



Quarterly publication published by EuroSafe and supported by the European Commission

► Conference special

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

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This special issue of the Alert provides readers with a pre-view of the sixteen concurrent sessions that will be held at the 3rd European Conference on Injury Prevention and Safety Promotion, Budapest/ Gödöllő, June 16th and 17th, 2011.

The Third European Conference on Injury Prevention and Safety Promotion will report on successful injury prevention policies and assists participants in benchmarking progress prioritising injury prevention. The conference will highlight available evidence based interventions and address the challenges of implementation and the transfer of good practice in less resources environments, in particular in new EU-Member States and in candidate countries.

In this special issue, each conference breakout-session is briefly described and the respective contributions to the session are introduced. For those of you who will be attending the conference, you can wet your appetites and make your preference choice as to the sessions you would like to attend.

Based on the range and depth of the concurrent sessions the conference promises to be an excellent opportunity to learn about the latest developments in the field of injury prevention and safety promotion.

On behalf of our conference partners, the Hungarian Ministry of National Resources of the Republic of Hungary, the European Commission and the WHO Regional Office for Europe, EuroSafe welcomes you to Budapest/ Gödöllő for what will surely be an inspirational and invaluable conference.

► Child safety

Childhood injury annually kills thousands of children and sends hundreds of thousands to hospital or emergency services possibly leading to life long disabilities. Injury is also the leading cause of inequity in childhood deaths, with inequities existing between and within countries with respect to both injury rates and preventative action. These disparities continue even though many evidence based good practice solutions exist and have been widely communicated. Implementation of effective interventions at the national and local level needs to be increased and sustained to further reduce childhood injuries.

The European Child Safety Alliance (ECSA) has been working with Member States to encourage uptake and implementation of evidence based good practices with the intent to move countries away from 'what has always been done' and move towards good investments – strategies that are known to work or have the greatest probability of success. In this session, *moderated by Joanne Vincenten*, director of the ECSA-EuroSafe programme, three approaches to encouraging use and uptake of evidence-based good practices will be presented and discussed.

In the Child safety-session, *Morag Mackay* will present the concept of child safety report cards and results from 26 countries will be shared, including a discussion of barriers, facilitators and lessons learnt during data collection, drafting and communication of report card results. She will in particular report on how this multi-country process and resulting

tool has helped advance uptake of good practice in several countries.

Anne Lounamaa, National Institute for Health and Welfare in Finland, will present the rationale and process for, and lessons learnt during, the development of a child safety action plan in Finland. A specific example of how the process directed the impetus for the examination of existing legislation and resulted in the decision to change legislation related to lifejacket usage on watercraft will be discussed to illustrate how the CSAP process is enhancing uptake of good practice.

Martina Abel, Safe Kids Germany, will demonstrate how European resources can support Member States and local level advocacy campaigns to encourage the uptake of good practice with paediatricians, government authorities and consumers, exemplified by the launch of the European Child Safety Alliance Baby Walker Position Statement, signed by more than 20 country members.

Progress in implementing good practice is being made, but it is taking a multi-pronged approach and support is required from national governments and the European Commission to make it happen. Longer term investment in leadership infrastructure and capacity to support efforts is needed.



► Prevention of elder abuse

In the past two decades there has been increasing recognition of elder maltreatment as a health and social issue in many countries in Europe. Elder maltreatment can occur in the home or in institutional settings and is pervasive throughout Europe. With the demographic shift and increase in the proportion of older people in Europe, elder maltreatment is likely to be a growing problem. Approaches that focus on respect and dignity when providing care are increasingly being promoted.

The facts tell us that the prevalence in the community may be as high as 5-10% but that in institutions this may be much higher. The prevalence increases with greater frailty, ill health, age and deprivation. Older people are not only vulnerable to physical, sexual, psychological abuse but they are also vulnerable to deprivation, neglect and financial exploita-

tion. In this session the risk factors for elder abuse are presented and the evidence base reviewed.

