 7.2% of women globally had reported non-partner sexual violence. As a result of this violence, they were 2.3 times more likely to have alcohol disorders and 2.6 times more likely to suffer depression or anxiety - slightly more than women experiencing inti-

mate partner violence.

**Recommendations**

The report calls for a major scaling up of global efforts to prevent all kinds of violence against women by addressing the social and cultural factors behind it.

The report also emphasizes the urgent need for better care for women who have experienced violence. These women often seek health-care, without necessarily disclosing the cause of their injuries or ill-health.

The new WHO clinical and policy guidelines aim to address this lack of knowledge. They stress the importance of training all levels of health workers to recognize when women may be at risk of partner violence and to know how to provide an appropriate response.

They also point out that some health-care settings, such as antenatal services and HIV testing, may provide opportunities to support survivors of violence, provided certain minimum requirements are met. The report's authors stress the importance of using these guidelines to incorporate issues of violence into the medical and nursing curricula as well as during in-service training.

WHO will begin to work with countries in South-East Asia to implement the new recommendations this year. The Organization will partner with ministries of health, non-governmental organizations (NGOs) and sister United Nations agencies to disseminate the guidelines, and support their adaptation and use.

More information:

<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/index.html>

## ► Injury Data

### Drowning Survey in France: Survey 2012

In France, drowning is responsible for more than 500 accidental deaths each year and many more are admitted to hospital with serious neurological damage as a consequence of water submersion.

The French Institute for Public Health Surveillance (Institut de Veille Sanitaire) recently published its Drowning 2012-survey ('NOYADES 2012') conducted between June and September 2009 by the Institute in collaboration with the French Home Office. This survey recorded all the victims of drowning followed by hospitalization or death. The objective was to describe the characteristics and risk factors of unintentional drowning, to help prevent them.

The NOYADES 2012 survey reported 1,238 drowning cases, of which 497 (40%) were fatal, including 14% of children under 6 years of age (170 drowning case, including 28 deaths), 43% of adults aged above 45 years (534, including 270 deaths). As to the place of occurrence: 159 persons drowned in private swimming pools (51 deaths), 52 in public swimming pools (8 deaths), 214 in streams (139 deaths), 121 in lakes (60 deaths), 642 at sea (214 deaths) and 50 in other places (25 deaths).

The demographic characteristics of victims and the circumstances of drowning varies by location: In private swimming pools, children under 6 years old drowned mainly due to a lack of adult surveillance and to their inability to swim. In rivers and lakes, drowning often occurred after a fall during solitary activities, or after consuming alcohol. At sea, drowned people were often tourists over 45 years, or people with a health problem.

The results of the survey lead to specific recommendations for prevention such as advising parents and supervisors to carefully keep an eye on young children near water, learning to swim as soon as possible, swimming in supervised areas, not overestimating one's physical capabilities, inquiring about the state of the sea and the meteorological conditions.

More information: <http://www.invs.sante.fr/Publications-et-outils/Rapports-et-syntheses/Maladies-chroniques-et-traumatismes/2013/Surveillance-epidemiologique-des-noyades-Enquete-NOYADES-2012>



**The fourth World Conference on Drowning Prevention**  
20-22 October 2013 in Potsdam, Germany

Join the world's leading experts in the areas of drowning research, prevention, rescue, lifesaving, disasters, regional and sport development. The 2013-conference stream themes have been chosen to move the community forward in reducing the burden of drowning worldwide. Each area looks at the problem of drowning from a different but equally important perspective. The conference themes include: drowning prevention, swimming education, lifesaving education, pool safety, water rescue services, pre-hospital and emergency care and research.

The conference is hosted by the Deutsche Lebens-Rettungs-Gesellschaft e.V. (DLRG) German Lifeguard Association which is a relief organisation for lifesaving in Germany. The DLRG is a non-profit, independent organisation based on volunteers. It is the biggest lifesaving organisation in the world. EuroSafe is one of the endorsing partners of the conference.

