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EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion

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"Working together to make Europe a safer Place"

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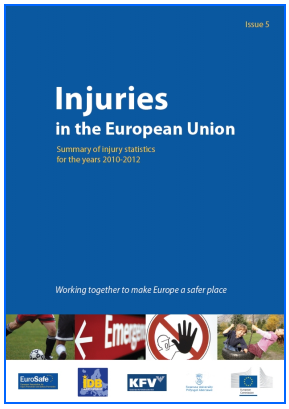
Report on Injuries in the EU: Launch of edition 2014



At the occasion of the International Product Safety Week hosted by the European Commission in Brussels between 16 - 20 June 2014, EuroSafe launched the latest edition of 'Injuries in the European Union'. The edition 2014 reveals that an annual average of 41 million people within the EU need hospital treatment and 238.000 people die as a result of an injury event.
Three-quarter of the injuries reported to hospitals are due to home and leisure accidents and are particularly affecting children and older people.

There are great differences between countries in the number of fatal and hospital treated accidental injuries per 100.000 inhabitants. This indicates that there exists much room for improvement by rolling out measures that helped to reduce injury rates in countries that have now the lowest rates, across the entire EU-region.

Better injury data needed
In the fields of work safety and road safety, the need for injury information has been acknowledged a while ago; for these domains dedicated reporting systems are in place which are also used at EU-level. This has resulted in increased political understanding and commitment to make roads and work places safer.

As for home and leisure accidents, the picture is much bleaker. In many countries in Europe information on this important health care cost driver is poorly available and governments are in the dark over how to control these accidents.

However, emergency departments at hospitals provide easy access to information on serious injury events and to information that is relevant for preventing home and leisure accidents. This source of information should be used in a more systematic manner and made better available for health and consumer policies in countries and at EU-level. The cost of data collection in emergency departments is only marginally compared to the overall direct medical costs of treating these injuries.

Government leadership needed
Given the huge financial burden of injuries, all sectors of society will benefit from actions to improve home and leisure safety, not the least by a decrease in health and social expenditures related to injury. Therefore, it is the responsibility of governments to ensure proper arrangements for implementing safety regulations and actions and monitoring their impact.

As for the actual collecting of data on injuries, the health sector is uniquely positioned to provide such data and to

help generate multi-sector prevention efforts across a range of sectors.

Over the past few years, EU-countries and the European Commission have explored ways to encourage national and EU-level exchange of injury data from emergency departments at hospitals. At the moment, 20 countries deliver information from selected emergency departments, which is taken into the European Injury Data Base. However, there is still much room for improvement of current injury data collection systems in order to ensure full coverage of all types of injuries and of all countries by the system.

Therefore EuroSafe calls on the government within the EU-region and the European Commission to agree on a binding arrangement for all countries to collect injury data from emergency departments and to ensure a continued EU-level exchange of vital injury data with an increasing number of member states from EU and neighbouring countries actively participating.

More information: http://www.eurosafe.eu.com

► EU news

EU-Consumer product safety package: EP report on market surveillance adopted

In February last year, the European Commission proposed a package of legislative and non-legislative measures to improve consumer product safety and to strengthen market surveillance of products in the EU. The “product safety package" proposed by the European Commission consists of two draft regulations: one on product safety regulation and one on product market surveillance. These would lay down basic safety requirements for goods and govern their enforcement, so as to provide a general safety net for consumers.

In its April-meeting, 2014, the European Parliament adopted the report by Sirpa Pietikainen on the proposal for a regulation on market surveillance of products and amended the Commission proposal on a number of issues such as:

- Precautionary principle: Members wanted the provisions of the Regulation to be based on the precautionary principle. The principle, is a fundamental principle for the safety of products and for the safety of consumers and should be taken into due account by market surveillance authorities when assessing the safety of a product.
- Intermediary service providers: these intermediaries, such as online hosts and registrars, should be obliged to cooperate with market surveillance authorities and take corrective actions where required, like other economic operators, in order to prevent the selling of unsafe or otherwise non-compliant products online.
- Member States shall report on the market surveillance activities and external border controls to the Commission every year. The Commission shall make that information available to the public electronically and, where appropriate, by other means.
- Effective surveillance: Market surveillance authorities shall organise two years after entry into force of the Regulation, delegated acts establishing a Pan-European Injuries Database which would cover all types of injuries, and in particular those related to products used at home and for leisure. The database shall be coordinated and operated by the Commission.

The vote by the EP does not mean that the proposed regulation will enter into force. It still needs the approval of the Council, which has not yet taken a position on the proposals—in particular due to differences over this one origin labeling issue. Thereafter, there will be further negotiations between the EU Commission, the EP and the Council.

More information:
http://www.europarl.europa.eu/committees/nl/imco/home.html

EU Public Health Policy

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths. They affect more than 80% of people aged over 65 and represent a major challenge for health and social systems. 70 to 80% of health care budgets, an estimated € 700 billion per year are spent on chronic diseases in the European Union.

On 3 and 4 April 2014, the European Commission organised an EU-summit on chronic diseases. Around 500 participants at the “EU summit on chronic diseases” discussed the added value of EU action and identified the following key issues as the most important elements in a comprehensive response to chronic disease:

Strengthen political leadership to address chronic diseases
Prevention is key. Effective action should be strengthened on the key major risk factors, such as nutrition and physical activity, addressing childhood obesity, malnutrition among older people and promoting healthy environments, for example by incentivising local authorities to implement urban planning measures aimed at maximising physical activity.
Effective health promotion and prevention messages should be developed and wider implemented across Europe.