The session *moderator, Bridget Penhale* of the University of East Anglia in Norwich, UK will share with the audience the latest research evidence and the currently identified risk factors for elder abuse. She will examine the evidence-base in relation to risk factors and more widely the prevention of elder abuse.

Dinesh Sethi, WHO Regional Office for Europe in Rome, will highlight the scale of the problem of elder abuse and present the implications for the Region.



Olga Toth, Institute of Sociology Hungarian Academy of Sciences in Budapest, will describe the context and societal factors in which elder abuse is recognized in Hungary. She will examine the recent recognition of elder abuse within Hungary and will make some suggestions about possible future developments concerning prevention.

Finally, *Minna-Liisa Luoma* of the National Institute for Health and Welfare in Finland will describe the process of elder abuse being recognized in Finland over the past 20 years, since early research about the issue was undertaken in the late 1980s. This presentation will conclude with some considerations relating to the prevention of elder abuse.

► Consumer product safety

Consumer product safety remains a vital area in assuring the safety of the European Public and in particular to vulnerable groups. It is of fundamental importance that consumer products are designed to be as safe as they can be. It is also important that these design specifications are brought effectively to market with appropriate quality assurance and traceability. In this way consumer products are less likely to be the root cause of injury or death.

A key factor in managing risk in relation to consumer products lies in its understanding and assessment. Risk understanding enables proactive action to be taken either in the design and manufacture of products or the taking of measured remedial compliance action when injuries or fatalities occur or are likely. Data on Injuries is an important factor in the assessment of consumer product risk to safety of consumers.

Two key players in the enablement and management of product safety are Industry and government. A key aspect of this discussion is to promote and review appropriate engagement in the topic by both sectors. For government of the Member States of Europe, the degree to which competent authorities are formed and functioning effectively is important. For Industry it is not just managing product designs but also managing execution of those designs through their supply chains to ensure sustainable compliance, quality and safety.

This session, *moderated by Ron Gainsford*, Trading Standards Institute UK, focuses on

Member State governmental and industry focus on the assurance of product safety.

John Mason, StreamCo Ltd in the UK, will highlight risk assessment as proactive action for maximizing safety in the design and manufacture of products as well as in taking of measured remedial compliance action when injuries or fatalities occur or are likely.

György Boda, Hungarian Authority for Consumer Protection, will present actions retailers as to the issue of consumer safety. The results of market surveillance actions in Hungary will be reviewed and the importance of European level collaboration and exchange will be highlighted.

François Clement-Grandcourt, BIC company based in Paris, will review initiatives of the European Commission to impose lighter safety regulations for implementation in March, 2008. Three years later, nearly 75 per cent of lighter models tested by enforcement authorities still do not meet the safety standards. A number of administrative hurdles today makes that the European surveillance system does allow significant improvement.

What is desperately needed is the creation of a European-wide framework to ensure the better coordination of market surveillance activities among all Member States.



Sign up for WHO is WHO

The Who is Who expert directory is a networking tool for all involved in injury prevention and safety promotion. It is also an important tool for EuroSafe to be able to identify and invite experts in specific areas to participate in expert consultations around various EuroSafe activities and products.

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/I2whoiswhoexpertdirectory-htm>

► Vulnerable road users

Road traffic injuries are the leading cause of death and disabilities among the youth and constitute a huge economic burden estimated in as much as 3% of the gross domestic product.

Vulnerable road users such as pedestrians, motorcyclists and cyclists constitute 41% of all road deaths in the European Union. High vehicle speeds, roads and urban design place these road users at increased risk.

The recent EU communication which calls on Member States to reduce by half road deaths between 2010-20 is in synergy with the Decade. With this in mind, the Decade of Action for Road Safety 2011-2020 (www.who.int/roadsafety/EN) represents a unique opportunity to increase action to address the road safety crisis over the next ten years.

The session *moderator, Francesco Zambon* from the WHO Country Office in the Russian Federation, will introduce the session and present the actions in the framework of the UN Road Safety Decade. Through the Decade, Member States, with the support of the international community, commit to actions in areas such as developing and enforcing legislation on key risk factors: limiting speed, reducing drink-driving, and increasing the use of seatbelts, child restraints and motorcycle helmets.