More information: <http://www.wcdp2013.org/home/>

## ► Country update on Injury Surveillance

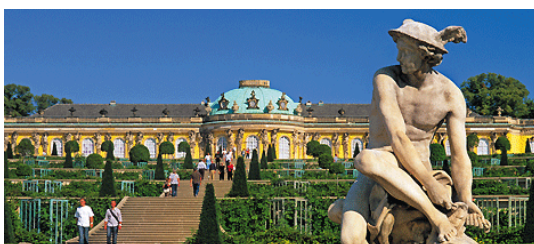


In the framework of the Joint Action on Injury Monitoring in Europe (JAMIE) we are regularly informing the Alert-readers on current activities of our JAMIE-partners in injury surveillance.

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 Germany and Iceland share with us their latest experiences in injury surveillance and reporting.

### Injury data collection in Germany: Brandenburg Region



The Region of Brandenburg lies in the east of Germany and is one of the federal states that was re-created in 1990 upon the reunification of the former West and East parts. It counts 2,5 million inhabitants and its capital city is Potsdam. Brandenburg surrounds, but does not include, the national capital and city-state Berlin.

#### **‘Safe Region Brandenburg’**

In December 2010, the Brandenburg Region was certified as a “safe region” by the World Health Organisation endorsed Safe Communities Programme<sup>1</sup>.

One prerequisite for a ‘safe community or region’ is that it should continuously monitor the burden of injuries in the region and implement evidence-based preventive measures.

For that purpose, the Brandenburg Public Health Office established an injury monitoring system in 2011 accessible through internet<sup>2</sup>. ‘Brandenburg Health Monitor’ includes a comparison of regional injury rates with Germany and injury trend data over the last decade, particularly for vulnerable groups and for product-related injuries. The aim of this monitor is to identify priority areas for prevention and health promotion, including the prevention of injuries due to accidents, violence and self-harm. This data is also used to better assess long term impact of prevention measures.

Injuries present a major public health challenge. In Germany, annually, around 8% of

adults suffer from accidents requiring medical treatment, whereas among children and adolescents this percentage is almost twice as high (15%). The most frequently recorded place of accidents is in the “home and leisure” setting. Over the years 2000-2010 a significant decrease of fatal injuries was observed among all age groups both, in Germany and Brandenburg. This decrease was more pronounced in the Brandenburg Region (-27.3%) compared to the entire federal state (-7.0 %).

#### **Injury Data deficits in Germany**

Official statistics in Germany do not provide sufficient information on the circumstances and causes of injuries. Two nationwide surveys, one on the health of children and adolescents and another on adults, are only partially filling the gap. For example, in the survey on children and adolescents product-related injuries have failed to be recorded and violence and self-harm have not been reported in the adults survey. Both surveys have also been carried out irregularly.

Therefore, IDB Brandenburg fills this information gap as it continuously records all hospital related injuries (in- and outpatients) according to intent, circumstance and products involved.

#### **IDB Brandenburg**

The Carl Thiem-Klinikum (CTK) in the city of Cottbus, with 20 clinical wards and a capacity of 1,300 beds and around 100,000 medical treatments (in- and outpatients), is one of the largest hospitals in Brandenburg. It participates in the IDB-system since 2006, now joined by three more hospitals in the region. According to the full IDB standard, data regarding injuries of all patients admitted to the hospital is continuously collected. Additionally data of injured outpatients is collected every



Wednesday. Questionnaires are filled out by patients and completed in face to face interviews by nursing staff. The data of the injury event as well as the injury diagnoses (ICD-10) is drawn from the medical record and filled into the electronic form of the IDB - thus replacing coding. Then, the anonymised data is transferred to the Brandenburg Public Health Office. Based on demographic data of the hospital's catchment area, age standardized rates are estimated for the whole region.

#### **Data as foundation of prevention**

Owing to the IDB-data collected in Brandenburg more targeted prevention measures could be initiated in the region by a focus on:

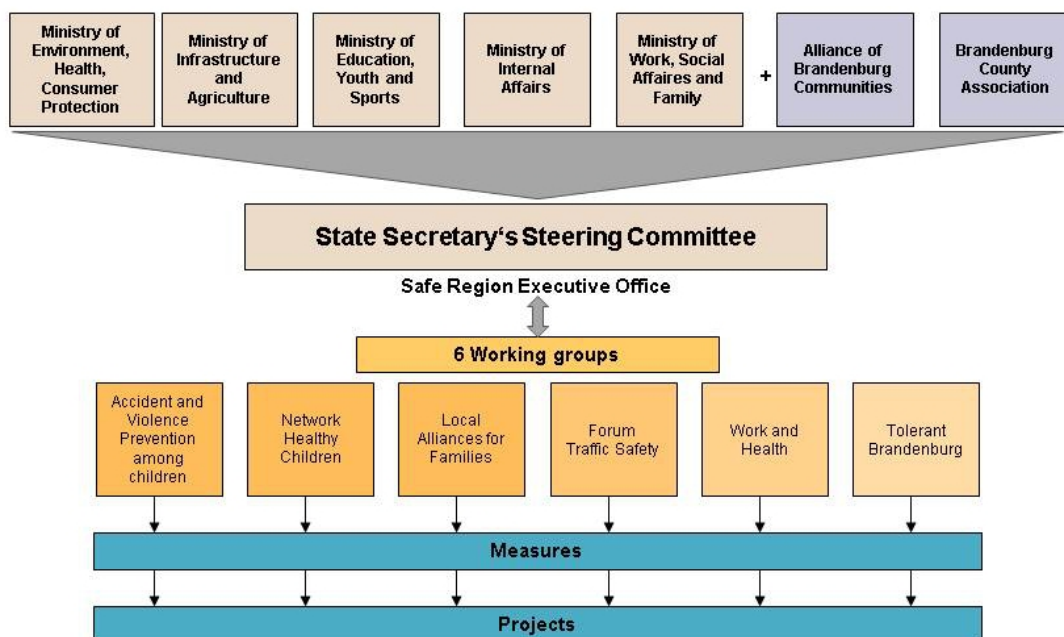
- Vulnerable groups. In particular injury rates among toddlers and school children (65 per 1,000) and the elderly 80+ (133 cases per 1,000) are above the average of 52 cases per 1,000 for the entire population.
- Products and environmental features. Among under 18-year-olds, 60% of injuries were product related. Among infants the product-related figure increased right up to 90% - the most common accident events were falling from changing tables and out of parental beds, whereas toddlers mostly harmed by products in the

home environment.

- Intent. Injuries due to violence show an age-peak among the 15- to 18-year-olds (5.9 per 1,000) with a dominance among boys. Predominant cause: fighting and bullying.
- Older age-group. Elderly people 80+ present a highly vulnerable group. Most common are falls with severe injury consequences (femoral fracture). Typical circumstances wherein fall-injuries occur are: falls from bed, couch, etc. or falls on the same level because of uneven or slippery floorings.

#### **Use of Data**

The injury monitoring issues are presented to the annual meeting of the (Brandenburg) State Secretary's Steering Committee in order to steer the whole injury prevention process on basis of factual information that identifies the major issues. Furthermore, tailor-made injury data presentations are provided to the six dedicated regional working groups enabling them to fine tune their injury prevention programs (see diagram below). Finally, the participating hospitals receive their quality controlled data for their own use (e.g. for research and injury prevention actions on community level).



Based on the IDB results the Brandenburg Region is focusing particularly on vulnerable groups such as toddlers and elderly people. Thus, existing resources of numerous stakeholders are focused on data-based targets<sup>3</sup>.

Furthermore, public debate on violence towards children and its prevention is catalysed with data from the Injury Data Base. The CTK at Cottbus has established a child protection group and is actively involved in prevention measures such as the campaign: "Don't shake babies".

### **The way ahead**

It is foreseen to expand the system in Germany by including the other regions in the country. In July 2013 the automatic recording of IDB at the hospital of Delmenhorst (Lower Saxony Region) will begin for chil-

dren under 18 years while using the minimum data set. In cooperation with the provider of the local hospital information system and the Technical University of Cottbus (BTU) a new interface, including the accident narrative, will be implemented in the patient register software in order to collect routinely information at MDS-level. Once successfully running, this model can be offered to other regional hospitals in Lower Saxony and throughout other regions in Germany.