Target key societal challenges
Ageing societies faced with the expansion of chronic diseases need modern and flexible health and social systems. More investment and innovation are needed to redesign and adapt care systems, especially by fostering better integration of services.

Public health measures and policies should as a first priority concentrate on chronic diseases with the highest burden and impact on health and social systems and on how diseases and conditions are linked (multi-morbidity, and the link between physical and mental health).

More efficient use of available resources
The imbalance between prevention and treatment spending needs to be addressed. Work on risk factors and prevention measures should prioritise vulnerable people and most at-risk groups. Schools and workplaces are key settings for prevention. Access to medical and non-medical prevention and treatment options must be ensured. More effective incentives should be made available to trigger behaviour and lifestyle change.

E-health, m-health and other IT solutions shall be fully exploited for out-of-hospital care and remote monitoring and management, drawing upon the experience of initiatives such as the European Innovation Partnership on Active and Healthy Ageing.

Strengthen evidence and information
Efforts should be enhanced into research and development of medicines, medical technologies, treatment and prevention methods for all important non-communicable and communicable diseases. New technologies can help to enable the collection, analysis and use of vast datasets. Better and comparable data on the medical, economic and social dimension of

major chronic diseases should be collected, analysed and used for effective and evidence based policy development. The use of the European Core Health Indicators can provide a tracking tool for health status developments on a comparable level across Europe.

Finally, the summit participants recommended the Commission to develop a comprehensive strategy responding to demographic change and population ageing, streamlining actions in the health, care, employment, consumer and environment areas, specifically supporting the transfer between regions and countries and scaling up of innovative practices for active and healthy ageing.

The Chronic Diseases Summit calls for a coalition involving all relevant sectors across society, patients and citizens, to address chronic diseases. By acting together, the needed reinforcement of resources and efforts should be possible.

More information:
http://ec.europa.eu/health/major_chronic_diseases/events/ev_20140403_en.htm

International Product Safety Week: 16 - 20 June 2014

This year, again, the Commission is hosting the International Product Safety Week in Brussels between 16 - 20 June 2014.

The European Commission wants to give the highest priorities to consumer safety, especially while taking into consideration the globalisation of supply chains and the constant evolution of the markets.
The EU wants to work closely with different stakeholders, including main trading partners to ensure safety, no matter where the product is produced.

A series of events are being held during the International Product Safety Week which will gather non-food, consumer product safety professionals and stakeholders from around the globe, representing regulators, industry, consumer organisations, standard-makers and test laboratories to work together in advancing product safety issues globally.

Highlights of the week

- Conference on the Consumer Product Safety and Market Surveillance legislation in the European Union
- PROSAFE seminar on joint international market surveillance activities
- International Consumer Product Health and Safety Organisation (ICPHSO) international symposium
- International Consumer Product Safety Caucus (ICPSC) meeting
- Trilateral EU-China-US Consumer Product Safety Summit
- RAPEX-CHINA Working Group meeting between the EU and China

All meetings require prior online registration. Access to some is restricted. Check for the detailed programme and the registration process:
http://ec.europa.eu/consumers/events/ipsw_2014/index_en.htm

► WHO news

WHO: new tool for cause-of-death data to analysis

The WHO-Department of Health Statistics and Information Systems recently launched a new tool for analysing mortality level and cause-of-death data version 2 (ANACoD V.2). One of the unique features of ANACoD V.2 is that it contains a module for detailed analyses of external causes of injury deaths. The release of this new tool is one of WHO's efforts to maximize the use of mortality and cause-of-death data by all Member States for health policy planning, practice, monitoring and evaluation.

ANACoD V.2 is an electronic tool that provides a step-by-step approach to enable users to quickly conduct a comprehensive analysis of data on mortality levels and causes of death. The tool automatically reviews the data for errors, tabulates the information, presents the results in easy-to-use tables and charts, and provides the opportunity to compare the findings across countries.

ANACoD V.2 offers a wider range of analyses than the previous version including specific modules for analysing external causes of injury deaths from both intentional and unintentional causes. The available analysis options include a module for:

- five injury causes (road traffic, suicide, homicide, burns and drowning)
- child injury deaths (under 20 years of age)
- firearm-related deaths

This version has been designed with the flexibility to analyse not only injury deaths from vital registration data, but any cause-of-death data set.

The enhancements provided by ANACoD V.2 over the previous version were made possible through funding from the US Centers for Disease Control and Prevention and Bloomberg Philanthropies and technical contributions from the WHO Department of Health Statistics and Information Systems and the WHO Department of Violence and Injury Prevention and Disability.

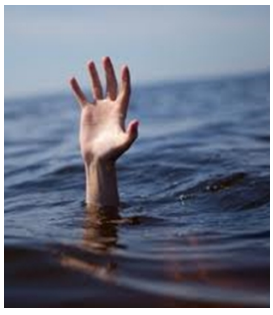
More information:
http://www.who.int/healthinfo/anacod/en/

WHO-action on drowning prevention; Bloomberg Philanthropies support

Bloomberg Philanthropies has announced a commitment of US$ 10 million to save children from drowning. The Bloomberg Philanthropies Drowning Prevention Project will have a major focus on children aged 1-4 years in Bangladesh, where drowning accounts for 43% of all deaths. Every year in Bangladesh, 12,000 children drown - the equivalent of 32 deaths every day.