Fimka Tozija of the Institute of Public Health in Skopje will present the National Road Safety Strategy and the activities of the National Coordination Body for road safety in the former Yugoslav republic of Macedonia. Current challenges are the implementation of the national action plans, strengthening capacity and promoting evidence-based approaches for prevention and care.



Serap Sener, WHO-Country Office in Turkey, will present the "Safe Traffic Project" which is financially supported by the Bloomberg Philanthropies and implemented by the World Health Organization in Turkey. National partners are the Ministry of Health as leading institution, the Ministry of the Interior and the Ministry of Transportation.

Péter Holló, Technical University in Budapest, will review progress the road safety performance in Hungary with special regard to the Road Safety Action Programme of the EU. Based on the successes in the years 2008-2010 some evidence-based road safety measures will be shown, mainly from the point of view of further applicability in new Member States.

New countermeasures in the context of vulnerable road users, e.g. children, will be suggested based on the analysis of recent accident data.

► Adolescents and injury risks

In a time of austerity throughout Europe it is vital that any money spent on preventing injury is well-spent – i.e. that the interventions are effective. When planning injury prevention interventions we often disregard theory which has been developed in other aspects of health related behaviour, plan without proper needs assessment, and have viewed evaluation as an expensive add-on. In this session the focus will be on improving practice through the inclusion of these three key elements when working with adolescents to reduce the burden of injury.

Youth, defined as those aged 15-24 years, are characterised as 'risk-takers'. However, attributing injury risk to 'risk taking behaviour' has the potential to demonise young people in the eyes of the authorities who seek to reduce injuries and save lives. Compared with younger age groups there is relatively little

attempt to understand risk taking and injury by first understanding the evidence for developmental aspects of the associated behaviour.



This session, *moderated by Jenny McWhirter*, Royal Society for the Prevention of Accidents (RoSPA) UK, will examine evidence base as to the magnitude of the problem and identified risk factors, as well as theories of the development of risk-decision making. The session will explore what these theories mean for injury prevention in practice.

Maria Bényí and Péter Rákos-Zichy of the National Centre for Healthcare Audit and Inspection in Budapest, will present a few innovative approaches in communicating with young people on risk taking behaviour and injury risks.

Lesley Barnes, Dalhousie University in Halifax, Canada, will present the *Prevent Alcohol and other Risk-related Trauma in Youth (P.A.R.T.Y.)* project, in existence for 20 years in a large urban centre. This project combines DVD scenarios (depicting traumatic events, hospital procedures, interviews with trauma staff, and discussions from injury survivors) with facilitated (by trained health care professionals) student exercises based on in particularly perceived susceptibility.

Elisabeth Knight, Hounslow Local Authority in the UK and J. McWhirter, RoSPA, will describe a project aiming to develop capacity in evaluation among practitioners of road safety education and campaigning at individual and organisational levels. The aim of the capacity building is to increase the knowledge base and to develop more effective and efficient road safety interventions.

► Prevention of suicide and self harm

This session will help increase understanding of cross-cultural differences with regard to suicide and deliberate self harm in Europe. It will determine priorities and actions for research and prevention of suicide and deliberate self harm from a European perspective, in particular for regions in Europe with high rates of suicide and deliberate self harm.

The benefits of multi-level suicide prevention programmes involving health care and community based services will be highlighted and evidence will be provided for the importance of GP training in assessment and treatment of mood disorders in preventing suicidal behaviour

Zoltán Rihmer, Semmelweis University in Budapest, will present the available evidence that proves earlier recognition of mood disorders and more appropriate acute and long-term treatment, particularly in combination with psycho-social interventions, as being effective methods in reducing suicide mortality and morbidity even in this high-risk patient population.

Mária S. Kopp, also from the Semmelweis University, will argue that the various forms of suicidal behaviour have several risk factors in common, yet the strength of the associated factors differs according to the severity of the suicidal behaviours. Therefore screening and acknowledging these risk factors are fundamental in suicide prevention.