<sup>1</sup> [www.saferegion.brandenburg.de](http://www.saferegion.brandenburg.de)

<sup>2</sup> [www.gesundheitsplattform.brandenburg.de](http://www.gesundheitsplattform.brandenburg.de)

<sup>3</sup> [www.buendnis-gesund-aufwachsen.de](http://www.buendnis-gesund-aufwachsen.de)

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## **Data injury collection in Iceland**



Various institutions in Iceland have systematically collected accident and injury data for decades. However, it was not until 2002 that a centralized national accident database was established at the Directorate of Health, a government agency responsible for the collection and processing of data on health and health care services. This register, the *Icelandic Accident Registry*, is supported by a legal framework and consists of accident data from various institutions, including hospitals, primary health care centres, the police and the Administration of Occupational Safety and Health, as well as from insurance companies. However, the data collected in the Icelandic Accident Registry is of limited scope and unfortunately contains no information about the type or severity of injuries sustained from accidents. Through participation in the JAMIE project the Directorate of Health aims at collecting more detailed accident data, including data on the nature of injuries resulting from accidents. It is hoped that in the future the sustainability of such extended data collection may be ensured and will continue to provide opportunities to improve national and international injury prevention strategies.

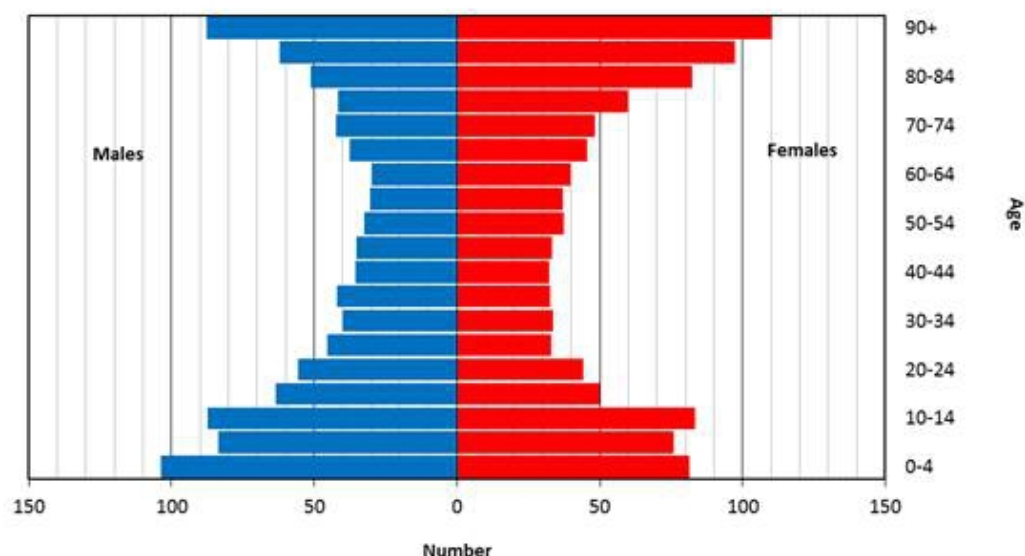
### **Injury data**

Detailed injury data is currently collected and classified according to the NOMESCO guidelines in the two largest public hospitals in Iceland, the Landspítali University Hospital in Reykjavik and Akureyri Hospital which is located in the north of Iceland. Furthermore, a few public regional health care facilities use the NOMESCO guidelines to some extent. Data for the JAMIE Minimum Data Set (MDS) will be submitted by the emergency department at Landspítali University Hospital. This tertiary care hospital accounts for approximately 70% of all hospital discharges in Iceland and is therefore seen as representative for the country. Data from the hospital will be submitted to the Directorate of Health where it will be converted to the MDS format.

### **Home and leisure accidents**

The Icelandic authorities welcome the great emphasis placed on the collection of data on home and leisure accidents in the JAMIE project, since, according to figures from the Icelandic Accident Registry, these have been the most common types of accidents registered since the Registry's inception in 2002. In the year 2011, home and leisure accidents accounted for an alarming 51% of all registered accidents in Iceland. These results are in line with previous research, which indicates that these types of accidents are the most predominant cause of injury leading to hospitalization and emergency care in Europe. Males, children and the elderly were at higher risk for home and leisure accidents than other groups during 2011 in Iceland (see Figure).

Number of injured in domestic and leisure accidents by sex and age per 1.000 inhabitants in 2011



In addition, analysis of injury data obtained from the Landspítali University Hospital indicates that there has been a yearly increase in the incidence of home and leisure accidents from 2003 to 2011, from 38 to 43 accidents per 1.000 inhabitants. This increase is of grave concern and calls on detailed analysis of the main risk factors for home and leisure accidents.

#### **Effective interventions**

Since 1991 the Icelandic government has placed emphasis on reducing home and leisure accidents among children. Effective laws and regulations since then have e.g. led to a 65% decrease in drownings among children, which once was the leading cause of death among children.