Drowning is a leading cause of death worldwide, accounting for just under 360,000 deaths per year according to WHO. Over half of these deaths occur in those under 25 years of age, and over 63,000 children under 5 years of age drown each year. The vast majority of fatalities due to drowning occur in low- and middle -income countries.

Studies show that most drowning deaths among children in low- and middle-income countries occur in small bodies of water, close to where children live, and especially during hours when adults are working and children often go unsupervised. To directly address these two major factors in preventable child drowning deaths - easy access to water and a lack of supervision - the Drowning Prevention Project is testing two high-potential interventions: locally manufactured playpens for children and community day-care centres that assure constant child supervision. The Project will monitor 80,000 children over a two-year period and evaluate the effective-



ness of the interventions, individually and combined, in preventing drowning deaths.

Bloomberg Philanthropies is partnering with WHO and Johns Hopkins Bloomberg School of Public Health to identify scalable solutions to help prevent drowning deaths, and to build strong networks between public health officials and advocates who may participate in future efforts. Bloomberg Philanthropies is also supporting WHO to publish an evidence-based global report on drowning prevention. The WHO Global report on drowning prevention will be the first WHO report dedicated exclusively to drowning, and will be released in late 2014. It will set out what is known about drowning and drowning prevention, and call for a substantial scaling-up of comprehensive efforts and resources targeted at prevention.

More information: http://www.who.int/violence_injury_prevention/other_injury/drowning/en/

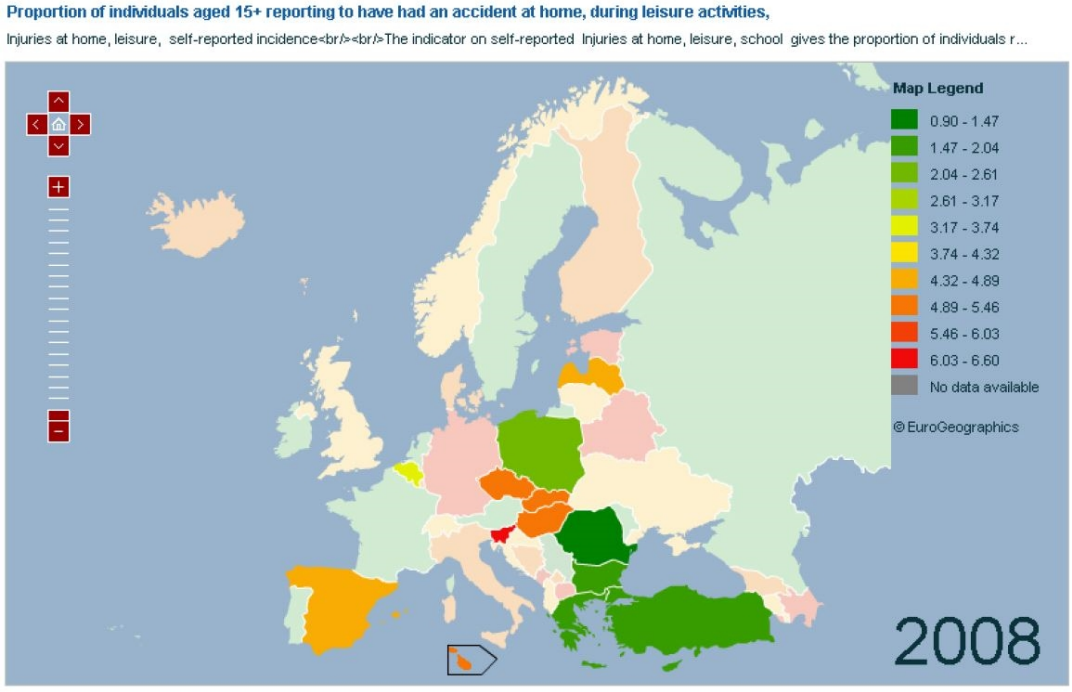
► Injury Data

Home and leisure injuries: self-reported incidence

Annually in the EU, more than 40 million people receive medical treatment for an injury, from which an estimated 6 million are admitted to hospital. Two-thirds of all injuries occur in home and leisure environments, a trend that is on the increase across Europe. Detailed injury data (in particular on external circumstances such as activities, settings, products involved) makes it possible to develop prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries.

In addition to the information from registers in health services, the European Health Interview Survey provides information on injury incidence covering the entire span of possible health services and self-treatment as well. The indicator on self-reported 'Injuries at home, leisure, school' gives the proportion of individuals reporting that they had an accident at home, during leisure activities, and/or at school during the past 12 months, which resulted in injury. It also gives the proportion of individuals reporting that the injury led them to seek for a medical treatment.

The legal basis for EHIS is the regulation of 16 December 2008 on Community statistics on public health and health and safety at work (1338/2008). This is an umbrella regulation. Specific implementing acts will define the



details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014. In the framework of an agreement between the national statistical offices, Eurostat collects data from at present 14 countries who conducted the first wave of the European Health Interview Survey (EHIS) between 2006 and 2009. Recently, Eurostat got data from a second EHIS round under the Commission Regulation (EU) No 141/2013 of 19 February 2013.