Ella Arensman, National Suicide Research Foundation in Ireland and *moderator* of the

session, will introduce the OSPI model intervention as well as the methods for evaluation of the implementation.

Finally, *Sándor Kalmár*, Semmelweis University, will show that continuous education of GPs on the diagnosis and treatment of depression is an effective method in suicide prevention.

The discussion will focus on questions such as:

- How to implement national suicide prevention and positive mental health promotion programmes in all European countries.
- How to improve implementation of educational programmes on mood disorders and suicidal behaviour in undergraduate training programmes (e.g. medical students, psychologists, nurses, social workers).
- How to implement evidence based general public awareness campaigns on depression, suicidal behaviour and help seeking behaviour.
- How to develop and implement internet-based self-management interventions for people with mild forms of depression/sub-threshold depression.



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► Sport injuries

An optimal amount of physical activity is an essential prerequisite for maintaining health. Physical activities encompass an unlimited range of possibilities – of which sport is just one specific example. However, every form of physical activity brings with it a certain potential for injury. Every year in Europe thousands of sportsmen and -women injure themselves. An EU estimate for the broader categories of sports shows that one in ten hospitalized injury cases is related to sports.

When promoting sport, often too little attention is paid to the importance and necessity of effective accident prevention measures. Coaches and teachers are often inadequately qualified to guarantee safety in sports. Moreover, many people practise sports outside of the framework of clubs or schools, in a free – or let's say self-organized – way, like hikers, skiers or open-water swimmers. These athletes, who may have little knowledge about risks and adequate prevention measures, are particularly difficult to reach.

For effective sports injury prevention, all efforts should be made to get the relevant stakeholders involved and committed as partners for prevention. Efficient prevention also requires a systematic approach. The focal point of the risk must be located, the objective of all parties has to be clear, only preventive measures with proven efficacy should be selected and in the implementation attention must be paid to the special requirements of the setting.

Implementing national prevention measures requires quite some resources –partner commitments, sharing of knowledge and experience as well as sustainable funding. In a number of countries good practices have been developed and proven to be successful. This session will highlight a few of these good practices, in particular in relation to national plan development and implementation.

Willem van Mechelen, VU-University Medical Centre in Amsterdam, will report on a successful programme in the

Netherlands, which is concerned with reducing the risk of ankle injuries in ball sports. *Saskia Kloet*, Consumer Safety Institute in Amsterdam will speak about valuable experience gained in a nationwide implementation of a sports injuries programme at primary schools in the Netherlands.

Anne-Mari Jussila from Finland is a project manager for a programme to increase the safety of sports and exercise in a nationwide setting, in collaboration with coaches, educators and sports medicine experts.

Finally, *Othmar Brügger*, who is also moderator of this session, will present a programme for the prevention of snow-sport injuries in Switzerland whereby, in cooperation with a number of national partners, a process has been initiated that has resulted in prevention efforts in the major accident black spots.

The discussion in this session will in particular focus on questions such as:

- How can one's own country benefit from the experiences of the projects and programmes presented?
- What obstacles are there when it comes to being active in one's own country in programmes such as those presented?
- What is the role of governments in national programmes for safety promotion and injury prevention in sports, and how could a national agenda be influenced through lobbying?



► Safety for seniors

This session chair by *Chris Todd*, University of Manchester, will highlight falls as the dominant cause of injuries among elderly people. These injuries often lead to long-term physical disability, anxiety, depression, reduced confidence and social isolation among elders. The loss of life quality is huge. In addition to the human suffering, the cost of treatment and rehabilitation of older people consumes a large proportion of health care expenditures.

Injuries in elderly people can be largely prevented by:

- Awareness raising and attitude modification measures such as mass media campaigns;
- Behaviour modification measures such as training and exercise; and



- Structural modification measures such as environmental changes, regulations.

The strongest positive effects are often obtained by a combination of preventive measures. Some population-based interventions in European countries have reduced fall-related injuries in independent living elderly by up to 40%.