Action to reduce home and leisure accidents among children are being carried out by the Child Safety House, a national program implemented in 2006. The Safety House offers e.g. guided tours for parents through a replica of an apartment, providing advice on how to decrease the risk of injury to children in different rooms. The Safety

House has published various safety handbooks for school staff, staff of public swimming pools as well as for nurses and midwives, to support them in their education on child safety. The Safety House is supported by an NGO but works in collaboration with the government.

In 2010 the Landspítali University Hospital and the University of Iceland jointly established the Iceland Research Center in Emergency Medicine, which is located at the hospital. The research center's main emphasis is on strengthening and standardizing research in emergency care and strengthening the injury prevention sector through research. Prevention strategies build on detailed injury data analysis and the center is a welcomed foundation for coordinated injury data research in Iceland, which will hopefully lead to effective injury prevention strategies in the future.

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## ► Child safety

### Child and Household Chemicals

On 11 April 2013 the Ministry of Employment, Integration and Social Affairs of the German State of North Rhine-Westphalia hosted the conference "Children and household chemicals - More safety through better packaging regulations" in Brussels.

The conference highlighted specific poisoning hazards for children, the benefits of child safe packaging, challenges to market surveillance and the enforcement of existing regulations and standards, as well as progress and potential barriers to implementation of child safe packaging regulations.

50 attendees from market surveillance agencies, consumer protection organisations, product industry, NGOs, health, environment and safety institutions, EU Commission and media shared expert insight and interesting field reports. The event also featured hands-on demonstrations of current and emerging packaging and closures, including how they are tested by market inspectors. Priorities identified to focus on included closing gaps in surveillance, enhanced enforcement, more intervention opportunities and a deeper co-operation between authorities and the product industry.

A panel discussion addressed topics such as consumer knowledge about danger labels and childproof packages, if a "product list" of hazardous product groups should be created, how the work of the market surveillance could be optimized (e.g. by pre-tests) and possible effective amendments to the CLP-regulation. The discussion was considered a first step on the way to new multi-

sectoral strategies to enforce poisoning prevention and to make children in Europe safer. Enhanced co-operation not only regarding improved packaging but also enhanced market control and consumer awareness campaigns were encouraged.

The European Child Safety Alliance highlighted at the meeting the great variation between European countries with respect to poisoning rates. Learning from the best performing countries, models of good practice were presented: through concerted strategies including enforced legislation on poisoning prevention for household chemicals and pharmaceuticals and effective regular consumer awareness campaigns, child poisoning rates can be significantly reduced.

The message was passed that children have to be protected from poisoning hazards through a combination of good regulations and effective awareness programmes. Parents must be able to differentiate through clear symbols, labels and packaging between extremely dangerous and less dangerous products, as well as safe and unsafe packages when selecting products. Furthermore parents should be made aware that child safe packaging does not mean 100% safety. Age appropriate supervision and safe storage are still essential preventative measures.

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



### Local actions on injuries

The Royal Society for the Prevention of Accidents (RoSPA) has launched a new Handbook that helps local decision makers and health promotion practitioners to enhance public health capacity for injury prevention. The Handbook, titled "Delivering Accident Prevention at local level in the new public health system", sets out the context and background to this key public health issue, including new research into the scale of the problem, and provides practical advice on prevention through case studies and evidence of best practice.

In the UK, the new Public Health Outcomes Framework sets out five key indicators related to the prevention of accidents and the Handbook aims to support the work to address these indicators as well as influencing many other areas of the public health agenda. The Handbook provides guidance on effective interventions for those involved in developing local strategies.

The Handbook consists of two parts. The first part sets out the current level of acci-



dents and their associated costs, and outlines how accident prevention fits into the new arrangements for public health, which came into effect in April. Part two contains a raft of case studies, fact sheets and research papers, highlighting how accident prevention can be delivered successfully, with subjects including falls prevention, home safety for under-5s, water safety, local transport plans and how to link up with other agendas such as child welfare.

The Handbook has been produced by RoSPA with funding from the Department of Health, and in consultation with the Department, the National Institute for Health and Clinical Excellence and others. Public Health England will be supporting the implementation of the Handbook. It complements other areas of public health by providing examples of principles and practices that can be applied across many areas of local

prevention work. It helps to enable people to take responsibility for their own safety by giving local authorities, health and wellbeing boards and other partners the tools to put in place programmes to support positive behaviour change.