The EHIS contains questions on self-reported injuries: In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal) and if yes, where: 1. Accident at school, or 2. At home or in leisure activities. The respondents answering positively are then asked Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? 1. Yes, I visited a doctor or nurse; 2. Yes, I went to an emergency department; 3. No consultation or intervention was necessary.

The attached map, presents the proportion of individuals aged 15+ reporting to have had an accident at home, during leisure activities, and/or at school during the past 12 months, which injury event resulted in physical injury for which medical treatment was needed. Data is further broken down by gender, age group and educational level.

More information: http://ec.europa.eu/health/indicators/echi/list/index_en.htm#id2

Global Burn Registry: Pilot

WHO and a global network of epidemiologists and burn care practitioners are pilot testing the Global Burn Registry Form, intended for use with burn patients requiring stays of 24 hours or more in hospital. The form characterizes the main risk factors, mechanisms, and risk groups for burn injuries requiring a hospital stay. Importantly, it has been designed for use around the world without modification, meaning that for the first time data collection on burns can be globally harmonized. It is expected that use of this form will allow settings to prioritize and enable prevention programming, and to place their burn injury profile in an internationally comparative context. At present 30 hospitals across 17 countries are participating in this initiative.

The Global Burn Registry Form is brief, consisting primarily of check boxes covering important aspects of burns. The form should be completed by a clinician after any emergent care has been provided.
After completion of the paper form, it is uploaded electronically via DataCol, a WHO-administered web-based data entry platform.

The form characterizes the main risk factors and mechanisms for burns requiring inpatient care, as well as the main risk groups for burns. It has been designed to be used around the world without modification. The form is available in Arabic, English, French and Spanish. Global Burn Registry Form and can be completed in about five minutes.

For further information, contact
Dr David Meddings (meddingsd@who.int)

► 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 Estonia and Slovania share with us their latest experiences in injury surveillance and reporting.

Injury data collection in Estonia

Reasons for Estonian government being concerned about injury

Injuries are a major public health problem in Estonia like in other European Union (EU) member states. Reducing injury mortality is one of the National Health Plan targets. Injury mortality rate per 100 000 inhabitants in Estonia is one of the highest in the EU and is more than two times higher than the EU average.

Injuries are a third leading cause of death in Estonia and they also cause large share of morbidity and long term disability. Estonia counts 1.3 million inhabitants (2012), and more than one thousand people die yearly due to injuries: 1150 cases in 2012 representing 7.4% of all death cases that year.

Data collection efforts

There is no formal injury registry or database in Estonia but the National Institute for Health Development (NIHD) collects aggregated level morbidity data as basis of national health statistics. They collect age, activity during the injury and diagnoses using ICD-10 codes at 4 digit level (also external causes) in bigger groups. It is obligatory for all Estonian health care providers to submit the aggregated data about all in- and out-patient injury cases (including emergency department use) to NIHD.

According to the 2012 data there were 252.254 new injury cases to health care services counted, i.e. 10.7% of all health service consultations and 15 533 hospital in-patient injury discharges, i.e. 6.8% of all hospital discharges. This number includes multiple visits after one injury when a person visits more than one health care provider, f.i. consultation with GP followed by visit to an emergency department or multiple ED-visits for one and the same injury to different hospitals. 59% of all injuries reported occurred in males and 21% in children (0-14 years old). 93% of the injury's in 2012 where related to accidental injury and the most common injury related activity was leisure (46.9%), followed by sport (11.1%). The most common injuries were falls (42%) and exposure to mechanical forces (39%).

As the data collected by NIHD are only available at aggregated level, it was not possible to use it for more thorough in-depth analysis at individual injury case base level. However, individual and case based data use becomes possible as today every person in Estonia has a personal identification number. The NIHD will soon start to use individual health data from Estonian e-health information system (HIS).

The Estonian HIS was developed in 2008 and it is a nationwide database that has a standardized central information exchange function. Summaries of patients' medical records are being gathered from all health-care service providing organizations and stored into one central database that gives healthcare professionals a comprehensive

overview of patient diagnoses, medications, laboratory results, vaccinations and other health data. HIS enables patients to access their medical data through a patient portal. This information can be also used, under strict anonymity, for statistical purposes and for research as well as for monitoring quality of treatment and for health policy planning.

The coverage of in-patient data in HIS is 100% and 70-80% for out-patient data but the latter figure is improving fast over the time. To use HIS for statistical purposes the statistical module of HIS was established in 2013 with financial support from the European Structural Fund. Both NIHD and Ministry of Social Affairs (MoSA) can now use individual HIS data for statistical purposes. Data quality control rules are applied on standardized documents, e.g. for external causes of injuries the ICD-10 code has to be as detailed as possible (5-digits level) and it is possible to use multiple injury and external causes codes if necessary.

Some of the HIS-results

At present, the data files for years 2012 and 2013 are being prepared to extract MDS level data. Data is extracted using ICD-10 codes and would be transformed to MDS.
On the basis of the in-patient, out-patient (incl. data from family physicians) and day care HIS unique records there were 70 522 injury cases counted in 2012 and 107 083 injury cases in 2013, each resulting in one of more visits to health care services. The difference between those years is a result of out-patient data transmission improvement – 55 099 out-patient injury cases were registered in 2012 and 90 501 in 2013.