Mária Bényi will present the current situation in Hungary with respect to the burden of fall injuries among older people and preventative measures taken. The prevention of injuries among elderly is one of the priorities in the Hungarian injury prevention strategy issued by the Ministry of Health and expectations are high as to the implementation of the available evidence.

Megan Swann, St Vincent's Hospital Community Services, Sydney, Australia, will present an innovative, evidence-based, multifactor Falls Prevention intervention based on translational research. *Stepping On* is a best practice program that reduces falls and builds confidence among community-dwelling older peo-

ple. Program efficacy has been validated, and the challenges of program sustainability will be discussed.

Eva Vaagland of the Norwegian Safety Forum in Oslo, will present a local based project for testing multi-factorial interventions of falls among elderly in Norwegian municipalities

The project was implemented in sixteen different communities as a laboratory for interventions and an arena for developing different types of partnerships and models for co-operation between public and private institutions. It proved that multi-factorial interventions and multidisciplinary collaboration are most effective in reducing injuries among older home dwelling people.

In concluding discussions of this session, it will be highlighted that national policies and infrastructures for injury prevention should be more strongly targeted at safety for older people. Only very few countries in Europe have established concrete targets for prevention of injuries in elderly people and even fewer evaluate whether their targets are met.

► Prevention of youth violence

Interpersonal violence is the third leading cause of death and a leading cause of disability among people aged 10–29 years in the WHO European Region. Numerous factors interact to increase young people's risk of being involved in violence. Good evidence indicates that reducing risk factors and enhancing protective factors will reduce violence among young people. The experience accumulated by several countries in the Region and elsewhere shows that social policy and sustained and systematic approaches that address the underlying causes of violence can make countries in the Region much safer.

After an introduction to the theme by the moderator, *Mark Bellis*, Liverpool John Moores University in UK, *Dinesh Sethi*, from the WHO Regional Office for Europe in Rome, will highlight the most relevant biological, social, cultural, economic and environmental factors that interact to increase young people's risk of being involved in violence and knife-related crime. Factors that can protect against violence will be identified, such as developing good social skills, self-esteem, academic achievement, strong bonds with parents, positive peer groups, good attachment to school, community involvement and access to social support.

Mark Bellis, will also report on violence in bars and nightclubs and counter measures such as high profile policing, the location of security staff at late night transport points, and closed circuit television camera (CCTV) networks. He will critically appraise whether such measures may simply create environments in which it appears 'safe' for people to routinely get drunk while displacing violence and adding to health and social problems elsewhere.

Szilvia Gyurko, National Institute of Criminology in Hungary, will explore the problem of youth violence within the Hungarian context. Programmes such as the School Violence Prevention Program in Budapest will be discussed.

Fortunately, good evidence indicates that reducing risk factors and enhancing protective factors will reduce violence among young people. This makes a compelling arguments for advocating for increased investment in prevention and for mainstreaming objectives for preventing violence among young people into other areas of health and social policy.



► Safety for young employees at work



This session, *moderated by Jill Joyce*, Institution of Occupational Safety and Health in the UK, focuses on the third strand of the 2007 Council of the European Union recommendation on the prevention of injury and the promotion of safety (2007/C 164/01): "Encouraging the introduction of injury prevention and safety promotion in schools and in training of health and other professionals so that these groups could serve as competent actors and advisors in the field of injury prevention."

Each year, over half a million young workers are being injured in the EU. Latest statistics available from Eurostat indicate that although the occurrence of accidents decreased between 1999 and 2007 for workers aged 25 to 64, the occurrence of accidents actually increased in young workers aged 15 to 24.

Young workers are more vulnerable in the work place because of their inexperience and physical and psychological immaturity. They are susceptible to peer pressure and often they will have an unrealistic perception of risk. They are keen to please and therefore are less likely to question work procedures.

This means that safety training and supervision are vital for young workers. The first few months in employment are when attitudes and commitment to safety is shaped and this is an important time to reinforce positive safety attitudes and combat poor health habits, which might lead to problems in later life.