More information:



[http://www.rospa.com/about/currentcampaigns/publichealth/delivering-accident-prevention.aspx?utm\\_medium=email&utm\\_source=rospa&utm\\_campaign=2674134\\_safety+connections+%23120+public&dm\\_i=ewl,1lbd,8hmlvf,5hw6f,1](http://www.rospa.com/about/currentcampaigns/publichealth/delivering-accident-prevention.aspx?utm_medium=email&utm_source=rospa&utm_campaign=2674134_safety+connections+%23120+public&dm_i=ewl,1lbd,8hmlvf,5hw6f,1)

## ► Safety for seniors

### Launch of ProFouND



The Prevention of Falls Network for Dissemination (ProFouND) has been launched at the kick-off meeting held in Manchester 25-26 March 2013. ProFouND is an European Commission funded thematic network working with the European Innovation Partnership on Active and Healthy Ageing to bring about the dissemination and implementation of best practice in falls prevention across Europe.

ProFouND comprises 21 partners from 12 countries, with associate members from 10 countries. ProFouND aims to influence policy to increase awareness of falls and innovative prevention programmes amongst health and social care authorities, the commercial sector, NGOs and the general public in order to disseminate the work of the network to target groups across EU. Specifically ProFouND's objective is to embed evidence based fall prevention programmes for elderly people at risk of falls by using novel ICT and effective training programmes in at least 10 countries/15 regions by 2015 to facilitate widespread implementation. ProFouND will achieve this in three main ways.

First, by collating evidence-based resources to inform the development and content of a

novel state-of-the-art online web-based expert system; the ProFouND Falls Prevention Application (PFPAApp). The PFPAApp will enable the creation of tailored, customised, up-to-date best practice guidance, that can be context and individual specific. For example, a Falls Prevention practitioner in assessing the needs of an elderly patient would ask a series of questions to inform the inclusion of best practice guidance from a database of predefined evidence-based articles. This advice, on aspects of health would be presented in an easily understand and attractive printable leaflet, branded with institutional logos, contact information and other bespoke information according to what is available in the local area.

Second, ProFouND, in collaboration with Later Life Training, will 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. The idea here is that once trained, these trainers would then in turn train instructors to deliver classes directly to people who need this kind of intervention.

Third, ProFouND will also create an "ICT for Falls Forum" to identify evidence based solutions that can help reduce falls and engage with industry to promote development and adoption of these solutions. This forum will run events and reach out to promote MHealth capabilities and European competitiveness in the sector.

The ProFouND key work packages are led by the University of Manchester, Glasgow Caledonian University, Robert Bosch Gesellschaft für medizinische Forschung, Norges Teknisk-Naturvitenskapelige Universitet, Later Life Training Ltd, and EuroSafe.

More information: [www.profound.eu.com](http://www.profound.eu.com)

## ► Sport safety

### Call for proposals on sport injuries

The European Commission launched a call for proposals for high-quality transnational projects which could be supported through the 2013 Preparatory Action "European Partnership on Sports".

In the framework of the implementation of the second year of the Preparatory Action European Partnership on Sports, the Commission has launched a call for proposals to support transnational projects presented by public bodies or civil society organisations in the field of sport.

The main novelty in relation to last year is that in the 2013 call for proposals the private third-party funding is optional: Where third-party private funding co-finance the project's eligible costs, the percentage will translate in additional award points.

Three areas will be covered:

- Strengthening of good governance and dual careers in sport through support for the mobility of volunteers, coaches, managers and staff of non-profit sport organisations.
- Protecting athletes, especially the youngest, from health and safety hazards by improving training and competition conditions.
- Promoting traditional European sports and games.

The official announcement of the 2013 call for proposals was published in the Official Journal of the European Union on 26 April 2013. The deadline for submission is 19 July 2013.

More information: [http://ec.europa.eu/sport/news/20130426-2013-call-for-proposals\\_en.htm](http://ec.europa.eu/sport/news/20130426-2013-call-for-proposals_en.htm)



### Sport injury prevention: UK-partnership

Royal Society for the Prevention of Accidents (RoSPA), the UK's leading accident prevention charity, and Sportscover, established in 1986 as a worldwide specialist sports and leisure insurer, will collaborate on safety campaigns, policy and industry initiatives. A key focus will be on identifying emerging risks leading to injuries and accidents in the sector to create a better understanding of what is at the root of these problems and how to tackle them.