Only 0.5% (2012) and 0.9% (2013) of all reported injuries involved non-Estonian citizens. 57.5% (2012) and 56.9 % (2013) of all causes of injuries occurred in males. 36.5% (2012) and 28.2% (2013) among 0–14 years old children. The average age was 33.4 (2012) and 35.6 (2013) years.

According to the MDS classification 86.4% of injury cases in 2012 and 85.3% in 2013 were accidental, most of them happened at home and during leisure activities (55.3% in 2012 and 52.8% in 2013) and sport (8.5% in 2012 and 9.1% in 2013). The most common injuries were falls (53.4% in 2012 and 54.2% in 2013), exposure to mechanical forces (cutting/piercing) (7.8% in 2012 and 7.6% in 2013) and poisoning (3.0% in 2012 and 2.4% in 2013). Due to an effective road safety campaigns traffic-related accidents remained below 10% (8.7% in 2012 and 9.8% in 2013) of all the injury cases. Paid work related accidents have stayed below 3% (2.6% in 2012 and 2.8% in 2013).

In 2012 21.6% (15 207 – total hospitalised cases) of the injury cases the patients were admitted to hospital and 15% (16 054 – total hospitalised cases) in 2013, while the average duration of hospital stay was relatively on the same level (8.5 days in 2012 and 7.7 days in 2013). 394 death cases were registered among hospitalised injury patients in 2012 and 408 deaths in 2013.

Use of injury data

Main users of injury data are NIHD, MoSA, Ministry of Interior and Road Safety Agency. Also other national and international organizations, local communities, media, students, scientists etc. use the data. The HIS data provides valuable insights who, when and why have injuries and it helps to plan prevention policies and activities at national and community level but it is also used for ad-hoc purposes.
In 2013 Government Office created a task force for injury mortality and morbidity prevention and it's aim is to reduce Estonian injury mortality to the level of EU average.

More information: kristina.kohler@sm.ee

Injury data surveillance in Slovenia

Reason for being concerned

In Slovenia injuries are one of the major public health problems that the government needs to address. When all age groups are taken together, injuries rank the third after cardiovascular diseases and neoplasms and cause 1.400 deaths per year. Injuries are also the second leading cause of healthy life years lost because they disproportionately affect younger people and high burden in young people reflects both a greater number of years of life lost and more years lived with disability for the survivors.

The health sector plays an important role in multisectoral approach to injury prevention by developing injury surveillance system, research, setting priorities for action plans and developing interventions.

Available injury data

National mortality and hospital discharge statistics provide key information about external cause and type of injury which has been used for national policies and setting priorities for injury prevention in Slovenia.

But some information for guiding comprehensive policies and developing specific injury prevention interventions was still lacking, in particular information about activities, involved products, services and environments where accidents occur, the precise injury mechanisms and their consequences. In order to obtain additional information on risk factors for injuries a new injury database was developed as a part of the National Hospital Information System and was implemented in 1997. Data collection was mandatory for all Slovenian hospitals according to national law on health information system and databases. The Injury dataset covered information on hospital, injured person, nature of injury, external cause, place, activity when injured and the 10th revision of ICD was introduced into health information system.

In 2004 Slovenia joined the EU Injury Database (IDB) project to participate in building a common European injury surveillance system. At that time it was not feasible to extend injury data collection to emergency departments according to IDB methodology due to national legislative restriction, so we decided to supplement existing hospital admission dataset with new data elements and classifications and improve data reporting to European Injury Database. For the first time it was possible to present national data on injuries and poisonings by selected product, mechanism, detailed place of occurrence and detailed activity when injured.

Enhanced data from emergency departments

Until 2011 IDB data collection at emergency departments remained the main challenge left in the process of full implementation of IDB system. In 2011 Slovenia joined the JAMIE project and the problem with legislative restriction of data collection at emergency departments was solved by using new methodological approach based on national sample of hospitals, which provide enough information for prevention purposes and allow for national estimates of incidence rates.

In Slovenia emergency department data on injuries and poisonings are part of the Out-Patient Specialist Services Database, where reports are submitted for each patient treated in the out-patient specialist services. Due to the fact that the Out-Patient Specialist Services Database is normally submitted to by the National Institute of Public Health (NIPH) in aggregated form without personal identifier, it was necessary to introduce a separate data capture of individual level records for the purpose of FDS and MDS data preparation, based upon special agreements with four selected sample hospitals, which are representative for the entire country, from 2011 onwards.

Captured data for years 2011 and 2012 were then transformed into standard FDS data format according to the Injury Database (IDB) Coding Manual, version 1.1, June 2005 and MDS data format according to JAMIE Manual, August 2012 and by applying bridge coding from ICD-10 according to these

coding manuals. In 2013 Australian modification of ICD-10 (6th ed.) was implemented in Slovenia, so from 2013 onwards bridge coding from ICD-10-AM (6th) to ICD-10 will be applied to injury data before they are transformed into standard FDS and MDS data format. At the moment, major renovation of the Out-Patient Specialist Services Database is taking place, so all the out-patient data, including emergency department data on injuries and poisonings, will be reported to NIPH as individual level records from 2015 onwards, and this will enable easy access to injury data in all Slovenian hospitals and its transformation into standard FDS and MDS data format.