In this session, *Sarah Copsey* will discuss success factors in preventing risks to young workers, looking at evidence from initiatives in European workplaces. Then *Linda Miller* will discuss how training, organisational factors

and individual differences can influence risks to young workers. Finally *Susanne Ulk* will outline how safety and health awareness has been raised in Denmark.

From these sessions, it will be demonstrated that it is important for the future that EU members prioritise mainstreaming injury prevention and safety promotion into national, vocational and professional curricula.

The education system should deliver relevant health and safety information for students of all ages with special emphasis on those preparing for work experience and young apprentices. Learning objectives on risk /OSH education need to be embedded throughout the core curriculum subjects

Strategic level health and safety and risk education should be embedded into business and management disciplines, especially MBA programmes and for those studying to be architects, planners, designers, engineers, doctors and teachers.

In addition, it is important that employers provide adequate induction and other health and safety training for all levels of the workforce, from boardroom to shop floor.

Continued efforts are also needed by EU members to share best practice in promoting risk education and to collect more detailed data on the types of circumstances of work accidents to children and young people still at school to help target interventions.

► Water safety



Drowning is the second most important cause of death by accidents in the world. In Europe alone approximately 40 000 citizens lose their lives each year as the result of drowning. The areas in Europe with the highest rates of drowning are the North-East (Finland, Russia, Belorussia, Baltic Area) and the South-East (especially Ukraine, Romania, Moldavia, Greece, Albania, Macedonia). High drowning rates are also found in Hungary, Czech Republic and Slovakia. Fatal drownings are only part of the picture. Non-fatal drowning events, which are estimated to be two to three times higher and can have serious life long consequences, also need to be considered.

Members of the International Life Saving Federation of Europe (ILSE) *moderated by Klaus Wilkens*, president of the German Lifesaving association, will present the latest evidence as to risk factors and prevention measures.

Detlev Mohr will show that real drowning figures are higher than reported in the official national statistics of death. Police reports or a statistics on the base of collecting press cuttings give the lifesaving federations additional information that is crucial for strategic decisions and activities in prevention.

Tomasz Zalewski, Polish Life Saving Society, will present a national information campaign that was developed realised in co-operation with the police, fire brigade, schools, sport clubs, information centers, tourist accommodation facilities, gas stations, media and regional authorities.

Erik Bech, Danish Swimming Federation, will present the International Lifesaving Federation ILS- Drowning prevention strategy through public education, protection, supervision and teaching of how to swim and rescue.

Finally, *Martin O'Sullivan*, Chairman of the ILSE Rescue Commission in Ireland, will introduce the participants into the ILSE-Risk Assessment System which seeks to have implemented a successful Safety Management

structure on all European beaches in the long term.

Reducing drowning rates requires proper analysis of injury data, dedicated implementation and monitoring of evidence-based prevention programmes and securing adequate water safety management at the beaches, lakes, rivers and other bathing places.

For realizing such projects an European standard method for risk assessment is needed, as well as methods for water safety management. The EU should facilitate projects for the systematic evaluation of water related tourist areas and support specific national action plans for drowning prevention and water safety.

► Hospitals for a safer community

Hospital staff is collecting in principle a lot of information on the circumstances of injuries and violence, in the course of treating injured people. Such information is an important tool for identifying high risk groups, risk factors and major causes of injuries.

In a number of countries this information is in particular being used for national plan development.

But hospitals can also provide information from the injury monitoring system to the local community and may initiate injury prevention programmes by networking with health care services, the education sector, justice and welfare.

Also the numerous patient contacts in hospitals give an opportunity for informing people, e.g. parents of young children or people at older age, about risks and advised safety precautions. And at least but not least, the voice of medical staff can help to convince politicians to increase investments in injury prevention.