RoSPA also hopes the partnership will encourage the sport and leisure industry to embrace its ethos of being "as safe as necessary, not as safe as possible". Sportscover and Active (Sportscover's leisure brand) policy holders will benefit from priority access to RoSPA's risk management information and services, including a helpline

offering free water and leisure health and safety advice and support following accidents and deaths. Sportscover is one of the world's leading sports and leisure insurance services groups with offices in London, Melbourne, Sydney, Shanghai, and the Pacific Islands. Using a worldwide broker network, Sportscover specialises in accident, liability, property, contingency and travel insurances for sport and leisure.

For more information about RoSPA's leisure safety work, visit [www.rospace.com/leisuresafety/](http://www.rospace.com/leisuresafety/).

For more information about Sportscover Group, visit: <http://www.sportscover.com/default.asp>.

## ► Vulnerable road users

### WHO-Pedestrian safety manual

WHO and partners recently launched a pedestrian safety manual for decision-makers and practitioners. The manual was published just ahead of the Second UN Global Road Safety Week 6-12 May, which was dedicated this year to pedestrian safety.

Each year, more than 270 000 pedestrians lose their lives on the world's roads, while millions are left with injuries or permanent disabilities. Pedestrian safety: a road safety manual for decision-makers and practitioners, jointly developed by WHO, the FIA Foundation, the Global Road Safety Partnership and the World Bank, and many experts from around the world, provides practical information on how to plan, implement and evaluate a pedestrian safety programme.

The capacity to respond to pedestrian safety is an important component of efforts to prevent road traffic deaths and injuries. Proven interventions exist, yet in many locations pedestrian safety does not attract the attention it merits. The manual, designed for a multidisciplinary audience in-

cluding engineers, planners, police, public health professionals and educators, will contribute towards strengthening national and local capacity to implement pedestrian safety measures in settings worldwide.

The manual provides the reader with necessary information on: the magnitude of pedestrian death and injury; key risk factors; how to assess the pedestrian safety situation in a country or area and prepare an action plan; and how to select, design, implement and evaluate effective interventions. The manual stresses the importance of a comprehensive, holistic approach that includes enforcement, engineering and education. It also draws attention to the benefits of walking, which should be promoted as an important mode of transport given its potential to improve health and preserve the environment.

More information:

<http://www.who.int/roadsafety/projects/manuals/pedestrian/en/>



### Urban Transport Safety

The European Commission is planning to present an urban mobility package in late 2013. This in order to establish procedures and financial support mechanisms at European level for preparing Urban Mobility Audits, as well as Urban Mobility Plans, and set up a European Urban Mobility Scoreboard based on common targets, as mentioned in the Commission's White Paper.

Ahead of the European Commission launching of its Urban Mobility package, ETSC has set out its recommendations on integrating safety in urban transport policy as an essential component of sustainable urban mobility. The ETSC-document gives insights into tackling speed in urban areas, integration of safe modes such as walking and cycling, access to public transport and public procurement, as well as infrastructure safety and land use planning. It also looks at vulnerable road users (such as pedestrians, cyclists, and power two wheelers riders) in relation with heavy goods vehicles in urban areas. Recommendations

on road and congestion charging are set out, as well as on commuting and travel plans, as relevant road safety risk factors.

The basic principle ETSC recommends to the Commission to acclaim is that transport safety should be considered as an essential component of sustainable mobility and mobility planning. In attempting to secure change in urban mobility patterns, road safety can be regarded as a critical challenge, largely because of the social and economic cost of road collisions. As such, safety should be tackled at all levels of mobility planning. Real and perceived safety can have a profound effect on modal choice especially in terms of the most sustainable modes of travel - walking and cycling and ability to access public transport.