Results

Emergency departments in Slovenian hospitals are not legally obliged to collect injury specific variables like place of occurrence, mechanism of injury, activity when injured and underlying object/ substance producing injury. Nevertheless, the injury specific data collected in the sample hospitals for years 2011 and 2012 proved to be to a large extent complete, which also indicates a good validity of the resulting national estimates.

The MDS sample has covered more than 37% of all national discharges and more than 53% of all ambulatory emergency department treatments and FDS sample has covered about 30% and 41% respectively.

Data use

Data on injury patterns related to selected products, mechanisms and detailed places of occurrence are used for developing a multisectoral child safety action plan, setting priorities, specific actions and preventive measures. The National Institute of Public in Slovenia is now able to support proposed preventive measures by presenting data on children drowning in private swimming pools, scalds by hot water source, burns by place of occurrence etc. In general the majority of injuries are occurring at home and in leisure environment and most of them involve one or more products.

Data also allows the Institute to systematically monitor injury patterns related to products and places of occurrence and take them into account when designing products, buildings or when defining standards. Ministry of Economic Development and Technology frequently uses data on injuries due to selected products to support adoption of new standards and regulations in order to ensure a high level of safety of products and services for the citizens of Slovenia.

More information from Mateja Rok Simon and, Tina Zupanič at: Tina.Zupanic@nijz.si

▶ Consumer safety

EU requires cigarette lighters to be child-resistant

The Commission extended the validity of Decision 2006/502/EC for a further 12 months by publishing Decision 2014/61/EU. The prohibition of non child resistant and novelty cigarette lighters now applies until 11 May 2015.

The Commission Decision enhances consumer safety by requiring that cigarette lighters that are dangerous to children are no longer placed on the European marketplace. It also forbids the placing on the market of lighters which resemble objects that are particularly attractive to children (also called "novelty lighters"). Luxury lighters are not covered by this ban but must still comply with the general safety requirements for these products.

Rationale

Misuse of cigarette lighters in play by young children causes a significant number of serious fire accidents. The Commission estimates that between 1,500 and 1,900 injuries and 34 to 40 fatalities per year in the EU are due to fire-related accidents caused by children playing with lighters. Child-resistance mechanisms exist to prevent such accidents, and their use has been mandatory in the US, Canada, Australia and New Zealand for some 10 years. The introduction of child-resistance requirements in the US resulted in a 60% reduction in the number of such accidents.

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

What is a "child-resistant lighter"?

A European standard (EN 13869:2002) establishes child-resistance specifications for lighters. Lighters that comply with the relevant specifications of this European standard are presumed to conform to the Decision. Conformity is also presumed for those lighters that are in compliance with the child-resistance requirements of non-EU countries if such requirements are equivalent to those established by the Decision such as those in the US.

Requirements

At the request of the Member States' competent authorities, manufacturers and importers will have to submit all relevant documents, including test reports on child-resistance. The test reports have to be issued by testing bodies that are accredited or recognised by the Member States competent authorities. Test reports may also be issued by a testing body whose reports are accepted by countries where child-resistance requirements equivalent to those in the Decision are in force. Distributors will be required to cooperate with the competent authorities and provide them on request with the necessary documentation to trace the origin of the lighters they place on the market.

For further information please visit: http://www.prlog.org/12294308-eu-to-extend-the-ban-of-non-child-resistant-and-novelty-lighters.html

► Child safety

Child car seat safety

The UK charity RoSPA is launching its Child Car Seat website, offering advice on which seat to choose for your child and car and how to use them, the law and things drivers ought to know if they carry other people's children in the car. This new website helps parents make the right choices.

In 2012, 19 children under the age of 12 were killed in the UK while travelling in cars, almost 200 were seriously injured and more than 4,700 slightly injured. In order to combat the risk,

A properly fitted child car seat will help to prevent children from being thrown about inside the vehicle, or ejected from it, if there is a crash. It will also absorb some of the impact force, and provide some protection from objects intruding into the passenger compartment.

More information:
http://www.childcarseats.org.uk/?utm_source=Communicator&utm_medium=Email&utm_content=Article1_Child_Car_Seats&utm_campaign=SafetyMatters+11

Children falls from heights

"Accidental falls from heights" represent a longstanding public health problem, mainly linked to high-rise housing. These home and leisure injuries have serious consequences, which are all the more tragic since they occur most commonly in very young children.

After two studies in 2005 and 2006, the French Institute for Public Health Surveillance (Institut de Veille Sanitaire, InVS) in collaboration with the Necker Paediatric Hospital in Paris carried out the 2013 survey in three regions: Paris region (Ile-de-France), Nord-Pas-de-Calais, and Provence-Alpes-Côte-d'Azur. Falls of children under 15 years of age were recorded from 15 March to 15 October 2013. The data was collected mainly by the investigating teams and medical and paramedical hospital staff.

During the seven-month study, 76 accidental falls from heights were recorded in children under 15 years of age (incidence rate 1.9/100,000). Most of the children were younger than 6 years (62%), and the majority of them were boys (70%). In 49% of cases, the fall occurred despite the fact that the openings were fitted with protective devices. A piece of furniture was located under the window in half of cases. In 82% of cases, the child fell while there was an adult at home. Nine children (12%) died, and 8 children suffered severe injuries due to the fall incident.