This session will be introduced by *Gabriele Ellsäßer* of the Regional Health Department of Brandenburg, followed by contributions from:

Børge Ytterstad, European Safe Communities Network, Harstad, will present his experience as to how can hospital based injury surveillance be best utilized for injury prevention;

Johannes Peterlunger, Safe Communities Initiative Vorarlberg in Austria, will address the issue of how best we can prevent injuries in high risk groups through local initiatives; and

Gabriele Ellsäßer, will explore how best hospitals can be convinced to voluntarily participate in an injury monitoring system.

The successive discussion will focus on questions such as:

- Do participants see potential for the presented strategies in their own countries and settings?
- How would the strategies fit into existing resources?
- Which stakeholders need to be engaged in this process?



► Towards an EU-wide injury data collection and exchange



This session on injury data will inform participants on the 'Joint Action on Monitoring Injuries in Europe (JAMIE)'-project. This project is a new European Commission (EC) funded collaborative project of 22 countries aiming to creating a harmonised injury Information system covering the entire EU-region.

Over the past years, the EC stimulated several projects with the view to facilitate EU-level exchange of injury data. At present, fifteen Member States have developed a common monitoring system in hospitals, which provides the needed detailed information, in addition to existing health and accident statistics. This system, known as the European Injury Database (IDB), allows for deriving health status indicators as incidence rates of injuries in certain areas like home, school, sport and leisure activities, self-harm and interpersonal violence.

In spite of the achievements over the past few years, there are still considerable resource and methodological challenges in measuring the incidence and consequences of injuries within and between countries.

In 2010, competent governmental authorities from 22 countries signed up for a joint ambition to have by 2015 one common hospital-based injury data collection system in all EU-Member States. Such a system should report

on external causes of injuries due to accidents and violence and become integrated part of the existing programme for exchange of Community Statistics on Public Health.

The aims of JAMIE are to develop an agreed methodology to collect and report on the incidence of hospital treated injuries and their consequences across Europe and to increase the number of countries participating in this system from 15 to 26 countries contributing data to the central Injury Data Base (IDB) hosted by the Commission, DG Health and Consumers by 2014 onwards.

JAMIE will produce a robust methodological approach to measuring the incidence and their consequences, within and between the countries of Europe.

Ronan Lyons (moderator), Swansea University, UK, *Bjarne Laursen*, University of Southern Denmark and *Mateja Rok Simon*, National Institute of Public Health in Slovenia will present and discuss with session participants the proposed nested two level datasets (Minimum Data Set and Full Data Set) which will comprise the IDB and common methodological approaches which can be adopted in all settings, including those which have limited resources in order to meet these goals.

► Implementing evidence based actions for child safety



This session will inform participants on the new EU funded project TACTICS (*Tools to Address Childhood Trauma, Injury and Children's Safety*) and will provide an overview of how Member States (MS) and regions can contribute to this actions, as well as an example of how case studies will be used to explore facilitators and barriers to uptake of good practices.

The aim of TACTICS is to build on the recent Child Safety Action Plan (CSAP) project and link it with key outcomes of other child health and safety projects to develop practical tools and resources or building blocks for policy action at both national and sub-national levels in order to promote child safety as an achievable objective.

Through applied study TACTICS will also address knowledge gaps related to understanding:

- inequities and child injury;
- where responsibility for child injury prevention lies within countries and the EU; and
- why there isn't more effective multi-sectoral action at the national and sub-national levels in EU Member States.

TACTICS will achieve its aim through the coordinated action of a highly specialised team of experts and practitioners in the areas of child injury, inequities, health indicators, benchmarking and indexing, and sub-national policy management who will undertake:

- good practice policy benchmarking through report cards in 27 EU MS;
- devising a comprehensive Child Safety Index and toolkit to facilitate monitoring of progress;

- building better understanding of why more effective action is not taken at the national and sub-national levels through case study analysis;
- mapping responsibility for child safety in the EU, Member States and 6 sub-national regions;
- applying knowledge gained to develop targeted good practice advocacy tools; and
- facilitating 3 countries that have not previously participated in CSAP to develop national child safety action plans.