#### **Vulnerable road users**

As to measures to improve safety of pedestrians and cyclists, ETSC lists the following general recommendations for the Commission:

- Encourage Member States to adopt speed limits of maximum 30km/h in residential areas and areas with high levels of pedestrians and cyclists and maximum 50km/h in urban areas;
  - Draft guidelines for promoting best practice in traffic calming measures, based upon physical measures such as roundabouts, road narrowing, chicanes, road humps and techniques of space-sharing. These measures should be introduced as an integral part of setting up speed limit zones of 30km/h in urban areas;
  - Support the assessment of the safety impact of new traffic codes, e.g. allowing contra-flow cycling on one-way streets;
  - Encourage Member States to increase enforcement of speed limits in areas where there are high numbers of pedestrians and cyclists;
  - Support and promote research into effective and innovative methods of enforcing traffic rules for pedestrians and cyclists.
  - Encourage the uptake by EU Member States of zero tolerance to alcohol and drugs on the road and extend these principles also to cover cyclists;
  - Develop a policy of modal priority for road users, particularly in urban environments: the hierarchy being based on safety, vulnerability, and sustainability. Pedestrians should be at the top of the hierarchy, followed by cycling and public transport.
- More information: <http://www.etsc.eu/home.php>

## ► Work safety

### Occupational Health Safety: Improving Working Conditions in Europe

The WHO European Centre for Environment and Health, International Labour Organization and Mental Health Foundation are organising in Brussels on Tuesday 9<sup>th</sup> July 2013 a symposium on Occupational Health and Safety: Improving Working Conditions in Europe

Accidents at work are a burden for both workers and employers, constituting a major cost for the European economy and affecting society as a whole. The most recent Eurostat statistics show that 6.9 million people aged between 15 and 64 in the EU-27 had an accident at work in the 12 months prior to the survey; of these, 72.3% resulted in sick leave of at least one day and 21.7% in sick leave of at least one month. Almost one out of ten workers in the EU-27 experienced a work-related health problem in the 12 months prior to the survey, with musculoskeletal diseases being the most often reported work-related problem, followed by mental health problems.

As data varies considerably across Europe, the Commission, together with the Europe-

an Agency for Safety and Health at Work (EU-OSHA), has called for improved harmonisation of workers' safety and health standards. Despite relevant progress being made in preventing work-related problems, there is still plenty of room for improvement: risk assessment and monitoring procedures should be established in the greater context of an improved, cross-border safety management system.

This international symposium provides an opportunity to discuss how the number of occupational accidents can be reduced especially in high risk industrial work environments, and consider an effective cross-border strategy to prevent stress, depression and other work-related illnesses. The symposium examines and assesses the top-tier EU-funded projects tackling occupational safety and health issues in Europe and the role of trade unions in combating poor work conditions and preventing occupational hazards.

More information:

<http://publicpolicyexchange.co.uk/events/DG09-PPE2.php>





## ► AGENDA

### 2013

#### 14th International Falls & Postural Stability Conference

9th September in Bristol, United Kingdom  
<http://profane.co/event/>

#### 2<sup>nd</sup> TBI-Challenge 2013 Conference

19-21 September in Vienna, Austria  
<http://www.tbi-challenge.eu/2013/>

#### 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/>

#### 21-23 October in Mérida, Yucatán, Mexico

XXI Int. Safe Community Conference  
<http://meridasafecom2013.mx/en>

#### 14-16 November in Brussels

6<sup>th</sup> European Public Health Conference  
[http://www.eupha.org/site/upcoming\\_conference.php](http://www.eupha.org/site/upcoming_conference.php)

### 2014

#### 10-12 April in Monaco

IOC World Conference on Prevention of Injury & Illness in Sport  
<http://www.ioc-preventionconference.org/>

#### 19-23 October on Atlanta, Georgia, USA

12<sup>th</sup> World Conference on Injury Prevention and Safety Promotion  
<http://www.cdc.gov/injury/worldsafety2014/>

#### Conference on the Use of Injury data Brussels, 13 November 2013



In collaboration with the Injury Section of the European Public Health Association (EUPHA), EuroSafe is organising a conference on the use of injury data for driving accident and injury prevention policies and actions at local, national and EU-level.

The aim of the conference is demonstrate the value of ED-based injury information both for health initiated policies and actions and for consumer product safety policies and implementation practices. The pre-conference will showcase local and national level initiatives that are geared by data from accident and emergency departments at hospitals.

The conference will be organised as satellite to the EUPHA-main conference.

Further: [http://www.eupha.org/site/upcoming\\_conference.php?conference\\_page=372](http://www.eupha.org/site/upcoming_conference.php?conference_page=372)

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