Comparison of three surveys shows little difference in the typology and characteristics of incidents reported. However, the number of cases decreased in Ile-de-France (64 in 2006, 51 in 2013).
It is concluded that prevention campaigns such as those initiated in 2006 in France need to continue: insisting on enhanced adult supervision, removal of furniture in the near vicinity of window openings, and redesign of window-opening mechanisms. The authors also plea for regulatory change as to the height of bannisters.

More information: http://www.invs.sante.fr/Publications-et-outils/Rapports-et-syntheses/Maladies-chroniques-et-traumatismes/2014/Les-chutes-accidentelles-de-grande-hauteur-d-enfants-en-Ile-de-France-Nord-Pas-de-Calais-et-Provence-Alpes-Cote-d-Azur

▶ Safety for seniors

European Falls prevention Seminar: Glasgow, 19 November 2014

In collaboration with the Prevention of Falls Network for Dissemination (ProFouND) and the EUPHA-Injury Section, EuroSafe is organising a European seminar on effective interventions for falls prevention among older people. The seminar will be held as a satellite immediately preceding the EUPHA annual Conference in Glasgow on the 19th of November, i.e. the day before the opening of the main EUPHA-conference.

Scope and purpose
Each year, one in three adults aged 65 and older falls, mostly at home. Falls often lead to severe injury and long-term physical disability, increased dependency and reduction in quality of life. The associated costs of treatment and the 'cost' to the individual's engagement in an active and fulfilling life are considerable.

Clear evidence now exists that most falls among older people are associated with identifiable and modifiable risk factors, i.e. a combination of age and disease-related conditions and the individual's interaction with their social and physical environment. There is also ample evidence to show that interventions, particularly those promoting physical activity and strength and balance training, are effective and can significantly reduce the burden of the rising epidemic of fall injuries in an ageing Europe.

ProFouND was initiated to overcome limited awareness and usage of innovative solutions to prevent falls and make these available throughout the Europe. ProFouND develops and disseminates customised best practice guidance and tools for a wide range of professionals. ProFouND also provides a cascade 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.

This European Seminar will give participants the knowledge and skills needed to operate from an evidence-based approach to falls and fall-related injury prevention among seniors. Participants will also learn about current effective programs, and the reliability and validity of existing resources and tools for screening and assessing fall risk. The seminar will provide insight into how to involve seniors as partners in the development of effective strategies and interventions.

Who should attend?
Anyone wishing to play a part in working together to implement falls prevention interventions at local and/or national level are encouraged to participate in this pre-conference satellite meeting, including those working in government and public institutions; health care, community care and active lifestyle promotion; housing, urban planning, transportation and education; academic institutions, institutes of public health and research institutions; private sector organisations, e.g. insurance businesses, leisure and hospitality industry, care services and those working in product design and manufacturing; non-governmental organisations promoting health and consumer safety or advocating for older people; and older people themselves.
Registration will be opened in the course of the month of July 2014.

More information: http://www.eupha.org/site/upcoming_conference.php?conference_page=420

EUPHA EUROPEAN PUBLIC HEALTH ASSOCIATION
ProFouND Prevention of Falls Network for Dissemination
EuroSafe European Association for Injury Prevention and Safety Promotion

► Vulnerable road users

Road safety campaigns: WHO-Online library

WHO recently launched an online library of road safety video and audio campaigns to inspire governments and other agencies wishing to develop their own mass media campaigns.

Worldwide more than 1.2 million people die as a result of a road traffic crash each year, and as many as 50 million more are injured. Most of these tragedies can be prevented through improvements in roads, vehicles, and people's behaviour in terms of avoiding speeding, drinking and driving, and distracted driving and using motorcycle helmets, seat-belts, and child restraints. In terms of people's behaviour, such actions can be promoted through the development of comprehensive road safety legislation and the rigorous enforcement thereof.

To increase public awareness of road safety laws and to persuade the public to abide by them, national and local governments complement legislation and enforcement with the broadcasting of mass media campaigns through television and radio. The most powerful of these campaigns highlight what happens when people fail to abide by the law and the resulting consequences in terms of death, injury and disability as well as fines and imprisonment.

The WHO online library of road safety video and audio campaigns – which will continue to expand in the years ahead - was produced to inspire governments and other agencies wishing to develop their own mass media campaigns. It provides some of the best campaigns from around the world, showcasing possible concepts in order to save time and expense for those wishing to develop such campaigns.

The campaigns included are among those which have been evaluated to be effective or are otherwise of a high-quality production standard with clear and targeted messages promoting the good practices in road safety identified by WHO and partners worldwide. Each campaign is presented with a one-page description highlighting details about the campaign and providing contact information and links to related materials.

More information: http://www.who.int/violence_injury_prevention/videos/en/

► Violence prevention

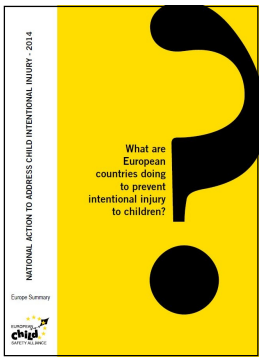
Child Intentional Injury

Last month the European Child Safety Alliance launched a report on National Action to Address Child Intentional Injury that examines policy measures in place to address intentional injury to children by describing the adoption, implementation and enforcement of national level policies addressing intentional injury prevention in 30 Member States.
The report includes a multi-country overview of actions related to leadership, children's rights, capacity and data to facilitate European -level planning to support national level efforts. In addition to summarising results across participating Member States, the report also includes individual country policy profiles describing evidence-based actions to address child intentional injury.
Findings of this report reveal that while many policies are in place, more needs to be done to ensure they are fully implemented, enforced and are supported by adequate resources to create the desired impact.