The panel members of this session *Joanne Vincenten and Morag MacKay*, European Child Safety Alliance - EuroSafe, Netherlands and *Péter Holló*, Hungarian Institute for Transport Sciences - will share with the session participants the targeted approach to child safety as envisaged by the TACTICS projects. This will lead to more targeted and specific advice to decision makers, particularly with respect to enhancing use of limited resources and enhanced standardisation of actions within and between MSs, leading to reductions in inequities within and between EU- MSs with respect to child injuries.

► Sports and safety promotion

This session will inform participants on the EU co-funded project Safety in Sports (SiS). The aim of the SiS-project is to increase the knowledge on the prevention of acute sports injuries and ultimately to reduce the magnitude and severity of sports related injuries in Europe.

Sports injury prevention receives too little attention and is being implemented quite loosely, e.g. by giving common advice on warm-up and stretching. Given the unique character of each sports activity, there is a need for preparing athletes more specifically with regard to the demands of the respective sports activity and to integrate these measures within current training practices.

In addition, experience shows that compliance can be enhanced if sports participants recognise that these measures will also assist them in improving their sports performance. In order to ensure a high acceptance among stakeholders in sports it is of great importance to put across that injury prevention and safety promotion are two sides of the same coin, and should go hand in hand.

The aims of SiS project are to:

- Provide an up-to-date inventory of the burden of sports injuries in the EU,
- Identify injury prevention measures & implementation strategies and reach consensus with sports federations and clubs on their applicability - in an exemplary way for handball and basketball,
- Provide tools for the implementation of these measures and perform pilot implementations in two national federations for handball and basketball each,

- Elaborate guidelines for safety management schemes in handball and basketball as well as in other team sports,
- Initiate a network for injury prevention and safety promotion in sport.



The results of the project will be widely disseminated among interest groups such as:

- sportsmen and -women in ball sports;
- experts such as coaches, physiotherapists, sports medicine specialists and sports scientists ;
- representatives of sports associations and other institutions, e.g. insurance agencies.

As the project will come to end in fall 2011, interim results are already available. Estimates of the burden of sport injuries in the European Community will be reported, by the *panel members* of this session: *Rupert Kisser*, Austrian Road Safety Board, Vienna (moderator), *Thomas Henke*, Ruhr University Bochum (co-moderator) and *Jarka Argajova*, Slovak Basketball Association.

Results of the identification of applicable good practices in handball and basketball as well as preliminary experiences from the practical implementation in handball and basketball federations will be presented. Experiences from pilot testing of safety management schemes will be reported and facilitating as well as inhibiting factors for the sustained implementation of safety management schemes in sports associations will be discussed.

► Injury prevention at EU level



Injuries continue to impose a huge burden to health. With 256 000 fatalities each year (cf. EU statistics summary report - 2009), injury is the fourth most common cause of death within the EU, and the 'Killer number one' in young ages. Also, injuries are estimated to be the main cause of chronic disability in young people, leading to an enormous loss of life-years in good health.

The Commission first work on injuries begun within the framework of the Injury Prevention Programme which started in 1999 and ended in 2003 when the Public Health Programme came into force. The Commission developed a communication on 'Actions for a Safer Europe' putting emphasis on prevention measures in 2006.

In 2007, the Council Recommendation (CR) on the prevention of injuries and the promotion of safety (OJ C 164, 18.7.2007, p. 1–2) was adopted to contribute to reduce the burden of injury in the Member States (MSs). A European Injury Database (IDB) has been created and is hosted by the Commission.

The aim of the session is to inform participants about the follow-up of work undertaken by the Commission as well as EU policy with regard to injury prevention and, in particular, to the follow-up of the 2007 CR on the prevention of injury and promotion of safety.

This session will achieve its aim through the coordinated presentation planned by the Commission officials dealing with the following areas:

- Monitoring/data collection on injury in EU MSs;
- Health Policy with a particular focus on healthy environments including injury prevention;
- Product and service safety; and
- Expertise and follow-up of projects co-funded by EC.

This session will be moderated by Natacha Grenier, on behalf of the European Commission DG Sanco, with support from the European Agency for Health & Consumers in Luxembourg.

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