The magnitude of the issue
Child intentional injury is both a major public health issue and one of human rights. The UN has clearly stated that "no violence against children is justifiable; all violence against children is preventable".
Of the 35,000+ children and adolescents aged 0-19 years who die each year in the EU, approximately 24% or roughly 9,100 deaths are due to injuries. About a third of these deaths are classified as intentional or of undetermined intent. Intentional injury deaths are but the tip of the iceberg and even here, where the best data exist, evidence suggests that maltreatment deaths coded as child homicide may reflect as little as 20-33% of actual cases.

In the EU there is great variability in rates of intentional injury deaths between countries, with over a 10-fold difference in rates of intentional injury deaths between the countries with the highest and lowest rates. Yet evidence based prevention strategies do exist, that if consistently adopted, implemented and where appropriate, enforced across the EU, would make children safer from violence.

Inconsistent uptake of good practice
Examples of inconsistent adoption of evidenced child intentional injury prevention policies across the participating countries highlighted by the report on National Action to Address Child Intentional Injury include:



- Only 10 countries (33%) have an overarching strategy addressing the three main types of intentional injury.
  Several other countries reported multiple strategies existing, which together covered the issue – however there is no overarching strategy to coordinate efforts.
- Only 19 (63%) have a law prohibiting corporal punishment in all settings. Most of the 11 countries that have not yet prohibited corporal punishment in all settings have yet to prohibit in the home setting, although several still have to address alternative care and institutional settings.
- Responses indicated that four participating countries (13%) have no specific national ombudsperson for children (Czech Republic, Germany, Portugal and Romania), while two others (Bulgaria and Spain) only partially meet the criteria.
- Responses indicate that just under half of the participating countries have a programme of public health home visits for new parents that includes child maltreatment prevention, with a little over a third of those indicating the programme could only be considered partially implemented, most because there is little oversight.
- Less than half of the participating countries have a national policy requiring schools to have a standing committee involving teachers, students and parents to address violence in the family and school environment, including interpersonal violence and bullying/cyberbullying, and of the 14 countries reporting such a policy only six reported it was fully implemented.

- Only 20 out of 30 countries (67%) have a national policy/guidance for schools on developing a school based suicide prevention programme, although over half of those indicated that the policy was only partially implemented.

While the uptake and implementation of some of the evidence-based actions assessed in this report is encouraging, the recent e conomic downturn adds additional concern. More families are experiencing greater financial pressure as a result of the economic crisis, which for many has moved them below the poverty line. As a result, this increases the risk of all forms of violence, particularly child maltreatment/neglect/abuse and suicide.

Intentional injury occurs in many settings and its prevention involves and requires effective partnerships and involvement of professionals from multiple sectors such as health, education, justice, social services.

More information:
http://www.childsafetyeurope.org/archives/news/2014/march-20-intentional-injury-report.html

WHA Resolution on violence

In its May 2014 meeting, the World Health Assembly (WHA) adopted a historic resolution entitled Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children".

The new resolution notes that interpersonal violence, in particular against women and girls, and against children, persists in every country of the world as a major challenge to public health. It raises further concerns that violence has health-related consequences including death, disability and physical injuries, mental health impacts and sexual and reproductive health consequences, as well as social consequences. It recognizes that health systems are not adequately addressing the problem of violence, yet affirms the health system's role in preventing, responding, and advocating for interventions to combat the social acceptability and tolerance of interpersonal violence.

Among other tasks, the resolution calls on WHO to prepare its first ever global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children.
In addition, WHO is requested to continue to strengthen efforts to develop the scientific evidence on magnitude, trends, health consequences, and risk and protective factors for violence. WHO should also report regularly on progress in implementing this resolution.

Member States are urged to ensure that all people affected by violence have timely, effective and affordable access to health services; improve the collection and dissemination of data on violence; and enhance capacities to prevent and respond to violence. The resolution also urges Member States to ensure health sector engagement with other sectors, in order to promote and develop an effective, comprehensive, multisectoral response, by addressing violence in health and development plans; establishing and adequately financing national multisectoral strategies; and promoting inclusive participation of relevant stakeholders.

Across the world, each year, nearly 1.4 million people lose their lives to violence. For every person who dies as a result of violence, many more are injured and suffer from a range of health problems. One in three women experience violence by an intimate partner at least once in their life. Violence places a massive burden on national economies, costing countries billions of US dollars each year in health care, law enforcement and lost productivity. The resolution follows previous WHA resolutions from 1996 and 1997 recognizing violence as a public health problem, and a WHA resolution from 2003 urging Member States to implement the recommendations of the landmark World report on violence and health. This new resolution seeks to scale up work on this important public health problem.

Related links:
67th WHA resolution on addressing violence

► AGENDA

2014

16 - 20 June in Brussels
International Product Safety Week 2014
http://ec.europa.eu/consumers/events/ipsw_2014/index_en.htm

19 November in Glasgow
European Falls prevention Seminar
http://www.eupha.org/site/upcoming_conference.php?conference_page=420

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

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

www.eurosafe.eu.com